Integrating Equity and Inclusion in Collective Behaviour Change under Swachh Bharat Mission (Gramin) – A Consultation

New Delhi, 20 July 2016

Summary Report
Introduction

The Swachh Bharat Mission aims at ending open defecation by bringing about collective behaviour change (CBC) and “triggering” communities to adopt hygienic sanitation practices, including the use of latrines and handwashing.

Community – Led Total Sanitation (CLTS) – the most popular form of CBC - has, to a large extent, been successful in several communities which have subsequently declared themselves as open defecation free. However, consultations across the country with users and more recently with CBC trainers reveal that marginalized groups and individuals, including elderly persons, persons with disabilities, transgender people and migrants are rarely consulted and included. Waste pickers and sanitation workers who empty pits or clean drains and ensure the maintenance and repair of sanitation facilities and services are rarely consulted in these efforts to achieve total sanitation and their dignity and safety are also not discussed.

The SBM guidelines (5.9) highlight the need to focus on equity and inclusion by “providing access to the different categories of people who are not able to access and use safe sanitation facilities”, such as, “women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities”. They also mention the need to take into account dignity and safety issues, provide facilities that are sensitive to the needs of persons with disabilities, and recognize the specific needs of women and adolescent girls, such as menstrual hygiene management.

Equity is not just about going to poor or geo-politically unreached areas. It is also about bringing the focus back on individuals within communities and within the household where inequities exist. Communities and households are not homogenous entities. They have members with conflicting interests that need to be negotiated. While community approaches are important, we need to put the spotlight back on the individual and ensure that the voices of marginalized individuals are not subsumed within the community.

Trainers are at the forefront of the sanitation movement in India. How can CLTS give everyone, but especially the most marginalized, a voice so that their specific needs are reflected in the plans and designs, there is greater ownership, and the whole community benefits? An inclusive approach, as suggested in the SBM guidelines, will reach out to all community members, spanning the human life cycle from birth to old age, e.g. caregivers with infants and children, adolescents going through puberty, expecting mothers, menstruating women, victims of accidents, chronically ill persons, persons with disabilities and the elderly. While there are examples of trainers who have started integrating equity in their training and including the voices of marginalized groups, the real challenge is making this a systematic process so that it is applied consistently at every training, regardless of the facilitator.

In July, WSSCC in partnership with WaterAid India organized a consultation in Delhi that brought together a small, select group of CLTS trainers and professionals working on equity issues, such as disability, participation and gender, so that together they could explore different ways of giving voice and including the needs of marginalized individuals and groups in the existing CLTS training modules. In particular, they looked at women and adolescents, people with limited mobility, and stigmatized groups and issues, such as sanitation workers, the transgender community and menstruation.

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Challenges to integrating equity and inclusion in collective behaviour change

Who participates?

The most vulnerable, such as people with disabilities, are usually hidden behind closed doors and are not given the opportunities to participate and represent themselves. Family members do not disclose their presence. How can we identify them so that they can participate in the CLTS process?

“I did not see a single blind participant attending the triggering process in 22 districts of Punjab.” Dr. Gurvinder Singh, capacity building officer, SBM Punjab.

Often the training venue is not accessible to persons with disabilities or the time of the training is not suitable for women. Even if they do attend the triggering, the methodologies used in these trainings do cater to the visually impaired or hearing impaired.

Whose issues are discussed?

Community approaches do not make space for individual voices and needs. The 5-day CLTS training of trainers programme is already tightly packed and the focus is on arousing emotions of disgust and shame and facilitating communities to understand the links between open defecation and the impact on their health and incomes. There is little time for understanding the challenges of marginalized individuals and groups. As a result, several important equity issues tend to get neglected, for example, safety and dignity of women, especially during menstruation or pregnancy, women’s domestic burden linked to cleaning of toilets, manual scavenging, and the health impact on women who reduce their intake of food and water to avoid defecation. Unless stigma and discrimination are addressed, those who are traditionally left behind, will continue to be excluded from sanitation facilities. As Anjali Agarwal of Samarthyam said, we need to put people first before infrastructure.

Who trains?

The equity issues mentioned above are rarely raised because there are relatively few trainers who belong to marginalized groups and have first-hand knowledge of these issues. The number of women CLTS trainers is low because of the demanding and time intensive nature of the job. However, when they have taken up the role of trainers, they have played a critical role, for example in the recently ODF declared district of Fatehgarh Sahib, Punjab, 60% master motivators were women. According to Kripa Shankar, CLTS trainer for WaterAid India, trained sanitation workers have also started to trigger change in villages of UP. However, because of their caste affiliation, they are often not given respect or the required resources to conduct the training effectively. Transgender people, according to CLTS trainer, Aastha Anuragi, have the potential of being good trainers since they are able to talk without inhibitions with both men and women. However, social acceptability is a key determining factor. For example, Kamla behn, a transwoman in Sagar district, Madhya Pradesh, earned the respect and trust of the community and become a champion for collective behaviour change. But there are very few champions like Kamla behn. How can we break the silence and destroy the stigma so that SBM embraces all Indians?

“During CLTS trainings, participants are encouraged to talk about human excreta using words like goo and tatti to demystify shit. But nobody talks about menstruation. Why?”

Vinod Mishra, WSSCC
Key measures for integrating equity into CLTS trainings

How can we ensure that community processes, such as CLTS, also ensure meaningful participation of marginalized groups and give space for individual needs to be expressed, heard and considered? The steps listed below are examples of how equity can be integrated into each stage of the classic CLTS training starting from pre-triggering to triggering, post-triggering, verification and post – ODF.

Pre-triggering:

- Obtain data on the community beforehand from existing sources, e.g. the Census, the district welfare office, SBM baseline data. Data should comprise: a) size of the community, b) presence of vulnerable groups, including persons with disabilities, elderly, Dalit, transgender, etc. c) social dynamics in the community and d) previous exposure to training.
- A historical and contemporary analysis of the sanitation situation should be made with a focus on vulnerable groups.
- Include equity dimensions during social mapping and identify where marginalised individuals and groups live and the availability of adequate services.
- Facilitate a group of villagers to conduct a social equity audit and prepare a map which identifies where different sections of society live and their socio-economic vulnerabilities.
- Conduct door-to-door visits to understand the sanitation challenges of the marginalized within households.
- The transect walk must visit areas where the most vulnerable and stigmatized groups live.
- Identification of a date, time and venue where everyone can come, irrespective of caste and physical abilities.

Triggering:

- Real time triggering can happen simultaneously with different groups in densely populated villages to ensure meaningful participation by everyone.
- Ensure that at least 50% of the trainers are women and exponents of the issues as well (for example, sanitation workers, transgender, persons with disabilities).
- Ensure meaningful participation of all by inviting vulnerable groups to sit in the front and to share their views and concerns.
- Even if vulnerable groups do not attend the training, ensure the facilitator is trained to talk about the human life course and bring in issues of safety and dignity, including MHM, old age, caregivers and disability. The message must go out to the entire community.
- Integrate the topic of menstruation into the triggering process.
- Facilitate experience sharing on these issues among participants.
- Technology is a key part of the dialogue on equity. Ensure the demonstration of inclusive technologies so that designs cater to special needs of users.

Post triggering:

- Since it may not be possible to ensure true participation of vulnerable groups, there should be cluster wise meetings of these groups at the post-triggering stage.
- Facilitate the preparation of a village sanitation action plan that highlights the demands of specific groups by age, gender, physical accessibility/reduced mobility.
- Ensure active participation of these groups in developing the action plan.
- Ensure the inclusion of women and other excluded groups in the nigrani committees / village sanitation committees (50% at least).
• Strengthen these committees by orienting them, facilitating the development of a monitoring plan and assessing local resources and skills that can be used for implementation of the plan.

• Share the data set collected at the time of pre-triggering with the natural leaders and nigri committee so that they can update it at regular intervals for better monitoring.

• Provide vulnerable groups with information on masons, technological and financial options, and suppliers of hardware so they can build toilets.

• Build capacities of masons, including women masons, so they are able to design facilities for the special needs of different groups.

• After the triggering, facilitators should go back to the district and villages for a 2-day follow up to assess the situation and the impact of the training.

**Verification:**

• Marginalized groups should be part of every step of the verification process, including the self-declaration of ODF by the GP.

• GP level verification needs to be strengthened using an equity and accessibility lens.

• Train third party verifiers on equity issues so that they don’t just look at toilets and faeces but at people and whether they have access to safe, private and appropriate WASH facilities.

• Revise verification tools/checklists used by the verifiers to include simple indicators/questions that reflect equity issues.

**Post – ODF:**

• Conduct a mid-term review and an impact evaluation to check on slippage/usage, focussing on individuals from marginalized groups who are left behind.

• Post ODF activities should focus on handwashing, climbing the sanitation ladder, SLWM, inclusive WASH facilities and MHM facilities in public institutions and public spaces, toilet maintenance, working conditions of sanitation workers, and harnessing community solidarity for livelihood and other social development.

**Conclusion and Key Steps**

The sanitation opportunity in India today is unprecedented. Every day a village in some corner of the country is being declared ODF. We have to ensure that equity is prioritized in this race to build toilets and that no one is left behind. Without everyone practising safe sanitation and hygiene behaviours, we cannot achieve a sustainable and open defecation free India. Worse, we run the risk of reinforcing existing social hierarchies and inequalities.

Participants at the consultation were unanimous that several measures need to be taken at different stages of CLTS and beyond to include marginalized individuals and foreground their issues. For example, CLTS tools, such as social mapping and transect walks should be used during pre-triggering, not just to identify where people defecate but also to identify marginalized groups and understand their WASH challenges. Issues, such as menstruation and the burden of cleaning toilets should be introduced and discussed during the triggering process. Trainers must also meet groups of marginalised individuals separately post triggering to ensure they get the space to voice their concerns and challenges. They should also ensure active participation of marginalized individuals in the preparation of the village sanitation plan, in the nigri committees as well as in the verification process.

Going forward, an analysis of different collective behaviour change approaches needs to be made to see how they are contextualized to the specific needs of individuals and communities. This process will require visits to CBC trainings, discussions with CBC trainers as well as community members who have participated in these trainings. Based on the feedback from different stakeholders, a source book on collective behaviour change could be developed that can be used by trainers to integrate
equity and inclusion in their trainings – both at the level of master trainers as well as at the community level.

Poised at the forefront of the SBM movement, CLTS trainers have a unique opportunity to bring community members together, including marginalised individuals and groups, understand the barriers that prevent them from adopting safe and hygienic sanitation practices, and ensure that discriminatory practices and stigma are recognized, discussed and eliminated. For as long as marginalised individuals and groups continue to be left behind, the goals of the Swachh Bharat Mission will remain elusive.