

Advancing Sustainable Environmental Health (ASEH)

Documentation and lesson learning report



Summary

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Published June
2011.

Front cover
image: Kripa
with a hygiene
education card,
Indramoni Para,
Chittagong
Hill Tracts,
Rangamati
District,
Bangladesh.

WaterAid/
Juthika Howlader

This report is prepared as a contribution to WaterAid's learning agenda. It documents the approaches and processes of Advancing Sustainable Environmental Health (ASEH), the largest programme ever undertaken by WaterAid. ASEH was specifically designed to work in the socially, technically and geographically hardest to reach areas of Bangladesh. After providing a brief background on the water and sanitation sector, the report describes the approach and progress achieved by ASEH and the challenges for WaterAid and its partners of managing and monitoring such a large intervention. Significant

innovations were developed and tested under ASEH and the second part of this report focuses on these. Issues looked at in more detail are: inclusion of the most socially and economically marginalised, community empowerment, governance, advocacy and sustainability. ASEH was largely successful and the objective of this report is to provide an overview of the programme, explore and share lessons and highlight issues that have a wider relevance to WaterAid and to others working in the sector. The report also identifies some areas that WaterAid may consider for more in-depth study or documentation.

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List of abbreviations and acronyms

ADB	Asian Development Bank
ASEH	Advancing Sustainable Environmental Health
CBO	Community-based organisation
CLTS	Community-led total sanitation
CSO	Civil society organisation
CWASA	Chittagong Water Supply and Sewerage Authority
DAP	Differently-abled people
DCC	Dhaka City Corporation
DFID-B	Department for International Development – Bangladesh
DPHE	Department of Public Health Engineering
DSK	Dushtha Shasthya Kendra (one of the ASEH urban partner organisations)
DWASA	Dhaka Water Supply and Sewerage Authority
EoP	End of project
ESA	External Support Agencies
EWP	End Water Poverty
FGD	Focus group discussion
GoB	Government of Bangladesh
HR	Human resources
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IPEA	Integrated, participatory, empowering approach
IPEA-SWESHP	Integrated, participatory, empowering approach to safe water supply, environmental sanitation and hygiene promotion
ITN-BUET	International Training Network of Bangladesh University of Engineering and Technology
LCG	Local consultative group
LGI	Local government institutions
LGED	Local Government Engineering Department
MDG	Millennium Development Goal
MIS	Management information system
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
M&E	Monitoring and evaluation
NGO	Non-governmental organisation (not-for-profit)
O&M	Operation and maintenance
OVI	Objectively verifiable indicator (in the logframe)
PCR	Project completion report
PO	Partner organisation
PRA	Participative rapid appraisal
PRSP	Poverty Reduction Strategy Paper

PSTC	Population Services and Training Centre
PSU	Policy Support Unit (within the Water Supply Wing of the Local Govt. Division, MoLGRD&C)
SACOSAN	South Asian Conference on Sanitation
SWESHP	Safe water, environmental sanitation and hygiene promotion
UNICEF	United Nations Children's Fund
UP	Union Parishad
UST	Unnayan Shahojogi Team (one of the ASEH rural partner organisations)
VERC	Village Education Research Centre (one of the ASEH partner organisations)
WAB	WaterAid in Bangladesh
WASA	Water Supply and Sewerage Authority
WASH	Water, sanitation and hygiene
WATSAN	Water supply and sanitation
WHO	World Health Organisation
WSP	Water Safety Plan
WSSCC	Water Supply and Sanitation Collaborative Council

Executive summary

ASEH is the largest programme ever undertaken by WaterAid. Starting in 2003, ASEH was implemented over five and a half years. Funded by the Department for International Development (DFID) and WaterAid to the tune of £17.5 million, it is estimated to have reached 1.2 million families when it concluded in March 2009.

As a contribution to WaterAid's learning agenda, this report is a focused distillation of the huge amounts of information and data available on ASEH.¹ It documents the important approaches and processes that combined to make ASEH the success it was judged to be. It also identifies some areas that WaterAid may consider for more in-depth study and documentation.

WaterAid has been working in partnership with local and national organisations in Bangladesh since 1994. The software-led and poverty-focused participatory approach was becoming its hallmark. Through ASEH, WaterAid proposed to expand its programme

ASEH project purpose:

Sustainable improvements in hygiene behaviour and reduction in exposure to water and environmental sanitation risks for whole poor rural and urban communities in difficult environments.

in both rural and urban areas, while engaging with government in order to promote sector change. WaterAid in Bangladesh works with and through its partner organisations. The partners are not simply the implementers of projects. They are recognised by WaterAid as the originators of many of the programme's concepts, approaches and practical innovations. They were very much key figures in the ASEH programme.*

ASEH is of great importance to WaterAid for a number of reasons. ASEH aimed to demonstrate that a software-intensive approach was capable of being implemented on a large scale and thereby prove that it was a valid alternative to the traditional large hardware-driven investments in water and sanitation. By scaling up successful participatory approaches, WaterAid planned to bring about a critical mass in the sector to advocate more demand-responsive and sustainable approaches. ASEH was specifically designed to work in the socially, technically and geographically

¹ A list of documentation is appended in the bibliography for further background reading and detailed information.

* A list of the partner organisations that implemented ASEH is appended at the end of this report.

ASEH's outputs:

- Number of community-based organisations: **15,730**
- Number of water beneficiaries: **1.8 million**
- Number of sanitation beneficiaries: **5.6 million**
- Number of hygiene beneficiaries: **6.8 million**

Source: end of project evaluation study of ASEH

Note: Figures are rounded

hardest to reach areas of Bangladesh, and to develop appropriate approaches both to reach the poorest communities and to facilitate inclusion of the most marginalised within those communities.

ASEH was a huge undertaking with 21 partner organisations and about 2,000 staff. The programme is documented to have reached more than six million poor people in rural and urban areas of Bangladesh, of which 2.19 million were among the poorest and most marginalised in the country. ASEH, and particularly WaterAid in Bangladesh, managed to avoid being overwhelmed by the huge scale of the operation and the enormous hardware targets they had set themselves.

Early in the project, WaterAid and its partners developed and agreed the principles and strategies that would guide ASEH implementation. This ensured a ‘consistent’ approach from partners, while allowing the adoption of appropriate local modifications. The process clearly acknowledged that the policies could change and improve as understanding and experience grew.

Strategies were prepared as living documents and the final versions provide valuable documentation of ASEH best practice.

Numerous lessons were learnt in the management and monitoring of such a large undertaking. With implementation through partners but with accountability for performance firmly lodged with WaterAid, detailed management information systems (MIS) procedures were developed. This included joint monthly field verification with partners of their reported outputs on a sample basis. This gave WaterAid confidence in their reporting to head office and a better understanding of field level issues and problems as they arose. WaterAid would do well to consider documenting the MIS processes and procedures for sharing within the organisation. Lessons arising from the computerised MIS system and the HR policies would be useful for any future large-scale programme.

Among the innovations developed and tested under ASEH, the cost-sharing and cost-recovery mechanism allowed

Members of the Community Management Committee in Motijharna slum, Chittagong City.



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‘whole community’ engagement, bringing benefits even to the poorest, while avoiding subsidies that would undermine community ownership. Gender-friendly and differently-abled-people-friendly interventions brought appropriate services to many who often miss out. New dimensions in hygiene promotion addressed the culturally sensitive but hugely important issue of women’s menstrual hygiene. WaterAid and its partners should consider documenting and disseminating these innovations to inform other water, sanitation and hygiene (WASH) practitioners both inside and outside Bangladesh.

It became clear under ASEH that project targets of ‘taps and toilets’ are relatively easy to oversee. However, by themselves, they rarely constitute a sustainable impact. Software outputs such as effecting change in systems, creating links between communities and the responsible government agencies, and gender and equity disaggregated analysis relating to status, empowerment and mobility (e.g. women or marginalised community members involved in decision-making or raising their concerns at local government meetings) are much harder to manage and monitor. They require more careful definition of project objectives and indicators. Limitations in monitoring such outputs will have resulted in lost opportunities to strengthen ASEH and learning from these areas.

Community management is not an ‘add on’ required to support implementation, but it is central to the longevity of any intervention. ASEH has shown the strategic importance of these empowered communities developing and maintaining strong links with local government and potentially – through networks of community-based

organisations (CBOs) – to central government. This is the only way in which there can be any confidence that communities can press for continued improvement and maintenance of the services. Community mobilisation and empowerment needs proper emphasis from the beginning of any programme. It is unfortunate that the end of project impact study gave it relatively low priority and WaterAid could usefully consider revisiting this issue with a more appropriate study to analyse the impact and subsequent sustainability of the community empowerment aspects of ASEH. WaterAid could also consider the wider dissemination of ASEH’s 2008 response to sustainability concerns: *Sustainability of ASEH – Community Voice and Accountability of Service Providers*.

It is not possible to evaluate the sustainability of impact so soon after the end of the programme. WaterAid could usefully consider commissioning a further review, in five or ten years’ time, to assess the continued impact of ASEH, particularly for the poorest.

Also in the context of sustainability, there is a suggestion that Water Safety Plans (WSPs) were a tool that strengthened community engagement and hence promoted sustainability. Assessed by DFID as a ‘groundbreaking achievement’, WaterAid might consider a follow up study of how these Water Safety Plans have operated in the long-term and gauge their impact on sustainability. This might be combined into a longitudinal monitoring of the water, sanitation and hygiene interventions, the community organisations and their relationships with government agencies and Citizens’ Action Committees. This would provide valuable information on the forces at play and the potential role of

Chandra Tanchangya, pump caretaker and Chairperson of Village Development Committee, maintaining the handpump in Sonaram Karbari Para, Chittagong Hill Tracts.



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water and sanitation interventions in promoting economic and social change in both rural villages and urban slum communities.

ASEH’s advocacy agenda built on WaterAid’s excellent status in the WASH sector in Bangladesh. Several important agendas were taken on during ASEH and successfully concluded. ASEH and the partnerships developed and strengthened by ASEH, form a very experienced and like-minded group of agencies to promote the advocacy agenda. More than 15,000 CBOs were formed and strengthened, with many of these CBOs now linked directly with local government agencies to ensure their voice is heard.

Advocacy programmes are also difficult to manage and monitor. Budget allocations and staffing levels for advocacy are much smaller than those for the operational side of a programme but management should not allow this to obscure the strategic importance of the advocacy agenda. Advocacy depends entirely on building

relationships and influencing. A strong cadre of experienced and reputable advocacy staff, within both WaterAid and its partners, is essential to maintain momentum. Management must also ensure that the advocacy agenda is clear and closely directed. Advocacy must be monitored for its impact, rather than its activities. A much smaller follow-up programme, Enhancing Environmental Health by Community Organisations (EECHO),² includes an end of project (EoP) evaluation and impact assessment, which, if done well, will provide important feedback to inform future advocacy.

This report is intended to explore and share lessons about what worked and how it worked. As a learning organisation it is imperative for WaterAid that lessons from ASEH are documented and disseminated. This is not just because of ASEH’s scale, but also because important innovations were developed and tested under ASEH’s banner.

² EECHO is funded by WaterAid in Bangladesh.

Part one: **The ASEH programme – an overview**

1 Background: water and sanitation in Bangladesh

1.1 Meeting the water and sanitation Millennium Development Goal (MDG) in Bangladesh

Water supply in Bangladesh relies mainly on groundwater. In rural Bangladesh more than 97% of the population obtain their drinking water supply from hand pump tubewells. These tubewells are installed in the shallow aquifer ranging from 10 to 100 metres below ground level and, with high groundwater levels in most areas, they are operated by suction mode hand pumps. An estimated eight million hand pump tubewells have been installed. Although there have been a number of government and other agency programmes over the years, in the shallow water table areas the private sector has contributed significantly to meeting demand. Unfortunately, many of these tubewells do not have a proper platform or drainage, which undermines the currently claimed level of access to safe water.

Where a shallow aquifer is not available or no longer accessible due to over-abstraction, deep tubewells are installed in the deeper confined aquifer ranging from 200 to 300 metres below ground level. The deep tubewells mostly serve the coastal areas of the country, where the shallow aquifer is contaminated with excessive salinity.

In 1993, groundwater in the delta and the flood plains, which is most of the country, was found to be contaminated

by arsenic. Arsenic contaminated aquifers have no regular pattern, varying both horizontally and vertically within short distances. The proportion of contaminated tubewells in villages varies from more than 90% to less than 5%.³ Arsenic is estimated to affect 35 million people⁴ and has rolled back many of the advancements of the previous 20 years in providing safe drinking water. The National Arsenic Mitigation Policy prescribes, among other activities, the testing and regular monitoring of all tubewells to identify those with arsenic above the levels permissible in Bangladesh, and the water quality testing of all new water supply sources prior to commissioning.

Thus there is a growing water resource constraint in Bangladesh due to a combination of three factors:

- Excessive abstraction of groundwater leading to falling water tables, especially in urban areas.
- An increase in saline ingress in the coastal areas, often associated with over-abstraction.
- Arsenic contamination.

At the start of ASEH it was noted that a recent situation analysis had found in rural areas only about 37% of the population used sanitary latrines, including pit latrines; 81% of children's excreta was not disposed of in a hygienic way and 80% of the population did not use soap for handwashing before eating and after defecation.⁵

3 National Policy for Arsenic Mitigation, 2004.

4 "Arsenic Mitigation in Bangladesh, An outcome of the International Workshop on Arsenic Mitigation in Bangladesh, Dhaka", 14-16 January 2002, Ahmed and Chowdhury (Eds.), Local Government Division, MoLGRD&C, GoB, September 2002.

Sector context:

- Level of sanitary latrine coverage is 43% including 30% non water- sealed pit latrine
- Achievement in hygiene practice is negligible with only 7% of total population washing hands with soap after defecation and 3% have handwashing practice before meal
- Coverage in safe water provision increased to 96%, but arsenic contamination has reduced it to 77%

Source: Data from Country Paper: Bangladesh: SACOSAN, October 2003, quoted in WaterAid Bangladesh Country Strategy Paper, 2006-11

About 50% of the rural primary schools did not have sanitary latrines and safe water facilities.

Like many least developed countries, a large section of the population in Bangladesh are ill-informed about basic health and hygiene. The perceptions and practices of hygiene are frequently related with cultural values that include ideas of ‘purity’ and ‘pollution’. Washing is performed for religious purposes like saying prayers, rather than for health and hygiene reasons. As a result people, especially the poor and children, suffer from chronic malnutrition and repeated episodes of preventable diseases such as diarrhoea. Against this context, a number of innovative hygiene promotion programmes have developed in Bangladesh since the mid 1990s

5 Progotir Pathey, *Achieving the Goals for Children in Bangladesh*, UNICEF, Dhaka, October 1999.

6 This background, along with an excellent historical record of hygiene promotion in Bangladesh is provided in *Journey Toward Changing Practice Evolution of Hygiene Education in Bangladesh*, Rokeya Ahmed, June 2007.

7 Meeting the MDG drinking water and sanitation target: the urban and rural challenge of the decade, WHO and UNICEF, 2006.

although the challenge has always been to sustain the impact of any behaviour change.⁶

Water supply and sanitation in Bangladesh has thus been characterised by a series of achievements and challenges. Bangladesh was included in the list of least developed countries that needed to significantly improve their progress (i.e. more than double their 1990–2004 rate of increase) in order to reach the MDG drinking water and sanitation target by 2015.⁷

1.2 Sector coordination

NGOs (see box below left) have been an important part of the social fabric of Bangladesh since the country emerged, battered, bruised but victorious, from the Independence War with Pakistan. There has been a history of good coordination between NGOs and this was exemplified by the establishment of the NGO Forum for Drinking Water Supply and Sanitation in 1982. This was to be a networking agency for those working in the WASH sector in Bangladesh – NGOs, CBOs and private sector. The NGO Forum also implements projects and was one of WaterAid’s partners in ASEH.

A Bangladesh chapter of the Water Supply and Sanitation Collaborative Council (WSSCC) was formed and started playing a useful networking role. Other more targeted committees for coordination in the sector are the National Sanitation Task Force, the National Committee on Arsenic Mitigation and, mainly coordinating between major donors, the Local Consultative Sub-Group, or more commonly called the ‘LCG’, for water supply and sanitation.

Another agency has a more formalised coordinating role within Government.

WASH networking agencies in Bangladesh

- National Forum for Water Supply and Sanitation (NFWSS)
- Local Consultative Sub-Group (LCG)
- Water Supply and Sanitation Coordination Council (WSSCC)
- Bangladesh Urban Round Table (BURT)
- Community Led Total Sanitation (CLTS) Network
- National Task Force on Sanitation (NTFS)

The Policy Support Unit (PSU) of the Water Supply Wing of the Local Government Division is a donor-funded unit advising the Government on sector development and specifically on WASH policies and strategies. The PSU has identified a role to coordinate activities of all stakeholders aiming at an eventual sector wide approach for water supply and sanitation. They work with a special emphasis on the poor and disadvantaged segments of the population.⁸

1.3 Sector strategies

Bangladesh does benefit from a relatively progressive policy context, at least as it applies to the rural poor. In 1998, the Government adopted a National Policy for Safe Water Supply and Sanitation. This policy aims to achieve sustainable and equitable development of the sector through the adoption of demand-responsive approaches to the provision of water and sanitation services. It also highlights the role of improved hygiene behaviour in meeting national health goals. It envisages people's

participation and cost-sharing, and the involvement of local government in planning and implementation, complemented by NGO and private sector participation. In this framework the role of government agencies changes from that of provider to facilitator.

Despite this policy framework, the lead sector agency, the Department of Public Health Engineering (DPHE), tends to function in a more traditional government supply-led manner, with adverse consequences for the quality and sustainability of services and in particular service delivery to the poor. The role of government is further discussed in **Section 7**.

The Government of Bangladesh (GoB) published the country's Interim Poverty Reduction Strategy Paper (PRSP) in December 2002 and it included only a brief mention of water and sanitation. As the PRSP has an important role in determining financial allocations, WaterAid prioritised advocacy to fully incorporate WASH in the PRSP. Working on the PRSP from January 2003,⁹ and

8 PSU website.

9 This engagement went on until early 2005 when the Government published the final PRSP which gave proper place to water and sanitation for the poorest.

Development of CLTS in Bangladesh

Like most agencies working in Bangladesh, initially WaterAid supported people with set-model latrines at subsidised cost. In 1998, a participatory impact assessment found that while the levels of poverty varied around the country, the percentage of subsidy for toilet construction given by WaterAid and its partner Village Education Research Centre (VERC) was the same everywhere. Additionally, though people did construct toilets, open defecation continued to be rife.

In order to develop a differential subsidy strategy, a participatory poverty assessment was launched and the team realised for the first time that 'outsider motivated externally subsidised toilet construction' was very problematic and the objective should be to achieve 'total village sanitation by catalysed participation and self-mobilisation'.

Soon the team piloted a radical approach where the community was not given any subsidy for installing latrines and the whole intervention was aimed to catalyse community self-help. WaterAid and VERC witnessed a very successful result, which was termed 'Community-led total sanitation' (CLTS). It was formally introduced in November 2000.

Source: WaterAid Bangladesh Country Strategy Paper, 2006-11

concurrently organising the South Asian Conference on Sanitation (SACOSAN) in October 2003, and operating as a member of the National Sanitation Task Force, WaterAid worked towards the Government's launch of the National Sanitation Campaign in October 2003. At the launch of the National Sanitation Campaign, the GoB declared their goal of sanitation coverage for 100% of Bangladeshi people by 2010.¹⁰ Most importantly the Government earmarked 20% of the Union Annual Development Plan allocation to finance sanitation for the extreme poor.

WaterAid became a major player in sector advocacy at the same time as ASEH was starting up. Advocacy makes up a key component of ASEH and this, and subsequent experience in advocacy, is discussed in further detail in **Section 8**.

1.4 Water and sanitation for the urban poor

The water and sanitation situation for the urban poor is particularly bad. Infrastructure projects in urban slums in Bangladesh are very limited, almost nil. Historically, the government utility organisations, such as Dhaka Water Supply and Sewerage Authority (DWASA), treated the slum dwellers as if they were non-existent. No official services were provided. Furthermore, NGO infrastructure interventions in urban slums were insignificant partly because of the vulnerability to eviction. One local NGO, Dushtha Shasthya Kendra (DSK), had been successful in breaking this barrier and convinced DWASA to provide water supply connections to urban slums. WaterAid started its urban activities working with DSK in 1996. At that time DWASA made an exception to its rule and permitted connections to two slums in different locations, taking a guarantee of payment from DSK.

A model for securing access to water for the urban poor

DSK's intervention was successful largely due to two factors:

First, DSK used the innovative strategy of acting as an intermediary between poor urban communities and the water utility agency to facilitate water and sanitation provision at regulated prices. Persuading DWASA to install water points in squatter neighbourhoods was an important breakthrough. Previously, DWASA policy was to make connections only to households that could demonstrate legal tenure of their plot. As it is very rare for inhabitants of Dhaka's poorest neighbourhoods to have legal tenure, this effectively barred them from official water provision. Also DWASA believed it had no way of recovering its costs in such situations.

Second, DSK paid great attention to motivating poor communities, and building their capacity, so that they could manage and maintain the new facilities themselves. Community ownership is crucial to the programme's success and developing this shared ownership has been a considerable challenge, because of the previously very low levels of social cohesion in the target settlements.

Source: WaterAid Bangladesh Country Strategy Paper, 2006-11

¹⁰ The government conducted a national Baseline Survey through LGIs in October 2003 to assess the extent of sanitation coverage. This survey found that nationally only 33 % of families were using hygienic latrines. The figure for rural areas was only 29%.



Charlie Bbbby/Financial Times

A woman drinking water from one of the new water points in Zakir slum, Dhaka.

Subsequently, after some years of experience, DWASA became more confident about such modalities and became more flexible on providing such connections to other slum areas. In that way an ‘institutional change’ started to take place that was the prime achievement of WaterAid and its partner DSK. This achievement was realised when the GoB adopted the National Drinking Water and Sanitation Policy 1998, which included the clause:

“WASA and relevant agencies shall support and promote any collective initiative in slums and squatters (sic) in accessing water supply services on payment.”

Developing the model: IPEA-SWESHP

CLTS was not the end of the story. After the evaluation in 1998, WaterAid and its partners developed and refined innovative models of ‘integrated, participatory, empowering’ approaches to improve water supply, environmental sanitation and hygiene promotion, known as: IPEA-SWESHP. These model approaches were implemented on a small scale within selected unions of technically and socially ‘hard to serve’ districts. The projects were actively inclusive of the vulnerable and addressed the needs of the communities as a whole.

Source: WaterAid Bangladesh Country Strategy Paper, 2006-11

1.5 Relevance of ASEH in Bangladesh context

However good or bad the national coverage of water and sanitation appears (ref. **Section 2.1**), the average figures conceal major shortfalls. In addition to the relatively well publicised problem of arsenic pollution of the groundwater there are a number of localised challenges that WaterAid was determined to address. There are parts of the country where water supply is physically very problematic, notably the Chittagong Hill Tracts in the east and the Barind Tract, an arid area in the west. The Coastal Belt, especially in the south west is suffering increasing salination of groundwater, putting tubewells out of use and forcing residents to resort to unsafe surface sources. There are numerous communities living on the ‘chars’ – sandy islands in the rivers that are subject to annual flooding – and few have access to safe and sustainable water supply and sanitation. The rapidly growing urban slum population have no formal water supply, there are few usable toilets and the environmental sanitation is appalling.

Although the national figures of water and sanitation coverage may claim good progress towards the MDGs, WaterAid and its partners identified these communities as exceptions and the one common factor in these exceptions is that they are among the poorest communities in the country. This analysis formed the framework for the development of WaterAid’s new programme, ASEH.

2 Programme design, evolution and achievements

11 ASEH built significantly on the experience of the DFID-funded WaterAid Programme ‘Community Based Water Supply, Sanitation and Hygiene Education in Bangladesh’, January 1999 to March 2002.

12 It is particularly notable that, in urban areas, land ownership or any form of legal tenure was not a criterion for community selection. ASEH, and in turn DFID-B, were clear that the risk of eviction was an unavoidable hazard of working with the poorest in urban areas.

2.1 Concept and strategy

Building on WaterAid’s previous experience in Bangladesh, ASEH worked through local NGOs, many of which had been WaterAid’s partners for more than a decade.¹¹ The approach, as summarised in the Project Memorandum, June 2003, was that WaterAid’s POs would work directly with communities in some of the poorest areas of Bangladesh (See table: ASEH project areas), helping those communities to:

- 1 Identify their own WASH needs.
- 2 Express those needs.

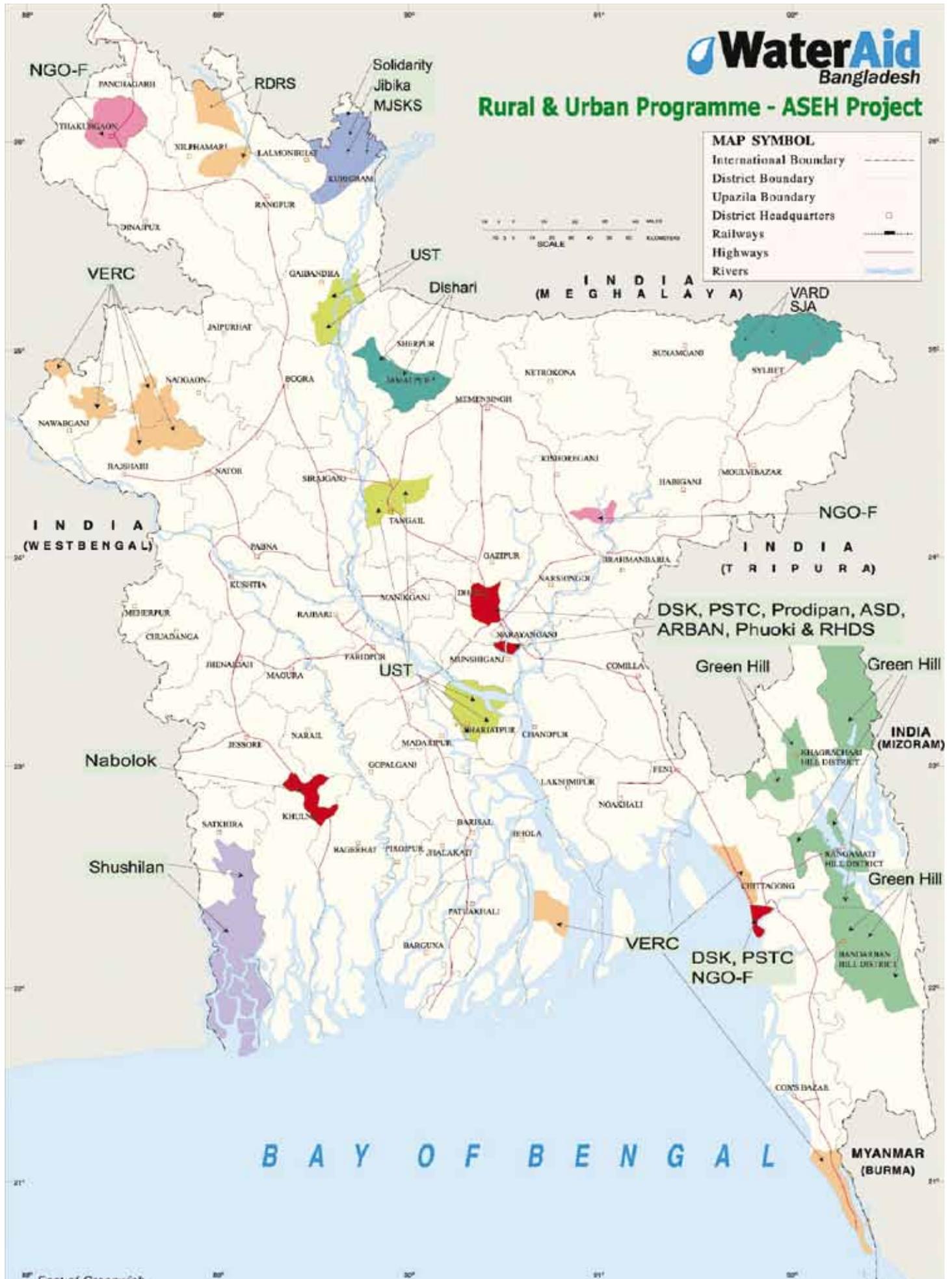
- 3 Reach out for the resources to help them meet those needs.
- 4 Ensure that the supply of services is maintained and improved over time.

The map overleaf shows the main ASEH project areas and the concerned partners.

At community level, the approach was to integrate water, sanitation and hygiene behaviour change in a participatory and empowering process; ensuring the full inclusion of those normally left out – women, extreme poor, marginalised and differently-abled people.

Table: ASEH project areas

Category	Description	Locations (examples)
High-need areas	Particularly poor areas, where access to safe water and sanitation is limited and where the humanitarian costs of their continued lack of access are excessively high	Urban squatter settlements, ¹² arsenic affected areas, chars (settlements on river islands) Sylhet, Kurigram, Nilphamari (poor and hard to reach areas)
Neglected areas	Ethnic minorities have traditionally been neglected in the provision of basic services	Chittagong Hill Tracts region
Low water table areas	Pumping for irrigation has lowered water tables beyond the suction limit, rendering previously installed suction hand pumps dry for significant periods each year	Barind Tract
Coastal areas	Saline intrusion has rendered shallow tubewell water non-potable and alternative technologies such as deep tubewells, spring protection, and rainwater catchment systems are needed.	Satkhira



Thus ‘total sanitation’ did not focus on installing ‘taps and toilets’ but WaterAid supported its partners to motivate and ignite a change in sanitation behaviour resulting in a form of social awakening in the poor rural and urban communities. This awareness-raising and community mobilisation was to bring empowerment and community ownership of all actions and outcomes.

In conjunction with practical programmes in poor rural and urban communities, ASEH also included an important advocacy agenda with the objective of increasing the impact of the programme by lobbying for policies and other programmes to adopt successful ASEH approaches.

2.2 Description of ASEH: programme strategies and principles

Building significantly on WaterAid and its partners’ previous experience, ASEH determined that all interventions must:

- Be demand driven.
- Use consultative and participatory methods.
- Seek to strengthen social capacity and empower communities.
- Specifically include the poorest and underprivileged in communities.
- Involve an integrated approach to water, sanitation, and hygiene promotion.
- Include clear systems for monitoring inputs and impact.
- Be cost-effective.

Water supply options: ASEH promoted technologies suited to the needs of each community and the community’s ability to select, use, pay for, and maintain them. These technologies were low-cost, easily understood, upgradeable, and simple to operate

and maintain by a wide range of users. Among others, the different options included shallow tubewells, deep tubewells fitted with hand-operated lift pumps, gravity flow piped water systems,¹³ pond sand filters where groundwater was undrinkable and public standpipes or water kiosks connected to municipal supplies in urban areas.

Sanitation options: a wide range of latrines and other environmental sanitation options was offered with the selection determined by user choice and affordability. The range of options included:

- Single or twin-pit household latrines.
- Community/school latrines.
- Sanitation blocks (particularly in urban areas).
- Public toilets (in growth centres and market places).
- Gender-sensitive latrines (taking into account menstrual hygiene concerns).
- Child- and differently-abled-friendly latrines.
- Washing platforms.

It was acknowledged that there was a need to examine the relation between the provision of basic water and sanitation services and health benefits and that this would require a broader, more integrated, approach to environmental sanitation, particularly in urban areas. For this reason it was decided to broaden responses to environmental sanitation and promote not only improved domestic hygiene but also improvements in public health linked to physical and institutional environments. Thus, solid waste disposal and composting schemes, management of liquid wastes (linked

¹³ Unusual in Bangladesh, this technology was pioneered by WaterAid and partners in the Chittagong Hill Tracts region.

- 14 For example ActionAid’s REFLECT (Regenerated Freirean Literacy through Empowering Community Techniques) and SARAR (Self-esteem, Associative strengths, Resourcefulness, Action planning, Responsibility) and tools adapted from other hygiene promotion programmes, especially CARE-SAFER.
- 15 Hanchett et al, WaterAid Bangladesh Hygiene Promotion Evaluation study, Planning Alternatives for Change/Pathway, May 2002.
- 16 This is very usefully documented in *Journey Towards Changing Practices: Evolution of Hygiene Education Practices in Bangladesh*, Rokeya Ahmed, June 2007.

to malaria prevention), toxic solid wastes and other environmental health hazards were included. The stimulation of local markets in sanitary ware was also encouraged so as to support upgrading of latrines and thus to facilitate demand-driven progress up the ‘sanitation ladder’.

Hygiene promotion: ASEH promoted an Integrated Participatory Empowering approach (IPEA). The hygiene promotion component was designed to increase awareness and promote specific behaviours (latrine use, handwashing, safe water management, and wearing sandals). There was also a strong emphasis on participatory learning processes designed to empower learners. The training curriculum was developed from a number of successful agency approaches¹⁴ utilising participative rapid appraisal (PRA) methods at all stages of implementation and with specifically designed materials and tools (e.g. laminated flash cards and

games). Different sets of materials were created for use with different populations: rural villagers, Chittagong Hill Tract residents, slum or squatter settlement residents and children.

An independent evaluation of previous WaterAid-supported hygiene promotion activities¹⁵ praised the approach. In particular it endorsed the integration of hygiene knowledge with other water and sanitation activities, the standardisation of tools and techniques and the suitability of the visual materials used, the enthusiasm of children in child-to-child activities (see box below), the well qualified and experienced staff and the inspiration of local leaders (male and female). Building on what was already an effective programme, a number of improvements were incorporated as ASEH proceeded:¹⁶

- Increasing the scope of activities supported.
- Increasing the number and improving the skills of WaterAid and partner staff.
- Improving the monitoring.

Advocacy: ASEH’s advocacy agenda had two dimensions both of which became more important as ASEH progressed:

- To influence sector reform through advocacy, particularly disseminating lessons from ASEH experience, coordinating NGOs and strengthening the voice of poor communities.
- To influence other water, sanitation and hygiene promotion programmes to reach to the extreme poor and marginalised.

Like the programme activities, WaterAid had valuable advocacy experience in Bangladesh on which ASEH could build.

Child-to-child approach

Phulki, an NGO working since 1991, introduced the child-to-child approach for hygiene promotion in Bangladesh. The assumption behind the approach is that children have the will, the skill and the motivation to learn and educate one another.

A group of ten children aged 8-11 are selected and trained on primary and preventive health care e.g. nutrition, immunisation, personal hygiene, pure drinking water, use of sanitary latrines, child rights, gender issues etc. Each of them is assigned to pass the learning to ten of his/her brothers, sisters or friends and also parents or neighbours. Thus the message of a better life is transmitted among these children in their own language and in a direct way.

Source: *Journey Towards Changing Practices: Evolution of Hygiene Education Practices in Bangladesh*, Rokeya Ahmed, June 2007

The advocacy strategy was to work at the community, partner, national and regional levels to disseminate programme learning around key issues. The objective was to influence policy and lobby decision makers for a participative, software-led approach to the promotion of water and sanitation services to the poorest.

Empowerment: It became clear, as ASEH progressed, that sustaining and spreading the impact of ASEH needed further attention. Community empowerment was a vital step in this: promoting sustainability, ensuring continued operation and maintenance, facilitating monitoring, building links between the communities and local government, and directly strengthening the communities' capacity for local advocacy. Empowerment was always a key dimension of the approach, but became more important as ensuring sustainability became an even greater priority towards the end of the programme.

2.3 Programme evolution: key stages and changes

An inception period from July 2003 to March 2004, facilitated the completion of policies, guidelines and materials.¹⁷ Four guiding principles for ASEH were documented in detail to ensure all stakeholders had the same understanding and a common approach.

ASEH guiding principles:

- **Poverty reduction**
- **Equity and gender**
- **Participation**
- **Governance**

'Strategy papers' were also prepared for:

- rural programme
- urban programme
- cost-sharing
- governance
- advocacy
- monitoring and evaluation
- sustainability.¹⁸

Materials were developed specifically to support the technical, environmental sanitation and health promotion interventions.

Training: Capacity building of WaterAid and PO staff was an early priority. Among other subjects, the training included the following issues:

- Foundation training to implement ASEH.
- ASEH policies and strategies (poverty reduction, equity and gender, participation and governance).
- Hygiene promotion.
- Hardware technologies and their management.
- Monitoring, supervision and management.
- Advocacy, including rooted advocacy.
- Gender and menstrual hygiene.
- Disaster preparedness.
- Preparation of CBO constitution.
- Finance and accounts management.

Although, as noted by the 2003 DFID Review, 'good progress' was achieved early on, two years later it was clear that ASEH could not proceed with a 'one size fits all' training programme.

¹⁷ Note, there was a 12-month inception period for new work in secondary towns where there was no previous experience and relationships had to be established. A proposal was prepared but not accepted by DFID (Aug 2005) due to concerns about WaterAid's capacity and the 'added value' it would represent over other activities in the sector. ASEH urban work then concentrated in Dhaka, Chittagong and Khulna.

¹⁸ Note that this strategy was prepared some time later than the others in April 2008.

The March 2006 DFID Review noted that:

“Newer partners to the collaboration appreciate aspects of the training more than those who are more established in Bangladesh society or who have a longer history with WaterAid. Further, some of the more established partners wonder why they have to receive training in matters such as community mobilisation when they have established reputations and experience on just these areas.”

It was agreed that, as ASEH progressed, WaterAid should carry out joint training needs assessments with each partner so as to ensure the relevance of the training. In addition, opportunities for cross-partner learning and capacity building were to be explored.

Training and capacity building was an essential part of the programme and demanded a huge effort. In the first three years of the programme, WaterAid estimated it had provided 650 training courses for about 7,500 participants.¹⁹ ASEH worked with 21 POs implementing activities in over 300 unions in 19 districts under the rural programme and in over 730 slums in Dhaka, Chittagong and Khulna cities and Narayanganj Town under the urban programme.²⁰

Speed and focus of implementation:

During the programme, different messages emerged over the speed of implementation. Early on, because such an enormous effort was required for training and capacity building, the speed of construction and hence the ‘spend’ was relatively slow. As would be expected, disbursement did subsequently pick up as this capacity building took hold. This is shown by the progress recorded year-by-year in the graphs opposite.

In contrast, during the later stages – highlighted by the March 2006 Review – concern arose that ASEH was becoming overly target driven, focusing on ‘taps and toilets’. This was perhaps not surprising given that this was the largest project ever undertaken by WaterAid and the targets were indeed very ambitious. It was realised however that there should rather be a focus on ‘whole community behaviour change’. It was recommended that the urban and rural programme targets should be reviewed and revised downwards to enable ASEH to respond innovatively to specific challenges without undue pressure of outputs.²¹

The Mid Term Review (MTR) in August 2007 found that ASEH had

“achieved a lot in a challenging environment and the quality of the work on the ground [was] very good.”

However, despite this good progress, the MTR called for a re-energising of the advocacy agenda which they saw as the heart of ASEH. This is further discussed in **Section 8**. They also identified sustainability as a key concern – sustainability of service provision, of hygiene behaviour change, of community voice and community management. The MTR advised WaterAid to prepare an ASEH sustainability plan – clearly a vital aspect of the whole ASEH approach. This was done, and the issue is further discussed in **Section 9**.

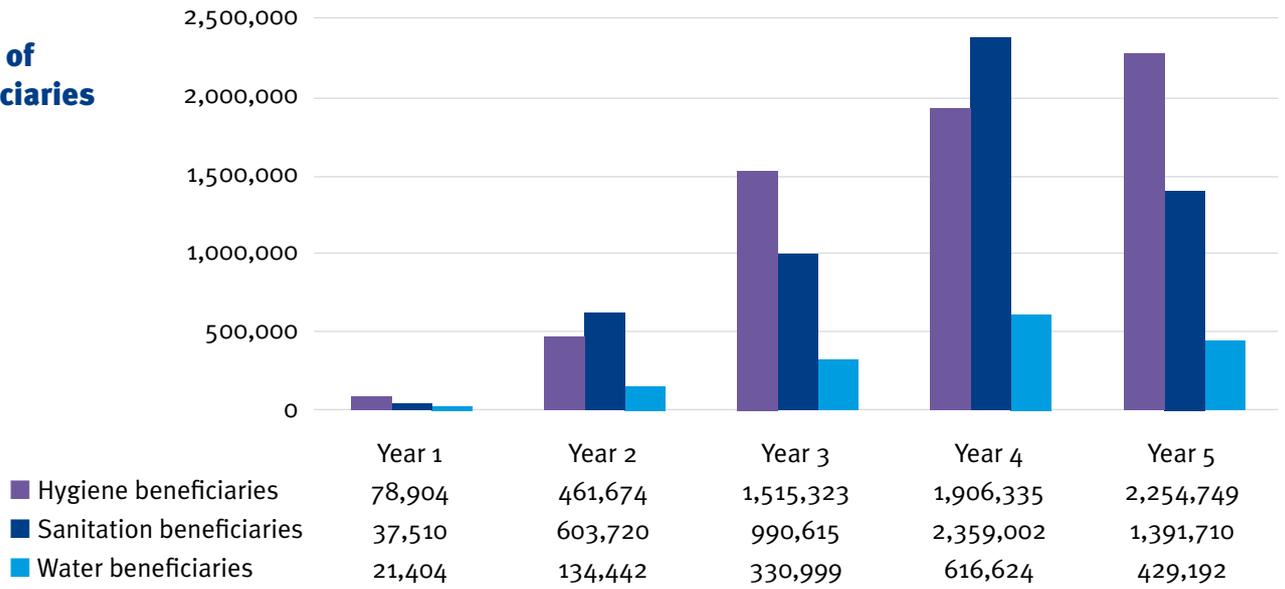
The following graphs show the relative progress of field implementation in rural and urban programmes, and the **table of independent review findings and concerns** overleaf lists the key findings (positive and negative) and recommendations of the annual external reviews as the programme progressed.

¹⁹ Mid Term Review of ASEH, Aug 2007.

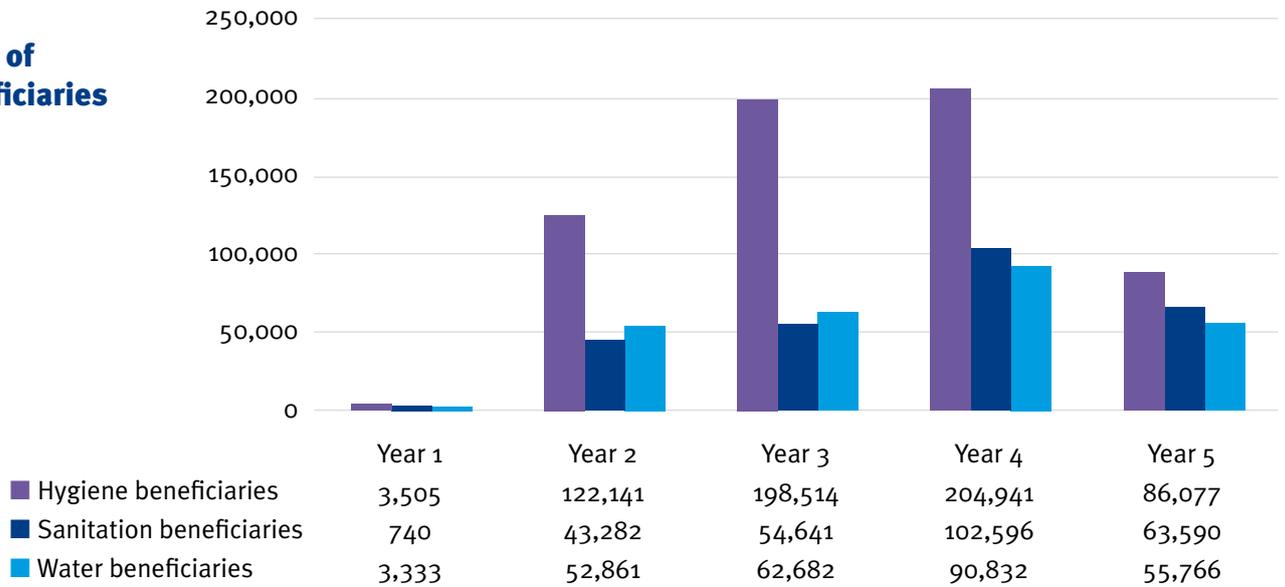
²⁰ ASEH Impact study, Abdul Barkat, et al. Human Development Research Centre, March 2009.

²¹ The MTR in Aug 2007 noted that this recommendation had not been addressed and it is not clear from the documentation whether this was subsequently ever done.

Yearwise comparison of rural beneficiaries



Yearwise comparison of urban beneficiaries



Source (of data): ASEH Quarterly Progress Report Year 5 Quarter 4, Annex 2

Note: the vertical scales on the two graphs are different

Table of independent review findings and concerns

Inception review <ul style="list-style-type: none"> ✓ Good progress on national advocacy to influence sector strategies ✗ Strengthen ASEH strategic management capacity ✗ Revise logframe ✗ Refine rural and urban strategies and action plans 	May 2004
Internal summary review <ul style="list-style-type: none"> ✗ Difficult to assess progress (key aspects of logframe not agreed) ✗ Lack of strategic management capacity ✗ High staff turnover and senior WaterAid in Bangladesh staff vacancies 	December 2005
Output to purpose review <ul style="list-style-type: none"> ✓ Rural progress had exceeded expectations ✓ Senior WaterAid staff in place ✓ High calibre of PO staff across rural and urban portfolios (total 17 POs) ✗ Urban portfolio less than satisfactory ✗ Review and strengthen logframe ✗ Revise targets to reflect emphasis on ‘whole community’ behaviour change not individual software/hardware ✗ Set more realistic targets in more challenging contexts (Chittagong, Sundarban and Hoar areas) ✗ Need for differential approach to portfolio and partner management, not ‘one-size-fits-all’ ✗ Need to tailor strategies to fit context-specific variations ✗ Significant breakdown in WaterAid-DFID communication (e.g. DFID did not visit any ASEH sites) ✗ WaterAid Strategic Management Team in Bangladesh needs support from WaterAid UK ✗ WaterAid to develop and use Water Safety Plans across ASEH 	March 2006
Mid-term review <ul style="list-style-type: none"> ✓ Rural: ASEH on target to achieve its sanitation, hygiene promotion and water supply targets ✓ Urban: after a slow start the practical progress [now] appears to be at full speed. ✓ Admirable range of sanitation options and specific designs to accommodate female menstrual needs particularly welcome ✗ Major concerns over sustainability, especially of community management, advocacy and accountability ✗ Urban: ward-wide coverage risks diluting WaterAid’s excellent niche agenda to address the most vulnerable ✗ Number of POs facing difficulties with staff changes, especially engineers ✗ Advocacy policy and practice has been neglected ✗ ASEH to be more proactive and dynamic in sharing experience and challenging policy and practice ✗ ASEH lessons/achievements not internalised within DFID-B, nor linked to DFID-B’s other WASH interventions 	August 2007
Annual review <ul style="list-style-type: none"> ✓ Excellent community empowerment in both rural and urban areas – ‘best practice’ ✓ CBOs and water users show growing confidence and ability to run WASH activities and facilities ✓ Improved relationships between community groups and WASAs and Union Parishads (Ups) ✓ Some good livelihood opportunities for waste collection and disposal for the poorest ✗ Need to review and compare sanitation sustainability in flood and non-flood prone areas ✗ Need to consider how to sustain CBO/local government links and future citizens’ action initiatives 	June 2008

Table of independent review findings and concerns (continued)

End of project review/Project completion report

February 2009

- ✓ ASEH has more than delivered against most of its targets. ASEH interventions (in both rural and urban communities) are reaching the most challenged members of Bangladesh society
- ✓ Reported beneficiary population of 2.19 million extreme poor is an impressive achievement
- ✓ Sanitation interventions have greatly improved the environmental condition of the slums
- ✓ Introduction and use of Water Safety Plans is a ground-breaking achievement
- ✓ High levels of women CBO membership and decision making. Women make up a third of senior positions in CBOs
- ✓ Differently-abled persons' facilities are exciting and impressive, enhancing services for the most vulnerable
- ✓ The work on the relationships between CBOs and government agencies is impressive. In ASEH areas: 60% of wards have agreements with WASA and 100% of UPs have registers of water and sanitation facilities with 43% updated and displayed
- ✓ ASEH's performance on sector reform initiatives has been good in a difficult environment
- ✓ The number of research activities, surveys, best practice documentation and papers increased dramatically
- ✗ There is some lingering concern about hygiene knowledge translating sustainably into actual practice

Water Safety Plans (WSPs): To encourage ASEH to work for 'whole community behaviour change' and '100% environmental sanitation', the 2006 output to purpose review recommended that ASEH should incorporate WSPs.²² WSPs were a paradigm shift in the approach to water safety from a reliance on water testing to an emphasis on quality assurance (see box). WSPs were originally developed in the context of large networked systems and the approach needed some amendment to be taken up by small rural communities.

After successful piloting the scheme with communities in 21 locations,²³ WaterAid decided to mainstream WSPs through local POs into all ASEH programme areas. The scale-up activities began in April 2007. ASEH provided training to caretakers, users and CBO members covering use, operation and maintenance of the water options. Posters and booklets were provided as operation and monitoring tools. The trained personnel were to disseminate the messages to other community members and thus a majority of ASEH community people

²² The potential for WSPs was evaluated in a series of expert review meetings between 2000 and 2002 as part of the WHO revision of their Guidelines for Drinking-Water Quality. The approach was subsequently documented in *Water Safety Plans, Managing drinking-water quality from catchment to consumer*, WHO, Geneva, 2005.

²³ For full details see *Water Safety Plan Pilot Project Completion Report*, WaterAid Bangladesh, April 2007.

Water Safety Plan

WSP is a management plan to secure drinking-water safety from water source to the point of consumption through continuous monitoring and preventive maintenance of water supply systems.

It is a management tool to identify:

- Risks.
- How to control the risks.
- How to monitor the means of control.
- How to know the risks are under control.

Source: Water Safety Plan Pilot Project Completion Report, April 2007

would work to ensure safe water for everyone.²⁴ The implementation of a WSP was to be an on-going process including routine water quality monitoring. For sustainability and post-project verification, the water quality surveillance was to be anchored with DPHE and WASA.²⁵ The DFID project completion report assessed the introduction and use of WSPs to be a groundbreaking achievement.

2.4 Summary of progress at end of project

ASEH met almost all of its targets for delivery of services in both rural and urban areas.²⁶ In noting that the number of beneficiaries significantly exceeded the target, the DFID end of project review team commented that the performance in the final year of the project had been ‘remarkable’. The project completion report (PCR) noted that, by its very definition, it is not possible to demonstrate sustainable improvements in hygiene behaviour in the lifetime of the project but, although there were still some ‘lingering concerns’, they felt the evidence for the sustainable impact of the early hygiene promotion interventions was encouraging.

The PCR complimented the achievements brought about by the WSPs and particularly recognised the large scale of the initiative and the major national communication campaign using all forms of media from teacup branding at tea stalls to TV documentaries. They acknowledged the great achievement in facilitating service delivery partnerships with the various Water Supply and Sewerage Authorities (WASAs) (exceeding targets by 50%), and they expressed their confidence in there being sufficient strategic political support for this to be sustained. Similarly in the rural sector more than 50% of CBOs had established good links with UPs for water and sanitation monitoring.

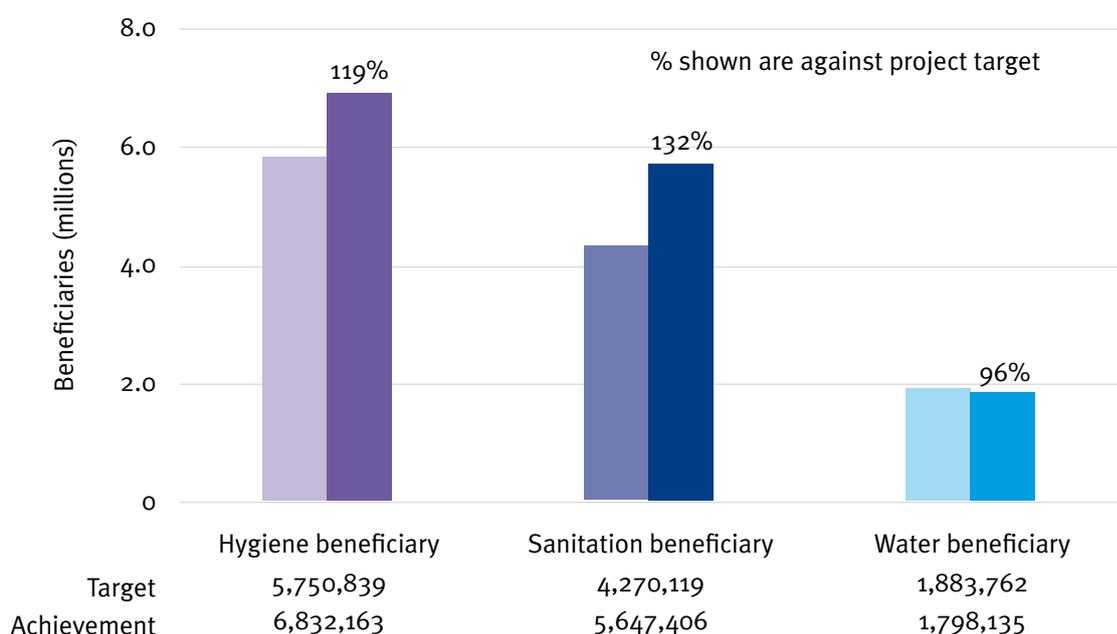
On sector reform, the PCR noted several important achievements at a time when the environment in the sector was not necessarily conducive to this. On advocacy they complimented the dramatic increase in research activities, surveys, best practice documentaries and papers, with the ‘number and quality of products suggesting that targets have been met’.

24 Note: To give an idea of the scale of the subsequent operation, the WaterAid Bangladesh Annual Report 2008/09 reported that ASEH had trained 15,730 CBO leaders, 208,652 users and 227 NGO workers and found 100% water sources safe.

25 ASEH end of project evaluation study, PMIS and BCAS, April 2009.

26 DFID Project Completion Report, February 2009.

Total ASEH achievement against project targets (rural and urban)



Muhammad Jiban, leader of the children's hygiene committee, with other members of the committee, Roypara hamlet, Mochmoil village, Rajshahi district.

How much did the achievement of project purpose contribute to the goal?

“The achievement of purpose made a significant direct contribution to the project’s goal of improved health, quality of life and livelihoods in Bangladesh. The impact assessment surveys have shown that progress against the goal level objectively verifiable indicators (OVIs) of reduced infant and child morbidity and mortality and increased disposable income has been considerable. The project has contributed to the national reduction in child mortality in the last few years and the number of sick days for both children and adults has reduced considerably. A major reduction in expenditure on water and sanitation related diseases, and increased work days due to less sickness and less time spent collecting water has been reported in the project areas, while this progress cannot be directly attributed to ASEH or the water and sanitation sector alone, it is a strong indication that this project in substantially achieving its purpose has contributed to the wider goal.”

Source: DFID Project Completion Report, February 2009



Charlie Bibby / Financial Times

3 Project management

3.1 Approach

Prior to ASEH start-up, the final review of the preceding WaterAid programme noted two particular issues for WaterAid to consider in any future programme:

- WaterAid's internal capacity to run a more strategic and larger programme.
- More proactive quality control mechanisms to ensure the quality of processes and learning across projects.

Subsequently the ASEH project memorandum noted that the delivery of a programme of this size and complexity raised a number of issues about the organisational structures and internal governance of WaterAid. Thus the need for good effective management and close monitoring of a project of the scope and scale of ASEH was a concern from the start.

WaterAid had been able to bring major resources into the sector through its ASEH project agreement with DFID. However, WaterAid in Bangladesh was nothing without its implementing partners. The relationship between WaterAid and its partners was clearly going to be both very important and very sensitive.

WaterAid's partners explicitly identified that they needed guidance in addressing poverty and equity related challenges. This was answered by the development and agreement of a number of principles, strategies and guidelines to promote the implementation of ASEH in

a 'consistent' manner, with allowances only for appropriate local modifications. These documents were discussed above, see **Section 2.3** and their importance as agreed operational modalities cannot be overstated. Everyone knew the rules of the game that was being played.

It was however clearly acknowledged that everyone's knowledge and understanding had room for growth and improvement through practical implementation experience. This was an important aspect of ASEH's management and was built into ASEH's approach. None of these strategic documents were static instruments, but were prepared as living documents. As an example of this, we see that the approach to governance was conceptualised in the Project Memorandum (2003); detailed in the Policy Principle (2004) and further developed in the Governance Strategy (2005). The latter contained the following in its introduction:

The purpose of the Governance Strategy is to act as a working document primarily for WaterAid and its NGO partners to identify the key governance issues related to the programme and to indicate the principles and direction for practical responses. As such it is an internal document and is also 'work in progress'.

Source: Governance Strategy, January 2005

3.2 WaterAid's relationship with partner organisations

Nowhere did knowledge and understanding develop and grow more than in the relationships between WaterAid and its partners. The inception phase review, June 2004, commended the extent of the participatory processes in the early months of ASEH that the reviewers felt would provide a sound basis for productive partnership between stakeholders. This participatory management approach had the added advantage that the increasing knowledge and understanding was not limited to WaterAid, but also directly included its partners. The Inception Review 2004 also indicated that WaterAid needed to take on a clear quality control and technical and managerial oversight role – separate from its implementing partners. This is covered more in the next section on monitoring, but DFID was clearly keen that management and oversight was kept quite separate from implementation.

As per its partnership agreement, WaterAid was to provide human resources (HR) support to POs (organisational development support, staff capacity building, awareness materials etc.) and staff recruitment was part of this agreement. WaterAid supported POs for preparation of job descriptions and advertisements and, during key PO staff recruitment, one representative from WaterAid would participate in the interview process. WaterAid also assisted the POs to develop and review their HR policies.

3.3 Staffing

The management of such a large, geographically spread and diverse programme was never going to be easy for WaterAid, as noted in the Project Memorandum. During the inception

period, WaterAid had about 30 staff and the POs around 1,200. Some individual posts were added (e.g. Governance Advisor and Poverty and Equity Advisor) but the number of staff at POs and WaterAid then remained almost constant for about two years. In early 2006, the working area of ASEH expanded, and the number of POs increased. For improved management the WaterAid organogram was changed, the number of rural and urban coordinators increased and some new posts were created (e.g. Programme Officer – Monitoring and Evaluation (M&E)). Again, within a year, there was another reorganisation of staff and a reallocation of responsibilities when several new initiatives were taken up (e.g. WSPs). From 2007 to 2009 the number of staff at WaterAid and POs remained steady at around 1,850. All this represented a huge management challenge to both WaterAid and its partners.

3.4 Strategic, technical and management support

Additional support was provided to the WaterAid team in Bangladesh through external consultants (particularly during the inception phase), the recruitment of 'international technical expertise' within WAB's ASEH team and the formation of an ASEH support group at WaterAid in the UK. The ASEH support group was formed when critical gaps in senior staff became a key concern. The group comprised the Asia Regional Team, the Director of International Programmes Department and senior staff from the Policy, Finance and Programme Funding Teams. The group met quarterly at first and then at least every six months to review progress, give feedback and respond to any specific support needs identified by the WAB team or external reviews.

4 Monitoring and evaluation

4.1 Approach

Monitoring and reporting on this huge undertaking was never going to be easy. It is discussed here in some detail because it was so important to the implementation of the programme. WaterAid planned to significantly strengthen its monitoring capacity under ASEH beyond the basic input and output monitoring of earlier projects (1996–2002).²⁷ The objectives were to:

- Measure a broader range of project impacts.
- Provide a stronger basis for programme development.
- Use the results to advocate for change in the sector.

To this end, WaterAid established a Monitoring and Evaluation Unit headed by an M&E programme coordinator. An important activity of the inception phase was the development of the M&E Strategy Document in May 2004. Subsequently more detailed guidelines were prepared separately to guide performance monitoring, process monitoring and impact monitoring.²⁸

It was determined that monitoring was to take place at the lowest appropriate level using participatory methods wherever possible and appropriate. Formats were prepared for the data collection and data compilation at all levels.

A. Performance monitoring: regular collection of routine quantitative

information to track progress against agreed targets and outputs and assess the extent to which key cross-cutting strategies on poverty, participation, equity and gender, advocacy and governance impact on project outputs.

Strategy: Monthly monitoring by the community to assess progress against the community action plans. Monthly and annual monitoring by the POs of their performance against work plans. POs to collate information from the community monitoring and enter it in the MIS.

Performance monitoring was also a mechanism through which to empower communities with the ownership of both the process and the data. Wherever possible, community-level data was to be collected by community members themselves, with support as required from PO and WaterAid staff. The WaterAid M&E Unit collated the quarterly performance monitoring reports received from POs using a computerised database management system. Data was validated internally by POs and, on a sample basis, by the WaterAid M&E team.²⁹ To reduce the complexity and ensure conformity of data collection, some straightforward definitions of commonly used terms were prepared³⁰ and training and definitions were provided to ensure proper desegregation of data on the basis of socio-economy, age, sex and vulnerability.

²⁷ For more details see the Monitoring and Evaluation Strategy for ASEH, WaterAid, May 2004.

²⁸ i) Performance Monitoring Guideline, WaterAid and Partners, June 2005.
 ii) Process Monitoring Guideline, WaterAid, M&E Team, Revised January 2008.
 iii) Guideline for Impact Monitoring/Special Studies, WaterAid M&E Team, undated.

²⁹ 2-5 % of reported PO activities/achievement within the time period were verified.

³⁰ Such as ‘hygienic latrine’, ‘safe water’, ‘adequate water’, ‘user friendly facilities’, etc.

B. Process monitoring: to check that the methodologies and procedures were in line with the principles and agreed strategies of ASEH, ensuring the quality of programme processes across all activities and outputs, and providing early warning of any necessary corrective measures.

Strategy: Both WaterAid and the POs carried out process monitoring of both activities and outputs, compiling their findings and recommendations in a process monitoring report each quarter. The sampling for monitoring was specified in the strategy document.³¹ WaterAid M&E team visited all POs at least once every six months for process monitoring. Therefore, on average, they visited ten POs each quarter.

³¹ For example PO teams monitored each quarter's planned community hardware activities on a census basis (ie. 100%) and the household-level hardware on a sample basis. Monitoring of the planned software activities (e.g. training and meetings) was also on a sample basis, for example, hygiene promotion activities: 5%; CBO meetings: 5%, etc. The WaterAid monitoring was on a sample basis, generally 2-5%. The percentage was higher for the less frequent activities.

³² The WaterAid process monitoring team comprised a representative from each of three departments: M&E, Finance and Programme teams. The PO teams included representatives of senior management and M&E staff, with help of technical staff for hardware process monitoring; and advocacy and training staff for software process monitoring.

The process monitoring teams were multidisciplinary³² and they collected primary quantitative and qualitative data during field visit to POs. Data collection methods were flexible, including observation, documentation review, focus group discussion (FGD), key informant interview, structured/semi structured interview and case study. WaterAid prepared some checklists and formats where they were thought helpful and triangulation was encouraged with the different team members collecting data from different sources using different methods wherever possible. The WaterAid process monitoring teams held feedback meetings with PO senior management and field staff at the end of their visits to share their findings and recommendations. This was to assist learning and sharing and also to promote transparency and accountability. They also prepared formal monitoring reports that were circulated to the relevant PO,

to WaterAid senior management and to programme teams for their response and action. Both WaterAid and PO M&E staff prepared quarterly monitoring reports, compiling all the process monitoring reports prepared in that quarter. These assisted senior management to make strategic decisions for programme improvement for the next quarter.

C. Impact monitoring: to understand changes in access to services, health, poverty, social status, gender awareness and livelihood security, and progress towards logframe purpose and goal. There were two objectives. Firstly to provide feedback, thereby improving project implementation to achieve the project goal and enhance sustainability. Secondly to consolidate learning for dissemination, replication and scaling up by other sector actors

Strategy: The impact monitoring was to be in three forms:

- A. Internal impact monitoring by the WaterAid M&E Team with assistance of POs based on the logframe and requirements of the programme management.*
- B. External impact monitoring to assess the impact of ASEH interventions in critical areas such as sustainability, poverty reduction, community empowerment, sector reform etc. impact monitoring will be conducted through hiring professional external organisations.*
- C. Case studies to track the qualitative impact beyond that covered by other monitoring. POs were to record and send case studies on special issues on a regular basis that WaterAid would review and publish in the regular quarterly report and thereby facilitate national and international dissemination.*

4.2 Reporting progress against the project logframe

For internal reporting, the WaterAid M&E Team identified the issues and indicators, giving priority to those emerging from the logframe and those required for regular reporting to DFID and WaterAid in the UK. POs prepared quarterly reports and WaterAid then compiled them into an ASEH quarterly report for WaterAid in the UK and DFID. WaterAid prepared annual reports, and DFID undertook annual reviews.

The project logframe was constructed initially with five outputs against which ASEH reported:

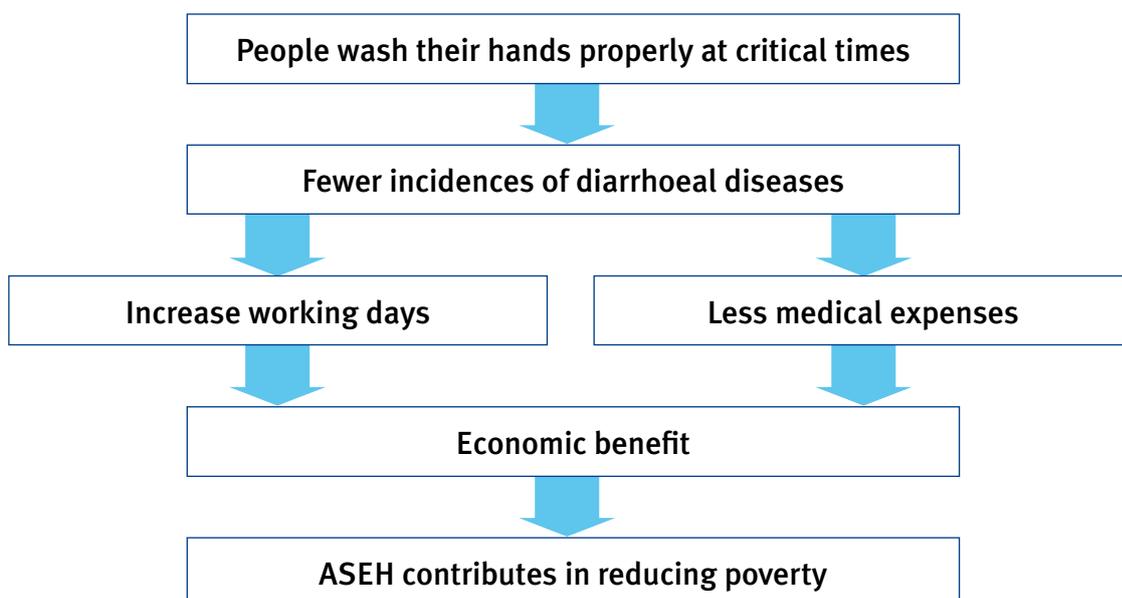
- The rural programme.
- The urban programme.
- Capacity building of WaterAid and partner staff.
- Building mechanisms to voice effective community demand.
- Advocacy for sector reform.

Later these became four, with the capacity building subsumed into other outputs and with some re-working of

the outputs concerning sector advocacy and community voice. It is noted that as early as the Inception Review in 2004, concerns were expressed that the logframe needed amendment, particularly the OVIs. The logframe was changed repeatedly during the project life, usually following DFID annual reviews. The repeated changes to the logframe undermined consistency of reporting and caused significant confusion and extra work.

4.3 End of project impact and evaluation studies

As part of the external impact monitoring, the project commissioned a number of studies. A baseline study was conducted in 2004, a mid-term assessment in 2007 and an impact assessment in 2008.³³ In preparation for this end of project impact study in 2008, the DFID Annual Review that year noted ASEH’s proposed framework for selecting appropriate indicators to monitor impacts. It was an attempt to link project interventions with changes in health and livelihood status, in the following form:



³³ ASEH impact study, Abdul Barkat, et al. Human Development Research Centre, March 2009. Fieldwork was carried out in Nov-Dec 2008.

Source: DFID Annual Review 2008 (narrative report) and Guideline for Impact Monitoring and Special Studies

34 It is not clear that the numerous changes in the logframe had any effect on this analysis.

35 ASEH, end of project evaluation study, Final Report (Rural and Urban Component) Participatory Management Initiative for Development (PMID) and Bangladesh Centre for Advanced Studies (BCAS), April 2009.

36 Both studies used multi-stage random sampling procedure in both rural and urban project areas and used both qualitative and quantitative survey techniques. There was no control. With the project due to end in March 2009, both the end of project evaluation study and the impact study fieldwork were carried out in November-December 2008.

The DFID Review indicated they thought this an excellent way to demonstrate achievement and impact, but encouraged further work to cover the whole monitoring programme. They also warned that attention needed to be given to quality control of the process.

The stated objective of the impact study was to use the logframe indicators at goal and purpose level.³⁴ Specifically, the areas to be assessed were:

- i) Reduction in expenditure by households on the water and sanitation-related diseases in ASEH project areas.
- ii) Increase in disposable income, especially for women and girls, due to time saved, savings in household expenditure on treatment of water, sanitation and hygiene-related disease, increased social mobility, and an increase in livelihood opportunities in ASEH project areas.

An end of project evaluation study was also undertaken,³⁵ again comparing

findings with the baseline and mid-term study findings.³⁶ The objectives are detailed in the box below.

4.4 Lessons learnt and reflections

It is laudable that monitoring was fully integrated into the ASEH programme throughout. Such a large programme with numerous implementing partners needed a robust system for input and output monitoring so the managers could stay abreast of what was going on with reasonable accuracy.

Accountability for performance was with WaterAid, while the implementation was solely through POs. Because a monitoring review team – including WaterAid and PO staff – carried out regular monthly field verification of PO's reported outputs on a sample basis, this provided WaterAid with the necessary confidence in their reports to DFID, and also gave them the opportunity for closer understanding of field level problems and issues as they arose.

End of project evaluation study objectives were to assess:

- 1 Improvements in hygiene behaviours, access to and use of safe water and environmental sanitation for ASEH project areas.
- 2 Implementation status of GoB policies on water and sanitation (WATSAN) services for the rural poor and development of policy framework for providing WATSAN services to urban poor.
- 3 Participation and decision-making of women, girls and vulnerable groups in CBOs in ASEH project areas.
- 4 Effectiveness of CBOs both in rural and urban communities to validate that each CBO establish at least one or more permanent role in the area of WATSAN service delivery, WATSAN facility management, financial management including bank account operation and LGI/WASA engagement.
- 5 Increase in affordable gender friendly facilities used and maintained at household and community level in ASEH project areas including markets, schools and bus stops.

For more details, readers are directed to the two reports.

Source: ASEH, end of project evaluation study, PMID and BCAS, April 2009

As might be expected, the M&E data management system was fully computerised. This enabled the project to produce regular quarterly reports for DFID with minimal extra effort, and also produce additional data as required for the annual reviews.

It must be assumed that the repeated changing of logframe outputs and indicators presented challenges to the ASEH M&E system, if not for the final assessment then at least for the interim monitoring and reporting. A number of the changes were reportedly to 'improve' the indicators but it is difficult, on reflection, to note any benefits arising from the changes. It may be that the changes positively influenced the management priorities, but it is curious to note that the end of project evaluation study used the five original logframe outputs as their frame of reference for the study, rather than the worked and re-worked outputs that DFID used in their end of project report. Additionally, the ASEH impact study did not refer to any outputs, only the logframe goal and purpose, which had hardly changed.

There is some deficiency in the monitoring of gender and equity aspects of empowerment. The end of project studies did collect some quantitative data on women's membership of organisations or the

involvement of marginalised groups in decision making. However, the programme is confronting difficult cultural and social issues and, although this gives us some feedback, challenging such ingrained social norms within WASH-led interventions needs more insightful reflection. Such reflection is not well informed by quantitative data, as the evaluation has attempted to do, but requires a more qualitative assessment of attitudes and perceptions of any societal changes. This would lead to a much better understanding and thereby provide more useful feedback to improve interventions. Gender issues within ASEH are discussed further below in **Section 5**.

WaterAid would do well to consider recording and sharing within its organisation the MIS and HR processes and procedures that were developed under ASEH. Lessons arising from the computerised MIS system might be particularly useful for any similar large-scale programmes.

Recommendations are made below (see **Section 9.4**) for extended monitoring and evaluation to understand more clearly the sustainability of ASEH interventions especially in terms of community empowerment beyond the end of the programme.

Part two: **ASEH programme approaches**

5 Reaching the poorest – gender and equity

5.1 Approaches

It is acknowledged by WaterAid and partners that in earlier project work, communities were largely regarded as homogeneous entities and that ‘broad brush’ implementation approaches were applied rather than tailoring inputs to the specific needs and capabilities of the poorest and most vulnerable.³⁷ In 2001, WaterAid carried out a programme evaluation, which found that:

... because the programme was to require people to pay for the water and sanitation facilities provided, most partner NGOs selected as working areas places that were relatively stable, and whose populations seemed economically strong enough to pay for the facilities. The cost-recovery expectation thus has limited the ability of the programme to provide water and sanitation services to the very poorest people or even to work in places where the majorities are extremely poor.

In addition, in urban areas where ‘pay per use’ systems were adopted, it was clear that sections of the poor and marginalised were being excluded because of their inability to pay.³⁸

This all changed under ASEH. Inclusiveness and reaching the

poorest was fundamental to the ASEH approach. WaterAid was seeking to maximise the transformative potential of water supply and sanitation projects to bring about improvements in the social and economic status of the poorest.³⁹ All partners were committed to selecting the poorest communities to work with under ASEH, and within those communities, making every effort to reach the poorest and most vulnerable. The ASEH poverty reduction guiding principle also recognised the complex and multi-layered nature of poverty, some aspects of which may be alleviated through access to safe water and sanitation services, but all of which must be understood if the needs of the poorest are to be adequately met.⁴⁰

To make this more than lip-service, a number of innovations were undertaken. Rather than address this issue top-down (either with subsidies that undermined the community ownership, or other interventions that made a special case of the poorest) the matter was dealt with in ASEH on a ‘whole-community’ basis.

Cost-sharing to reach the poorest:

Most fundamentally, to reduce exclusion of the poor while maintaining capital cost-recovery from the community⁴¹ and the participation of everyone in the community towards that repayment, ASEH initiated an innovative cost-sharing mechanism with community administered analysis of ‘ability to pay’ as the determinate of

37 ASEH Cost Sharing and Recovery Strategy, Sept 2006, WaterAid and POs.

38 Ibid.

39 ASEH Guiding Principle 2. Gender and Equity (Final), WaterAid Bangladesh, undated. This document included a detailed schematic representing the different dimensions of poverty – material, social and economic.

40 Ibid.

41 The amount a village was required to pay was based on GoB National Water and Sanitation Policy 1998 which differentiated between different technology costs – the higher the cost, the less the recovery percentage. This resulted in cost recovery from communities ranging from 10% to 50% of the hardware capital costs. For example 50% capital cost contribution would be required for a relatively inexpensive shallow tubewell, while only 10% for a much more expensive gravity-fed system.

the amount to be contributed by each household. Thus the capital cost to be contributed depended on the poverty category of an individual household. Communities were trained and motivated to identify and understand the ability to pay of different sections of the community through a community situation analysis using PRA techniques. This was then validated, but the community made the final decision regarding poverty or economic categorisation of any household.

In rural areas partners motivated the community for 100% sanitation coverage. Affordability was foremost on the list of concerns at all times as exemplified by the range of low-cost options and the cost-sharing slabs.

Regular operation and maintenance (O&M) costs were to be fully borne by the beneficiary group with the amount to be contributed by each household again based on the 'poverty categories' with cross subsidies. Community capacity would be built for them to manage O&M, with communities responsible for the minor repairs. If there was any major repair⁴² or replacement required, beyond the capacity of the community, they would contribute as per their ability, and the balance amount would be taken from the recovered ASEH capital fund.

It is important to note that ASEH project guidelines did not permit partners implementing ASEH to offer micro-credit services in communities where they were providing WASH services. As such, the project explicitly guarded against inadvertently putting poor people further into debt.

For urban slums and squatter settlements there is no specific GoB policy on cost-recovery. WaterAid and partners developed ASEH's urban cost-

sharing and recovery strategy based on more than eight years' experience working with poor urban communities. After successfully implementing the strategy under ASEH, WaterAid and partners proposed to advocate it to GoB and other sector actors in the hope that they would incorporate it in their strategies.

In urban areas as the targeting strategy was to reach the maximum number of the poorest and most vulnerable of the community, it was particularly noted that community mobilisation activities had to take place at the time and location convenient for the poorest, especially the women and working population, if there was to be any chance to develop their full participation and ownership. ASEH also noted the importance of involving new migrants in the project slums – often some of the poorest and most vulnerable.

Gender: Discrimination against women permeates Bangladeshi society. Repressive age-old traditions, unquestioned social norms, rigid division of labour, economic dependence, illiteracy, and the invisibility of women in public life all combine to keep women in a subordinate position within the family, the community, and the country. Social norms together with lack of security, restrict women's mobility and consequently also their livelihood opportunities.⁴³

Before the start up of ASEH, the WaterAid team realised the need to do much more work during the inception phase first to fully conceptualise and then to implement ASEH's approaches to gender issues. In particular, they realised the need to clarify the approach and policy on strategic gender needs in the context of Bangladesh.

⁴² Usually estimated at more than 20% of installation cost.

⁴³ The prevailing context of gender relations in Bangladesh was clearly spelled out in the WaterAid core team – preparation for project proposal, October, 2002 and the ASEH Project Memorandum Annex 3: Social.

The three pillars of gender analysis

- Division of labour
- Resource distribution
- Position in social institutions

In the case of WATSAN there are numerous activities such as cleaning toilets, collecting and carrying water that are seen to be women’s work. These are unremunerated activities that reinforce the unfair gender division of roles. WaterAid’s previous work has not addressed this – not even in its hygiene promotion messages. **It was essential to address this issue in the programme.**

Regarding resource distribution we see that women are mainly engaged for undertaking voluntary work or as caretakers as they accept low wages. Our partner NGOs inadvertently perpetuate this inequality when they engage men as trainers or paid consultants to other programmes, but women as caretakers and motivators.

Training and technical capacity building support also needs to be focused more on women.

Women are currently under-represented in committees, political institutions and the workplace.

All WaterAid partners must try to include 50% female representation on committees – taking into consideration local and context specific barriers.

Source: ASEH Conceptual Boundaries, WaterAid Team, October 2002

The three pillars of gender analysis (box above) describes some of the challenges WaterAid identified.

One of the outputs of the inception phase was the ASEH Guiding Principle No 2: Gender and Equity, which was a guide to mainstream gender-balanced and poverty-focused approaches across both the programming and advocacy efforts of WaterAid and its partners. At the community level ASEH promoted female membership of community groups to ensure women’s full involvement in project management

and decision making. It was also agreed that all quantitative and qualitative aspects of the M&E strategy will cross-check for gender and equity implications and impact. All this was led by the appointment of a poverty and equity adviser within the WaterAid in Bangladesh ASEH team.

WaterAid and its POs developed a number of important initiatives to ensure appropriate services for women – for both hygiene promotion and latrine design women-friendly technologies were developed.

“Even today, a culture of silence and taboo surrounds this most neglected problem.”

Rokeya Ahmed, Wateraid in Bangladesh

Menstruation poses a major additional sanitation problem for women. Four to five times per day, for four to seven days each month, women require a private space to change sanitary items, and they need water both to wash themselves and to wash the cloth they use to collect menstrual flow. Studies show that women hide the used rags to reduce the risk of them being found. The rags are often damp as women do not want to hang them out to dry where they may be seen by male relatives.

Such practices, arising through a combination of cultural taboos and women’s ignorance, mean infections are extremely common. This is exacerbated by the culture of silence, even among women, which surrounds this most neglected problem.

Poor menstrual hygiene, fed by misconceptions and inappropriate cultural practices (see box), is a major cause of discomfort that deprives women and girls of their dignity and may negatively impact on education and health among Bangladeshi women. Guidelines were developed for menstrual hygiene management. ASEH raised awareness on the issue and organised orientation workshops and courtyard meetings for adolescent groups, adult female groups, adult male groups, CBO members, teachers, health workers, field workers etc. In many places this was the first time menstrual hygiene had ever been discussed. Separate chambers for women and girls were ensured in public latrine construction and for institutional latrine construction. ASEH also prioritised establishments that served females (e.g. health centres, girls' schools).

Service provision for differently-abled people (DAP): For the disabled or, as ASEH preferred, 'differently-abled people', WaterAid worked with partners to develop a raft of specifically designed approaches:

- A guideline to orient staff towards hygiene promotion strategies for DAP.
- A DAP-focused hygiene promotion manual.
- Inclusive design of water and sanitation facilities.
- A DAP user-friendly water and sanitation complex.
- A video document for partners and other actors in the sector on how to include DAP in water and sanitation options.

Sensitising local government:

Linked to the advocacy agenda, ASEH developed and ran a training module to encourage awareness among LGI representatives of social exclusion issues. Guidelines were developed for occupational health activities targeted at particular marginalised groups such as sweepers, scavengers and waste recyclers who face particular health risks in their work.

5.2 Strengths

The MTR, 2007, noted:

“The collection of community contributions appears effective. The differentiated payments based on financial status are well understood and appreciated by communities.”

In sanitation, because of the no-subsidy approach and the strong community-wide ownership of the environmental sanitation agenda, poor households in rural areas were found to opt for very low-cost options. There is strong evidence, however, that these households replaced damaged components after the monsoon on an annual basis. They would not go back to open defecation.⁴⁴

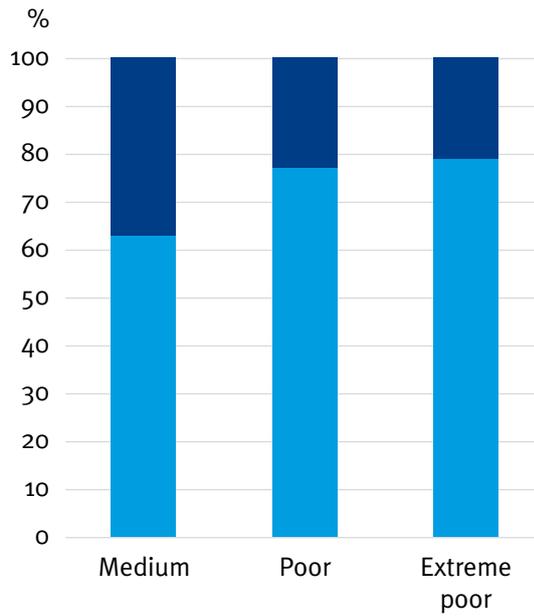
The impact assessment and end of project (EoP) evaluation both showed good programmatic targeting of the poor and extreme poor within the communities. The following charts of rural and urban latrine usage by wealth ranking are included, by way of example. The high usage by poorer groups can be seen as direct evidence of the success of the community cost-sharing mechanisms. Readers are directed to the two EoP studies for further data and information.

⁴⁴ Quoted from DFID Output to Purpose Review, 2006.

Percentage of household using hygienic latrine by wealth ranking in rural ASEH

■ Unhygienic latrine
■ Hygienic latrine

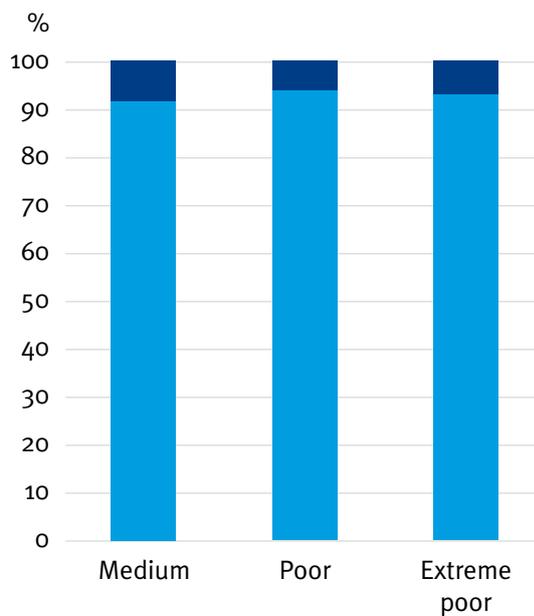
Source: EoP evaluation study report, 2009



Percentage of household using hygienic latrine by wealth ranking in urban ASEH

■ Unhygienic latrine
■ Hygienic latrine

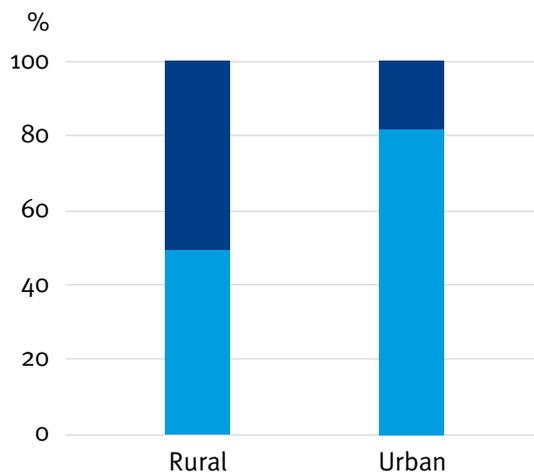
Source: EoP evaluation study report, 2009



Percentage male and female members in CBO committees (n = 198)

■ Male
■ Female

Source: EoP evaluation study report, 2009



The evaluation study examined the gender balance in CBO committee membership (see the last graph on the left). The same study found through FGDs that women’s access to UP and other institutions, and their mobility within the union and upazilla had increased, and the study surmised that it was possibly due to their membership in CBOs. The impact study also concluded that although ASEH did not focus directly on women’s mobility, it is evident that after successful interventions, women’s mobility with respect to different institutions (both government and private) has increased significantly. Now women go to CBO meetings, UP, bank and NGO offices etc. The impact study noted that people in the areas of the ASEH project ‘are unanimous’ that the mobility of women and girls has increased due to the ASEH project.

There are some mixed messages about the percentage of women in higher positions on the executive committees. The DFID project completion report noted:

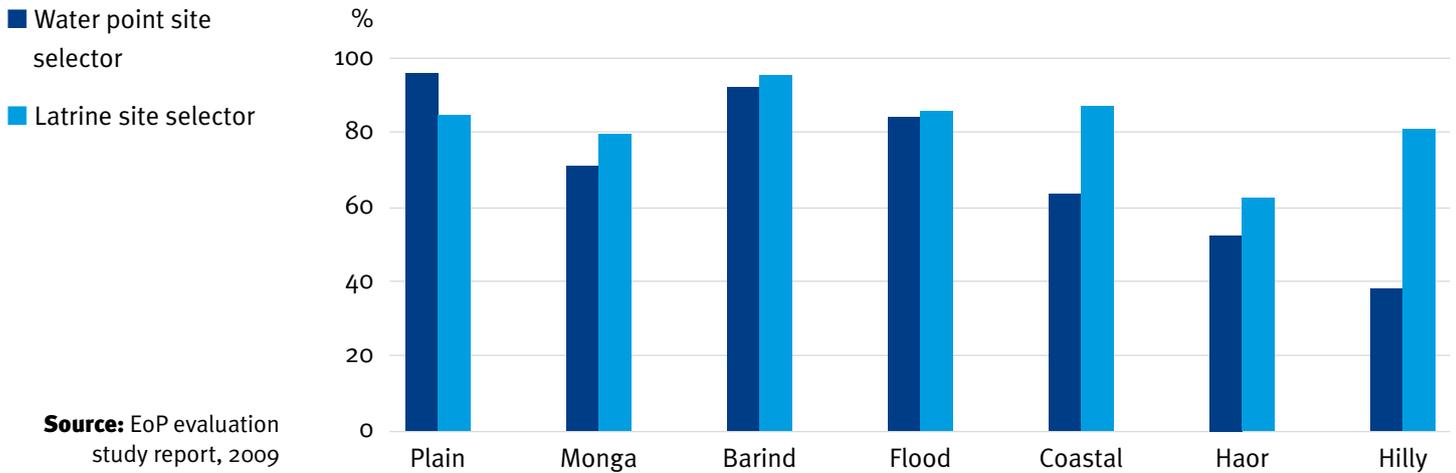
“Many CBOs visited had women in senior posts and several were involved in managing the procurement process often showing themselves to be much more effective than men at cost tracking and management during procurement and construction process.”

The DFID PCR indicates that women make up about one third of the senior positions in the CBOs, but that is not corroborated by the evaluation or the impact study.

5.3 Weaknesses

Participation in the decision making is an important indicator to judge the level of women’s empowerment. The

Percentage of surveyed women involved in decision making (n = 403)



Source: EoP evaluation study report, 2009

creation of scope for their participation in the decision making process is also an indicator of a gender balanced environment. To illustrate how far the project has made progress on this issue, in a survey of 403 women the end of project evaluation study asked about women’s participation in the decision making process for the selection of water point and latrine location. There was significant variation in different geographical locations (see graph above).

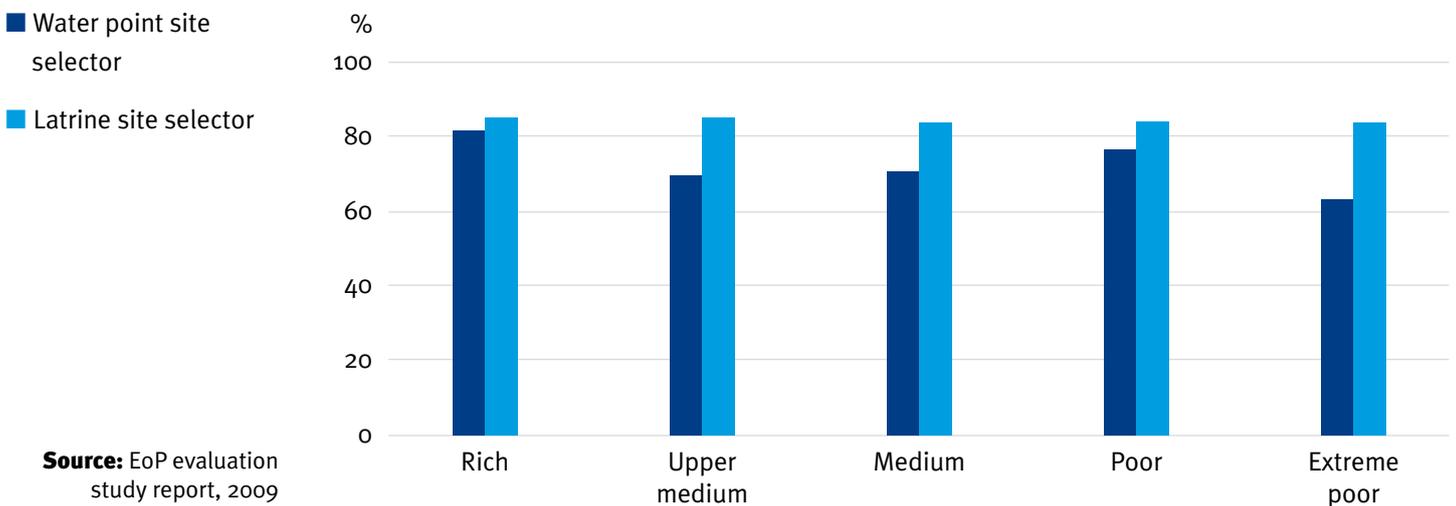
It is worth noting that water supply is most likely a communal decision, while latrine location is generally a family

matter – perhaps one factor in why more women have (in most places) been involved in the latter. Other differences are likely to arise from a combination of reasons:

- Technical (e.g. in hilly areas there may be less choice over the water supply location).
- Variations in approaches by POs who work in different areas.
- Differences in the underlying social situations.

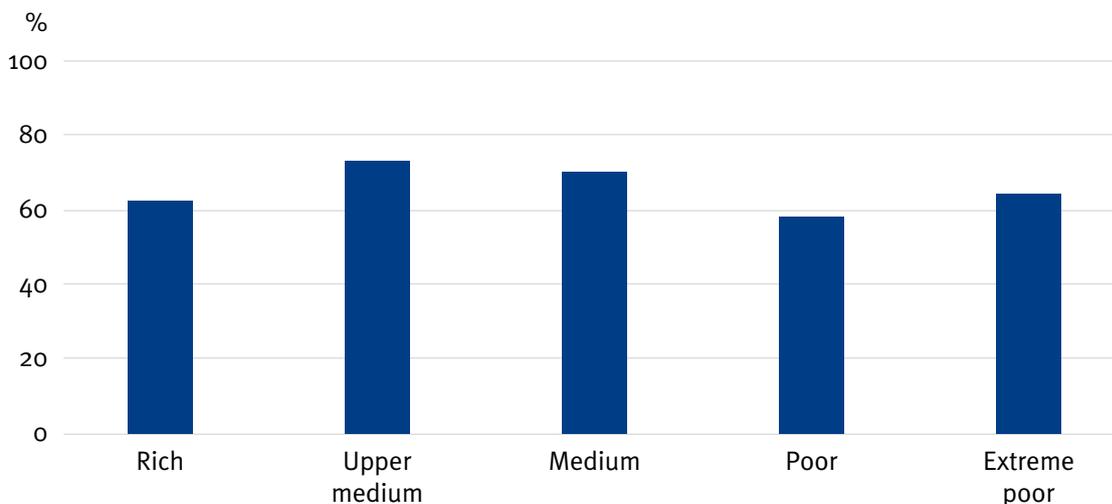
The graph below analyses this from the perspective of wealth ranking:

Percentage of surveyed women involved in decision making (n = 403)



Source: EoP evaluation study report, 2009

Percentage of women of different wealth rankings who participated in courtyard meeting (n = 403)



Source: EoP evaluation study report, 2009

Again it is clear that women were less involved in water point selection, more usually a communal decision, than in latrine site selection, more likely to be a family decision. Also there is a significant exclusion of the extreme poor from some decisions (i.e. 40%).

When it comes to other project activities, surveyed women were asked if they had participated in courtyard meetings (i.e. hygiene promotion). The data is presented in the graph above. It shows that although there is little difference between the wealth rankings, there is still around 40% exclusion of the poorer groups.

5.4 Lessons learnt and reflections

There can be no other conclusion than to assert that the community cost-sharing, developed and perfected under ASEH, has been an important mechanism for reaching and including the poorest in community WASH initiatives. This has been achieved, it would appear, without undermining the community commitment and ownership, which an external subsidy approach would almost certainly have done. Instead the process has perhaps increased solidarity and enhanced

empowerment. WaterAid would be well advised to document and disseminate the ASEH cost-sharing approaches in full detail, with a careful analysis of the reasons for success, i.e. not just the formulas and mechanics of the process, but also the motivation and community organisation aspects.

It appears that gender and equity disaggregated data relating to status, empowerment and mobility – that is responding to strategic gender needs (for example women or marginal groups in senior positions in CBOs, involved in decision making or attending local government functions) – has only been obtained at the impact assessment stage. It is less clear that this aspect of the ASEH process was monitored during implementation. This is a concern as it means the opportunity to strengthen interventions in this direction might have been missed (e.g. gender and equity training of CBOs, etc).

Similarly the analysis of such qualitative issues is based solely on data such as membership, or reported involvement. A more interesting and insightful analysis could have been made through qualitative assessment of attitudes and

Chanbanu, member of the Community Based Organisation (CBO) management committee, at the latrine block, Kalyanpur slum, Dhaka.

perceived societal changes. This may have been approached through some of the case studies, but the quantitative and activity-based impact and evaluation studies did little to probe these difficult cultural and social issues. This should be noted in the design of any future evaluations and WaterAid could usefully consider revisiting this issue in any follow up studies of ASEH.

The financial details of cost-sharing mechanisms are specific to Bangladesh, either villages or slums. WaterAid in Bangladesh could ensure the detailed documentation of these modalities in discussion with partners and communities to ensure that other programmes are informed of the range and details of the approach.



WaterAid/Juthika Howlader

6 Community role, mobilisation and empowerment

6.1 Approaches

Participation was a fundamental principle of ASEH. Instead of leading with hardware, community participation in project decision making became the entry point for all projects.

Everything was to be demand-driven, with communities central to all project stages from problem identification to planning, implementation, monitoring and evaluation. This had emerged from previous WaterAid experience when an evaluation in 1999 identified shortfalls in project outcomes and highlighted the need for much more significant community involvement in setting priorities and decision making. The ASEH Project Memorandum explored the issue more closely, as follows:

From 'voice' to 'influence': giving teeth to participation

There are three distinct stages relevant to the discussion on participation, each also understood as a goal:

- Visibilising 'voice'.
- Strategic distillation of 'voices' to produce agendas.
- Constituency-building behind agreed agendas.

Each of the above is a process in its own right and the capacities required for effective pursuit of each of these are also specific. All three stages need their due attention if the participation process is to bear fruit. A common weakness here is to focus too much energy on stages one and three leaving the agenda crystallisation process open to elite manipulation.

Source: Hossain Zillur Rehman, *The Poverty Agenda: Charting New Territories*, June 2001

It was against this backdrop that new strategies were developed by WaterAid and their POs to place emphasis on empowerment, to include the poor in new community power structures and to facilitate communities to play a leading role in social action. They were attempting to overturn the normal power imbalance between external implementers and communities.

In ASEH, participation was rooted in the principle of equity, with the poor and marginalised, including women, being fully represented in decision making. POs facilitated the formation of CBOs with proportionate representation from all groups especially women, adolescents and the poorest and most socially disadvantaged groups. Capacity building of properly constituted and socially inclusive CBOs was to be the basis for successful community mobilisation, as far as possible encouraging membership of the poor and marginalised in key roles.

People's knowledge, skills, practices, availability and resources were fundamental to participation, and these were to be marshalled in ways that did not further disadvantage the poor. Guided by POs, the CBOs carried out further community mobilisation activities. They recruited 'community catalysts', who served on a voluntary basis as long-term change agents for ASEH approaches. POs promoted constructive dialogue and collective learning so that knowledge accrued



WaterAid/Juthika Howlader

The community help to map the village's sanitation facilities, Akkelpur, Rajshahi.

to groups rather than individuals. Participation was also broadened to include the involvement of other organisations in project activities, particularly local government institutions. In ASEH, WaterAid saw project implementation as an opportunity for deeper community empowerment and broader social development, especially of the poorer groups.

6.2 Strengths

With the communities leading the project process it meant they became involved in mobilisation, decision making, action planning and monitoring and, under ASEH, this was quickly seen to lead to improved levels of commitment and ownership, in comparison to previous projects.

The DFID PCR noted that ASEH had very successfully nurtured strong CBOs and that:

“The confidence and capacity of community organisations created under ASEH is such that their ability to engage and influence Local Government Institutions and Public Service Institutions is beyond the anticipated outcomes of the project.”

In commenting on the sustainability of the organisations, the PCR was optimistic, noting that:

“They have taken formal shape by opening bank accounts, holding regular meetings, providing service to the communities and engaging with formal service providers.”

ASEH also encouraged the networking of community organisations, facilitating the creation of citizens' action committees at ward, union and upazilla levels (i.e. both rural and urban).

6.3 Weaknesses

Assessing the degree of community empowerment is not easy and there are differing opinions. A concern expressed in the end of project evaluation study, was that most of the CBOs were functioning in an informal way. It found that they did not have a good record keeping system for monetary transactions, which the evaluation found 'very alarming'. The study noted that the capacity building for CBOs was

inadequate, reportedly covering only water and sanitation related issues, and that other training programs such as group leadership development, documentation, record keeping and financial management would have been fruitful.

6.4 Lessons learnt and reflections

ASEH's activities and achievements should be seen to depend on, and emerge out of the 15,000-plus CBOs that have been mobilised in some of the most marginalised and poorest communities in the country. This is no small achievement. Many of these CBOs now participate in the union and upazilla water and sanitation task forces to raise their voice and recent efforts to network these agents of citizen's voice are commendable.

When 'poverty focus', 'community participation' and 'demand-led' are such oft-heard phrases, it is important to reflect on how much effort and focus it takes to make it a reality. To achieve anything beyond mere lip-service requires power relations to be seriously challenged at three levels:

Between the powerful and the marginalised within communities

– Special efforts are needed to support the more marginalised within communities, including women.

Between insiders and outsiders

– Ensuring communities lead decision making, and that project priorities and

targets do not determine community actions on the ground.

Within external implementing agencies

– Internalise the whole approach, ensuring appropriate criteria in staff recruitment and HR practices throughout.

None of this is easy, and requires strategic clarity within the programme, a sustained focus by management and commitment from staff.

It is unfortunate that the impact study gave very low priority to this aspect of the programme. 'Improved empowerment and linkage' was the last of the 'benefit streams' explored in the impact study and documentation of findings was little beyond a short statement of the potential benefits that might accrue. WaterAid might consider revisiting this issue with a more appropriate study to analyse the impact and subsequent sustainability of the community empowerment aspects of ASEH.

WaterAid recognised the need for some additional input to strengthen the community empowerment aspects of ASEH, especially in areas where interventions under ASEH had started later. WaterAid designed and funded a smaller follow-up project, EEHCO, particularly working with community organisations. This is discussed in further detail below in the context of advocacy and sustainability.

7 Governance and accountability

7.1 Approaches

Governance relates to ways in which decisions are taken and implemented by state authorities and civil society organisations. Fundamental to the integrated, participatory and empowering (IPEA) approach of ASEH, WaterAid and partners describe what they are promoting as:

“effective participation, from top to bottom, in decision making and implementation for WASH programming within state and civil society organisations, based on transparency and mutual accountability.”

⁴⁵ ASEH’s approach to local government is fully enunciated in the ASEH Guiding Principle 4: Governance.

The GoB’s National Policy for Safe Water and Sanitation (1998) endorses a number of approaches that are in line

with this, particularly the participation of users and the key role of women (see box for other relevant governance principles). Unfortunately, in practice, the Government’s key agencies operate in top-down, supply-driven ways, contrary to the Government’s own stated policy.

These contradictions are further confounded by a confusion of responsibilities between the various government agencies for planning, implementation, operation, maintenance and cost-recovery for water and sanitation facilities in both urban and rural Bangladesh (see diagram overleaf). In rural areas responsibilities are shared between UPs and the DPHE; in small towns, between municipal authorities, DPHE and local government engineering department (LGED), and in larger cities between the concerned WASA and the city corporations.

WaterAid and partners identified three guiding principles to inform the approach to governance under ASEH.⁴⁵ These are:

Principle 1: Water and sanitation actors at local government level will, given sufficient exposure, appreciate the value and effectiveness of the ASEH approach, thereby increasing the likelihood of its being replicated.

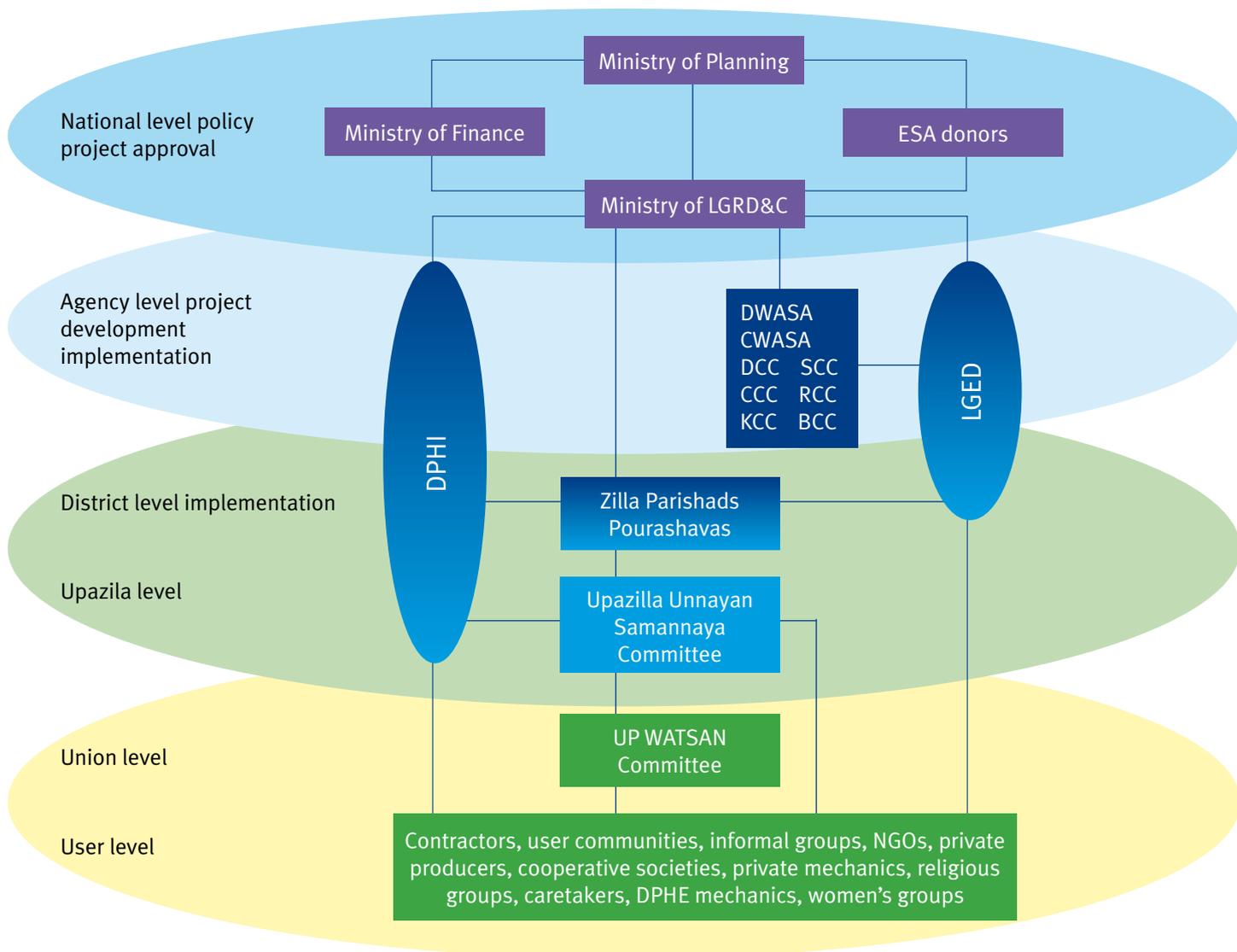
Strategy: Use of local success stories, case studies and site visits to inspire local government officials to replicate the model within their administrative areas.

Governance principles included in national policy for safe water and sanitation, 1998:

- Satisfying basic needs for underprivileged groups and regions.
- Providing safety nets for the poorest.
- The participation of all users at all stages of project implementation.
- A key role for women in water management and hygiene promotion.
- Promotion of affordable and appropriate technology options.
- Gradual sharing of costs.

Source: Quoted in ASEH Guiding Principle 4: Governance

Institutional arrangement for water supply and sanitation



Source: Bangladesh Country Paper for the Second SACOSAN Conference, Islamabad, 2005

Principle 2: Local government decision making around WASH can be positively influenced using ASEH principles especially where they are promoted by local organisations and leaders and when working methods are fully transparent and accountable to communities.

Strategy: Evidence-based workshops, site visits and meetings with local government officials can be used to influence their perceptions and practices

and lead to take-up by local government of ASEH approaches and principles.

Principle 3: Local governments influenced by ASEH are more likely to adopt pro-poor governance approaches to WASH service delivery.

Strategy: Partners help local government adopt pro-poor planning and implementation systems. National level advocacy improves the profile of the IPEA-SWESHP approach.

The DFID Inception Review in 2004 noted that the larger objectives of ASEH will remain unfulfilled if it continues horizontal expansion into a large number of villages without vertical engagement (i.e. with local governments) because it is LGs that are responsible for ensuring access to water and sanitation services. ASEH needed to demonstrate effective and efficient service delivery and then work with communities and LGs to develop accountable and transparent implementation mechanisms for future expansion. A governance advisor was appointed to lead work in this area.

7.2 Strengths

Subsequent reviews did identify opportunities that had been exploited for promoting good governance and enhancing accountability. The end of project evaluation report listed various mechanisms through which ASEH had encouraged linkages with LGs:

- Signing a Memorandum of Understanding between the concerned LGI and PO. This formalised relations and responsibilities, enhanced accountability and good governance in delivering WASH services and promoted transparency, accountability and coordination.
- Activating the Union Sanitation Task Force and Ward Sanitation Task Force when otherwise many would have remained inactive.
- Ensuring community representation in these Sanitation Task Forces.
- The PO sharing the UP Office and thereby promoting coordination of government and NGO activities.

When asked, more than 90% of respondents saw improved linkages with local government as a benefit resulting from the WASH interventions

under ASEH in both rural and urban communities.⁴⁶

It is noted in the DFID PCR that:

“The confidence and capacity of the community organisations created under ASEH is such that their ability to engage and influence Local Government Institutions and Public Service Delivery Institutions [i.e. WASAs in urban areas] is beyond the anticipated outcomes of the project.”

The WaterAid 2007/08 Annual Report notes that in two unions under Nagorpur Upazilla of Tangail it was shown that the UP (i.e. local government) could directly implement water and sanitation programmes if provided with proper facilitation. The report also includes the following evidence of growing engagement between the communities and their local government:

About 3,500 CBOs have been enrolled as member of Ward Sanitation Task Force Committee while about 1,000 CBOs in the Union Sanitation Task Force committee during the reporting year. Through this process CBOs have enhanced their position in the formal setup and capability to monitor the allocation and utilisation of ADP funding of the government for WATSAN. As a result of above engagement a total of 22,769 hardcore poor from different CBOs under WaterAid programme have received WATSAN benefits from GoB-ADP allocation during the reporting period.

Source: WaterAid Bangladesh Annual Report 2007/08

⁴⁶ ASEH impact study, Abdul Barkat, et al. Human Development Research Centre, March 2009, pages 31 and 91.

Water supply to slums had been successfully negotiated with utilities. Dhaka WASA revised their regulations to allow water connections to communities without requiring evidence of land tenures or any intermediary role of an NGO. The connections were successfully handed over to the CBOs for operations and bill payment. The PCR compliments the excellent work of ASEH with DWASA and CWASA on the drafting and publishing of bylaws permitting CBOs to take on legal water connections.⁴⁷

The following case study (see box below) gives an excellent example of the cross-fertilisation between the Government and ASEH interventions.

⁴⁷ The PCR notes that there seemed to be ‘high level’ commitment to continue with this mechanism which is discussed further in the context of Advocacy in the next section.

7.3 Lessons learnt and reflections

Overall the DFID PCR concluded that the ASEH agenda to promote CBO interaction with external agencies has been successful. Project targets of ‘taps

and toilets’ are much easier for both implementing and funding agencies to manage and monitor. However, by themselves, they rarely constitute a sustainable impact. Outputs such as effecting change in systems, creating links between communities and the responsible government agencies, and bringing about amendments in government procedures are much harder to manage and monitor. They take much more careful definition of project objectives and indicators. However, it is these targets that are much more likely to bring sustainable and far-reaching improvements.

Any success in this field under ASEH emerges from the many years of hard work and good practical experience of partners, alongside the profile and reputation that WaterAid has built up through its work over the years in the sector.

Suzana, the beneficiary of 20% ADP allocation

Suzana Akter is 13 years old and studies in class VIII. She is one of a family of six who previously used an unhygienic latrine in their home. She often felt sick with the bad odour and often saw her younger brothers affected by diarrhoea. They were poor, her father had no land and the family was in acute financial crisis. She didn’t know the cause of the deplorable condition of the family.

One day standing to one side she heard the discussion of an ASEH Courtyard Meeting organised by NGO Forum. Suddenly she could understand the causes of sickness of her younger brothers. She talked with her father and requested to install a sanitary latrine. Her poverty-stricken father paid no heed to her request, thinking it unnecessary. Finding no other way, she explained her family problem to the Gram UP who put up the issue in their monthly meeting. Before long, talking with Suzana, they communicated with the UP.

There in the UP, the name of her family was enlisted to get benefit from the 20% ADP allocation, and Suzana, with the help of committee people, managed to receive three rings and one slab. But she had no money with which to transport the materials to her house. Suddenly she remembered that she had saved some money from her tiffin cost. She rushed to her house and counted her money – all she had was Tk.97. Not much, but enough. With the installation of a sanitary latrine in their house, her younger brothers got rid of their waterborne diseases and her family was able to save a certain amount of money. Today, her father has installed a new latrine with five rings.

Source: From EoP Evaluation study for ASEH

8 Advocacy

8.1 Approaches

Following WaterAid UK's advocacy guidelines, advocacy under ASEH had five key principles:

Rooted advocacy: Ensure that poor people's perspectives and experiences inform WaterAid's knowledge base and that poor people's organisations have the information necessary to advocate on their communities' behalf. Build capacity of staff, partners and community groups to undertake advocacy work and participate in changing policy themselves.

Working from knowledge: Base all work on an in-depth understanding of community-level experiences so that recommendations are properly grounded and realistic.

Constructive dialogue: Engage in constructive dialogue with those we seek to influence and work to create opportunities for dialogue among different stakeholders.

Working in partnership with others: Endeavour to involve other stakeholders both within and outside of the sector through networking and alliance building.

Capacity building: Build the capacity of project and networking partners through information sharing; undertake joint advocacy projects; increase learning of advocacy techniques and work to increase the financial resources available for advocacy work.

WaterAid in Bangladesh had for many years been a key player working with other NGOs, donors and government to influence government policies and strategies. Pre-ASEH, WaterAid had built very good relationships with key actors in the water and sanitation sector. Its positive contribution to the development of sector policies was widely recognised and respected. The Government was persuaded that community-led 100% sanitation should be the basis for moving towards the 2010 total sanitation target. WaterAid had been an active participant in government initiatives like SACOSAN and the National Sanitation Campaign and had been invited to join the multi-donor local consultative group on water supply.⁴⁸ Thus the ASEH advocacy strategy was being built on very good foundations.

In order to meet the advocacy objectives of ASEH it was decided that WaterAid would establish a separate Advocacy Unit headed by an advocacy programme coordinator. In May 2004 a detailed advocacy strategy was developed for promoting and lobbying in favour of IPEA-SWESHP and 100% sanitised village approach at all levels, as follows:

Scaling up at the project level: Creating awareness and voice for poor families and communities.

POs worked with communities to implement projects and, through rooted advocacy, 100% sanitation in one ward

⁴⁸ The reflections on advocacy strengths and weaknesses (at least at the early stages of ASEH) are taken from the Review of WaterAid Advocacy 2000-2005, Hilary Coulby, London, August 2005.

would create a momentum for work in neighbouring wards. Communities were to promote the IPEA-SWESHP approach and lobby union councils for funds to improve water, sanitation and hygiene status, prioritising the poorest. In urban areas, NGOs and slum dwellers were to interact with municipal authorities and politicians to lobby for increased rights and access to water and sanitation services.

Advocacy through partners and other intermediary organisations: Building on the network of NGOs within

ASEH. WaterAid and partners used ‘programme-to-programme’ advocacy to promote the IPEA-SWESHP approach with other implementing agencies, including the government. Significant leverage is seen in partners’ working areas and via sector networks.⁴⁹

WaterAid worked for better sector coordination, institutional reforms for decentralisation and strengthening the role of LGIs and user communities in development. They undertook various activities to enhance the capacity of LGIs to plan, implement and monitor sustainable interventions in water supply and sanitation. The concept was that strengthening local government in conjunction with policy advocacy would, in the long run, have the best impact on sustainable service delivery.

To scale up improvements in hygiene promotion, in addition to supporting its POs, WaterAid also provided training support to a wide range of other programmes, including World Vision Bangladesh, DPHE-DANIDA Coastal Belt Project, DPHE-WHO project, ICDDR,B, TDH-Italy and Local Partnerships for Urban Poverty Alleviation Project of UNDP/UN-Habitat/LGED.

National and regional policy advocacy: Working for change in government policies and practices

for WASH throughout Bangladesh.

As well as aligning with influential organisations such as WSP and ITN-BUET, WaterAid also worked with partner networks such as NGO Forum, Coalition for the Urban Poor and WSSCC to engage directly with national administration to advocate for participatory approaches and lobby for an improved policy and legislative framework. Partner’s rooted advocacy was seen to lend enhanced credibility to WaterAid’s messages. They also undertook some regional advocacy, targeting international fora, in line with WaterAid’s global advocacy agenda.

Strengthening and sustaining rooted advocacy: ASEH focused on building capacity of staff, partners and community groups to undertake advocacy work and participate in changing policy themselves.

To coordinate and enhance this, WaterAid developed a Rooted Advocacy Training Module for rural partners. As part of rooted advocacy and to strengthen local accountability mechanisms, WaterAid helped develop Citizens’ Action Committees, which supported citizens to engage with service providers and local government to improve water and sanitation service provision. Subsequently, to sustain the advocacy agenda after the end of ASEH and to ensure that advocacy activity was driven by the beneficiaries, WaterAid and their ASEH partners supported the formation of a Civil Society Network at district and national level so representatives of the Citizens’ Action Committee could work alongside Civil Society, NGO and other network representatives at district and national level. Establishment of these networks has created civic pressure groups for the implementation of existing government policy for water, sanitation and hygiene services.

⁴⁹ Under ASEH this function was to be taken over and expanded through a ‘Resource and Training Network’, whose services were to be available to government. It is not clear whether this ever happened.

Innovative advocacy: WaterAid undertook a number of innovative initiatives. They worked with key engineering institutions to include low-cost technical solutions for the water and sanitation challenges of Bangladesh in their curriculum. They involved Scouts and Girl Guides in different campaigns, promoting hygiene in schools. ASEH resources supported the countrywide Bangladesh launch of the international campaign End Water Poverty (EWP). Under this banner they also organised a human chain to draw the attention of the G8 Ambassadors in Dhaka and leaders in the G8 Summit to the water and sanitation needs of poor people.

Media campaigns: A number of multimedia products were prepared:

- An Advocacy Policy Sourcebook in July 2007 *Changing Political Will on Water & Sanitation* documented some of the best advocacy achievements, including case studies, of WaterAid in the national arena.
- A video documentary also in 2007, *Journey Towards Life*, described water, sanitation and hygiene promotion technologies and approaches in different hydro-geological areas of Bangladesh.
- Another video documentation recorded the water crisis in slums of Dhaka where Population Services and Training Centre (PSTC) was working.
- Electronic mass media advertisements on water safety.

8.2 Strengths

The first independent review of ASEH in 2004 noted that there was good progress to influence the sector strategies. The 2000-2005 Review of Advocacy quoted the Unit for Policy Implementation as stating:

“WaterAid was a front-runner in the process of advocacy with the national Planning Commission. The first draft [of the PRSP] did not mention water and sanitation but now we are confident that sanitation will be included.”

Most significantly, in 2003, was the government pledge to achieve sanitation coverage for 100% of the people by 2010, and to that end their declaration that 20% of the upazilla block allocation would be ring-fenced for sanitation provision.

A number of these achievements were pre-ASEH but it is clear that WaterAid’s experience and status in the sector combined to ensure that there was space and a receptive and responsive audience for ASEH advocacy. WaterAid and its major partners continued involvement in such advocacy activities throughout the ASEH period (e.g. SACOSAN, the National Sanitation Campaign influencing government to celebrate the International Year of Sanitation 2008 and World Water Day, to launch the National Hand Washing Campaign, to revise the Sector Development Plan).

In urban areas there were a number of achievements in motivating and mobilising the water authorities, DWASA and CWASA to work with communities, revising regulations and providing services to communities irrespective of land tenure etc. The box provides a good example of rooted advocacy in this context.

At a more strategic level, DWASA has been quoted as stating:

“WaterAid and its partners persuaded us that water is an essential service and we are convinced that we should go ahead with allowing them to build

water and sanitation facilities in the slums. Their practice is already influencing government as well as the World Bank.”

The PCR also noted that there appeared to be high-level commitment to continue with this mechanism, and that it was included in new World Bank and ADB urban projects. This should be counted as an important advocacy success.

8.3 Weaknesses

Concern was expressed by the MTR that advocacy policy and practice had been neglected. Whether this was in the face of ‘pressure to deliver’ on the other more tangible ASEH targets, or whether there were other constraints at that time is not apparent. However, the MTR advised ASEH to be more proactive and dynamic in sharing experience and challenging policy and practice. One example quoted was that ASEH’s lessons and achievements had not been internalised within DFID Bangladesh, WaterAid’s funding partner for ASEH, nor linked to DFID’s other WASH interventions in the country.⁵⁰

Not a weakness, per se, but a major challenge to ASEH was that the country spent more than two years under

‘interim government’ from October 2006 to December 2008 and at that time many of the normal activities of the government, and consequently the potential for influencing government policy, went into abeyance. Despite this, the PCR noted that despite the difficult environment, ASEH’s performance on sector reform initiatives has been good.

8.4 Lessons learnt and reflections

At the national level it is not easy to isolate advocacy achievements that can be assigned directly to ASEH. This is partly due to the inherent difficulties in evaluating the impacts of advocacy but also, in the WaterAid case, because it is not easy to distinguish achievements that directly emerge from ASEH from those that would anyway have been taken forward by WaterAid in Bangladesh. It is however very clear that the ASEH communities provided WaterAid with very powerful evidence and were themselves very effective advocates to support the agenda. This can only have reinforced WaterAid’s status among peers in the sector.

Because advocacy depends so centrally on building relationships and influencing, success requires the programme to develop high-quality staff, who can motivate and influence. Good recruitment procedures and high standards are a useful starting point, but training and exposure to build up a strong cadre of experienced and well-reputed advocacy staff, within both WaterAid and POs, is essential to maintain momentum.

Budget allocations and staffing levels for advocacy are much smaller than for operational aspects of any programme. Management should not allow this to obscure the strategic importance of the advocacy agenda. At the same time, management must ensure that the

⁵⁰ Note the 2006 Review recorded that there had been ‘a significant breakdown in WaterAid Bangladesh-DFID-Bangladesh communication’, which will clearly have contributed to this unfortunate state of affairs.

Community establishes their rights

Gutharaghat slum dwellers met with DWASA authority of Mirpur Zone-10 for reconnection of their water supply, as the army authority disconnected the WASA line for road construction. The CBO representatives raised their voice to DWASA and DCC to establish their rights and recognise them as responsible people. They regularly communicated with DWASA to extend water supply line and finally DWASA agreed to rebuild the water connection.

Source: Quarterly Progress Report, January-March 2009

advocacy agenda has clear messages and is closely directed to avoid it becoming mere ‘show and ceremony’ with little measurable outcome. Advocacy needs to be monitored for its impacts, rather than activities.

WaterAid felt there was mileage in continuing some ASEH advocacy initiatives, post-ASEH. EECHO is discussed further in the next section in the context of sustainability, but it is also designed to build on and take forward the advocacy agenda. Under EEHCO, WaterAid wants to exploit and retain the social capital developed under ASEH to enable its sustained contribution on the

ground. WaterAid identified strategic locations and partners, both urban and rural, to continue the advocacy effort. In these locations it supported, through its partners, Citizens’ Action Committees and federations of poor people’s organisations at different tiers up to district and city level, and a CSO network at central level, to lobby for poor people’s rights to water and sanitation services.⁵¹ EEHCO includes an EoP evaluation and an impact assessment. It can be anticipated that, if done well, these studies will provide important feedback to inform future advocacy, at the different levels.

⁵¹ For more details of EEHCO see the Sub-Project Plan, Enhancing Environmental Health by Community Organisations, WaterAid Bangladesh, undated.

At the opening of the first legal water point in a slum in Dhaka.



WaterAid

9 Sustainability

9.1 Approaches

'Sustainable improvements' are included at both goal and purpose level in the logframe. Some of the output indicators include a reference to sustainability, and indeed 'sustainable' is itself in ASEH's title. There is, however, surprisingly little discussion of sustainability and how it will be achieved in the Programme Memorandum. ASEH being an 'integrated, holistic programme', having a 'software intensive' approach and being 'demand-responsive' are all particularly noted in connection with ensuring sustainability. This suggests WaterAid's and DFID's confidence in sustainability rested in their confidence in the design as a whole.

During community mobilisation and local project development, a clear understanding was given to community management committee members of their future responsibilities for the upkeep and maintenance of schemes. It is instructive to see the level of detail and concern included in, for example, the discussion of community institution building as one of the strategic areas of the urban approach.

However, the 2007 MTR identified sustainability as a key concern both in terms of preserving the facilities provided by ASEH and the community organisations to manage and maintain them. The MTR could not see sufficient strength at the community level – community management,

accountability, voice and advocacy – to ensure sustained outcomes. Something was clearly constraining ASEH in its early years from adequately addressing sustainability. From the perspective of this report it is difficult to understand the source of these constraints. They may well have arisen from the shortfall in strategic management (identified in the 2004, 2005 and 2006 Reviews) combined with the fact that early ASEH targets perhaps focused on individual software and hardware outputs rather than 'whole community' behaviour change (refer 2006 Annual Review).

The strength of the partnerships between WaterAid and the implementing NGOs and the essentially participative nature of the project, allowed the Review's sustainability concerns to be addressed. In April 2008, this resulted in the paper *Sustainability of ASEH – Community Voice and Accountability of Service Providers*. In this paper, ASEH interpreted 'sustainability' as necessarily having the different aspects listed in the box overleaf. In the paper they stressed the importance, in each aspect, of sustaining the impact for women, children and the most marginalised groups.

The subsequent Annual Review, June 2008, endorsed this analysis. Clearly the chosen route to long-term continued improvement and maintenance of services was for there to be strong, representative community

Essential dimensions of sustainability

Hygiene knowledge and behaviour change – bringing about change that continues into the long term.

Functionality of water and sanitation facilities – ensuring that communities are technically and financially equipped to maintain the water supply and sanitation facilities in the long-term, particularly being able to replace facilities that are partly or completely non functional or damaged by floods or other natural disasters.

Functional community-based organisations – community organisations continue their activities effectively and through building relationships with government and other service delivery institutions, maximise the benefit for the poor and marginalised.

Community voice and accountability – communities are empowered to hold government authorities and other WASH service providers accountable and those concerned authorities are well informed and motivated to accommodate and respond to community voices.

Sector reform – WaterAid and partner NGOs are capable and continue to integrate community voice at national level for pro-poor sector reform.

Influence – government WASH policies and programmes benefit from the influence of the best pro-poor practices evolved from ASEH.

Source: Extracted and interpreted from *Sustainability of ASEH – Community Voice and Accountability of Service Providers*, WaterAid, April 2008

organisations with effective internal and external relationships,⁵² i.e. sustainable community empowerment would result in sustainable services.

Things were improving and subsequent reviews found less to be concerned about. WaterAid however felt it would maximise the results from ASEH by some further investment to promote sustainability and realised the importance of building forward linkages and filling some unintended gaps. It was against this backdrop that WaterAid designed and funded a small follow-up sub-programme Enhancing Environmental Health by Community Organisations (EEHCO). It was determined that EEHCO would work with 11 rural partners and five urban partners. It would provide support to:

- CBOs in areas where interventions started later and thereby empower

them and further strengthen them to take charge of maintaining WASH facilities and activities in the local communities.

- Some recently declared open-defecation-free communities to build confidence of the communities for sustainability of CLTS.
- Partners for capacity building of union and upazilla councils to improve their capacity for pro-poor service delivery.
- Enhance the advocacy agenda of Citizens' Action Committees at different tiers and the CSO network at the national level.

This programme is on-going.⁵³

9.2 Strengths

It is worth noting that water supply and sanitation in Bangladesh has

⁵² Clearly two vital aspects of ASEH, as described in more detail in Section 6 and 7, respectively.

⁵³ EEHCO also includes some WASH service provision in still unserved 'hard to reach' communities.

some innate strengths regarding sustainability, at least of technical functioning of facilities. In the shallow water table areas, where the cost of a tubewell is relatively low and the private sector plays an important role in meeting demand – spare parts, other materials and private mechanics are easily available, even at the union level. The private sector has also contributed to the increase in latrine coverage – in every upazilla in Bangladesh there are a number of latrine production centres.⁵⁴ However, this only takes us part way, and ASEH has subsequently dealt with sustainability in a much more wide-reaching form.

In 2008, the Annual Review commented that the sustainability plan demonstrated a clear understanding of what was required to be sustained and how to do it. The review concluded:

“the evidence for achieving sustainable improvements is clear from institutional, technical and financial perspectives.”

It provided details as follows:

- **Institutional:** Strong CBOs and water users showing growing confidence and ability to run WASH activities and facilities. Improved relationships between community groups and WASAs and UPs are particularly exciting.
- **Technical:** Good quality construction and enhanced plans and equipment for operation and maintenance.
- **Financial:** Bank accounts have been opened in all cases, money is being collected and paid and bills being paid.

WaterAid clearly showed its institutional commitment to the ASEH approach with the follow-up funding of EEHCO.

9.3 Weaknesses

A major challenge to technical and potentially institutional sustainability of ASEH interventions in Bangladesh is the regular and widespread (and potentially increasing) occurrence of disasters, particularly floods and cyclones. The programme attempted to reduce the negative impact of this through design (e.g. ‘flood-proof’ designs using high plinths; low-cost, easily replaceable facilities where flooding is unavoidable). In this context there was a recommendation⁵⁵ to review the differential sustainability of claimed 100% coverage in flood-prone and non flood-prone ASEH areas. It is not clear from the available documentation whether this was ever carried out.

9.4 Lessons learnt and reflections

It is clear that community management is not an ‘add on’ required to support implementation, but it is central to the longevity of any intervention. This is an important message to be emphasised from the beginning of any programme. Perhaps, more strategically, ASEH has shown the vital importance of these empowered communities developing and maintaining strong links with local government and potentially, through networks of CBOs, to central government. This is the only way in which there can be any confidence that communities can press for continued improvement and maintenance of the services. WaterAid could consider the wider dissemination of the ASEH’s 2008 response to sustainability concerns: *Sustainability of ASEH – Community Voice and Accountability of Service Providers*.

There is a suggestion that WSPs were a tool that strengthened community engagement and hence promoted sustainability. WaterAid might consider a follow-up study to explore how these

⁵⁴ ASEH Project Memorandum, Annex 4-Social.

⁵⁵ DFID Annual Review, June 2008.

plans have operated over the long-term and whether they had any impact on sustainability.

By its very nature it is not possible to evaluate the sustainability of impact so soon after the end of the programme. WaterAid could usefully consider commissioning a further review, in five or ten years' time, to assess the continued impact of ASEH, particularly for the poorest. In urban areas, given the relative mobility of communities and the rapidly changing nature of rental relationships, follow-up assessment might present a particularly

difficult challenge. However at the same time it could provide extremely valuable information in a context where there are numerous myths and misconceptions. It would be particularly instructive if some form of longitudinal monitoring could be undertaken of the water, sanitation and hygiene interventions, the community organisations, and their relationships with government agencies and Citizens' Action Committees. This would provide very valuable information on the forces at play and the processes of economic and social change in both rural villages and urban slum communities.

Mohammad Shaidur Rahoman, Union Parishad Chairman, Roypara hamlet, Mochmoil village, Rajshahi district.



Charlie Bibby / Financial Times

“We have discussed it a lot among ourselves what we will do after VERC withdraws. We will draw up an action plan on how to sustain the committees in the villages. We think that VERC still need to work here for another couple of years. Now the water and sanitation committees are working as volunteers. If VERC withdraw it’s an issue whether the community members will continue to volunteer their time, but we will work to address this.”

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Partner organisations

A ASEH was implemented with the following partner organisations

Implemented in rural working areas

- 1 Village Education Resource Center (VERC)
- 2 Green Hill (GH)
- 3 Unnayan Shahojogy Team (UST)
- 4 Dhaka Ahsania Mission (DAM) – Decentralized Total Sanitation project (Dishari)
- 5 Shushilan
- 6 Solidarity
- 7 ZIBIKA
- 8 Rangpur Dinajpur Rural Service (RDRS)
- 9 Voluntary Association for Rural Development (VARD)
- 10 Sylhet Jubo Academy (SJA)
- 11 Mohideb Jubo Somaj Kalyan Somity (MJSKS)

Implemented in urban working areas

- 1 Dustha Sashtha Kendra (DSK)
- 2 Population Services Training Centre (PSTC)
- 3 Association for Realisation of Basic Needs (ARBAN)
- 4 Prodipan
- 5 Assistance for Slum Dwellers (ASD)
- 6 Phulki
- 7 Nabolok
- 8 Rural Health and Development Society (RHDS)

Implemented both in rural and urban working areas:

- NGO Forum for Drinking Water supply and Sanitation (NGOF)

B Capacity enhancement/training partners

- 1 **Phulki** for POs capacity enhancement on child-to-child approach.
- 2 **Development Association for Self-reliance, Communication and Health (DASCOH)** for POs capacity enhancement on ASEH programme implementation.
- 3 **NGO Forum – NGO Arsenic Information and Support Unit** for capacity enhancement/training and advocacy related to arsenic issues.



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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