**GUIDELINE:**

**Initial Community Research Activities in Case Study Sites**

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**Note**: This version has been updated in January 2022 by N Leblond based on the feedback from the workshop organized in Kambarage Mwanza by Tim Ndezi, Wildbard Kombe, Pascale Hofmann, Stella Stephens and Festo D Makoba on 27/22/2021, as well as the collective discussions during the OVERDUE Kitchen on 08/12/2021 (with Ibrahim B Bangura, Helder Domingos, Adriana Allen, Richard Prosper, Claudy Vouhé, Sandra Roque, Braima Koroma, Catarina M Magaia).

**Objectives:**

* **To launch the project in each case study settlement/site;**
* **Documenting the community sanitation trajectory of each case study site** (to complement city timelines from WP1 and individual/household trajectories to be developed with individual sanitation users at a later date)**;**
* **Baseline mapping of sanitation features in each site;**
* **Identifying well known taboos (unspoken rules) concerning sanitation related practices in the case study community,** that can be explored in more detail through following in depth research: focus group discussions (FGD), individual interviews, and household diaries.

**LOGISTICS**

This document details a block of 3 activities that could be organized during a single day or organized over several days. Please organize as you see fit based on your workplan, logistical constraints, and the preferences/availability of participants.

**SELECTION OF PARTICIPANTS**

These activities should be undertaken with a core group of 20 -30 participants. It will be easier if you have the same group of participants throughout because they will have more familiarity with OVERDUE and knowledge of the process. But be flexible and welcome newcomers, or include new persons as needed, just remember to perform the enumeration steps (so you know who was the “we” included in the workshop/FGD), and to share the information sheet and consent form (making it easier for newcomers to catch up on the objectives).

Participants should include a range of residents and/ or people who work in the case study site. These residents / workers should be a balance of women/ men and should also represent other identities which are important in relation to sanitation and the particular context of the site (e.g. tenure status for example landlords and tenants, disability, occupation, migrant vs long term residents, ethnicity or religion, as well as age groups, elder, parents, and youth). Please consider which identities you have decided are important for each of the sites to represent (the composition in each could be different) and share the basis on which you have made this decision. Participants should also include local sanitation workers, and community leaders involved in decision-making (e.g. ward leaders, elders, or federation leaders).

**BROAD STRUCTURE OF WORKHOP**

1. **Preparation before conducting the block of activities:** A reconnaissance visit to meet local officials and chat about the settlement before the workshop was recommended by the Mwanza team (see “Activity 0” below).In addition to inviting a range of participants following the above criteria, you will need the following materials:
2. a large, printed map or aerial photo of the area – ideally A0 – with landmarks highlighted to help participants find their way around the map easily.
3. Flipchart paper to draw a timeline from the start of the settlement (or year deemed as relevant) till today.
4. Thick markers, name tags, sticky notes and dots of at least two colours, one for women and one for men.
5. Refreshments/Food (adapt as needed based on your workplan and its length)
6. **Enumeration of Participants**: Completing the enumeration will allow you to **include all voices throughout the workshop / FGD** and to make the discussion flow while recording their inputs on the timeline and when relevant the map – that is to deal with questions of WHO, WHERE and WHEN. See an example of an enumeration in Appendix 1. Several facilitators (3 or 4) are needed to make this process easier and faster: for example one person writing in the table, another writing down on the pos-it that is given to the participant, and 1 or 2 locating the person on the timeline at the correct arrival date and on the map (community members who know the settlement well and manage to locate resident’s housing on the map can help this process)
   1. As participants arrive, invite them to share their name and write it on a name tag given to them.
   2. Number each participant sequentially and use sticky dots (using different colours for women and men) to then locate them on the map (place of residence of workplace, as appropriate) and the timeline (see below – marking when they arrived in the community).
   3. Take them first to the map and with the aid of landmarks help them to locate where they live or work and add a dot with their number.
   4. Then ask them the year in which they started to live or work in the area and add a dot with their number on the timeline.
   5. Next to their dot on the timeline, add a symbol/post-it corresponding to the type of sanitation facility/ies they principally use when in the settlement/on site (eg. Hanging toilet, pit latrine, shared compound toilet, public toilets, other)
   6. Then invite them to have a seat. If the welcome is done by two staff members (one enumerating female participants and another one male participants), it takes just a few minutes.
7. **Welcome & Introduction** The first activity conducted (the community trajectory) should start with a brief presentation and introduction to the Overdue project and give space for participants to discuss the project and share any expectations/ concerns.
8. **Consent** The information video and leaflet must be shared with the participants and the consent form read out and explained. It is essential that the participants understand the process is voluntary and that it is possible to opt out at any moment. If the participants agree to proceed, basic information about participants needs to be collected (see Appendix 1 for a copy of the form); this helps to tailor the discussion to the circumstances of those in the workshop.
9. **Activity 0:** Reconnaissance walk/tour in the settlement (see suggestions below)
10. **Activity 1**: Community Sanitation Trajectory (see guide below)
11. **Activity 2**: Baseline Sanitation Mapping (see guide below)
12. **Activity 3**: Sanitation Taboos in the Community: (see guide below)

**Activity 0: Reconnaissance walk and mapping**

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| Objectives | Materials | Outputs |
| To identify key areas of concern, facilities, and characteristics of the neighbourhood and map out a baseline of collective sanitation facilities, and hot spots where sanitation challenges and improvements are located in the community | Camera to take photographs, notebook to write down key information and expressions, as well as tool/application to georeferenced any observation | A base map with key sanitation facilities and hot spots (post-it or stickers added to the printed map following the walk and to be completed during the workshop) |

This activity is designed to get a first understanding of the neighbourhood and the sanitation facilities and practices at stake. By ***sanitation facilities*** we mean the infrastructure, sites, and related service, both in the home and public, that people use to process, dispose of, and clean up faecal and menstrual waste. By ***sanitation hotspo*ts** we mean places where key sanitation improvements are happening and/ or places where key sanitation related challenges can be found (e.g. open defecation, dumping of waste, overflowing pits, exposure of sanitation users to risk/ harassment, flooding). People might however consider these things together, mixing practices, facilities and hotspots. What is important then is to capture people’s definition. If they indicate that “this part has access to improved facilities”, ask “what is an improved facility?” or this part is highly problematic and unsanitary, seek to understand, “what is problematic/unsanitary” (is it open defecation, is it overflowing, is it flooding, is it unclean/smelling bad?) as this might vary depending on who is speaking as well as the area.

In terms of **tools to collect spatial data**, the OVERDUE kitchen brought to the fore several options:

* **Rambler App** (already used by the Freetown team and very convenient to have both pictures and location) (https://www.ramblr.com/web/main )
* **Conventional GPS** if you have one
* **Smart phone** (possibility to activate a tracking function and activate the georeferencing of pictures – check before that everything is set properly).
* **QField** (mobile and free version of QGIS, requires a bit of patience to be set up and to understand the handling of it: <https://qfield.org/> )

**Activity 1: Building together an history of the area & sanitation.**

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| Objectives | Materials | Outputs |
| To capture key events and changes in the sanitation history of the community/ site and related developments | Flip charts to draw up timeline(s), marker pens, post it notes, satellite map to capture spatial manifestations/developments over time | A consolidated settlement/site trajectory inclusive of various subgroups |

The overall activity took 3 hours in Mwanza, which is quite long and the maximum that can be expected reasonably of participants. Though participants are not paid to participate, they can be “compensated” and “thanked”, for their time There is a budget allocated for fieldwork in each city that provides for compensation for any costs incurred by participants. You can use your fieldwork budget for this so that people are not excluded from the activities. But important to think together about the messaging and how we present this (compensation, token of gratitude).

Timelines aim to capture key events and change processes over time as perceived, understood and experienced from the perspective of participants. The particular experiences and circumstances of the participants will shape the information available, but it is likely to be related to infrastructure (when was this built? How was it maintained?) investments (how did you manage to do that?), experiences (what was it like at the time? What does it mean daily?), practices (how were people doing?) and governance (who was controling/deciding/championning this?).

This activity should be undertaken through (1) a collective discussion the 'history' of the area and (2) questions zooming specifically into the history of sanitation arrangements conducted by subgroups.

**History of the community/ site**

In Mwanza, they built the sanitation timeline in a plenary session, starting with the first date of arrival (1970s) and then reporting major events/change in the community. This was helpful for people to then refer to major events when speaking about sanitaiton.

Firstly, build collectivelly the 'history' of the area, investigating the following elements:

(a) When people first arrived, and demographic changes over time;

(b) When different improvements where achieved - roads, water points, communal toilets;

(c) Key moments of collective organisation;

(d) Dates when particular challenges were faced - evictions, fires, floods, etc.

Call upon different participants to share their experience and views based on the “participant enumeration”. Colour dots on the map and timeline will make it possible to call on different areas of the settlement/site, or different dates of arrival (eg. You arrived in 1974, how was it then? You arrived much later what was it like? Ok, so a water pump was built in that part of the settlement, but for you who is renting at the far end, what is the situation like?) .

Possibility to build intersectionality in at this stage by asking follow-up questions: “is it the same for all women?” younger and older? with ability? Is it the same for tenants and landlords? New residents and long term residents?

**Sanitation trajectory**

Second, once a broad history of the evolution of the settlement / area is built, dive deeper into the trajectory of sanitation. Break up into smaller groups based on key identities (gender and any others that you feel are important on the site). When the smaller groups have competed their discussion of the sanitation trajectories ask each group to present back to the whole workshop in plenary *starting* with the ‘least powerful’ group who are normally less likely to speak out in public meetings and ending with the leaders’ group.

Below are core questions that should be used to help each group develop their trajectory, plotting the answers onto the timeline, from the earliest date mentioned up to the present time. They can be adapted and can be complemented by other questions. Asking ‘WHY?’ questions is particularly useful to gain a deeper understanding (e.g. about price increases, the decision to upgrade the toilet, changes in how local facilities are managed etc.).

**Sanitation practices**

***Q1.1 Starting from the earliest time remembered by any of your group, what were the main sanitation practices in the community at the time?*** Write up you answers on a sticky note. By ‘sanitation practices’ we mean the ways in which people dealing with going to the toilet and menstruation, and related hygiene measures (washing and disposing of waster).

***Q. 1.2 Please then note any times at which there were big changes in the main sanitation practices in the community and write these on new sticky notes (noting the time at which they changed).*** *For each change please note (a) why you think the change happened and (b) how this change affected community members, positively or negatively (e.g. in terms of costs, health impacts, stigma, time taken, safety etc) and which groups of women/ men were affected in different ways.*

***Sanitation facilities***

***Q.2.1 Starting from the earliest time remembered by any of your group what were the main sanitation facilities in the community. Please note who each type of sanitation facility is owned/ managed by. Write up your answers on a sticky note.***  By sanitation ***facilities*** we mean the infrastructure, sites, and related service, both in the home and public, that people use to process, dispose of, and clean up faecal and menstrual waste.

***Q2.2 Please then note when there were big changes in the main sanitation*** ***facilities*** (I.e. when existing sanitation facilities fell out of use, or new facilities introduced). For each change in sanitation ***facilities*** please say (a) ***why you think this change happened*** *(examples of reasons might be things like: a public project invested in new facilities, a new sanitation technology was introduced, households had more money to invest in infrastructure, flooding destroyed infrastructure, an increase in rental tenant who are not able to invest in infrastructure, etc) (b)* ***what resources did it require (e.g. w***hat investments did community members need to make to access the new sanitation arrangements (eg paying for a latrine to be dug, buying sanitary ware) or what costs does the new sanitation arrangement imply (e.g. paying to use public toilets or paying increased rent to a landlord for improved facilities)? You may also note if the sanitation arrangements stayed the same but the costs to use them changed significantly (c) ***How did each change in sanitation facilities affect different groups in the community (women, men. other) positively or negatively?*** *For each change, explore what were the consequences for residents and workers in terms of, for example, health and the environment, poverty, social conflict or harmony, burdens on or benefits to local residents and workers in terms of cost, time and responsibility.*

**Activity 2: Community sanitation mapping**

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| Objectives | Materials | Outputs |
| To map out a baseline of collective sanitation facilities, and hot spots where sanitation challenges and improvements are located in the community | Simple printed/ drawn map of the settlement/ site with key landmarks clearly visible on it  Markers, post its. | A final map with key sanitation facilities and hot spots |

This activity is designed to improve the baseline map and reflect on it.

This activity was not conducted in Mwanza due to lack of time and difficulty for participants to locate things on the maps. The reconnaissance activity was added to facilitate this process.

Part 1. Mapping FGD

Ask the participants to go back into smaller groups, based on gender, occupation, place of residence etc. as relevant. Give each group a simple map of the case study site and ask them to mark on the map (a) the collective sanitation facilities that they consider to be important and (b) the key sanitation hotspots that the associate with sanitation improvements or challenges. Please ask them to specify on the map what the sanitation facility or hot spot is.

Groups to present back in plenary.

Collective questions that could stimulate discussions: Who are the main beneficiaries of sanitation improvements? Who are the most disadvantaged by improper sanitation facilities and hostpots.

Part 2. Transect walk

Based on the mapping, ask each group to select and propose 2 hotspots, a challenge related one and an improvement related one for a collective visit. Researchers should be recording the discussions and the reasons why the hotspots are selected and for whom.

Visit together the challenging and improvement hotspots, led by participants. Participants to indicate precisely what is challenging/improved and what should be photographed according to the participants.

**Activity 3: Identifying well known taboos (unspoken rules) concerning sanitation related practices in the case study community**

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| Objectives | Materials | Outputs |
| To understand key unspoken rules with regards to sanitation, tracing their causes and consequences for different groups | Simple flip chart/sheets of paper and markers/post-its | Deeper understanding of issues and taboos (with or without collective reporting back depending on situation) |

In Mwanza, spontaneous break-up between men and women. Having women facilitators was very useful here. This enabled women to talk about menstruation, voicing their concerns, as well as having both groups share collectively their perspective on why they thought this issue was to be maintained secret (out of respect for husbands and fathers) and how solutions could be designed to both support women and girls while maintaining privacy and respect (eg. Fathers giving money to their daughters for purchases including menstrual pad without exactly knowing this is for menstrual pads and when they will be used).

Invite the participants who are interested to continue to talk about the commonly known rules regulating sanitation, and protecting given members of the community (e.g., sayings to protect children from falling in the pit,) and/or limiting some practices (if silence, prompt rules surrounding Open defectation and using the bushes, forbidden practices during menstruation). The objective is to foster respectful discussions around things that are important in relation to sanitation but often not openly discussed. Key to this activity is the establishment of confidence and trust and a careful environment which will allow for people to share their concerns, experiences, and issues. Researchers must also be able to guarantee the confidentiality of participants’ responses (beyond the circle where they accept to speak).

If relevant, **break the workshop into smaller groups** with shared identities that emerged during previous discussions or that you think are important (e.g. women residents/ workers; men residents, workers; any specific group like migrants, or people with disabilities; community/ sanitation leaders; tenants; property owners). One group can tackle a single issue or several as they see fit.

Another option is to organize groups around **issues** such as lack of facilities in certain public areas or at home (open defecation), lack of privacy, time through the day women must dedicate to sanitation, stigma tied to sanitation work, in-adapted facilities (no door, unclean, overflowing, dangerous), taking care of children’s needs. This might be harder to set up if no rules/taboos have been proposed in the collective discussion or if no one wants to contribute to a group on a sensitive rule/issue.

In the groups, use a **cause/consequence tree** or **problem tree** (see examples below): For a given rule/issue, asking participants to explain the consequences (for whom especially) as well as the supposed causes of such an issue. If relevant questions about the taboo itself could be investigated: who is the guardian of the taboo (contributes to reproducing it and enforcing it)? What happens if broken? Who are the obvious winners and losers?

Depending on how things go in the groups, and if participants are happy for their discussion to be reported back in the plenary, share the outcomes of the process with everybody or explain that work is still in progress and will be shared at a later stage. It might be easier if the researchers report rather than a given resident. Also, maintain confidentiality by presenting the results without naming who contributed to what idea.

Diagram

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Diagram

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Figure 1: Example of a problem tree on Female Genital Mutilation (FGM) (source: https://werise-toolkit.org/en/system/tdf/pdf/tools/Problem-Tree-Analysis\_0.pdf?file=1&force)

**Appendix 1**

Example of basic information collected for a FGDs (a simplified version of this is captured on a picture below) based on Pascale’s research in in Dar es Salaam :

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| **No** | **Gender** | **Age** | **Year settled in the area** | **Moved from (if relevant)** | **Land tenure** | **HH Size** | **Others on compound** | **Collective membership** | **Occupation /Livelihood** |
| **1** | **F (Female)** |  |  |  | **Tenant,**  **Landlord,**  **Guest** | **Nb of person in the household** |  |  | **(farmer, seller, teacher, …)** |
| **2** | **M (men)** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |

The table above was accompanied by a map where participants put their sticker with their participant number on a satellite map of the site.

Text

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**Appendix 2**

Example of timeline produced by the Mwanza team during the Kambarage workshop.

Timeline

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