**GUIDELINE:**

**Mapping sanitation experiences & (in)justices**

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**Objective:** **To document the experiences of women, men, girls and boys regarding sanitation facilities and services and the distribution of sanitation benefits and harms.**

Three mapping activities and methods are combined to generate in-depth knowledge of residents and especially women’s everyday experiences with(out) private and public sanitation infrastructures and services[[1]](#footnote-1):

1. Participatory mapping will be used to identify collective sanitation facilities and their characteristics
2. Focus groups and individual interviews will be conducted especially with women and girls to locate places and areas where sanitation infrastructure are safe and adapted and places where they feel unsafe or that are considered dangerous or exclusionary,
3. transect walks, systematic walks with the project team along a defined path (such as a participant’s daily journey to work), to generate in-depth knowledge of residents’ everyday experiences with(out) sanitation infrastructure.

The focus group discussions and interviews as well as the transect walks will not be accompanied by any collection of primary health data or samples but might result in participants sharing painful and traumatic experiences, as well disclosing sensitive information.

Information sheets and videos will be shared and explained at the beginning of each focus group, interview or transect walk, as well as the voluntary nature and the possibility to interrupt the process at any moment. Furthermore, the risk of distress or stigma for those affected will be addressed by a strategic anonymisation of data, by conducting sensitive discussions in a safe and private environment and ensuring confidentiality as well as providing access to local organizations that support victims of gender-based violence.

**Part 1: MAPPING COLLECTIVE SANITATION FACILITIES**

**Instruction**: Representatives from selected case study settlements will be asked to identify collective facilities (public toilets, private latrines accessible through a fee) and places deprived of infrastructure (open defecation or dependency on private residents’ toilets).

The group of representatives and users will be diversified, to enrich the mapping process by including a diversity of experiences and perspectives.

A simple guide on how to geolocate facilities and fill basic characteristics will support the mapping process (**Appendix 1**). An open-source data collection and visualization platform will be used to produce georeferenced data and maps.

Moments of mapping and data collection will be followed by community Focus group discussions in the settlements (adapting the process to the COVID-19 situation – in case of limitations, reduced groups of participants will be organized) to discuss the results and identify omissions and additional information with regards to the distribution of sanitation facilities and services.

**Part 2: MAPPING SANITATION EXPERIENCES, BENEFITS and HARMS**

**Instruction**: Participants will be asked to indicate in their daily lives and travels across the city the facilities they can use as well as the places where they feel unsafe and that they try to avoid.

Using mental maps may reveal the fears of women as well as the different sanitary strategies and tactics they adopt (from staying home, containing their needs, paying for sanitary services, to adapting their work and mobilities).

Qualitative questions to generate mental maps:

* Which facilities do you use across the city? Which are the ones you prefer? Which ones are adapted to your needs? Which ones on the contrary do you avoid or dislike? Why?
* Looking back at the previous months/years, when did you struggle to access/find facilities? What did you do? Where did you go? How did you adapt your work/travel/practices?
* Which places do you avoid due to the lack of facilities?
* Where are the places with insufficient sanitation? Unsafe sanitation? Where do you feel unsafe/at risk?
* Are there places known to be dangerous for women?

As women and girls are known to be the most exposed and prejudiced by unsafe sanitation infrastructure and the lack of facilities, discussions will be organized in safe spaces where the anonymity of participants can be preserved. Anonymized information will be geolocated and mapped alongside the collective infrastructures previously identified.

The risk of repercussions to participants that have felt empowered to challenge gender-based violence or sanitation taboos is also present. This risk will be addressed by: (a) involving wider community structures and leadership in discussion of findings, and social change inputs, related to gender-based violence or sanitation taboo and (b) linking participants who wish to mobilize on these issues as a result of the research to local bodies and specialised organisations working on gender-based violence and women and girls' rights.

**Part 3: TRANSECT WALKS**

**Instruction**: Accompany a participant along a defined path (such as a participant’s daily journey to work), note the sanitation facilities that are accessible in public spaces, and take photographs which they ask you to capture.

It is important that you capture the participants’ explanations of why they want you to take particular photos, and why the subject of the photo is important for them. It is also important to record names and places relating to each photo.

If a participant changes path, expresses stress or uneasiness, invite the participant to interrupt the activity at any time. Due to the taboos surrounding sanitation as well as potential acts of violence, shame, and harm, some participants might not want to engage in physical walks. This decision is to be respected and considered as a result. In the case participants are willing to describe and explain the situation remotely, revert to mental maps and descriptions (see part 2). Try to locate the path and infrastructure (or lack of infrastructure) as precisely as possible) so the accounts can be combined to the previous maps.

Researchers accompanying the transect walk will use GPS or phone to geolocate the transect and the pictures.

Outputs:

* Consent form (oral or written approval)
* Photos
* Transcripts of key moments and sentences.

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| --- | --- | --- | --- | --- | --- |
| **Place 1** | **Place 2** | **Place 3** | **Place 4** | **Place 5** | **----** |
| Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) | Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) | Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) | Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) | Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) | Why is this important for the participant?  Summary of response  Some direct quotes (in “ “ and *italic*) |
| **PHOTO 2a** | **PHOTO 2b** | **PHOTO 2c** | **PHOTO 2d** | **PHOTO 2e** | **PHOTO 2f** |

àFor all Transcripts: There is no need to have full transcriptions, but take notes and summarise the answers. Reduce the answer to a couple of sentences which can be used as quotes. Go back to participants and get them to sign off the transcripts you have written.

**Appendix 1[[2]](#footnote-2)**

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| --- |
| Facility name: \_\_\_\_\_\_\_\_\_\_\_\_  Facility ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What is the sanitation facility?**

‥ Public facility operated by a public institution

‥ Public facility operated by a private operator

‥ Private – shared pit latrines

‥ Private – shared mobile toilets

‥ Private – shared latrines

**2. When was the facility built?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Who paid for the facility?**

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**4. Who owns the land?**

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**5. What is the current status?**

* fully operational
* largely operational
* disrepair
* abandoned
* other :

**6. Who runs the facility?**

* Community
* Sanitation/toilet committee
* public sanitation services
* private company
* faith group
* Association
* Other

**7. What are the prices to access the facility?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Who are the main users accessing the facility? (women? men? age groups?)**

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**9. Is the facility shared by women and men or are there separate areas/toilets?**

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**10. Does the facility meet the needs of menstruating users? (presence of water, place to wash menstrual protections or to dispose of them, privacy)**

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**9. How many users per day?**

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**10. What is the daily revenue?**

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**11. What are the costs of running the facility?**

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**12. Additional observations**

1. # Similar methodologies have been developed and applied in previous projects led by members of the research team such as cLimaSinRiesgo <https://climasinriesgo.net/> and Urban Africa Risk Knowledge https://www.urbanark.org/ , as well as by Ayona Datta and Nabeela Ahmed (2020) Mapping Gendered Infrastructures: Critical Reflections on Violence Against Women in India. <https://doi.org/10.1002/ad.2597>

   [↑](#footnote-ref-1)
2. Based on methodological tool shared by Pascale Hofmann “Mapping WSS facilities questionnaire” [↑](#footnote-ref-2)