

Different Responses

SAME OLD SHIT

A review of how humanitarian agencies
implement emergency sanitation in
11 different humanitarian responses



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OXFAM

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Executive Summary

This paper highlights the reflections from Sani Tweaks, a three-year project which was designed to improve the uptake and use of emergency latrines across several contexts and countries. The project covered 11 countries, both refugee and IDP camps. Numerous focus groups discussions were held in countries visited (mostly focusing on women and vulnerable groups) and 21 workshops were held with field practitioners in country. The outcome from the Sani Tweaks project is that there is still a huge problem with the way that latrine programmes are implemented in emergencies, meaning that 40% of women and girls are not using the emergency latrines, people feel ashamed and embarrassed by the indignity of it and in some cases the latrines add to the public health risk instead of decreasing it.

The issues identified by the project were consistent across all countries visited, including:



- ▶ a total lack of or inconsistent and insufficient consultation processes;
- ▶ insufficient number of latrines;
- ▶ lack of or inadequate cleaning regime;
- ▶ protection issues;
- ▶ broken locks on doors and lack of general repairs;
- ▶ embarrassment and fear of being seen going to the toilet and/or shower; and
- ▶ a lack of tailored provision for people with disabilities and additional needs.

Many or all of these issues could be resolved by having good feedback mechanisms and ensuring that action takes place as a result of the feedback. A change in approach of sanitation implementers is urgently needed and it is on this that the Sani Tweaks workshops are focused.



IN SOME CASES, THE LATRINES ADD TO THE PUBLIC HEALTH RISK INSTEAD OF DECREASING IT.

Photo: Emergency latrine in Mozambique.

[Source: Andy Bastable, Oxfam]

Introduction and Background

Across 2017–2018, researchers from Oxfam and the Water, Engineering and Development Centre (WEDC) at Loughborough University undertook research across four displaced persons camps in different humanitarian contexts to identify factors that affect usage rates of sanitation facilities, and to what extent lighting could mitigate any risks of GBV, privacy or dignity issues¹. A major finding of this research was that, even during the day, an average of 40% of women and girls were not using emergency latrines built by humanitarian agencies. This finding, coupled with observations and feedback from affected women, girls and marginalised communities from numerous emergency responses, led Oxfam to design and implement the Sani Tweaks project. The project is designed to change the mindset of WASH practitioners and encourage greater consultation and reflection on the needs of latrine users in emergencies using interactive workshops, participatory approaches and easy to access and digest supportive resources. The project is designed for the WASH sector, supported by the Global WASH Cluster, and is not solely an Oxfam resource. The project aims are summarised in the Sani Tweaks theory of change (see next page).



EVEN DURING THE DAY, AN AVERAGE OF 40% OF WOMEN AND GIRLS WERE NOT USING EMERGENCY LATRINES BUILT BY HUMANITARIAN AGENCIES.

*Photo: Emergency latrine in Bangladesh.
(Source: Andy Bastable, Oxfam)*

1. Hastie, R. et al. (2018). *Shining a Light: How Lighting in or around sanitation facilities affects the risk of gender-based violence in camps: Oxfam Policy and Practice*. DOI (10.21201/2018.3552).

Sani Tweaks



The problem

On average, 40% of women and girls are not using agency-built latrines

Studies have shown that agencies are failing to properly consult or collect and act on feedback from the users of the latrines they build, leading many people – especially women and girls – to stop using those latrines as they find them inaccessible, unsuitable and/or unsafe.



Results in increased public health risks in emergency situations

Inputs



Sani Tweaks Resources
Production of multi-media guidance tools to aid WASH actors' understanding.



Sani Tweaks Roadshow
Series of interactive inter-agency workshops, conducted either in-country or online.

Intermediate Outcomes



WASH actors are better able to put themselves in the shoes of sanitation users to understand their needs.



WASH actors take forward the consult, modify, consult approach to sanitation in their work.



WASH actors can demonstrate examples of tweaks or modifications made to latrines in response to user feedback.

Long Term Outcomes



Users – especially women and girls – feel comfortable, safe and happy to use agency constructed latrines.



WASH staff consider the input of the user as integral to both latrine design and ongoing modifications and feel empowered to ask for and act on user feedback.



Latrine usage rates are improved, and resources are better utilised during latrine construction and maintenance.

Impact



Increased use of sanitation facilities in emergencies through improved consultation:

users and WASH staff work together to continually improve sanitation services during humanitarian crises, improving user satisfaction, safety, and comfort, ultimately reducing the need for negative coping mechanisms.

“We feel happy using latrines when we feel heard and confident that our concerns have been listened to.”

Assumptions

Participating agencies fully understand the Sani Tweaks approach and actively roll it out themselves.

In-country WASH Cluster Coordinators fully endorse the approach and ensure it is adopted as an integral part of monitoring frameworks.

WASH agencies systematically adopt the approach, and it is embedded as a core principle moving forwards.

For further information: oxfamwash.org/sanitweaks



OXFAM

Introduction & Background

The Sani Tweaks project was launched in January 2019 and up to April 2022 has visited and run in-person workshops in five countries (the “Sani Tweaks Roadshow”): Mozambique, Ethiopia, Uganda, Bangladesh and Iraq. For each workshop, Sani Tweaks facilitators spent a minimum of one week visiting refugee and displaced persons camps and different agency programmes, holding focus group discussions (FGDs) and household interviews with women and men, and observing the practice of latrine use in each country. The facilitators then delivered a total of seven inter-agency workshops using interactive Sani Tweaks training materials, supplemented by discussions on their observations with WASH practitioners responsible for programming in the sites visited.

When travel was suspended during the COVID-19 pandemic, the Sani Tweaks workshop was modified to be conducted online. Eleven online Sani Tweaks workshops were then held across a further six countries (two each for Yemen and Myanmar, one each for CAR, Burkina Faso, Jordan and South Sudan, and three for Bangladesh). As country visits to observe latrine use and discuss with affected populations was not possible for the online workshops, the Sani Tweak facilitators discussed the current sanitation context with agency staff and WASH Cluster Coordinators. In total, the Sani Tweaks workshop has been delivered in 11 countries through 21 separate workshops. A Training of Trainers (ToT) session was also created for ACF and Solidarités staff, and Oxfam’s own WASH advisors. In total, the Sani Tweaks workshops have trained 473 people from 225 agencies.

The workshops – whether face to face or online – are highly interactive, and designed using adult learning principles, including interactive and participatory approaches such as role-plays, quizzes, games and group debates aiming to put participants “in the shoes” of the latrine users, and connect with the people they are working for.

The exercises aim to not only highlight the challenges that physical accessibility can pose for latrine users, but also the issues of emotional stress and embarrassment that lead so many people to resort to unsafe sanitation practices. The focus is not only on women and girls but on all groups who may experience difficulties in accessing latrines, including older people, people with disabilities, the injured, pregnant women and people suffering from incontinence.

Throughout the course of the two-year project, Sani Tweaks facilitators have been gathering feedback from affected populations, WASH staff, Cluster Coordinators and other humanitarian workers regarding issues related to the use of latrines in humanitarian contexts. Whilst this process has not been a systematic review or structured research process, the findings from this feedback raise concerns about the approaches used to implement emergency sanitation across the sector, and around practitioner mindset, especially the ability to empathise with and recognise the emotional and dignity needs of users.



WORKSHOPS

Participants

| | |
|---|------------|
| <i>2019</i> | 172 |
| MOZAMBIQUE , Aug 2019 | 62 |
| UGANDA , Nov 2019 | 64 |
| ETHIOPIA , Nov 2019 | 46 |
| <i>2020</i> | 152 |
| BANGLADESH , Jul 2020 | 23 |
| BANGLADESH , Aug 2020 | 24 |
| BANGLADESH , Sep 2020 | 18 |
| BANGLADESH , Sep–Oct 2020 | 15 |
| JORDAN , Oct 2020 | 10 |
| BURKINA FASO , Nov 2020 | 25 |
| SOUTH SUDAN , Nov 2020 | 20 |
| CAR , Dec 2020 | 17 |
| <i>2021</i> | 128 |
| BURKINA FASO , Jan 2021 | 16 |
| BURKINA FASO , Feb 2021 | 23 |
| YEMEN SOUTH , Feb 2021 | 11 |
| YEMEN NORTH , Mar 2021 | 15 |
| OXFAM HSPS & ADVISORS , Jun 2021 | 10 |
| ACF & SI , Jul 2021 | 17 |
| IRAQ , Dec 2021 | 20 |
| MYANMAR , Dec 2021 | 16 |
| <i>2022</i> | 21 |
| MYANMAR , Feb 2022 | 21 |

LIMITATIONS

The data collected for this paper came from FGDs, key informant interviews, opportunistic consultations with users, field observations and discussions with field practitioners. Although a formalised research methodology was not used, the findings represent common themes identified in qualitative data from a range of discussions across humanitarian contexts in eleven countries.

The Findings

Observations from two years of visiting sites to understand the issues related to the use and non-use of latrines

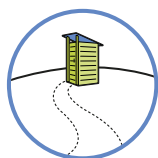
Across all 11 countries, the major issues relating to sanitation raised by people living in camp contexts were identical. Initially, this was a surprising outcome, given that the contexts and cultures of people living in the camps were markedly different. The same feedback was given by WASH practitioners who participated in Sani Tweaks Roadshows; where Roadshow materials drew on examples from countries involved in the Lighting Research Project, many participants noted that these examples may not be relevant to their context.² However, when the same issues were highlighted again and again as the project progressed, it became clear that there are overarching issues within the accepted approach to sanitation infrastructure that led to remarkable similarities across different contexts, cultures and populations.



1.
TOTAL LACK OF OR INCONSISTENT AND INSUFFICIENT CONSULTATION PROCESSES



5.
LACK OF GENERAL REPAIRS AND MAINTENANCE, BROKEN LOCKS ON DOORS



2.
INSUFFICIENT NUMBER OF LATRINES



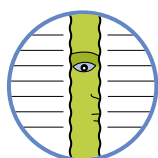
6.
EMBARRASSMENT AND FEAR OF BEING SEEN GOING TO THE TOILET



3.
LACKING OR INADEQUATE CLEANING REGIMES



7.
LACK OF TAILORED PROVISION FOR PEOPLE WITH DISABILITIES AND ADDITIONAL NEEDS



4.
PROTECTION ISSUES



SEVEN MAJOR ISSUES WERE IDENTIFIED ACROSS ALL CONTEXTS

Feedback on each of these issues from the users of emergency latrines is summarised in the pages that follow.

2. The Sani Tweaks Roadshow and Online Sessions opens with a video showing the experience of a female refugee in Uganda using the latrine at night. Some participants dismissed this example as 'something that happens in Africa, but not here.'

Finding 1

CONSULTATION PROCESS

FGDs with users across all countries highlighted dissatisfaction with the process. Some groups said they had been consulted about latrine issues but never saw any improvements or changes as a result, leading to participants saying that they did not feel listened to. There were no examples given by the groups or individuals of providing feedback where an agency responded to it. However, for the majority, there had been no consultation before, during or after the latrines had been built. Where some form of consultation had taken place, they did not feel listened to.

In some countries (Bangladesh, Iraq) latrines were installed without any consultation with users regarding their ongoing use, maintenance or cleanliness. As a result, few users take interest in maintaining or cleaning the blocks. In Sharia Camp, Iraqi Kurdistan, there were particular issues in the male blocks; a female participant left the FGD in anger when the group was asked about cleaning. She told us that she lived near the male latrine block, and often cleaned them herself with only water so she wouldn't have to suffer the smell.

There were a few examples (such as with the introduction of urine diversion toilets in Gambella, Ethiopia) where feedback had been acted on in some camps and agencies had changed their designs. However, the affected population had not been informed that it was their feedback that led to the changes, illustrating a common issue, seen across all the countries, that the feedback loop is not completed. This undermines the value of consultation processes, and can mean users no longer want to participate in these or other feedback processes, or in the ongoing operation and maintenance of facilities, as they do not trust that agencies are listening to them and acting upon their concerns. This is in line with the findings of the 2014 ALNAP report that noted the amount of consultation undertaken with users drops over the project cycle, 'with the greatest amount of engagement tending to occur at the assessment phase. Engagement drops off significantly during the design phase, when key decisions are made.'³



/// THE GREATEST AMOUNT OF ENGAGEMENT TEND(S) TO OCCUR AT THE ASSESSMENT PHASE. ENGAGEMENT DROPS OFF SIGNIFICANTLY DURING THE DESIGN PHASE, WHEN KEY DECISIONS ARE MADE."

ALNAP

Finding 2

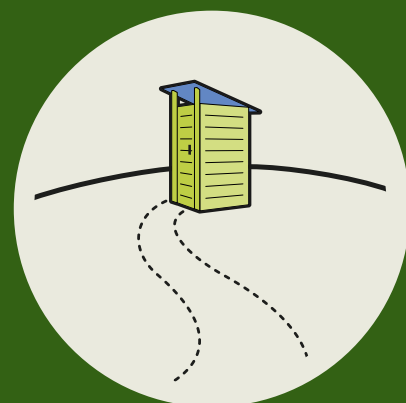
INSUFFICIENT NUMBER OF LATRINES

Across all countries, both Internally Displaced People (IDPs) and refugees highlighted that there was an insufficient number of latrines during the communal latrine phase of the emergency response. Latrine users told stories of long queues resulting in people pushing to the front and fights breaking out, people constantly knocking on the door whilst someone else was in the toilet, people wetting themselves in the queue, or people having to defecate in the open with or without their family members to shield them from sight with a blanket. In some responses, such as the Iraq 2018 IDP response, agencies did initially meet the Sphere indicator of one latrine for 20 people. However, because of inadequate cleaning or a functioning maintenance and repair regime, many latrines quickly became non-functional and the number of available latrines decreased even further.

In South Sudan, both women and men from the Juba POC camps expressed anger and frustration with the lack of latrines, citing that when women, girls and children went outside the boundaries of the camp to urinate or defecate, they were often subjected to robbery, abuse, rape and abduction.

These findings are consistent with the 2021 Emergency Global Wash Gap Analysis⁴ in which affected populations from 35 countries ranked a lack of latrines as the 2nd most important gap. The reasons behind the lack of provision of latrines is unclear; there is often huge pressure on agencies to meet Sphere, Cluster or National minimum standards within the first few months of a response, often with a greater emphasis on numbers completed, than user satisfaction and usage rates. The Gap Analysis discusses whether this is caused by WASH practitioners collectively viewing Sphere's minimum indicator as a final target, or a failure to seek feedback and act upon it, or both.

It was clear in many contexts that the minimum Sphere requirements of 1:20 or sometimes 1:50 latrines were being used by agencies as a target to indicate sufficient coverage, rather than as a minimum to surpass to ensure comfort and dignity in crisis affected populations – this urgently needs to change, and we can no longer accept minimum coverage indicators as being the end point of sanitation facility provision.



“ I WOULD RATHER DIE THAN GO BACK TO THOSE DAYS.”

Male Syrian Refugee describing the hectic, stressful and sometimes violent experience of using communal latrine facilities when he first arrived. (Darashakran Camp, Iraq)

4. The 2021 Global Gap Analysis discussion document can be found at <https://www.oxfamwash.org/en/innovation>

Finding 3

LACKING OR INADEQUATE CLEANING REGIME

FGD participants in all 11 countries said that there was no effective or regular cleaning system to keep communal toilets clean. Where systems did exist, cleaning was felt to be insufficient for the needs of the communities. The idea of users not wanting to use an unclean toilet is commonplace, however the Sani Tweaks project also found that some users felt 'worthless' when their only option was to use a dirty latrine day in, day out, indicating that as WASH practitioners, we are not considering the dignity aspect of using an unclean facility. In many sites, no water was provided close to the latrine making it more difficult for people to keep both themselves and the facility clean. This further highlights gaps in consultation and understanding cultural preferences for latrine facilities.

In most emergency responses examined, agencies transitioned from communal latrines to shared family latrines where the families are expected to organise themselves to keep the latrines clean. In some locations this process happened within six months to one year, however in some locations the transition had taken up to four years. In one camp in Iraq, families had been using communal latrines for eight years.



THE SANI TWEAKS PROJECT FOUND THAT SOME USERS FELT 'WORTHLESS' WHEN THEIR ONLY OPTION WAS TO USE A DIRTY LATRINE DAY IN, DAY OUT.

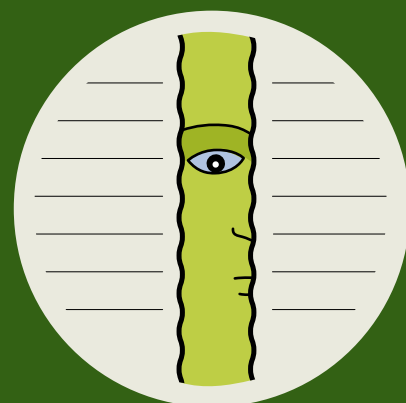
Finding 4

PROTECTION ISSUES: LIGHTING AND LOCATION

In the majority of the countries surveyed, especially in the Middle East, people reported that when women used the communal toilets they had to be accompanied by their husbands, fathers or go in a group together as they did not feel safe on their own. The lack of lighting in many camps meant that many women did not use the toilets at night. Most women reported they had heard of abuse and assaults occurring and complained that the toilets were too far away, highlighting that abuse was as common on the way to the latrine as it was at the latrine itself. In Bangladesh, an adolescent girl told the Sani Tweaks facilitators, “if I am in the latrine, and there is a man outside, I will stay inside until he goes away.”

One harrowing example from Iraq found that a husband had murdered his wife, believing her to be unfaithful for using a toilet regularly that men used as a meeting point. In Jordan, solar lights installed around women’s latrines to ease their use during darkness, became instead used as locations for men to congregate to socialise in the evenings, meaning women did not use the facilities during the night.

This fear of abuse both on the way to the latrine and whilst using the latrine, and poor planning and consultation on the use of solar lighting led women to adopt extreme and dangerous coping mechanisms – utilising a bucket for defecation during the night, which is then used for other household tasks, including transporting water, and reducing or suspending food intake at night for both themselves and their children to minimise the need to use the toilet in darkness.⁵



**“ IF I AM IN THE LATRINE,
AND THERE IS A MAN OUTSIDE,
I WILL STAY INSIDE UNTIL HE
GOES AWAY.”**

Adolescent girl in Bangladesh

Finding 5

BROKEN LOCKS ON DOORS AND LACK OF GENERAL REPAIRS

In many of the camps in all 11 countries there were few or no functioning internal locks on doors. Internal locks had often been fitted but focus groups reported that many of the locks only worked for a week or so before they were broken or no longer fitted the frame. Users – both male and female – reported that this made it difficult and extremely embarrassing to use the toilet whilst trying to hold the door shut. Coping mechanisms included hanging a towel over the door (Iraq), whistling or singing whilst using the toilet (previous experiences from Tanzania), or going to the latrine with a friend or family member (Bangladesh, South Sudan).

There were many reports of latrines being blocked or overflowing, doors not shutting properly and holes in the superstructure so that people could look through; respondents complained that latrines stayed in that state for weeks before repair, or that no repairs were made at all. Very few organisations interviewed had maintenance teams undertaking regular inspections and repair of latrines, with only a few examples in Mozambique and Bangladesh. Across all the camps visits it was rare to find bins in or near a latrine; this meant that many latrines observed had solid waste within the cubicle or around, including used menstrual products and used anal cleansing materials. This compounded the issues with maintenance of latrines, leading to users disposing solid waste down the latrine causing blockages or making desludging extremely difficult. In South Sudan, latrines in the Juba POC were so full of solid waste that desludging was not possible, the latrine superstructure needed to be dismantled and an excavator used to clear the pits. This considerable extra expense perhaps could have been avoided through better engagement with users, and provision of materials that supported them to better use and maintain their latrines.

In some responses, such as the emergency response in Mozambique in 2019, issues around locks and maintenance were irrelevant as the quality of the initial emergency latrines in some areas was so appalling. The initial latrine designs – a basic pit, bamboo poles and black plastic sheeting – which was installed rapidly within the first days of displaced people's camps opening, was then copied by other agencies in the same response, or with small modifications which still did not bring them up to reasonable standards in terms of privacy and dignity. As with other poor latrine designs, these toilets represented a waste of money and resources as many users choose to defecate in the open rather than use them, which compounded public health risks during a cholera outbreak in the country.



/// THEY HAVE NO LOCKS, NO WAY TO CLOSE THE DOORS, SO WHEN WE USE THEM, EVERYONE CAN SEE US. IT IS EMBARRASSING TO USE THE TOILET THEN WALK PAST YOUR NEIGHBOURS WHO COULD SEE YOU."

Female FGD respondent, Mozambique. (Ifapa Agricultural College)

/// WE USED TO GO TWO TOGETHER, ME AND MY DAUGHTERS; THEY WOULD HOLD UP A BLANKET IN FRONT OF THE TOILET WHILST I USED IT, THEN WE WOULD SWAP, AND I WOULD DO THE SAME FOR THEM. IT WAS THE ONLY WAY TO ENSURE NO ONE SAW YOU."

Female FGD respondent, Iraq. (Sharia Camp)

Finding 6

EMBARRASSMENT: BEING SEEN GOING TO THE TOILET AND SHOWER

In nearly all countries, both men and women reported feeling embarrassed being seen going to the toilet, particularly if they needed to carry a small container of water or other anal cleansing material to the toilet – as it was obvious to others what they were doing and brought up feelings of shame. Users also raised the issue of embarrassment felt by both men and women as a result of latrines opening directly onto busy thoroughfares.

The second quotation at right shows a good example of where users' preferences resulted in a change to latrine design; in Iraq, privacy screens built in an L-shape around the latrines provided an additional layer of privacy for users where latrines opened into public spaces. However, this change only came about when users raised complaints, indicating that consultation prior to installation could have saved time and cost.



/// THE LOCKS KEPT BREAKING, SO IF YOU WERE IN THE TOILET, AND THE LOCK DIDN'T WORK, SOMEONE WOULD OPEN THE DOOR AND NOT ONLY THEY COULD SEE YOU, BUT THE WHOLE STREET COULD SEE YOU; SOMETIMES YOU COULDN'T USE THE LATRINE BECAUSE YOUR OWN CHILDREN WOULD OPEN THE DOOR TO SEE YOU, AND YOU WOULD BE FACING EVERYONE. IT WAS SO EMBARRASSING, ESPECIALLY FOR WOMEN. WE COMPLAINED SO THEY BUILT THESE SCREENS."

*Male key informant, Iraq.
(Sharia Camp)*

/// YES, AND AT LEAST NOW, IF THE DOOR IS OPENED, NO ONE IN FRONT OF THE LATRINE CAN SEE YOU. IT IS BETTER LIKE THAT."

*Female key informant, Iraq.
(Sharia Camp)*

Finding 7

DISABILITY AND LATRINES

In many of the sites visited, there had been some provision of adapted latrines for the disabled or elderly. However, provision appeared to be more about meeting the agency's standards (e.g. a certain number of disabled toilets per population) than addressing the actual needs of the individuals who needed special assistance (such as proper rails or wheelchair access). The Sani Tweaks facilitators observed ramps with gradients that would be impossible to use, or that led to steps, and in camps where using a wheelchair would be almost impossible due to the terrain. There were also examples with cubicles so small that a helper could not enter at the same time and supporting rails installed at odd angles. Most of all the solutions did not seem geared specifically for people needing support living close to the latrine.

15% is often quoted as being the percentage of a population with a disability, however a significantly greater proportion of the population is likely to have temporary or permanent mobility issues (such as from injury, age or late stages of pregnancy).

As such, some modifications to latrine design such as grab rails, or ramps, should be considered as standard features that would make latrines more accessible for wider groups within the population. Any additional modifications should be made in consultation with the users and those with disabilities themselves, to determine what is most effective for them, and to ensure best use of resources.



“ I COULD USE THIS ONE, BUT I WOULD NEED TO LEAVE MY BIKE HERE AT THE BOTTOM OF THE SLOPE.”

Male key informant who uses a hand-bike to move, giving feedback on a latrine with a steep slope. (Juba POC, South Sudan)

“ THIS ONE IS MUCH BETTER, I CAN BRING MY BIKE INSIDE AND LEAVE IT RIGHT OUTSIDE THE DOOR, AND THERE IS MORE ROOM TO MOVE AROUND. THIS IS MORE COMFORTABLE.”

The same male key informant being shown a different design of latrine with a screen and a low slope. (Juba POC, South Sudan)

Discussion on the findings

The findings in this report are likely not a surprise for many WASH practitioners, so the question is, **why are we still getting emergency sanitation so wrong?**

It is a damning finding that these seven issues were consistently raised by affected populations across all the major current humanitarian responses from 2018 to 2022. It is more alarming when combined with earlier findings that some 40% of women and girls are not using emergency latrines and the results of the Global Gap Analysis ranking poor latrine coverage as the second most important gap. We cannot keep applying the same approach to building latrines and expect to get different results; **WASH sector agencies need to do sanitation programming differently.**



WHY ARE WE STILL GETTING EMERGENCY SANITATION SO WRONG?

Photo, left: Latrine for the disabled, Kurdistan.

(Andy Bastable, Oxfam)

Photo, right: Unclean latrine, Kurdistan.

(Andy Bastable, Oxfam)

In Sani Tweaks workshops, staff commonly expressed the view that in an emergency response there is no time for consultation. However, if the result of rapid coverage is that nearly 50% of the users' groups either do not use the latrines or feel "comfortable" using them, then this raises three crucial questions:

- 1 Are we truly meeting our minimum standards?
- 2 Are we as implementing agencies failing those that we are there to support?
- 3 Are we making the best use of donated funds?

Discussion on the Findings

There is often the misconception that consultation is a long, detailed process that requires many months and skills for qualitative analysis, and in some circumstances, this may be the case. However, as a sector, we need to become more comfortable with rapid, 'good enough' and iterative consultation. This way of working allows us to get an initial, rapid sense of what works best for people, and continue building upon this knowledge through continued dialogue. Over time, we need to take a flexible approach to continue to modify sanitation infrastructure, based on the expressed needs of the people who use them every day.

There are three main topics for consultation that can make a difference to latrine usage:

- 1 *Location: where a latrine is sited and where it faces*
- 2 *What type of latrines people are used to and what will they accept now: what did people use prior to the emergency? What would be the minimums that they would accept now in terms of designs and shared use?*
- 3 *Cultural issues and taboos related to latrine use: are there any cultural issues relating to positioning, use or sharing of latrines? Are there differences that need to be observed for women and men, or for daytime or night-time use?*

These three questions can provide WASH responders with enough information to make better initial designs, however, they are the start of an ongoing discussion around user preferences, comfort and dignity that must continue throughout the life cycle of the response. **Sanitation is not a one-off activity, and consultation around it should, likewise, not be a one-off. Agencies also need to plan for a consultation and response phase after the latrines have been built.**

So how can we do better at tackling these issues?

INSUFFICIENT LATRINES

Most agencies report that they use Sphere as a planning tool for their initial budget, therefore the issue of agencies using minimum indicators as a target (rather than a minimum to be exceeded) is an ingrained problem for both agencies and for funders. Initial emergency budgets should allow for more than 1 latrine for 50 people in the emergency phase and 1 for 20 in the stabilisation phase. Although agencies need to make more use of feedback mechanisms and data to influence programming decisions, if sufficient funding was not included in the initial budget, provision of additional toilets or adaptation to user feedback becomes difficult or impossible.



THERE IS OFTEN A MISCONCEPTION THAT CONSULTATION IS A LONG PROCESS.

AS A SECTOR, WE NEED TO BECOME MORE COMFORTABLE WITH RAPID, 'GOOD ENOUGH' AND ITERATIVE CONSULTATION.

Discussion on the Findings

INADEQUATE CLEANING

Dirty latrines are one of the primary reasons that people don't use them. In the initial emergency phase where communal latrines are common, it is difficult to create groups of community volunteers to keep latrines clean, therefore many agencies pay cleaners. However, observations in many camps showed that paying cleaners does not guarantee clean latrines. Many communal latrine cleaners say that once there is a bigger problem, such as a blockage, it is beyond their capacity to resolve it and keep the latrine clean. A lack of equipment and regularly replenished consumables is often identified as an issue. There is commonly little communication between those responsible for cleaning and those responsible for repairing or emptying the latrines - so nothing happens. A system for keeping communal latrines clean needs to be established before latrines are opened for use and cleaners need to have access to regular supplies of cleaning materials and be systematically consulted on latrine issues. An exit plan should also be made for transitioning away from paid cleaners; this should coincide with changes in ownership of latrines, for example, in a shift away from communal to shared family latrines.

CONSULTATION

Across the 11 countries, most women said they were happy with the latrines when asked in FGDs. However, when asked to describe where in the camp they felt most uncomfortable, their first or second answer was 'when using the latrine' (the first answer was often 'when collecting firewood'). It is only by asking exploratory questions from different perspectives that agencies can really find out why people feel uncomfortable using a latrine, and uncover genuine feedback. This dynamic may explain why standard agency hygiene promotion activities and feedback mechanisms do not pick up on people's overall major dissatisfaction with communal latrines. Users, and women in particular, often do not want to criticise the agency that has installed latrines, fearing some sort of loss of goodwill from that agency. Getting good, honest feedback from users is not about working through a "checklist" of questions but about creating an environment for an honest discussion and asking appropriate questions in the right way. In the majority of Sani Tweaks FGDs, several follow-up questions were needed before the important issues came out. WASH practitioners need to practise open dialogue with users, respecting their feedback, and sharing transparently what is within their power to change, identifying areas for compromise and supporting community led solutions.

BROKEN LOCKS, LACK OF REPAIRS

It is guaranteed that repairs will be necessary for emergency communal latrines in the first 3 months, and as such there needs to be a consistent provision for repairs in initial budgets, and a commitment from donors to recognise such resources will be required to ensure ongoing use of facilities. Similarly, WASH practitioners should consider the effects of



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climate and use of temporary structures and consider design solutions that mitigate these, such as utilising a simple rope and nail locking mechanism.⁶

As discussed above, there needs to be regular dialogue between users, cleaning teams, repair and maintenance teams and WASH teams to ensure that common issues, design flaws, and any suggestions for improvement in design or maintenance of facilities can be acted upon. Maintenance teams were not common in the 11 countries visited by the Sani Tweaks facilitators, however, dedicated human and budgetary resources are required to ensure that latrines are repaired in a timely manner and remain in a usable state. WASH teams should include such resources in their project plans from the beginning of an emergency, and donors should encourage implementing partners to ensure they have sufficient budget and staffing to provide continual maintenance.

EMBARRASSMENT

Some aspects of embarrassment in using latrines are easily identified and avoided; positioning latrines away from busy routes and ensuring the entrance is facing away from the busy path or building a screen in front of the entrance are options that should be considered standard for all latrines to support user privacy and dignity. Having a water source either in, or very close to the latrine, can reduce embarrassment caused by needing to carry water for anal cleansing, or for cleaning menstrual products, intimate body parts or hands for menstruating women. Ensuring there are adequate facilities for disposal of rubbish, preferably with a lid and made from opaque materials, can also support in reducing the embarrassment often experienced by users disposing of anal cleansing materials or menstrual products.

Other aspects of embarrassment may be less obvious and require dialogue and trust building with communities to understand and develop solutions for. The regular process of consulting, modifying and consulting designs helps to build trust by showing that community and individual feedback is listened to and acted upon. WASH teams need to ensure they have sufficient staffing resources and a diverse skill set within their teams, that includes both engineering and soft skills, to dedicate to this regular dialogue.

PROVISION FOR PEOPLE WITH DISABILITIES

In every WASH response, there will be a significant proportion of the population with mobility issues preventing them from using latrines easily. This will not only be due to disability, but also due to age, injury, pregnancy and other aspects that may impact on users' ability to utilise standard designs. Although there has been an increase in the number of latrines for disabled people, many facilities appear to be more of a token gesture than a concerted effort to meet the real needs of the individuals that require them. The shame, embarrassment and total loss of dignity felt by those who cannot use the latrines is considerable. Whilst the emphasis is on establishing good latrine coverage as a first in emergencies, modifications can be included in all latrines as a standard that allows users with diverse



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ranges of mobility to utilise them with ease (low or no steps and/or simple, gravel slopes, bamboo or simple grab rails to support squatting and standing, and larger latrine cubicles to allow helpers and/or children to enter latrines with users). Resources should be directed towards identifying the people who cannot use standard toilets and working with them to discuss solutions fit for them, which may not always be a separate disabled friendly latrine. Agencies need to have a menu of options rather than a one size fits all “latrine for the disabled”. There are many options available such as small alterations to standard latrines, commodes and other containerised toileting options. Agencies need to budget for enough funding and staffing resources to ensure these consultations can take place, and to coordinate with specialist agencies who may have additional resources to identify and support those with issues using communal latrines that may otherwise remain hidden (such as HelpAge, Humanity and Inclusion and CBM). Financing for a varied menu of options must also be considered, and will inevitably be needed in every emergency.

Conclusion

Changing how we work in Sanitation Programming

The evidence for the need to change the mindset and actions of sanitation practitioners is overwhelming. Along with better and more effective consultation mechanisms is the need to ensure adequate resources are allocated to sanitation programmes in terms of repairs, maintenance and staff for managing regular dialogue and ongoing consultations. Agencies need to resource listening and taking action based on user feedback as diligently as they do construction of latrines. Donors also need to insist that this element be included in the budget to ensure money is not being wasted building toilets for people who will not use them.

A formal evaluation of the Sani Tweaks project by LSHTM will be completed in 2023. So far, Oxfam has observed that whether or not agencies adopt the Sani Tweaks approach of **consult – modify – consult** depends largely on whether individuals within organisations and country WASH Cluster Coordinators understand and support the premise that latrine programming has a problem that needs to be fixed and that more flexible programming based on consultation is the solution to that problem. There are Sani Tweaks champions in the field but, as staff turnover at the country level is so high, there is no guarantee that the approach can be sustained without a dedicated push from the WASH sector globally.

Although the Sani Tweaks approach is targeted at communal or shared family latrines, the principle of consult, modify, consult is relevant to sanitation programming at any stage of the response; unfortunately it appears that Sani Tweaks workshop participants in many locations forget or don't apply the approach when the need to provide rapid communal latrines arises again. **So how can this change happen?** The Sphere Project provides a strong example of how minimum standards can be embedded in each response and each agency; this same approach needs to be applied to Sani Tweaks, with the Global WASH Cluster and its member agencies supporting the consult, modify, consult approach as a new standard way of working.

Since time of writing (October 2022), the Sani Tweaks Project has been expanded to WASH Tweaks, looking at how the consult, modify, consult approach can be applied to user issues across a range of WASH facilities and activities. Oxfam is currently funded by SIDA to pilot WASH Tweaks across 10 countries in the next two years, and a final report on progress and findings will be published in 2024.



RESOURCES NEED TO BE ALLOCATED FOR LISTENING AND TAKING ACTION BASED ON USER FEEDBACK AS DILIGENTLY AS THEY'RE ALLOCATED FOR LATRINE CONSTRUCTION.



For further information:
www.oxfamwash.org/en/sanitweaks



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