

**Beneficiary Assessment of-Improving water, sanitation and hygiene
status in the Kurigram and Barguna Districts of Bangladesh**



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The WASH Beneficiary Assessment Implementation Team at Kurigram

Foreword

The Swiss Water & Sanitation NGO consortium has supported this Beneficiary Assessment process in discussion with its Project Management Unit, PMU to Tdh Bangladesh WASH Project as they shown interest for piloting it.

It is an opportunity for Tdh Bangladesh team to familiarize with the approach to its WASH project which they have shown interests to participate in the pilot phase. The objective of integrating BA in the Consortium is to identify the beneficiaries' perspectives on changes related to water and sanitation issues linked with project support (relevance/ usefulness) with a focus on soft factors (e.g., hygiene promotion).

The Beneficiary Assessment (BA) has been carried out in the Northern district of Kurigram, Bangladesh where Tdh is providing support to the communities in Ward-1 and in Ward-6 of the Municipality (Kurigram) with WASH interventions. The project is being implemented through direct technical support (hardware and software) of Tdh team. Targeted families in 13 different paras of Ward-1 have almost been covered with the WASH facilities.

This report reflects the perceptions of the targeted beneficiaries in terms the changes experienced related to water, sanitation and hygiene; WASH after the project intervention in the community by Tdh, Bangladesh. The feedback received through households' surveys, focus group discussions, community gathering meetings and in-depth interaction with various segments of the community at different corners to raise the fundamental issues and suggestions reflected in the report.

The methodology followed in this BA exercise is based on the previous two piloted process held in Asia and Africa. The methodology then shared with the local team in Bangladesh and adapted accordingly with the country context.

We warmly welcome all the comments and suggestions on the report which is a part of experiencing for further development of the BA Approach to be applied as a programme approach.

Project Management Unit

Swiss Water & Sanitation NGO Consortium

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Table of Contents

Beneficiary Assessment of-Improving water, sanitation and hygiene status in the Kurigram and Barguna Districts of Bangladesh	i
Acknowledgements	ii
Foreword	iii
List of Acronyms and Abbreviations	vi
Executive Summary	1
1. Context of the Tdh Beneficiary Assessment	5
1.1 Tdh WASH Project	5
1.2 Beneficiary Assessment.....	6
1.3 Objectives of Tdh Beneficiary Assessment.....	6
2. Methodology	7
2.1 Assessment Planning.....	7
2.2 Field Testing and Training Sequence.....	8
2.3 Field Application (Implementation)	8
2.4 Data Processing, Analysing and Reporting.....	9
3. Results	10
3.1 Socio Demographic Characteristics of Sample Households	10
3.2 Accessibility of Water Sources for the Community.....	10
3.2.1 Time for collecting/fetching water.....	11
3.2.2 Time Saved on Water Fetching	14
3.2.3 Water Availability	14
3.2.4 Access to water - Sexual harassment against girls and women.....	15
3.3 Perceived Change in Terms of Water Quality and Human Health	16
3.3.1 Challenges with regard to perceptions of change	17
3.4 Access to Sanitation Services (Individual-HH and Shared Latrines).....	19
3.4.1 Behavioural change on personal hygiene	20
3.4.2 Challenges regarding access to shared latrines	22
3.4.3 Challenges on users perception on use of the sanitary pit latrine.....	24
3.4.4 Incidence of waterborne diseases.....	24
Case Study:	26
3.4.5 Household waste management	27
3.4.6 Skills and capacity of the care takers of the service arrangements.....	28
3.4.7 Functioning of Committees	29
3.4.8 Record keeping and decision making process of the committees.....	30

3.4.9	Overall Functioning of the Committees	30
3.4.10	Value addition to the Sector	31
4.	Validation Workshop.....	32
4.1	Need for validation workshop.....	32
4.2	Workshop participants and contents.....	32
4.3	Workshop findings	33
5.	Conclusions and Recommendations	37
	Recommendations.....	37
	Annex 1 – Details Methodology	39

List of Acronyms and Abbreviations

BA	Beneficiary Assessment
BDT	Bangladesh Taka
CM	Community Meeting
CO	Citizen Observer
Co-NF	Co-National Facilitator
CTF	Care Taker Family
DPHE	Department of Public Health and Engineering
FGD	Focus Group Discussion
GoB	Government of Bangladesh
GPS	Global Positioning System
HHI	House Hold Interview
HHs	Households
INGO	International Non-Government Organization
KAP	Knowledge Attitude Practices Survey
MAM	Moderate Acute Malnutrition
MCH/N	Mother and Child Health and Nutrition
MDGs	Millennium Development Goals
NF	National Facilitator
NGO	Non-Government Organization
O&M	Operation and maintenance
OMM	Outcome Mapping Methodology
ORS	Oral Rehydration Salts
PFL	Pour Flash Latrine
PRA	Participatory Rural Appraisal
PSF	Pond Sand Filter
R&D	Research and Development
SAM	Severe Acute Malnutrition
SDC	Swiss Development Cooperation
Tdh F	Terre des homes Foundation Lausanne
TOT	Training of Trainers
TW	Tubewell
UDDT	Urine Diversion Dehydration Toilet (EcoSan)
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene

Executive Summary

The Beneficiary Assessment is an approach that evaluates mainly qualitative results through systematic consultation of the project beneficiaries. This investigates the beneficiaries own perceptions about the operation and output results of the project. On behalf of the Project Management Unit (PMU) of the Swiss Water & Sanitation NGO Consortium, Tdh is implementing a WASH project in Bangladesh where this BA approach has been applied.

The Beneficiary Assessment (BA) has been carried out in the Northern district of Kurigram, Bangladesh where Tdh is providing support to the communities in Ward-1 and in Ward-6 of the Municipality (Kurigram) with WASH interventions. The project is being implemented through direct technical support (hardware and software) of Tdh team. The Ward-1 has been selected for this BA application having beneficiaries in its 12 different paras (sub-village).

Beneficiary Assessment involves systematic consultation with project beneficiaries and other stakeholders to help them identify different development activities, signal any potential constraints through their participation, and obtain feedback on reactions to an intervention during implementation. It is an investigation of the perceptions of a systematic sample of beneficiaries and other stakeholders to ensure that their aspirations and concerns are heard by the management of the organization. The general purposes of a BA are to (a) undertake systematic listening, which "gives voice" of the poor and other 'hard to reach' beneficiaries, highlighting constraints to beneficiary participation, and (b) obtain feedback on interventions.

BA adopted a qualitative method of investigation and evaluation that relies primarily on three data collection techniques and feedback from a subsequent validation workshop-

1. In depth conversational interviewing around key themes or topics
2. Focus group discussions
3. Community meetings

Interviewing and observation were carried out with individual beneficiaries, families and groups. Focus groups discussions were generally used as a forum for interviewing a number of homogeneous beneficiaries and for conducting institutional assessment.

BA Findings

In a relatively short time of project implementation, the project has shown significant improvement in terms of its intended outcome. In terms of overall outcome on the percentage of households reached before starting the WASH project- half of the beneficiary households (total 72 households surveyed but considered 50 HHs as water support was available to 50 HHs) mentioned that water is available to them within 15 minutes away. About 62% of them were getting water within 30 minutes. 22 households were not at all receiving any water support services from anywhere. In the post project situation it has improved to be 62% and 92% of households getting water within 15 minutes and 30 minutes fetching time respectively. It was learnt that there are slight variations of time during dry season. During the wet season the average time of fetching is reduced. In the pre-project situation, the beneficiaries used to

collect water from long distance sources such as ponds, rivers, ditches and institutional tube wells (mosque, school) which is now no longer required after the project has been commissioned.

Survey data reveals that before starting the project, 34 out of 50 project beneficiaries HHs were getting sufficient water whereas 43 HHs (86%) mentioned now that they are getting enough water for their households needs.

In its pre-project situation, young girls and women were very scared to get water or to use latrines during the night (after sunset) as they often scolded or harassed (teased, indecent remarks or even stalked/molested) from the locals. It is now safe against all these odds after having water supply and sanitation facilities within their reach. The families are getting clean water for drinking and domestic use.

More than half of the surveyed population (53%) was defecating in open fields or jungle or beside the river/canals before the project started. There has been a remarkably positive change in defecating practice since the project started- 86% of the households are now using their own sanitary latrine or sharing one with another household. Surveyed households are now much more conscious of their personal hygiene. Before the project started, the majority of households were practicing indigenous and or unhygienic way of hand washing after defecation (56%) whereas 75% of the household beneficiaries are now practicing hygienic ways of hand washing.

75% of respondent households used to take baths every day in the pre-project situation compared to the present figure, which is 89%. In regards to personal cleanliness practices at household level, it was reported that the practice of washing clothes was not regular by majority the households in before implementation of the project. However, 93% of respondent households reported that they are now washing clothes regularly.

The finding reveals that the household waste management is now managed in an organized way. Earlier 53 families (74%) reported that they were not at all aware about the disposal of the household wastes and disposed in improper ways whereas the situation has changed and now only 39 (54%) of families reported that they still manage household waste as before, reducing this rate of improper waste management.

There was a high incidence of waterborne diseases such as diarrhea, worms, skin diseases etc. in the pre-project situation. The situation has been improved after the project as beneficiary households confirmed this during the field survey and the number of patients visiting health centers with water borne diseases reduced significantly.

In terms of performance and level of maintenance skills and capacities of the service utilities, it was observed that half of the care takers have not received any training yet. Care takers are the committees formed based on each tube well (TW) intended to take responsibility for all maintenance required for that TW. It is a 2-member committee, selected from TW command coverage (from 10 families). More than half of the respondents (29 HHs) reported their

satisfaction about the maintenance capacity (performing maintenance of TWs) of the care takers. The remaining HHs has just formed the committees and their performance is yet to be evaluated.

62% of the respondents replied that meetings are regularly held by the committee members. It was observed that a majority (90%) of the beneficiaries households believe that committees are properly maintaining their records. 58% of respondents replied they are happy with overall performance of the committees.

Overall findings both from field survey (data collection) and field observation reveal that water, sanitation and hygiene behaviour of the project catchment area has been improved. Beneficiaries are now very satisfied with the support they obtained from the project. They are convinced that it is their turn to improve and maintain the WASH infrastructure (facilities) for their own interest and welfare for their lives. The level of awareness on access to WASH from different components of services has improved. From different interviews it could be assessed that people have realized the severe health impacts of open defecation and use of unhygienic water sources. Since individual carelessness may affect the entire community, pressure on each household becomes stronger to follow sanitation principles such as using latrines, washing hands, and practicing good hygienic behaviors. Now, the Para WASH Committees understand the advantages of improved water and sanitation facilities hence, those committees have been taking initiative to motivate the households even outside of the project areas to use improved water and sanitation facilities.

There is a need to look at the responses of the people who have expressed their dissatisfaction on water sharing, user's unfriendly TW head assembly (difficult to operate), water quality (turbidity and iron content) and discomfort in filling the water storage by women, pregnant women and disabled persons. There is concern about the maintenance situation for latrines, frequent filling of the pits and trouble in using shared latrines.

Conclusions and recommendations

A set of conclusions have been drawn and a few practical recommendations have been made which can be of good use in light of beneficiary's views reflected through this assessment.

The project has achieved its goal, removed scarcity of clean water and eased its allied interactions (reducing fetching time, access to clean water, able to reduce sexual harassment of the women and young girls and there is improvement in reducing waterborne diseases). Similarly it has successfully reduced open defecation practice of the locals, make significant behavioral changes such as hand/cloth washing, bathing and cooking with more attention to personal hygiene. With all these positive indicators it can be concluded that the project has significantly improved the livelihood conditions of the people covered under the project, and has brought more respect and dignity to its beneficiaries. The project taught the beneficiaries to share resources and united them under an institutional framework. However, the project needs to put more attention to the operation, implementation and maintenance of TWs and latrines to give satisfaction to the all beneficiaries.

Some of the recommendations are-

The project should look to find an easy solution for water and sanitation practices. In its water supply option, excess iron content and turbidity are the major concern. Maintenance of pit latrines is another matter of concern in sanitation.

Two types of recommendations are proposed - the social/institutional and the technical type. As the maintenance of the facilities is the responsibility of its users, the users can be brought under intensive training and campaigning program to create awareness on timely and regular maintenance of the facilities they own. This can help educate the users on operation and maintenance (O&M) principles and can promote their taking greater responsibility around cost sharing and ownership. The Committees need to be strengthened in exercising this task for their own interest. The project can also incorporate contribution of investment costs from its users. It can create feelings of ownership among its users and can help smoother running of its O&M.

The technical recommendations are a bit complex as well as costly. However, they can be an instance of research and development (R&D). It is recommended to install few deep tube wells (test and production) to investigate water quality at greater depths in close cooperation with Department of Public Health Engineering (DPHE). The project can also look for some easy and natural options for rainwater harvesting and use of pond water. More attention is required for tube well installation with proper gravel pack and applying principles of testing and development in case of newly installed TWs. Some test tube wells may be installed at greater depths to investigate the groundwater quality in that area.

On sanitation, one of the practical recommendations is that the project should develop a maintenance manual for latrines and train all user's families. A fresh look at the design details of latrines to review the possibility of increasing their depth and floor space, causes for bad smells and a shift to offset type latrine can be a good start. The project should also review shifting from shared latrines to individual types based on available resources.

1. Context of the Tdh Beneficiary Assessment

1.1 Tdh WASH Project

Safe drinking water, sanitation coverage and hygienic practices are very poor in the selected target areas of both Kurigram and Borguna districts. The main water quality issues are linked with iron content and bacteriological contamination in both areas; with saline intrusion in Borguna and arsenic in Kurigram. Mechanisms for systematic water quality monitoring and evaluation are unavailable.

Tdh has decided to concentrate WASH coverage in Ward #1 of Kurigram Municipality, based on extremely high levels of Severe Acute Malnutrition (SAM) and risk to the population of flooding. Tdh targeted to increase **safe drinking water, sanitation and hygiene practice** coverage in this area.

Initially Tdh launched a comprehensive sanitation intervention for vulnerable families in Ward #1 by targeting coverage of improved latrine facilities (mainly pit latrines with water seal and Urine Diversion Dehydration Toilets (UDDT) and focussed on implementing intensive community-wide WASH promotion awareness campaigns (oral faecal cycle, hand-washing, excreta disposal, safe drinking water, environmental hygiene, diarrhea) in the area. Contemporary and indigenous techniques are combined to enhance understanding of essential WASH (i.e. safe latrine use, personal hygiene and vector control) as well as Mother and Child Health and Nutrition (MCH/N) practices.

The core project team initiated a “WASH hardware database” for Kurigram Municipality Ward-1, including tube-well status, latrine status, land ownership, land area, plinth status, GPS coordinates, latrine and tube-well construction status etc.; as well as a water quality testing database. From this information and previous surveys, Tdh set the selection criteria for tube-well and latrine beneficiaries, based mainly on household economic status and sanitation situation. In terms of stakeholder involvement, Tdh maintained continuous contacts with local leaders, including the Mayor of Kurigram Municipality who approves all the infrastructural designs and the beneficiary selection for infrastructural support.

As part of an exit strategy/terminal evaluation, Tdh facilitated an Outcome Mapping Methodology (OMM) process whereby members of the 13 WASH neighbourhood committees envisioned the future of WASH in their community and defined their own responsibilities and progress made.

1.2 Beneficiary Assessment

Beneficiary Assessment (BA) is a kind of participatory project assessment where the beneficiaries of the project themselves are involved in assessing the outcomes/impact of a project in a structured way. The general purposes of a BA are to (a) undertake systematic listening, which "gives voice" to poor and other 'hard to reach' beneficiaries, highlighting constraints to beneficiary participation, and (b) obtain feedback on interventions. The process thus involves beneficiary groups to conduct the whole assessment by selecting the assessors, called Citizen Observers (COs) from within the communities. The COs as assessors are selected from the project beneficiary lists. The main approach of BA is for listening to the real stories and perceptions of the project recipients on the support that has been extended through the project. Details of the beneficiary related statistics have been summarized in Annex-1.

BA is a qualitative method of investigation and evaluation that relies primarily on three data collection techniques and feedback from the validation workshop-

- In depth conversational interviewing around key themes or topics;
- Focus group discussions (FGD);
- Community meetings;

Interviewing and observation can be carried out with individual beneficiaries or with groups; it can take place in urban or rural settings. Focus groups are commonly used as a forum for interviewing a number of beneficiaries including male and female groups on equal basis.

1.3 Objectives of Tdh Beneficiary Assessment

The overall objective of Beneficiary Assessment is to get the views and voices of the project beneficiaries and perspectives on results and changes due to the project intervention applying a peer assessment approach.

The specific objectives are:

- To get to know the beneficiaries genuine views and perceptions on change related to water, sanitation and hygiene at household and community level;
- To get to know the beneficiaries genuine views and perceptions on the structure by which the project is being implemented;
- To validate BA as an approach in the program/project cycle;

2. Methodology

Beneficiary Assessment is largely a qualitative method of project evaluation using systematic consultation of project beneficiaries (by selecting from among the beneficiaries- the Citizen Observers, COs) to investigate their perceptions and feelings about the program/projects.

It has mainly four important processes- a) survey planning, b) field testing and training sequence, c) field application (or implementation); and d) data processing, analysing and reporting.

2.1 Assessment Planning

The planning consists of several activities before a real assessment can be conducted in a planned way.

Finalizing the project area where the assessment is made: The sample consisted of twelve paras (sub-villages) from Ward-1 under Kurigram Municipal area of the country covered by the Tdh WASH program. 14 interviewers (Citizen Observers COs; seven of whom were women) were selected following a unique and participatory selection process to undertake six interviews by a pair of Citizen Observers (CO) each per village. A total of 72 interviews were conducted in all twelve paras.

In each para one male and one female group discussion were conducted as a Focus Group Discussion, FGD. The selection for FGD participants also done by lottery sampling process where 8 to 12 individuals participated in the FGD discussion; a total 132 female and 118 male participants were present in 24 focus groups discussions.

Community Meeting: Another 12 community meetings were organized, one in each para which covered male and female participants within the community. A total of 530 persons were present in those community meetings, where female participation was significantly higher than male participation. 405 female and 125 male participated in 12 community meetings. The list of paras as well as the methodology of conducting FGDs and interviews are discussed in annex -1.

Selection of Citizen Observers: As BA is intended to identify beneficiaries' perspectives with as little bias as possible, actual beneficiaries conduct the assessment. Beneficiaries as COs were selected from each targeted area (para) proposed for the assessment. There would be total 12 COs selected from 12 paras (one from each para), with an additional two COs as backups in case of unavailability of any COs during the assessment. Each CO is included in a peer group with other COs. They collectively function as "peers" (4 groups of 3 COs each plus two extra COs to support groups based on needs) in conducting the assessment.

Selection of National Facilitator and Co-facilitator (NF and Co-NF): National facilitator (NF) and Co-Facilitator (Co-NF) are selected by the Tdh Management through an open procurement process well in advance before actual BA work is planned to start. They are responsible for training, selection of COs; implementing the BA and reporting through a detailed analysis of field data (interviews, observations etc).

2.2 Field Testing and Training Sequence

Finalizing training location, concept note/guidelines and questionnaires: Training manual/guidelines to be used to train the COs were prepared and reviewed thoroughly to make them usable for all COs according to the field context. The field test was made in Ward 6. The training was organised in Kurigram Tdh training centre– 2 days for NF and CNF; and 5 days for COs separately.

Questionnaire development: The BA implementation is fully dependent on beneficiary interviews. A set of interview questionnaires for households, focus group discussions and community meetings were developed in accordance with the project concept.

Familiarization with the methodology and group practice and role play: This is a very important part of the BA approach. Several rounds of role play covering the stipulated methodologies of all the interviews were made. Each CO had a chance to play the roles of interview/meeting leaders as well as note takers .

Actual field application schedule: A real time implementation schedule of field work (interviews) was prepared covering all aspects of the assessment survey. A two day-long field testing exercise was carried out in ward #6 as part of the COs' training. All 4 groups of COs practiced the stipulated methods of Household Interviews, Focus Group Discussions and the Community Meetings thoroughly following the respective field application guidelines.

2.3 Field Application (Implementation)

Field level data collection was implemented in *two phases* and in each phase the duration was 6 days, covering 6 paras. There were 12 paras to complete the whole BA survey in the beneficiary cross section area.

There were 8 COs engaged to complete the data collection in peer groups in each phase. 6 COs are selected from their own paras and the 2 COs are either from neighbouring paras or from the same para called Champion COs, totalling 8 COs in each team. The Champion CO acts as lead CO to facilitate and support the other COs along with the NF and Co-NF. Each team of the 8 COs at first forms 4 peer groups, hence each of 2 COs formed one sub-group. One CO of this sub-group act as a lead evaluator while the other act as host/supporter/note taker.

In its first round of assessment there were 6 paras to select for field data collection in 6 days. These 6 paras again divided into 3 clusters consisting 2 paras in one cluster. The 6 day's work schedule set into 2 days per cluster. Field work goes for first two days in cluster-1 which have two adjacent paras. These peers group COs, begin to start work for 2 paras in this cluster-1. In day 1 all 4 sub-group COs visited HHs to collect information with questionnaires. Each sub-group of COs visited 3 HHs in day 1, i.e., 4 peer group COs would visit $4 \times 3 = 12$ HHs.

In the second day of the sequence (day 2) all COs again visited the same paras to conduct FGD in the first half of the day. 2 FGDs were conducted in each para, one with female and another with male groups. In the same day (day 2) one community meeting was organised in each para of that cluster-1. The community meeting was facilitated by the National Facilitator. The Co-Facilitator and COs were supporters for note taking and managing the meeting. Among 8 COs, one (Champion CO) would have acted as main note taker and the others support her/his note taking.

This is how one COs sub-group (2 COs) worked for 2 days in one para cluster. Accordingly another para cluster was covered by the same COs in turn. This way the whole data collections have been completed in two para/communities in two days.



Picture:1 HHs Interview, C&B Ghatpara



Picture:2 FGDs with male Chowdhuripara

2.4 Data Processing, Analysing and Reporting

Citizen Observers played a major role in reflections on the responses gathered from the questionnaires collected from the field survey. Every day after completion of data collection, COs met with the Co-Facilitator and National Facilitator to review the findings from the primary data. The COs assisted in memorizing the stories, aspirations and interactive perceptions on the interviews with the households and focus group discussions. The observations, perceptions and views of the individual CO were also taken into account in the primary data analysis process. The Facilitators also have their own observations during field study in the interviews and discussions; and if there are any missing issues, then proper attention was also drawn to these in the process of analysis. Triangulation of the findings made from individuals interviews, focus group discussions and community gathering meetings were instrumental in enabling reliable interpretations of findings.

All primary data of the BA study were translated into English, gathered into excel format and coded in the database. Relevant tables and charts were generated helping to further develop the reporting process.

The report presents on the findings through statistical quantitative and semi-quantitative data. The qualitative information is presented both in the descriptive and graphical/tabular forms. Case study, beneficiaries views are reflected through his/her own language (boxes with Bengali and its English translation) were duly presented to qualify the study findings. Appropriate photographs are also presented to refresh the real picture of the study and the situations reveals in the study area.



Picture: 3 COs are in analysis process with Co-Facilitator

3. Results

3.1 Socio Demographic Characteristics of Sample Households

An age group of respondents have been selected from age 18 to 60 with three distinct sub-groups- 18-30, 31-50 and 51-60. Occupational characteristics of participant respondents are mostly day laborers such as building construction workers, fishing business, tobacco factory workers, hawkers etc. Findings from Chowdhurypara reveal that most of the women laborers of this para are day labourers who work at tobacco factories. In many cases it has been observed that school going children also assist their parents at tobacco factories without attending schools.

Table: 1 Age group of respondents in household and focused group participants in percentage

Age Group of Participants (Years)	HHs (%)	FGD (%)
18-30	45%	50%
31-50	40%	35%
51-60	15%	15%

3.2 Accessibility of Water Sources for the Community

Ground water is used for the provision of drinking water for urban and rural populations. The water extraction was managed through hand drilled tubewells (generally 100-120 feet deep manual boring, encased with PVC pipes and a tube well head (No. 6) is used to draw water; surrounding areas of the drilled tube well is cemented through construction of a round 5' feet dia platform to protect water from human and natural pollution. The TW to population user's

ratio is 1 TW to 10 families. Tdh-WASH project aims at contributing to achieve the country's MGD goal aiming to halve the number of people without access to safe drinking water by 2015 in the program areas by installation of these tube-wells. The project activities have been started in 2011 and are continuing. As of October 2013, 43 tubewell sets (units) were commissioned and in place of operation supplying water to 619 households for basic daily water needs of the population in Ward 1. The beneficiaries are getting water by using the project installed tube-wells. Previously the major sources of daily water supply were rivers, municipalities' roadside supply points, and tubewells at mosques, schools and neighbours. As a consequence there was a lack of access to clean drinking water; people in the area have had water borne diseases due to use of contaminated water drawn from unhygienic sources.

More views of the respondents from different groups have been produced in the table and boxes below.



Picture:4 Project installed TW (well maintained)

Picture: 5 Private TW (not well maintained)

3.2.1 Time for collecting/fetching water

Table-2 below shows the time of fetching water by the project beneficiaries before and after the project situation.

In a relatively short time of project implementation, the project has shown significant improvement in terms of its intended outcome. In terms of overall outcome on the percentage of households reached before starting the WASH project- half of the beneficiary households (total 72 households surveyed but considered 50 HHs as water support was available to 50 HHs) mentioned that water is available to them within 15 minutes away. About 62% of them were getting water within 30 minutes. 22 households were not at all receiving any water support services from anywhere. In the post project situation it has improved to be 62% and 92% of households getting water within 15 minutes and 30 minutes fetching time respectively. It was learnt that there are slight variations of time during dry season. During the wet season the average time of fetching is reduced. In the pre-project situation, the beneficiaries used to collect water from long distance sources such as ponds, rivers, ditches and institutional tube wells (mosque, school) which is now no longer required after the project has been commissioned.

Table: 2 Water fetching time variance before and after the project implementation

Number of Tubewell Beneficiary	Number and percentage of HH	Time (min) to fetch water							
		Before				After			
		1-15 min	16-30 min	31-60 min	>1 hrs	1-15 min	16-30 min	31-60 min	>1 hrs
72 Households (22 HHs have no support from this system): Of which 50 HHs has TW support.	#	25	06	03	16	31	15	01	03
	%	50	12	6	32	62	30	02	06

The comparison has been shown in the following in the graphical presentation in figure 1.

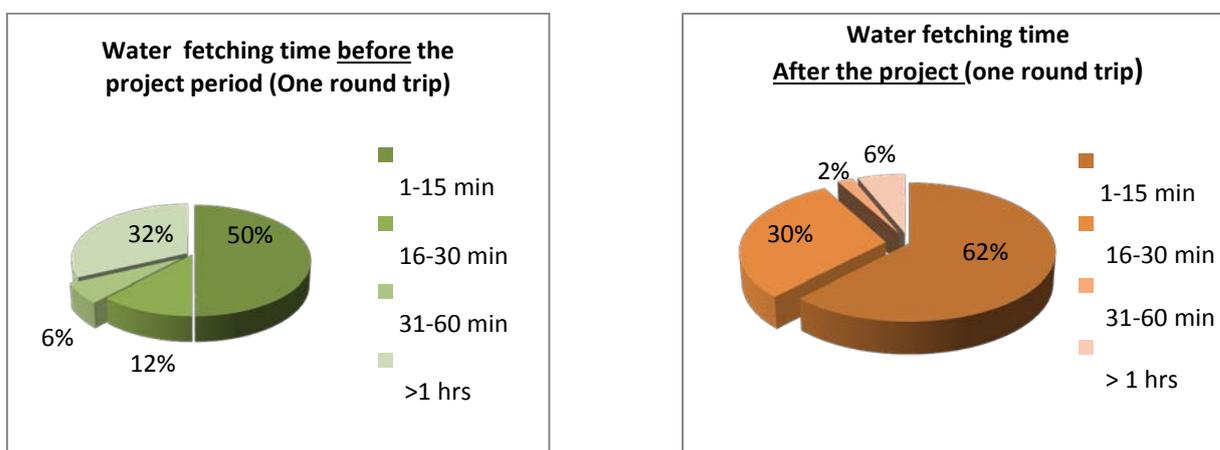


Figure:1 Comparison of water fetching time before and after project intervention

After the project intervention, it is clearly that 62% HHs people can now fetch water within 1 to 15 minutes whereas previously only 50% people could do that; thus, fetching time for 12% people has significantly decreased. At the moment 22 HHs interviewed are not getting water services as the project is under implementation phase, however these households have received toilet facilities already. Therefore, while these households will access water from tube well in the later stage, the percentage of people will eventually increase.

Some views of the beneficiaries have been put in Box 1 below-

Box 1: Selected Views on Access to Water, Fetching Time, Time Saved in Collection, Water Quality at Different Interviews, FGD and Community Meetings.

Avgvḥi AḥbK myweav nḥqḥQ, hLb cvwbi `iKvi nq ZLbB cvwb cvB, ḥghb aḥib ivZ 10 Uvq cvwb `iKvi ḥmB ivḥZB cvwb cvB, GKb Avi cvwbi Rb` jvBb aiḥZ nq bv, Aí mgḥqB cvwb cvB`-gWR©bv, Lvbv bḥ^i-1159, U`vbvix cvov| **TW is a great help for me and my family. We can get water anytime we want, even at 10 pm at night; we do not need to stand in queue for water collection. We get water quickly**". Said Morjina of Tanarypara, HH # 1159 in the interview.

AvḥM cvwb AvbḥZ AḥbK Amyweav nBḥZv Lvlqvi Kó nBḥZv| wKš' GLb j`vwU^{ab} wUDelḥqj cvlqvi Kviḥb Avgvḥi AḥbK myweav nBḥQ| Lvlqv-`vlqv, ivbœv-evbœv Kivi AḥbK myweav nBḥQ| evwnḥi bv hvlqvi Kviḥb kixi AḥbK my`" _vḥK Ges ḥivM e`vwa Kg nq| Aḥb`i evoxḥZ cvwb AvbḥZ wMḥq Zviv ZvḥiḥK eḥḥḥQb gywZ gyZ LvlqvBgl ḥPvḥLi cvwb ḥdḥj Lvwj evjwZ wbḥq Avḥmb|`-ḥMvḥjbyi, Lvbv bḥ^i-331, ḥmŠnv`©" cvov **Earlier we had many difficulties in fetching water from the neighbours. Now we have a latrine and TW, we have so many advantages now. It is now much easier to cook, saves time and our health is good because we don't need to go for open defecation. I remember that when I went to bring water from my neighbor's house, he scolded me saying "rather I should drink urine instead of getting water from his tube well". The remark made me so sad and disappointed that I cried and came back home with empty bucket.** Said Golenur, HH # 331, Souhardopara.

wUwWGBP Gi wUDelḥqḥji cvwb LvB bv, wbḥRi evmvi wUDelḥqḥji cvwb LvB, wUwWGBP Gi wUDelḥqjwU Avgvḥi evmv ḥ_ḥK `~ḥi Avgvḥi wUDelḥqjwUi ḥMvov hw` cvKv Kḥi ḥ`qv nḥZv Ges Avqib `~i Kḥi ḥ`qv nḥZv Zvnḥj Lye myweav nḥZv|`-Kzjmyg ḥeMg, Lvbv bḥ^i-726, ḥPŠayix cvov| **We don't drink water from a Tdh tube well, but use our home TW though it is contaminated, Tdh tube well is far from home. Our home TW has no platform, so TDH may improve our home TW.** The remark made by Kulsum Begum, Chowdhurypara, HH # 726 in the interview session.

Avqib, ḥLvju, evjy lḥV, eZ©gvḥb Avqib AvḥQ, XvKbv jvj nq, Pzj AvVv AvVv nq| KwgDwbwU wgwUs, nvwg` cvov| **Water quality is not good, water is complete turbid and full of iron. The pot cover gets reddish and our hair gets too sticky after taking bath.** This remarks made in the Community Meeting at Hamidpara.

48 Rḥbi Rb` GKwU wUDelḥqj, ZvB cvwb AvbḥZ AḥbK Amyweav nq, wbḥRi RvqMvq wUDelḥqj ḥ`lqvq Ab`vb`ḥi cvwb ḥLḥZ ḥ`q bv, SMovSvwU Kḥi, miKvix RvqMvq emvḥj mgm`v nq bv Ges ḥm RvqMvq wUDelḥqj emvb ḥhZ| 5 Ni wgḥj Avgiv GKwU wUDelḥqj PvB| KwgDwbwU wgwUs, ḥmŠnv`©" cvov| **We have to share water from a TW having 48 users. It makes it very difficult for us to get water easily, we have to wait long, waste time and conflict exists there. The TW is installed at one person's land who does not allow people to share water. If it were for five families, it would have been much better.** This remarks made in the Community meeting at Shouhardopara.

wU.wW.GBP. Gi Kg©xiv eþjwQj þh cÖþZ”K evmvq wUDelþqþji þMvov þeþa w`þe| wU.wW.GBP. GiwUDelþqþji cvwb evmvq wbþq þþZ mgq jvþM GRb” LvB bv| GdwRwW, cyiæel `j, `øyBP þMU cvov| **Tdh staff told us that every house will get a TW with cemented platform. Now TW is put in such a distance that it takes long time to collect water. So we don’t drink water from here.** This point was raised in the FGD (Male group) in Sluicegatepara.

gvbyþli evmvq cvwb AvbþZ þMwQ| evoxþZ Ni Svo– þ`q bvB, evmx Ni bv mvgwUþj (Svo–) w`þj cvwb þ`q bvB| þmB Rb” msmvþii KvþR þ`wi nlqvq ivbœv ^ZixþZ þ`ix nq Ges msmvþi Akvwší nq| `^vgx fvZ bv þLþq KvþR Pþj hvq| gvbyþli KvþR mgqgZ bv þMþj DcvR©b nþe bv| cwievi wfwËK mvÿvrKvi, Lvbv bª^i 0038, Pi KzwoMÖvg| **I used to go to a neighbour’s house to collect water. The lady did not clean (sweep) her house, so she did not allow to take water. I had to wait until she cleaned her home and get water. It creates lot of difficulties in my family, household work get delayed, my husband would get angry and leave for work without a meal, as cooking was delayed to collect water.** This is expressed in a family interview of HH # 0038, Char kurigram.

3.2.2 Time Saved on Water Fetching

Majority of the households (72%) reported (Table: 3) that enough time have been saved now in getting water from the facilities provided through the project. As a result they can utilize this saved time for other work including domestic business. This is a good indicator for development of the conditions of the poor people.

Saved time on water fetching now				
	Total Para	Total Family (HHs)	Time Saved	Time not saved
#	12	72	52	20
%			72%	28

Table: 3 Time saved on water fetching:

3.2.3 Water Availability

Water availability to the beneficiaries before and after the project has been compared. Survey data reveals that before starting the project, 34 (68%) out of 50 project beneficiaries HHs mentioned that they were getting sufficient water; whereas 43 HHs (86%) of the beneficiaries mentioned that now they are getting enough water for their households needs.

The following comparison in table 4 and pie charts in figures 2 and 3 provide evidence of availability and adequacy of water from different sources with regard to seasons. 22 HHs shown in this table don’t have TW support.

Table: 4 Water availability to the users before and after

Project Situation	Total Para Covered	Total Family (HHs)	Sufficient Water	Insufficient Water	HHs doesn't have TW support
(BEFORE) the project implemented	12	72	16	34	*22
(AFTER) After the project implemented	12	72	43	7	*22

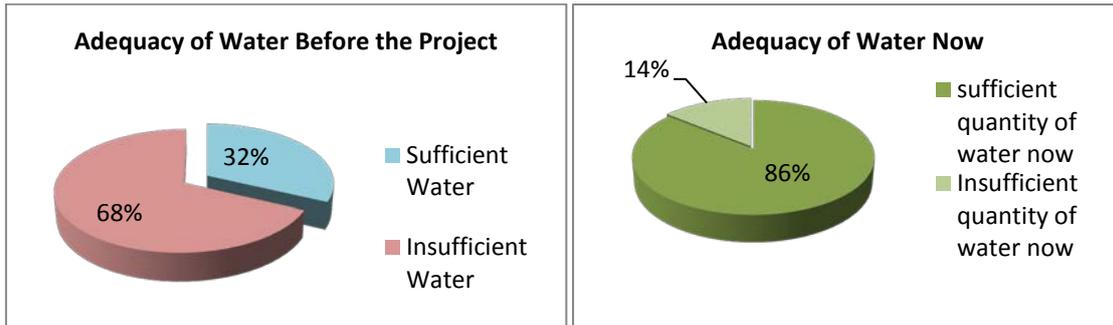


Figure: 2 Adequacy of water before project start Figure: 3 Adequacy of water now

3.2.4 Access to water - Sexual harassment against girls and women

Access and availability of water secured many families from sexual harassment. Women and young girls in the households can now collect water freely even at night, which was always not the case earlier considering their safety. Women respondents pointed out that the situation was not congenial before they got the TW (and latrine). They frequently got harassed in many ways, girls get teased with indecent remarks, molested and similar acts; they had to digest unpleasant and odd comments by the locals when they are out to get water and required to use the latrine after sunset and at nights. These made them more vulnerable to get scolded by their parents/husbands at home. One can refer to the quotes below made by some of the respondents (ref to the box 2 below).

BOX 2 : Selected Views on Water related Harassment of Users Expressed at Different Interactions

Avgvḥi cvwbi Lye Kó ZvB Avgvḥi Kvco ṫPvco gqjv nḥj Avgvḥi Kó Kḥi cyKzḥi ṫḥḥZ nq, ZvḥZ Avgvḥi AḥbK Kó nq, ṫhgb-ḥQḥjiv ṫ`Lḥj nvmvnmw Kḥi,wkm ṫ`q,nvḥZ Zvwj gvḥi,ZvḥZ Avgvḥi j³/₄v ṫeva nqGes ṫ^vgxi nvḥZ gvi Lvlqv jvḥM|"-Avqkv ṫeMg, Lvbv bḥ^i-1390, U`vbx cvov| **It was very hard work for us to take clothing to the riverside for washing. Young males/boys around teased me, stalked me, making indecent remarks, laughing and clapping at me, making me very ashamed and sometimes our husbands beat us for this reason. Now we don't have such problem, we are happy now because we have a TW**". Ayesha Begum, Tanarypara, HH # 1390.

wUDelḥqj AḥbK `yḥi weḥqi Dchy³ ṫgḥq cvwb AvbḥZ ṫMḥj ṫQḥjiv nvmv nmw Kḥi BfwUwRs KḥiAvgvḥi evwoḥZ RvqMv AvḥQ GLvḥb wUDelḥqj w`ḥj ṫgḥqiv BfwUwRs Gi nvZ ṫ_ḥK gyw³ cvḥe| GdwRwW, gwnjv `j, ml`vMo cvov| **TW is far away, it takes long time to get water that makes problems for our young girls who have to stand in queues to collect water. Locals tease the girls, sometimes the girls are harassed. We have our own land, if Tdh allot a TW to us, the women will be relieved from evening teasing.** The comment comes from FGD (Female Group) Saudagorpara.

Avgvḥ`b AḥbK Amyweav Kvib Avgvḥi evoxḥZ wUDelḥqj ṫbB,Avgiv gvbyḥli evox ṫ_ḥK cvwb Avwb LvB Ges cyKzḥi Avgiv mevB ṫMvmj Kwij Avgvḥi evoxḥZ hw` ṫKvb wUDelḥqj w`Z Zvnḥj Avgvḥi AḥbK myweav nḥZv|Ó- kwdKzj, Lvbv bḥ^i-763, ḥPŠayix cvov| **We have lot of problems because we are not getting any TW support. We have to collect water from neighbours and we take baths in the pond, this is shameful for working of our women, they get teased.** Mr. Shafiqul at Chowdhurypara, HH # 763

3.3 Perceived Change in Terms of Water Quality and Human Health

Washing clothes and bathing at contaminated water sources are the reasons for increasing rate of skin diseases in the area before the project was implemented. Health hazards of household members including, women and children have significantly improved due to bathing and cloth washing in fresh clean TW water. Previous situation was very unhygienic because of use of canal and river/ditch water; the dirty water caused skin diseases in the family. Now people can regularly take showers while earlier due to unavailability of water they could not take baths in clean water regularly (ref to Box 3 below).

BOX 3 : Selected Views on Water Use, Cleaning, Bathing etc Expressed in Different Meetings

cwī̄ ʻvi cwī̄”Qbæ cvwb cvB, Lv̄tj wētj tMvmj Kivi Kvīt̄b Nv PzjKvbx n̄t̄qwQj Av̄t̄M wKš̄’ wUwWGBP t̄_̄t̄K t̄h wUDel̄t̄qj t̄c̄t̄qwQ Zvi cvwb ē”envi Kivi ci Avi t̄Kvb t̄ivM-ē”vwa nq bv| ivbævevbævi cvwb cwigvb gZ cvB Ges G cvwb ē”envi K̄t̄i Avi t̄Kvb nvmv cv̄v (t̄cU Lvivc) nq bv|wUDel̄t̄qj cvlqvi ci Āt̄bK cwieZ̄c̄b n̄t̄q̄t̄Q, Av̄t̄M evB̄t̄i hvlqv jvMZ GLb jv̄t̄M bv, GRb” Āt̄bK AmyL-wemyL K̄t̄ḡt̄Q, Ges kixi Gi w`K t̄_̄t̄K Āt̄bK mȳ’ AvwQ| kixi Avi PzjKv PzjKx K̄t̄i bv, Av̄t̄M Amȳt̄Li Rb” UvKv LiP Kīt̄Z n̄t̄q̄t̄Q GLb nq bv|Ó- LvBiæj Bmjvg, Lvbv b̄ǣi-726, t̄PŠ̄ayix cvov| **Now we get clean water. Earlier we had to use water from the river, ponds, and ditches and caused skin diseases to the family. Now we use Tdh TW and we get clean water, no diseases now, we get enough water for cooking, no stomach upset, no illness in the family, we are good in health. We don’t need to spend money for doctors and medicines now.** This comment made by Khairul Islam, Choudhurypara, HH # 726.

eb̄”vi w`̄t̄b wUDel̄t̄qj j̄”vwU^ab cvwb̄t̄Z Wz̄t̄e hvq d̄t̄j wb̄t̄Ri evmvi cvwb `ywlZ nq cvwb Lvlqv hvq bv Ges j̄”vwU^ab ē”envi Kiv hvq bv| cwievi wfwĚK mv̄yvrKvi, Lvbv b̄ǣi 465, t̄mŠ̄nv`©” cvov| **During floods, our TW and latrine is submerged and TW water is polluted. We get attacked with diseases. The latrine becomes unusable, creates much polluted environment for us and others.** Described in the family based interview, HH # 465, Souhardopara.

In the foregoing tables, boxes and discussions on community responses, it is clear that people can now use clean water for personal use, cooking and drinking. They do not need to walk long distances to collect water. Besides, they can save time that was previously wasted waiting in the queue for water fetching. Housewives can prepare oral saline, entertain guests/visitors with fresh drinking water, and take care of children in bathing. Women earlier could not manage time on their daily schedule to collect water and to do other necessary household work such as cooking and cleaning homes. As water fetching was a time consuming task, women often became victims of domestic violence by their husbands. Sometime girls after returning from school used to move out from home again to a distant place for fetching water. Now, after availability of Tdh tubewells around, women and girl children do not have to spend their valuable time for fetching water and instead can engage in other essential work/studies. The cases of sexual harassment against girls and women have been significantly reduced.

3.3.1 Challenges with regard to perceptions of change

Although many positive instances have been revealed through the assessment (examples of changes in perception as mentioned above), there are other cases of collective change in perception that are not comprehensively observed in some cases. The examples of lengthy water fetching time, not having get access to TW water, persistent problems of excessive iron and turbidity in the TW water, families without TWs despite their names have been included in the Tdh list, TW handles that are too difficult to press to pump for general women folk with specific problem of pregnant women and disabled people and too high of user’s ratio (one TW

with many users) are some to mention. More user friendly TW design may be a need (in consultation with the beneficiaries) with some of the individual problems may be investigated in relation to its maintenance and other distastes. Some of these views are expressed in the following box 4 below.

BOX 4 : Selected Views on Water Related Implementation and Maintenance Issues Expressed by the Users

wUwWGBP Gi wUDel†q†ji cvwb LvB bv, wb†Ri evmvi wUDel†q†ji cvwb LvB, wUwWGBP Gi wUDel†qjwU Avgv†`l evmv †_†K `~†j| Avgv†`l wUDel†qjwUi †Mvov hw` cvKv K†l †`qv n†Zv Ges Avqib `~l K†l †`qv n†Zv Zvn†j Lye myweav n†Zv|”-Kzjmyg †eMg, Lvbv b†^i-726, †PŠayix cvov| **We don’t drink water from Tdh tube well, but use our home TW though it is contaminated, Tdh tube well is far from our home. Our home TW has no platform, so TDH may improve our home TW.** Kuslsum Begum, Chowdhurypara, HH # 726. This is expressed by Kulsum Begum, Choudhurypara, HH # 726.

Avgv†`l evoxi cv†k wUDel†qj †`qvi K_v wQj wKŠ` H evox†Z gvwUi bx†P cwjw_b wQj GKvi†b wUwWGBP Gi wUDel†qj Zz†j wb†q †M†Q Kvib cvBc e†m bv|Ó-eveyj wgqv, Lvbv b†^i-465, †mŠnv`©`cvov| **“A contractor did prepare boring of a tube well at my house but as there is a huge polythene deposit (artificial) under the soil surface, the contactor could not drill it and with trying another place, he removed Tdh tube well from that place; because it is technically difficult to drill the pipes”.** This is expressed by Babul Mia, HH # 465, Souhardopara.

wUDel†qj †SvKv jv†M GRb` †KD cvwb Lvq bv| wUDel†qj dvmKv cwo Av†Q|”- mvB`yj, Lvbv b†^i-338, †mŠnv`©` cvov| **“The tube-well handle is very hard to pump and thus people are not lifting water from the TW. The tube well is not in use right now.** Noted Saidul of Sowhardopara, HH # 338.

ZvovZvwo wUDel†q†ji KvR Kivi K_v, mÜ`vi ci wUDel†q†ji gv_v Ly†j iv†L| c½y gwnjv 1Uv cv KvUv Zvil Lye Kó, ZvB Avgv†`l evwo†Z w`†j fvj n†e| GdwRwW, gwnjv `j, ml`vMo cvov|**TW work should be done quickly, at night, the TW head is dismantled and we cannot get water, it is difficult for disabled women here. If a TW is given near her house, it would have been much better.** Commented by FGD (female Group, Soudagorpara.

Kj Pvc w`†Z nvZ l ey†Ki e`v_v m,,wó nq| 2/3 evwo cici wUDel†qj w`†j fv†jv nZ|wUDel†q†ji nvDR fwZ© Ki†Z AwaK mgq jv†M| GdwRwW, gwnjv `j, `øyBP †MU cvov| **TW handle is very hard, it required lot of energy to press, it is difficult for us to press and fill the storage tank. Not suitable for pregnant women also.** Comment made in the FGD (female Group), Sluicegatepara.

3.4 Access to Sanitation Services (Individual-HH and Shared Latrines)

One of the core objectives of Tdh WASH program is to ensure a clean environment among its beneficiaries by supplying sanitary low cost hygienic single pit latrines with a water seal. Use of such latrines can ultimately reduce open defecation among the population and finally eliminate it completely. The project installed 679 (single family and shared latrines) single pit and UDDT (Urine Diversion Dehydration Toilet) latrines among its beneficiaries. It is ongoing work and more is planned to cover all its beneficiaries. The typical design of single pit latrine is 5-ring (90 cm dia, 30 cm high) pre-cast RCC rings installed by digging a suitable pit in the HHs courtyard. A concrete slab covering the top ring, fitted with a plastic pan and water seal is placed at the top. The single pits works on pour flush (PF) principles.

Present findings show a remarkable change in reducing open defecating practice after the project has started. The data showed (Table 5) that 86% of the households are now using their own latrine or sharing a hygienic latrine with others compared to 35% in the pre-project situation. Only 2 households (3%) reported that they are still going for open defecation to open field or beside any canal or river or ditches, compared to 53% before project implemented. Table 5 shows the data for other indicators.

BOX 5 : Selected Views on the Use and Installation of Sanitary Latrine by the Users

Avgvi evox†Z j`vwU^ab wQj bv, ev†ci evox †`ŠovBwQ, Ges †hLv†b †mLv†b †MwQ, gvybyl-`ybym wKQzB eywS bvB, mig j³/₄v wKQzB eywS bvB, Ggb GK mgq †M†Q ewm Kv`wQ| GLb G, †jv Avi mgm`v †bB j`vwU^ab cvlqvi ci g†b nq wK †h cvBwQejvi fvlv †bB| g†b nq †`vhL †_†K †e†n`Í cvBwQ|Ó-Kwnbyi †eMg, Lvbv b^ai-699, †PŠayix cvov|

In my house there was no latrine. We needed to rush to my father's house. While rushing for open defecation, we could not consider who was in front of us because defecation is more urgent than anything else. Many times I used to cry for such shameful and embarrassing situation. Now this problem has gone as we have a latrine. By getting a latrine I am so happy that I have been transferred from hell to heaven. This is expressed by Kohinoor Begum in Family based interview, HH # 699, Choudhurypara.

j`vwU^ab I wUDel†qj cvlqvi ci A†bK cwieZ©b n†q†Q, Av†M evB†i hvlqv jvMZ GLb jv†M bv, GRb` A†bK AmyL-wemyL K†g†Q Ges kix†ii w`K †_†K A†bK my`' AvwQ| Av†M Amy†Li Rb` UvKv LiP Ki†Z n†q†Q GLb nq bv| †ivM-e`vwa nq bv Gjv evox _vwK cvwb wb†Ri j`vwU^a†b hvB Ges gvybyl †K m†i †`qv jv†M bv|Ó- LvBiæj Bmjvg, Lvbv b^ai-726, †PŠayix cvov| **We have lot of change in our habits. Earlier, we had to go out for open defecation and we got attacked by diseases; now we do not go for open defecation and we are now free from many diseases. We had earlier spent money for doctors, now we don't. I used to go to my own latrine and use water.** Quoted by Mr. Khairul Islam, Chowdhurypara, HH 3 726.

GLb PZzw`©†K cwie©Zb nB†Q, Av†M cvqLvbv Kivi Rb` b`xi cv†o hvB†Z nB†Zv, Kvco †Pvco bó K†i †djZvg d†j bvgvR co†Z cviZvg bv| g†b K†ib, †Mvmj I lhy Kivi mgq cvwb cvBZvg bv, GLb Avi cvwbi Rb` jvBb ai†Z nq bv, Lye Aí mg†q cvwb cvB| bvgvR co†Z| mgm`v nq bv|Ó- AvwRib †elqv, Lvbv b^ai-1110, U`vbvix cvov| **There have been changes**

all around. We, earlier used to go to the riverside for defecating, due to urgency and pressure, our cloths gets dirty and could not able to pray. I did not get water for taking bath and making ablution. Now I don't have to stand in the queue, use latrine, get water easily for ablution, I can pray now easily. –Aziron Bewa, Tanarypara, HH # 1110.

evoxi †Kvb gvbyl GLb †SvcSv‡o cvqLvvv K‡i bv| Avgv‡`i j‡v `yi n‡q‡Q| ^v`m‡S‡Z cwı‡tek m„wó n‡q‡Q| †ivM †_‡K gyw³ cvw”Q| cwıevi wfwĚK mvÿvrKvi, Lvvv b‡^i 1923, ‡ckKvi cvov| **None of our family members now go for open defecation. We are saved and now safe from such unpleasant and shameful situation. We got latrine and it is healthy, no disease.** Family interview, HH # 1923, Peskarpara.

Avgv‡`i GKUvB K_v, KwgwUi †jvK wb‡Ri ^v_© wb‡q KvR K‡i, Avgv‡`i g‡Z KwgwU GjvKvq hvQvB evQvB K‡i gvbyl‡K j”vwU^{ab} †`qv DwPZ| cwıevi wfwĚK mvÿvrKvi, Lvvv b‡^i 1627, Avjg cvov| **We have one decision-committee people work for their own interest. Our decision is- committee must scrutinize clearly who is fit for getting a latrine.** This is expressed in family based interview at HH # 1627, Alampara.

GZ Dckvi n‡q‡Q †h, g‡b nq ejvi fvlv ‡bB| gv_vi Dci Avj‡vvn Rv‡b| wUDel‡qj, j”vwU^{ab} †c‡q GZ Lywk †h, g‡b nq AvKv‡ki Puv` nv‡Z †c‡qwQ| gv_v DPz K‡i K_v ej‡Z cwıil j‡v †eva K‡g‡Q| Avil fvj n‡e hw` evwo evwo GKwU wUDel‡qj GKwU j”vwU^{ab} †`qv nq| cwıevi wfwĚK mvÿvrKvi, Lvvv b‡^i 0107, †ecvix cvov **We are so happy in getting TW and toilet that we can't express in language, only Allah knows. We are extremely happy and it as if we've got the moon in our hands. Now we can speak by raising our voices. It would have been good if TW latrine is provided to each house.** Said on a family based interview, HH # 0107, Beparipara. This is in a field testing case in Ward-6.

3.4.1 Behavioural change on personal hygiene

Surveyed households showed that they are now much more conscious of their personal hygiene. Before the project started, the majority of households were practicing indigenous and or unhygienic way of hand washing after defecation (56%). At present 75% of the households are practicing hygienic ways of hand washing (using soap) after defecation, although still 13% household members are practicing the indigenous and unhygienic way of hand washing (Table 5).

In an attempt to know the frequency of time the household members take their bath as well as washed their clothes, 75% respondents replied that they had a practice of taking a bath every day before the project started, the figure now raised to 89% indicating appreciable improvement in attaining personal and family hygiene in the community.

Table: 5 Behavioral changes through sanitation practice

Change Indicators (Total HH = 72)	Before and after project intervention (Out of 72 HH)			
	Before		After	
	# HH	%	# HH	%
Open defecation: Field/River side/Bush/O/Any where	38	53	2	3
Use Own Latrine	16	22	42	58
Use Shared Latrine	9	13	20	28
Wash hands after defecation using Sand/Soil/Ash	40	56	9	13
Wash hands after defecation using Soap	23	32	54	75
Take bath & Washing clothes everyday	54	75	64	89

That access to sanitation and behavioral change took place through this project intervention is clearly reflected from the testimony of the respondents. For example, Mairul Islam, Chowdhuripara, noted, “We could not defecate as people surrounded us earlier, we had to hide while defecating openly. We felt shame to our guests when they visit our homes. Now we are a happy owner of a latrine and don’t feel shame to our guests. We can now use our own latrine and use our own tube well at home.”

Picture 4 and 5 below : conducting interviews.



Picture: 4 Interview Mairul Islam, Chowdhuripara



Picture: 5 Community meeting at Chowdhuripara

Community respondents at Tenarypara mentioned that their latrines (Tdh) have improved the quality of their lives besides upholding dignity because they are now free from disease as well as an unhygienic environment. It reduces diarrhea and allied diseases in the community; reduces problems of mosquitoes, flies and bad odors from latrines. Community roads and premises are now more clean because people do not defecate on roadsides. Solid wastes are not scattered around due to establishing proper disposal management.

Community members expressed their feelings while discussing in a Community Meeting-“We feel change in our minds, we can see light around us in our families and community. Now

relatives do not hesitate to visit us. We do not feel untouchable and ashamed while relatives visit us.” They also added that they are now happy and their sufferings are over; it is a great opportunity for them that they have safe access to a latrine even during rains and at nights.

Respondents repeatedly expressed that their dignity is upheld after having latrines. They are not ashamed any more because they do not need to defecate in open places. They have achieved a relatively disease free life; they wash hands with soap. Now they do not find human excreta here and there in the area. Childrens’ excreta are now put into the latrine and everybody including children use sandals to go to the latrine. Thus, a positive change in behavior and practice is reflected in the daily lives of the community.



Picture: 6 Latrine support from Tdh



Picture: 7 Inside of a Latrine

3.4.2 Challenges regarding access to shared latrines

During project implementation, it was noted that land scarcity exists to build TW and latrines. The municipal authority was not able to manage land so that every family can get a latrine. Because of this limitation, the project has to consider the option for shared latrine between the families. From survey findings, it is evident that the overall trend of sanitation practice has been changed over time; but some limitations still persist in the case of shared latrines. Some of the following highlights can be noted along with direct quotes from the users in box 6 below-

- Due to scarcity of water, it takes time to clean latrines; a single latrine is shared among 3 to 4 families where each family has 4 to 5 members, thus, there is a long queue of users in front of the latrine. It creates disputes and quarrels among the users. Nevertheless, sometimes standing in a queue for longer time, users lose control and spoil the clothes; students waste their time for studies and miss school timings.
- In general the land owners of shared latrines have command over other users; thus, family members of the owner stay in front of the queue whereas other users stand behind.

3.4.3 Challenges on users perception on use of the sanitary pit latrine

Many users expressed their satisfaction with the installation of sanitary pit latrines. This has improved their livelihoods as well as social dignity as a whole. It has direct impact on the local population in reducing the open defecation in the project area. However, there are a few issues – mostly technical in nature – that relate to maintenance of the system for which many users are dissatisfied or unable to avail themselves of the benefits. These are highlighted in the box 7 below.

3.4.4 Incidence of waterborne diseases

There have been cases when water borne diseases (diarrhea, worm, dysentery, typhoid, skin diseases) were very common within the communities. The interview data analysis indicates that incidence of water borne diseases has been reduced significantly in the area after the water project was implemented. Table 6 indicates that the number of HHs with cases of diarrheal diseases has been reduced significantly (45 to 33) over the past year in the pre and post project period. Whereas incidence of worm related infectious diseases reduced from 48 to 44 in the same period. Incidence of skin diseases in HHs reduced from 48 to 41, and other water borne diseases reduced from 68 to 60 between the pre and post project periods. The result is slow but positive and it is likely that this will continue to progress. Diseases such as pneumonia and asthma were related to poor housing conditions. Among the study areas, asthma was found highest in Chowdhurypara and Bangerdolla, the reasons may likely be due to the fact that almost all family members are engaged with biri making jobs (local tobacco smoking leaf-stick).

Table: 6 Incidences of water borne diseases before and after the project intervention												
Project status	Total Para	Total HHs	Occurance of Diarrheal disease				Worms related infectious cases		Skin diseases among the children		Major water borne diseases	
			HH in last 5 years	HH with no cases in last 5 years	HH in last 1 year	HH with no cases in last 1 year	HH in last 1 year	HH with no cases in last 1 year	HH in last 1 year	HH with no cases in last 1 year	HH in last 1 year	HH with no cases in last 1 year
72 HH												
Before	12	72	6	66	45	27	48	24	48	24	68	4
After	12	72	13	59	33	39	44	28	41	31	60	12

BOX 7 : Selected Views on the Use of Latrine Maintenance Related Issues by the Users

wis Kg _vKvq ZvovZvwo fti hvq, wis Gi wfZti gj ZvovZvwo ikvq bv, Mvm cvB bvB ZvB| ywU wis nlqvq e`jvfbvi mgq myBcviTk 500 UvKv w`tz nq, GK wis lqvjv jvwU^{ab} nti fvj nZv, `yB wis Gi gvSLvfb cvBc nti fvjv nZv Zvnij GK wis nZ Ab` wis G gj hvBZ, wgw` z mwVK KvR Kti bv, jvwU^{ab} t`tk cvwb Pzqvq Pzqvq cto, wgw` z AwZwi³ evjy I BU fdivq wbtq tMtiQ bv tMti jvwU^{ab} mgm`v nZv bv| KwgDwbwU wgwUs, cyivZb tdkb cvov| **The pit gets filled quickly because of a smaller number of rings. The waste does not dry up fast, it has no gas pipe. It has two rings (it seems the user meant it to be two pits) so we have to pay Tk. 500 to the sweeper to get it cleaned. The technician did not work properly, much of bricks and cement he took back, not used in its construction. The latrine seeps waste water.** This is quoted in the Community Meeting at Old Stationpara.

hvti`i tewk gvbyl Zvti`i Rb` Lye Amyweav nq| Avi 2/3 Uv cvU (wis) hw` w`Z Zvnij fvj nZ|wU.wW.GBP Gi tjk eitiQ th jvwU^{ab} hw` fti hvq Zvnij jeb ev tKtivwmb w`tq ivLteb ZvtZ gqjv Wvwe hvte ZLb t`Lv hvq gqjv bo nq bv| tgf`vi w`tq cwi` vi Kiv jvtM, Zvti`i 500 UvKv t`lqv jvtM| GdwRwW, gwnjv `j, wmG`Uwe NvU cvov| **Those families have more members, this type of latrine is not suitable for them. It is smaller and less deep. 2/3 more rings could have been more effective. Tdh staff advised us that if your latrine filled up, put salt and kerosene so that the waste will subside, but actually the waste remained there and we had to spend Tk. 500 for cleaning through the sweeper.** This is quoted in the FGD (Female Group) at C & B Ghat para.

jvwU^{ab}ti wfZti gj Z`vM Kitz tMti M`vtmi gva`tg MÜ m,,wó nq GRb` Mvm cvBtci e`e`v Kiv| jvwU^{ab}ti wfZti cvwb w@vkb e`e`v bv _vKvq ZvivZvvi jvwU^{ab} fwZ© nq| 5wU Kti wis Avjv`v bv Kti w`tq 10wU wis GKmv`_ w`ti fvjv nZ|

GdwRwW, cyiael `j, `oyBP tMU cvov| **The inside of our latrine is very bad smelling, there is no gas pipe for gas release. There is no drainage system inside the pit so it needs extra water for flushing which ultimately filled the pit quickly. It would have been better if 10 rings be given instead of 5 rings.** This is expressed in the FGD (male Group) at Sluicegate para.

fvZ LvVB bv, LvBti cvqLvbvi Pvc Avmte| iv`ívi eMti tmlvfb| evav, gvbyl `ybylwKQz eywS bvB| Mvm cvBc bvB| cÖvtqvRb `ø`ve cvëv cvwë Kitz `ø`ve bie| Kti, dvKv _vKvq gkv gvwQ tZjvtcvKv tei nq| cøv`v`ti tMvov w`tq gqjv tei nq| GdwRwW, gwnjv `j, Pi KzwoMÖvg| **When we had no latrine facilities, we eat less to reduce pressure so that we don't use the latrine, we also can't go out for open defecation. Now it is good for our family. But for cleaning, if we change the slab, it doesn't fit well to the ring, and gets leaky; flies enter inside, there is no gas pipe, and very bad smell inside. From the slab/ring leak, the waste comes out from inside.** This was expressed in FGD (Female Group), Char kurigram.

Avgvti`i mKtji GKUv gšle` nti, wUwWGBP t`tk th jvwU^{ab} w`tqtQ Zv fivU nti tMti Avgiv wK Kitev, gqjv tKv`vq tdti? G weti Avgvti`i wK Kiv DwPr, gtb Ktib GK cwievti 6 fvB Gti`i m`m` msL`v cÖvq 40 Rb, wKš' jvwU^{ab} gvG 2 Uv, ZvtZv AfbK AvtMB fivU ntiQ| wKš' fti Avgiv wK Kie G weti wU.wW.GBP Gi mvnvh` PvB|

GdwRwW, cyiæ̀l `j, U`vbvix cvov|Our comment is- we do not know where we will dispose of the waste if the pit get filled. Our family members are 40; we have only two latrines which get filled frequently. No instruction from Tdh is given to us about waste disposal. Quoted in the FGD (Male Group), Tanarypara.

j`vwU^aþbi gþa` þh wis AvþQ Ges wis Gi Dcþi þh `ø`ve Zvi wmþg`U Lyþj þMþQ GþZ MÜ evBi nq| þh j`vwU^abwU Avgvþ`i w`þqþQ Zv Ab` cxwZþZ nþj Avgvþ`i myweav nZ| 12-14 wU wis hw` GKmvþ` _vKZ Zvnþj Avgvþ`i `ø`ve cwieZ©b KiþZ nZ bv, GUv Avgvþ`i myweav þewk nZ| wis GK RvqMvq _vKZ Ges `ø`ve GK RvqMvq _vKZ Zvnþj Avgvþ`i myweav þewk nZ Kvib `ø`ve cwieZ©b KiþZ Kó nZ bv| cwievi wfwËK mvÿvrKvi, Lvbv b^æʌi 1215, GKZv cvov| **The ring/slab joint is open and it emits very bad smell. This is very shallow type, if 12/14 rings be given, it would have been better; the offset type is better. Now changing the slab is very difficult.** Commented in the family based interview, HH # 1215, Akotapara.

wUDelþqj bv _vKvq þKvb cqmv evþP bv, Af`vþmi þKvb cwie©Zb nqwb, eis Amy` 'Zv þeþoþQ , Akvwšl þeþoþQ, Ni þþ½ cvqLvbv KþiþQ, GLb bv hvq Nþi _vKv bv hvq cvqLvbv Kiv, GLb G j`vwU^ab _vKvi þPþq bv _vKv fvj, wUwWGBP Gi þjvKþ`i KvþQ ejþj eþj AþbK UvKv LiP Kþi j`vwU^ab þ`qv nþqþQ GLb GUv fvþjv ivLvi `vwqZi Avcbvþ`i| cwievi wfwËK mvÿvrKvi, Lvbv b^æʌi 1682, cyivZb þ`kb cvov| **We can't save money because of no TW; There has been no change in our habit, rather our sufferings increased- more illness, more family disturbance. We have to break our own house to accommodate a latrine, it is with a foul smell. We can neither use it nor abandon it. It is better if we had no latrine. Tdh staff says- we spend money to build it, now it is we to make it operable and clean.** Commented by: Family based interview, HH # 1682, Old Stationpara.

Case Study:

Case Study:

"Prestige and dignity of the women in the family is saved due to our latrine"

Mahfuz and his wife

"A long time back we were in the dark and we had no latrine for defecation for family members. Our family members both male and female had to defecate in open spaces, on the roadside of nearby drains, bushes etc. For female members it was very difficult as to defecate in such places where they had to face and encounter such shameful situations every time." Their situations were disgraceful to have defecation into such open places where hiding from passersby was not always possible. As such women always face the neighbors with shame. Mahfuz an old aged day labourer told that his niece Moneka at her 7 years of age had died of

diarrhea. He also experienced that each and every week he had to take at least one of their family members to the hospital due to diarrheal attack. It was common in the area that every family had experienced of losing their family members with diarrheal diseases. People in this area are scared of diarrhea and they identified it as cholera, meaning one must die, no treatment. To alert people from Cholera they used to ringing bells by beating drums/plates believing that the disease will disappear and will not come back. The wife of Mahfuz can recall in the last two years they used a bamboo made latrine and they also experienced diarrhea every time. The latrine was beside their tube-well and during fetching water the bad smell from toilet had prevented her to collect water. Now they have received a latrine from Tdh and they installed it in their courtyard. Now they are happy with this latrine support and pray for Tdh. Mahfuz and his wife happily responded that there is no requirements to keep oral saline at home, no bad smell comes out from the latrine and family members are now safe from the shameful experiences in the past. Now dignity of the women, sister-in-laws has increased in manifold ways.

3.4.5 Household waste management

Survey data reveals that household waste is now managed in an organized way. A large number of families (53 families, 74%) reported that they were not at all aware about the disposal of household waste in the pre-project situation whereas the situation has now been changed and 39 families (54%) now manage household waste in an improper way. The data are shown in the Table 6 below: Table 7.

“We are aware to clean our courtyard, now a days the municipality sends a van to collect waste. We put our waste in a corner and when the van comes to collect it we throw it into the van.” This was reported at the community meeting in Chowdhurypara during FGD. In Alom para and Bangerdolla people still have an earlier practice to dispose of household waste here and there. During individual interviews and community discussions this matter was discussed and reported. In Ekotapara, Peskar para, Sowhardo para and Soudagorpara people used the running drain to throw waste. They informed that they first dump the waste at a corner of house and then after they throw it into the running drain/canal nearby. Now they all are practicing to put the waste in the municipal van.

Table: 7 Waste disposal practices

Disposal of waste	Household disposal before and after project intervention (HH/ %): Total HH: 72	
	Before	After
Properly disposed in a fixed place	19 (26%)	33 (46%)
Improper disposal outside the house	53 (74%)	39 (54%)

3.4.6 Skills and capacity of the care takers of the service arrangements

Care Takers are the families selected by the community (TW based) who are responsible for regular maintenance and repair of the units. For TW Care Takers, 2 members (from 10 families) constitute the team to whom a tool box was given for all maintenance work required for the TW. The teams were trained earlier for a day on general TW maintenance activities- how to open the TW and how to make maintenance and repair. The cost of repair is paid by subscription among its users. Similarly, latrine maintenance is also planned through its owner and the project trained the users on this issue.

In this respect, an attempt was made to assess the performance and level of maintenance skills and capacities of the service utilities (TW and latrines). It was observed that half of the Care Takers (25 TW CTF, 50%) have not received any training yet. Of those who received training, 29 HH (58%) Care Takers are managing and maintaining their service utilities well. It was learnt through discussion that half of the respondents reported their satisfaction about the maintenance level of the Care Takers. Some of the views of the users on overall functioning of committees are given in Box 8.

BOX 8 : Selected Views on the Functioning of TW Care Taker Families by the Users

wUDel†qj bó n†j Zv Lye Aí mg†q †givgZ Kiv hvq Ges Zv Avgiv mevB wg†j Kw|G ch©šÍ †givg†Zi Rb” †h UvKv †Zvjv n†q†Q Zv †givg†Zi Kv†R LiP Kiv n†q†Q|Ö-gwR©bv, Lvbv b†^i-1159, U”vbx cvov| **If the TW needs repair, the Care Taker can repair it quickly and we work together. We have collected money and we spent the amount for repairing.** Reported by Morjina, HH # 1159, Tanarypara.

Avgiv mevB wg†j 2 Rb †Kqvi†UKvi evwb†qwQ, Zviv fvj KvR K†i, Zv†`i†K †Kqvi†UKvi Gi Rb” UvKv †`qv nq bv, UvKv Kv†iv Kv†Q ivLv nq bv, hLb bó nq ZLb cÖ†qvRb Abyhvqx UvKv Zz†j fvj Kiv nq| KwgDwbwU wgwUs, nwg` cvov| **We have selected 2 persons to be Care takers, they work well. We do not pay money for this. We also do not keep money to anybody, when repair needed, we collect money from ourselves and settle repair cost.** Said in the Community Meeting, Hamidpara

3.4.7 Functioning of Committees

Functioning of Para WASH Committee, Care Taker/TW Management Committee (O&M)

Committee Meetings

The project initiated creation of participatory committees for the overall management of the service utilities (Para Wash Committee, TW care taker committee). In regards to assess the regularity and extent of the committee meetings 62% (31 HHs, out of 50 HHs) respondents replied in a positive way and they opined that meetings are regularly held by the members (ref table 8). According to field findings 58% (29 HHs) are of the opinion that committees convened meetings monthly; however, 26% (13 HHs) respondents have no idea about the meetings held. Ajiron Bewa of Tanerypara can recall the meeting discussion points, “if the tube-well suddenly breaks then what we will do for repair and how to repair it, how money will be collected for repair work for in this purpose”. While Sokhina of Chowdhurypara said, “in the meeting we discussed how to wash hands properly, the techniques of which the Tdh drama group has made us aware , advised to put on sandals while going to latrine. Toilet cleaning is a regular task especially for women”.

At Hamidpara FDG meeting, it was pointed out that the committee sits once a month for meeting and discussion on cleaning and repair work of the tube-well. They contributed BDT 150 in total from the members to complete the tube-well repair work. While Sowdagorpara FGD informed that, there is a meeting fortnightly and discussions on latrine issues take place in the meeting. C&B Ghatpara FGD mentioned that, so far only one meeting has been convened. In other areas (Ekotapara, Tanerypara and Souhardopara), the meeting frequency is once in a month and discussion points are on cleanliness of the tube-well platform.

BOX 9 : Selected Views on the Functioning of WASH/TW Care Taker Committee by the Users

wUDel†q†ji †h †Kqvi†UKvi Av†Q wbe©vPb cÖwµqv A†bK fv†jv Ges Av†iv1 w`b cÖwkÿb n†j fv†jv nZ| †h†nZz Avgv†`i GjvKvq GL†bv wUDel†qj bó nq bvB ZvB Avgiv †givgZ | iÿbv†eÿb m†ú†K© ej†Z cvi†ev bv|wUDel†qj bó n†j wKfv†e fv†jv Ki†Z n†e, wUDel†q†ji cvwb †Kgb, wUDel†qj bó n†j mKj m`m` cÖ†qvRb Abyhvqx UvKv w`†eb, wUDel†qj memgq cwi®vivi ivL†eb BZ`vw` welq wb†q wgwUs†q Av†jvPbv nq| cwievi wfwËK mvÿvrKvi, Lvbv b†^i 1215, GKZv cvov| **The selection process of the Care Taker is very good. We have been given one day training, if another day training is given, it would be good for us. Since there is no TW that needs repairing, we can't say anything on repairing. The meeting discussed about how to repair the TW, how the TW is, if the TW needs repairing, how to do it, how to collect repairing cost from among the users.** This is a family based interview at Akotapara, HH # 1215.

wUDelıqj b6 nıj wK fvıe wK KiıZ nıe GB welıq AvıjvPbv nq|6- AvwRib ıelqv, Lvbv bııı-1110, Uııbvix cvov|If the tube-well suddenly broken then what we will do for repair work and how to repair it, how money will be collected for repair work in this purpose- the meeting discusses all these. The comment made by Ajiran Bewa of Tannarypara, HH # 1110.

3.4.8 Record keeping and decision making process of the committees

It was observed that the majority (90%, 45 HHs) of households believe that Committees are properly maintaining their records. According to respondents' opinions however, only 10 out of 72 households say that committees take prompt and timely decision regarding the service related issues.

3.4.9 Overall Functioning of the Committees

A question was raised to know the perception of the respondents on the overall functioning of the Committees. 58% (29 hhs) respondents replied they are happy with overall good performance of the committees. 90% (45 HHs) responded that committees maintain record properly. 62% (31 HHs) indicated that committees hold meetings regularly. About 50% (25 HHs) haven't received training yet (table 8).

It is also recorded that, only female members are attending in these meetings. , so men could not say about meeting. The male counterparts replied that, as women of our family attended the meeting we don't know about discussions and its outcome. The committee performs well when the hardware materials (TW and latrine construction materials) needed are distributed among the households. Committee and project staff informed the concerned families those would have to receive the materials. The concerned HHs take delivery of the materials through suppliers. The committee took the responsibility of receiving the goods first from the supplier and then they distributed to the respective families according to the list. The committee also supervises the construction and installation works and communicates with the field organizer on any deviation found during construction and installation as well as any shortage of materials.

The above observations were mentioned by the COs during analysis of the field work. They have seen the committee members working for hardware materials distribution by informing the households for collecting and receiving the materials from the contractor. They also found the field organizers helping to find the location of the installation points.

Table: 8 Performance of Committees-skills and capacity*							
HH Counts	Total Para	Total HHs	Committe performed Good	Committe maintains record properly	Comittee meetings held regularly	Training not receive	Don't know
#	12	72 (50)	29	45	31	25	13
%	12	100	58	90	62	50	26

*total HH 72, 50 are considered having TW.

3.4.10 Value addition to the Sector

A family who has a complete water supply and sanitation unit can feel proud for owning it as it brings extra weight to its social status due their social value. Similarly community people feel honoured and respected by their surrounding villagers, neighbours and relatives and are identified as dignified in their locality maintaining family/personal privacy status. Open defecation and lacking water sources in the household or in the community is a curse and very shameful for household members in general and women members in particular. In its pre-project situation, people were in a shameful situation, visits of the relatives to their homes were fewer (due to lack of sanitation facilities); however, they overcame these social barriers and feel honoured in their community.

4. Validation Workshop

4.1 Need for validation workshop

The validation workshop is an important part of the BA process which is arranged at the end of the whole process. After the field data/information have been collected and results are prepared along with the report, this workshop is arranged with the main objective to discuss the findings of the survey in its wider forum of the stakeholders and to note if any further improvements, tunings and refinements in its entire methodology are needed; and to validate it by the participants.

4.2 Workshop participants and contents

The workshop was held on 26-27 February, 2014 with representatives of all stakeholders. The participants were the representative from users, Para WASH committees, Citizen Observers, TW and Sanitation Committees, project staff, leading NGO representative (Caritas), Ward Councilors and the Mayor of the town (Kurigram municipality).

The workshop was organized for two days; in the first day the entire BA methodology (process) was presented to the forum by the Citizen Observers. That was followed by the presentation of the findings of the field survey. The first round of the day ended with discussion and questions/answers session from the participants. The second round continued with group discussions (divided into four identical/homogeneous groups with the participants) session (*session-1*) on the *findings* of the results, within a set of four questions.

In day- 2, the discussion started through *session-2* with the same four groups, again with a set of four questions on the entire process of *BA methodology*. Findings of the two sessions of the group discussions are presented in the next section.

4.3 Workshop findings

The workshop findings under group discussions based on two sets of four questions on the field findings and BA process are presented below-

Session-1

Q.1: How do you evaluate the reliability of the presented findings? (rate: 1- Excellent, 2- Good, 3-Average, 4- not reliable); describe your answer.

The answers produced by all four groups are- Excellent to good

- Some users saved from harsh teasing when used to go to bring water to her neighbour.
- Water fetching time has shortened; saved from eve teasing with reduction of water borne diseases.
- The area is under ODF and is now under hygienic environment.
- Actual situation is reflected;
- Very important and unusual community/personal comments have been quoted;
- Definite gaps and challenges have been reflected;

Q.2: Which one among the findings do you rate most important and which do you think is a very surprising one?

Most important are-

- The challenges of using pit latrines;
- Easy access to safe water and sanitation;
- Gender violence is reduced;

Most surprising are-

- One user's quote- after I got the latrine, I have been placed to heaven from the hell;
- Many users felt surprised that they get hygienic pit latrine free of cost!
- Many users' feelings are they are now in ODF area and no more queue in collecting water;

Q.3: From your past experience, can you share anything that has not been reflected (or you did not find) in this findings? Please mention.

- False reporting by the local paper for selection of project beneficiaries;
- Para Wash Committee is working for last three years without any interest and honorarium.
- Project should have supply bucket and mug with each latrine;
- TW house cover is too heavy to remove for maintenance;

- Those who didn't get the TW and latrine, project should provide this facilities to those;
- The latrine should have a vent pipe;
- Some people practice open defecation despite having latrine to their house;
- The opinions have not seek for those who are not direct beneficiaries;
- No sampling of ECOSAN (UDDT) latrine;
- Latrine and TW design was not discussed with the users before installation.

Q.4: Based on the findings, what recommendations would you like to make that Tdh (WASH Sector) may consider in future?

- The drop out families using latrines should be considered;
- All Wards of the Kurigram Municipality where there is no TW and latrine facilities, Tdh should cover all such areas;
- When the project will be over, one inspector should be appointed by the project to look after maintenance of TWs and latrines;
- Wash committee of one para should be in exchange of views on maintenance etc with the other para every 1-2 months;
- Water quality of all TWs should be checked (iron, arsenic, turbidity and bacteria) and all non-Tdh TWs should be provided with a platform, if they do not have one;
- Iron free water supply should be a priority in water supply;
- TW house (reservoir) design should be reviewed to allow more space for maintenance;
- Latrine room should more spacious; present design is too narrow;
- All latrine should be designed to be offset type with vent pipes;
- Latrine design is to be reviewed and the option for more rings (more than five) should be considered;
- Cost sharing should be introduced;
- Each latrine should be designed based on the number of family members and location of the house;
- Best users/ behavioural changers should be awarded by the project;
- Hardware (installation of TW/latrine) should be given after training and campaigning on awareness raising and ownership feeling;

Session-2

Q.1: How do you evaluate this Beneficiary Assessment (BA) process from effectivity point of view? Do you think this process has any additional advantage from the traditional process of assessment?

- This process is an exceptional type where beneficiaries or COs (Citizen Observers) evaluate the project; as locals, the COs could very easily bring the real and accurate statements of the beneficiaries;
- Data was collected and shared from the field- that is why this process is more reliable.
- Such an evaluation in other ways of organization, one person only goes to the one or two persons so they cannot collect reliable data. But in this case COs collect the actual information from the beneficiaries.
- Beneficiaries evaluated the project, no outsiders were involved;
- We understood what is good and bad of this project and we evaluated accordingly; no external influence;
- Through this process of evaluation, we have been made honoured and privileged;
- Tdh provided training to the COs to do this evaluation;
- We were able to discuss at length with families in the first step, small groups (FGD) in the second step and with community at the last to bring all information about the project;
- It has triangulation option (cross checking);
- It is cost effective method;
- There was spontaneous enthusiasm among the beneficiaries in giving the information;
- There were no scope of hiding information (very transparent);
- There was no scope of favouritism or partiality;
- No scope of expressing opinion by the facilitator;

Q.2: Do you think that- there are areas where more attention should have been given in this BA process?

- CO training was short -should have been 7 days instead of 5 days;
- HH interview was 2-hr duration which was too long. This duration should be of 1-hr;
- HH head was only interviewed; other members should also be consulted;
- In FGD, separate meeting was arranged for male and female. A separate session with male and female together could have been made more valuable;
- HH interview sample size was small, should be more than 10 in each para;
- Many people did not know about the BA, it was not informed them earlier;
- Very little information on O&M was collected; should be more info on O&M;
- Information on water quality was scanty, should have more on the questionnaire;
- Instead of two interview sessions (morning and evening), only one session a day is better;

- Interview questionnaires was set in a difficult format (language); Language should be very easy and well understood;

Q.3: Which parts/areas/steps do you think are the best in this beneficiary assessment/evaluation?

- The beneficiaries expressed their views explicitly and spontaneously, without hesitation;
- Beneficiaries were able to know all good and bad feelings of fellow beneficiaries about TW and latrine;
- Beneficiaries felt honoured for this assessment work;
- Family based interviews; this brings both bad and good feelings of the users;
- Beneficiary's unaltered direct quotes (both positive and negative);
- The community people were at liberty to express their views explicitly;

Q.4: Please mention your valuable advices and suggestions of this BA process.

- The Para WASH Committee was not consulted about the COs selection process. They should have been consulted earlier;
- For every FGD and Community Meeting, the Para WASH committee should be informed to have get more real attendees;
- More COs should have been appointed to conduct the assessment;
- More beneficiaries should have been brought under this survey (sampling size);
- Those who worked (COs and others) on this assessment should have been given some honorarium;
- Both beneficiaries and non-beneficiaries should have been consulted;
- For each FGD/interviews, three COs be engaged instead of two;
- For future such BA assessment, the existing COs should be given preference for appointment;
- COs should first be selected by the Para WASH Committee;
- Consultation with local elected representatives, likeminded personalities, NGO and religious leaders should have been consulted to get more insights on this assessment;

5. Conclusions and Recommendations

Conclusions

The WASH project of Tdh has been implemented in the area where there was real need to its population for this support. Due to project implementation the degree of satisfaction among its key stakeholders is relatively high.

The beneficiary assessment (BA) process found real views of its beneficiaries about the program and through their observations following conclusions have been drawn about project operation and other implementation processes.

The project has achieved its goals of reducing suffering from scarcity of clean drinking water of the people of the area to a satisfactory level, reducing water fetching time, increasing access to clean drinking water and curbing of sexual harassment of young girls. It has accordingly, been able to reduce waterborne diseases which were predominant among the family members including children.

The project has reduced significantly open defecation of the locals, gave ownership of TWs and latrines to many of its beneficiaries, been able to make significant behavioural changes among its population in terms of hand/cloth washing, bathing and cooking with more attention to personal hygiene. The project has significantly improved the livelihood conditions of the people. Hence the project has brought more dignity to its people. The project taught the beneficiaries to share resources and was able to bring them under an institutional framework (Care Taker/Para WASH Committee), hence enhancing their organizational skills and capacities.

However, the project may look to the operation, implementation and maintenance of TWs and latrines to give more satisfaction to its beneficiaries.

The project needs to look back at its TW and latrine design principles for further improvement of the project.

Recommendations

A. Water Supply Options

The following recommendations are made in light of the views expressed by users with regard to the supply of clean drinking water-

- A-1 Iron content in TW water is one of the most crucial issues and its removal is a challenging task in Kurigram area. The geology of the area is such that up to 100-160 feet this iron deposited strata is dominant. Iron removal filters are the easy option but due to its regular maintenance problem, users lost interest and got back to the original form (no maintenance) in the later part of their use. The project can try (one or two on pilot basis) with RDA (Rural Development Academy, Bogra) type filters and can seek advice to use their filters.

- A-2 The use of clean drinking water can naturally be obtained through few alternatives. The project can set up few Rain Water Harvesting (RWH) units at user's level (use of rooftops-tin shed or concrete housing).
- A-3 If space is available, pond excavation can be made to use pond water (using PSF) by restricting access to humans and animals with strict compliance and user's guidance on usage.
- A-4 The project should give more emphasis (special trainings and campaigning drive from time to time) to strengthen institutional capacities in terms of ownership of the facilities. There is an absolute need to strengthen Para WASH committees under which O&M awareness is an important aspect. This importance should be discussed among all its users so that everybody can be educated to take care of maintenance, its cost, ownership and sharing attitudes. This will help smooth O&M after phasing out of the project.
- A-5 The project can also incorporate a small portion of investment contribution (5-10%) from its users which would benefit the project in terms of attaining direct ownership of the facilities. This ownership will help run the O&M and the contribution money can be retained in its (Para Wash Committee) O&M fund.

Technical Recommendations-

- A-5 The project can explore the possibility for deep tubewell installation to bore/drill beyond 200 feet. The project can pilot at least one or two deep tubewell sets and test water quality at this depth. The DPHE groundwater study indicates that iron content in groundwater is reduced around this depth. A few test boring TWs can be made first to test the water quality, before going for actual TW drilling at such a depth. The project can also install some deep set Tara pumps to test its effectiveness to serve a larger population.

There is evidence of hard rock in the geologic formation after 200 feet depth. In that case, at least two mechanical drillings (test drilling) can be performed up to 300-500 feet to look at the water quality (iron content). All these can be a good example of the project's R&D.
- A-6 As far as difficulties in use of TW handles (piston assembly) is concerned, it requires much human energy (in pressing), the technical solution is associated with proper TW installation. At its first place, proper water bearing strata to be carefully located where screen pipes (filter) are accurately placed. To its annular space (between drilled bore and pipe), selected gravel packing shall be embedded up to the top of filter (screen) pipe assembly with sufficient overlap. Then the TW must go for continuous testing and development (T&D) process till sand free clean and transparent water discharges. If proper T&D is done with gravel pack (and if the screen is accurately placed on the best water bearing strata), the TW should discharge free clear water that would make ease in pressing the TW handle to draw water. However, in some cases the head assembly may be unusually difficult to use due to its construction but after few hours/days operation it should be free and easy.

B. Sanitation Options

One of the major concerns among the users is to easy cleaning of the pit latrine (maintenance after it is filled up). There have been cases and concern that the latrines produce bad odours, no gas (vent) pipe connection, get filled frequently, slab replacement is difficult, leaky slab and ring conjunction, very unfavourable space inside (narrow), pans are not good enough (urine splashing) etc. In view of these concerns, the following recommendations are made-

- B-1 The first and foremost action is that the project should outline /prepare a maintenance plan/manual for cleaning the pit and arrange for training for the users. This will reduce concerns of the users.
- B-2 Design of this type of single pit latrine may be reviewed to see if the number of rings should be increased to make it deeper. However, an offset type design may be good for the people where both bad smell and maintenance problem might be overcome.
- B-3 The project should review the option for shared latrine- to continue or not. It has been tested in many places that this option doesn't work properly instead create unnecessary conflicts among its users. Family/HH based option is best suited.
- B-4 More technical monitoring is required during latrine installation. Location, space availability, base preparation, proper plastering/sealing between the top ring and slab are very important. Fitting the pan and water seal to the slab to prevent leakage needs more attention; and maintaining a suitable slope to pan and water seal and fitting the vent pipes are also very important considerations.
- B-5 The project should cover all the population (beneficiaries and non-beneficiaries) to bring them under use of sanitary latrine systems. If some of the users are left behind, open defecation will not totally be eliminated from the area. This will have negative impact on the whole idea of safe sanitation.

Annex 1 – Details Methodology

See the attached annex for a detailed description of the methodology used in this Beneficiary Assessment.

Annex 1: Details Methodology

1.1 Selection of geographical areas and schemes (where)

In Kurigram Municipality, at this time, the project have only completed in Ward-1. So, the BA was planned to conduct only in Ward-1 of Kurigram Municipality. And a field test was done in Ward-6.

There are 13 neighbourhoods (para) in Ward-1 and it is possible to cover all of these 13 neighbourhoods in the BA. Alompara and Bangerdolla have less number of beneficiaries and these two paras are adjacent, therefore the WASH project has merged them into one para. Finally BA was conducted in 12 paras.

1.2 List of Kurigram Ward-1 neighbourhoods wise support:

	Sl. No	Ward-1 Para	HH	Beneficiary HH Toilet-PF	Indirect Beneficiary HH Toilet-PF	Beneficiary Ecosan Toilet	Indirect Beneficiary HH Ecosan T.	Tube well beneficiary HH	No of Tube - Wells
G1	1	Alom Para*	82	21	8			28	2
	2	Banger Dola*	91	40	23			0	0
	3	C&B Ghat Para	200	83	46	5	3	99	7
	4	Char Kurigram	171	63	35			81	6
G2	5	Chowdhury Para	121	35	30			28	2
	6	Akota Para	134	63	26			100	7
	7	Hamid Para	140	35	26			52	3
G3	8	Pasker Para	159	32	22			0	0
	9	Puraton Station Para	280	47	31			44	3
	10	Shouhardo Para	215	70	45	14	2	72	6
G4	11	Sluice Gate Para	44	21	11			31	2
	12	Sowdagor Para	354	95	74	1	1	13	1
	13	Tanary Para	164	54	53			71	4
		TOTAL	2'155	659	430	20	6	619	43

*Para (neighbourhood) 1 and 2, will be assessed together, to get four groups and as the number of population is more limited.

1.3 Actors and their roles in the BA (who)

Selection of local actors (CO's as assessors) is conducted considering the principles of *participation and ownership, inclusion, representativeness and differentiation*.

a) Citizen Observers (assessors), COs.

As BA is intended to identify beneficiaries' perspective with as little biasness as possible, the real beneficiary would conduct the assessment. Beneficiaries as CO's were selected from each targeted areas (para) proposed for the assessment. There would be total 12 COs selected from 12

paras (one from each para). Additional 2 COs would be including in the whole team, called Champion COs selected during training and field test of BA among the all COs. Each CO forms a peer group with a neighbourhood CO. They collectively function as “peers” (4 groups of 2 CO’s each) in conducting the assessment. The specific roles and responsibilities of the CO’s are to:

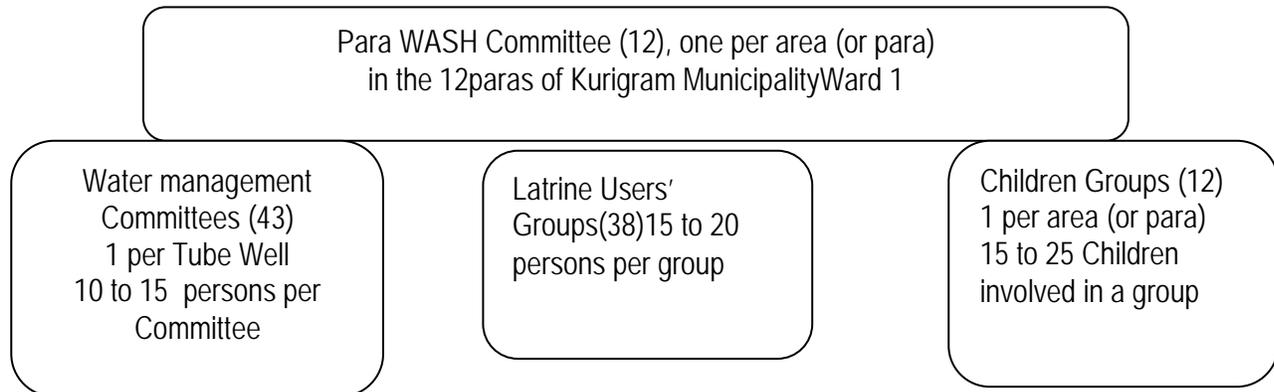
- ✓ Participate in the training conducted by the facilitating team
- ✓ Support the development and validation of the framework and the assessment tools
- ✓ Conduct the assessment through household interview and Focus Group Discussion and Community meetings.
- ✓ Record data in the field based on the method jointly developed during the training
- ✓ Facilitate visualization of discussions during the assessment
- ✓ Establish a record of visits during the field period
- ✓ Give feedback to the communities in community meetings and get further information
- ✓ Participate in the analysis of data and consolidation of results with the facilitator
- ✓ Participate in a validation workshop
- ✓ Give feedback/views on the process applied.

Given the above roles and responsibilities, CO’s were identified and selected using the following criteria and procedures:

- ✓ Each group should have at least one women member
- ✓ The COs was selected from all the neighborhoods that would be assessed. (1 CO per neighborhood). See details in section 2.4.
- ✓ COs should be able to read and write in basic Banglaand be outspoken
- ✓ Groups overall should include a mix of different types of stakeholder (e.g. users, committee members, service providers)
- ✓ COs should be willing to commit themselves to the assessment process (in terms of time about 13 days, including training/field testing ...).
- ✓ COs should be prepared to respect and work with a variety of stakeholders
- ✓ A brief orientation to user’s committee members was organized at the field level by Tdh’s staff to explain about BA process, its objective, methodology, and time frame and explaining to clear understanding for selection criteria of CO. User’s Committees then initiated the CO’s selection process.

b) Beneficiaries

The following Committees and groups have been created through the project, to ensure the involvement of the beneficiaries, water users group, toilet users group, para WASH Committees, Water management committee; child-group; and tube well care takers.



Similarly beneficiaries include different groups according to gender (men and women), profession, age (adult and children). Majority of the population includes poor category.

Tdh's target areas span remote and rural char lands as well as coastal communities (Barguna district) and peri-urban settings (Kurigram district); all having assessed socio-economic deprivation, alarmingly high rates of acute malnutrition among children and risk of natural catastrophe (flooding, storms). General hygiene promotion and awareness raising activities have been planned to reach 164'100 people (est. 85'100 female, 79'000 male).

For the BA, selection of Households for the interviews were done based upon stratified random sampling. First, all HHs in each scheme were classified according to different strata, corresponding to social groups (mothers, children, head of the family). A total of 6 HH per area (para) or in total of 72 HH (out of 659 = 11%) was selected through lottery basis.

1.4 Beneficiary Assessment (BA) Research Sampling:

When conducting research, one must often use a sample of the population as opposed to using the entire population. So, a population can be defined as any set of persons/subjects having a common observable characteristic. For example, all individuals who reside in the Bangladesh make up a population. Also, all pregnant women make up a population. The characteristics of a population are called a parameter. A statistic can be defined as any subset of the population. The characteristics of a sample are called a statistic.

Stratified Sampling:In a stratified sample, we sample either proportionately or equally to represent various strata or sub-populations. In our strata we have different support groups:

1. Latrine support group: direct latrine and shared latrine beneficiary.
2. Only Tube-well beneficiary.
3. Tube-well and direct latrine beneficiary
4. Tube-well and indirect latrine beneficiary
5. Gender, we would sample both men and women.

Data Collection - Random Sampling:

As the name suggests, simple random sampling is the simplest method of probability sampling. It means within a particular study population everyone has an equal chance of inclusion in the

sample. It is considered 'fair' and therefore allows findings to be generalized to the whole population from which the sample was taken. It is sometimes called the 'lottery method'.

To use the simple random sampling method, it is necessary to have lists of all elements of the population to be studied. Therefore, to select a simple random sample we need to:

- Make or search for an existing named or numbered list (beneficiary data) of all the members in the study population from which we want to take a sample.
- Decide on the size of the sample we needed. (72 numbers HHs interviews, 24 numbers FDGs-Female-12 nos. & Male -12 nos., 12 community meetings).
- Select the required number of subjects (also known as 'sampling units') using a lottery method so everyone has an equal chance of being selected.

Simple random sampling:

In the Beneficiary Assessment (BA), we use the lottery method for sampling as it has a smaller population only dealing with the project target beneficiaries.

The **lottery method** involves:

- transferring each person's name from the list and putting it on a piece of paper
- the pieces of paper are placed in a container and thoroughly mixed
- the required number are selected by someone without looking into the container
- the names selected are the simple random sample.

This is basically similar to a game of bingo or the national lottery. This procedure is easy to carry out especially if both population and sample are small, but can be tedious and time consuming for large populations or large samples.

Simple Random Sampling –

- Is free from the personal bias.
- Sample is drawn in such a way that every member of the population has an equal chance of being included in the sample.
- Sample obtained is referred to as the Random Sample.
- Very suitable, if the population is small or if the list of the elements in the population can be made.
- Very useful in the cases involving a homogeneous population.
- Is further of two types – simple random sampling with replacement and the other one is the simple random sampling without replacement.
- If the units of a sample are drawn one by one from the population in such a way that after every drawing the selected unit is returned to the population then this is called as the simple random sampling with replacement.
- And if the units of a sample are drawn one by one from the population in such a way that after every drawing the selected unit is not returned to the population then this is called as the simple random sampling without replacement.

Random sampling can be performed with the help of certain specific methods and here we use Lottery method –i) A lottery is drawn by writing a number or the names of various units and then putting them in a container. ii) They are completely mixed and then certain numbers are picked up from the container. iii) Those picked are taken up for the sampling.

c) National Facilitator & Co-Facilitator

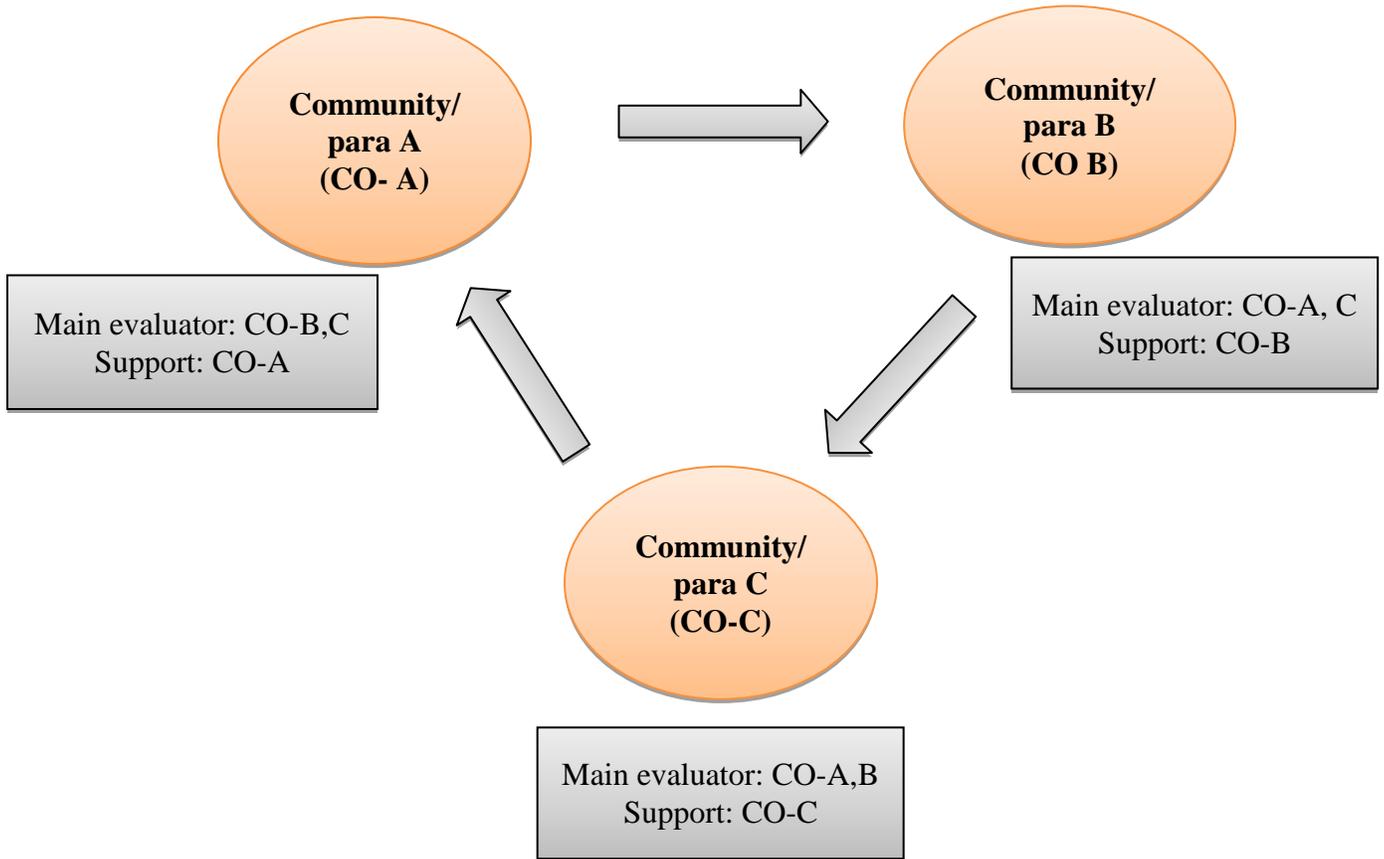
The whole assessment was completed by the involvement of a National Facilitator along with a Co-Facilitator to support him. It is important to note that this person must be seen by CO's and beneficiaries as independent from the project. The National level facilitation includes overall coordination of the BA and drafting of the final report.

1.5 Implementation modality during the field phase (how)

Field level data collection were implemented in two phases and in each phase duration was for 6 days to cover 6 paras and for this study there were 12 paras to complete the whole BA Study. In each phase there were 8 COs engaged to complete the data collection in peer groups. Out of 8 COs 6 are selected from their own paras and the rest 2 COs are from neighbours and as called Champion CO. Each of the 8 COs at first forms 4 peer groups, and then from these 4 COs each of 2 COs combined in one sub-group. One CO of this sub-group act as a lead evaluator and the other act as host/supporter/note taker. As for example, while assessing para 'A' the CO belongs to para 'A' act as host CO and the CO belongs to para B/C act as lead to evaluate the assessment. In one round of assessment there are 6 paras to select for field data collection in 6 days. These 6 paras again divided into 3 clusters consisting 2 paras in one cluster. The 6 day's work schedule set into 2 day's per cluster. So, for first two days field work select 1 cluster which have two adjacent paras. Within this cluster 4 peers COs (sub-group) started to work for 2 paras. In day 1 all COs visited HHs to collect information's through interview with questioner. Each sub-group of COs was visited 3 HHs in day 1, i.e, 4 pair of COs (two sub-groups) would visit $4 \times 3 = 12$ HHs. In day 2 all of them again visited the same paras to conduct focus group discussions, FGD in the first half of the day. Each para 2 FDGs were conducted, one with female and another with male group. In the same day (day 2) in each para there was one community meeting. The community meeting was facilitated by the National Facilitator. The Co-Facilitator and COs were supporter for note taking, managing meeting. Among 8 COs 1 (Champion CO) would be act as main note taker and the others support her/his note taking.

This way one COs sub-group (2 COs) worked for 2 days in one cluster paras. Accordingly another 2 cluster paras was covered by the same COs by turn basis moving around. This way the whole data collections were assessed in two para/communities in two days applying the following scheme:

Figure: A Diagram of Citizens' Observer Group



The assessment was comprised of household interviews, Focus Group Discussion (FGD) and community meetings at field level together with the CO's. For each community meetings the National Facilitator conducted the meeting.

On field visits, Day 1, (whole day activity): In day 1, all COs visited HHs to collect information's through interview with a set of questioners. During interview with the sample individual households (HHs) the lead CO was asked questions and the support CO took notes on the question paper. Each Interview took place at least for 2 hours ensuring quality of data. Each sub-group of COs have visited 3 HHs in day 1, so, it is 4 pair of COs visited $4 \times 3 = 12$ HHs. Ideally, different members of household (husband, wife and a child) should attend the interview. However, specific issues concerning mainly women could be dealt with the women only. The findings of the household interviews were discussed in the evening between the CO's and the facilitator and also provide guidance for issues to be taken up in the FGD and community meetings.

On field visits, Day 2, (1st half of the day activity): In day 2, all COs again visited the same paras to conduct focus group discussions, FGD in the first half of the day. In each para 2 FDGs were conducted, one with female and another with male groups. In the same day in each

parathere was one community meeting. The community meeting was facilitated by the National Facilitator.

The Co-Facilitator and COs supported for note taking, managing meeting. Among 8 COs 1 was act as main note taker and the others support her/his note taking.

Focus Group Discussions (FGD's) Different Focus Groups (FGs) made of 7-10 people formed according to social groups: men, women, and youth. This would mean to have 2 FG's in each para. That way the BA holds a total of 24 FGDs.

Points to be considered for FGDs:

- ✓ For focus group discussions, ideally there would be 2 COs facilitating the process i.e. One facilitating the discussion and the other one taking note. In this case, the visiting COs (from outside of the para area) played the main facilitators' role in conducting FGDs whereas one CO from the same para area will play the role of note taker. Note taker would not be allowed to put their opinions during the entire discussion.
- ✓ There is a need to be sensitive in ensuring that as far as possible CO facilitator also belong to the selected ages and gender (ideally) so that participants felt happy to answer their questions and do not feel uncomfortable in any way.
- ✓ The National Facilitator and the Co-Facilitator were supervised the process, and help for its organization.

On field visits, Day 2, (2nd half activity): A community meeting was hold to reflect findings from the BA exercise in that community. The aim of community meeting was to give a preliminary feedback on the findings and also complement missing information at community level. The community meeting was arranged in a suitable place considering the availability and well communication for the community people to attend. During HHs interview and FDG session COs would informed the community members from all corners of the people to attend in a community meeting. Around 50 people both male and female from all level of peoples in that community attended in the community meeting. The meeting was arranged for 2 hours in a common place in the middle of the para.

Annex 2 : Assessment framework

Area of assessment	Specific field of observation	Guiding questions for field phase	To whom is question addressed	Type of information / unit of measurement or way of capturing information	Additional remarks
Access to water services	1.1 Quality of Service	How much time it used to take to fetch water for your family before the project (one round trip)?; How much time it takes now to fetch water for your family (one round trip)?; How was the quality of water before?; How was the quality of water now?; Were you able to get sufficient water before installation of project TW?; How is the water availability now for your family?; Were you able to get sufficient water before the project?; Are you getting sufficient quantity of water now?; How do you rate the level of your satisfaction with the TW?; What changes in your family, you feel as a result of TW facility you have, please explain?	HHs and FGD	Quantitative and Narrative answers (cross check with different users group: male, female, girls, boys)	
Evaluation of Latrine and access to sanitation Services	2.1 Quality of Services	Where your family members used to defecate before you get the project latrine?; Where your family members defecate at present?; With what stuff you used to wash your hands after defecation before the project?; With what stuff you use to wash your hands after defecation at present?; At before what interval of time you use to take bath?; At present what interval of time you use to take bath?; At before what interval of time you use to wash your clothes?; At present what interval of time you use to wash your clothes?; How did you do manage the household level waste before the project period?; How do you manage the household level waste at present?; What changes in your family, you feel as a result of latrine facility you have now?; please explain?	HHs and FGD	Description with qualitative answers, quantitative	

Area of assessment	Specific field of observation	Guiding questions for field phase	To whom is question addressed	Type of information / unit of measurement or way of capturing information	Additional remarks
Effects due to changes in WASH	3.1 Effects as a result of Water, Hygiene, Sanitation facilities	How were the incidences of water borne and water washed diseases before the project, at your family? How is the situation regarding incidences of water borne and water washed diseases after the project, at your family? How do you use saved water fetching time now? What behavioral changes and practice you feel as a result of WASH facility in your family due to Project support (software/hardware)Please explain?	HHs and FGD	Quantitative and narrative answers	
Local Skills Development and performance level	4.1 Capacity level of local skills trained persons(care taker)	4.1. In your view how is the skill/capacity of trained caretakers to perform their tasks?	HHs and FGD	Narrative answers	
	4.2 Performance level and promptness of services.	4.2. How do you rate their readiness for work and performance level? What do you feel regarding the training of caretakers in terms of trained no, selection process, training level, application of training etc., please mention.	HHs and FGD	Narrative answers	
Functioning of users/committees	5.1. managerial skills and performance level of the para committees	Do the committees hold a regular meeting? (Yes/No), if Yes, at what interval? Do you know what they normally discussed in the meeting? If Yes, please mention few points. How is the recording system maintained with the committees?; How the discussed/agreed issues are implemented?	HHs and FGD	Descriptive answers	
	5.2. O&M arrangements including O&M funds (TW Committee)	How the repair and maintenance of the TWs takes place? Please mention briefly. How the money is collected for repair and maintenance from the users? If money is collected on regular basis then do you know where that money is kept?	HHs and FGD	Quantitative and narrative answers	

Area of assessment	Specific field of observation	Guiding questions for field phase	To whom is question addressed	Type of information / unit of measurement or way of capturing information	Additional remarks
		How much is the O&M fund size at present and how it is used? Please mention. How do you rate the overall functioning of the committees?			

Annex 3: Time Schedule

Activities	August'13				September'13				October'13				November'13				December'13			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Planning	■																			
Training, Validation, Preparation (field, logistic)						■														
Implementation								■												
Analysis										■										
Validation													■							
Final reporting																■				

Annex 4: List of Citizens Observers, COs, Kurigram, Bangladesh

SL.	Name	Sex	Name of Para	Position/Occupation	Location	Cell phone number
1.	Azad	Male	Hamid Para	Business	Ward-1	01740149635
2.	Begum	Female	Char Kurigram	House wife	Ward-1	01736960285
3.	Biplob	Male	Chowdhury Para	Business	Ward-1	01926283043
4.	Fatema	Female	Sluice Gate Para	House wife	Ward-1	01946442754
5.	Jui	Female	Puraton Station Para	Student	Ward-1	01935420082
6.	Lion	Male	Tanary Para	Business	Ward-1	01935235267
7.	Mamun	Male	Pasker Para	Student	Ward-1	01755260047
8.	Masud	Male	Ekota Para	Student	Ward-1	01912683666
9.	Nayan	Male	C&B Ghat Para	Student	Ward-1	01917385513
10.	Nazma	Female	Ekota Para	Family Business	Ward-1	01981828493
11.	Rina	Female	Sowdagor Para	House wife	Ward-1	01833036975
12.	Salma	Female	C&B Ghat Para	Teacher	Ward-1	01942049108
13.	Shahin	Male	Alom Para	Cultural Activist	Ward-1	01923367419
14.	Shahina	Female	Shouhardo Para	Teacher	Ward-1	01920404854