ASSESSMENT OF THE

"Initiatives for Total Sanitation in 254 Villages" under DPHE-Danida Water Supply and Sanitation Components

Assessment REPORT

Report prepared for

DPHE-Danida Water Supply and Sanitation Components

15 April 2005

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Initiatives for **"Total Sanitation in 254 Villages"** under
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Assessment
REPORT
Part One

Report Prepared for
DPHE-Danida Water Supply and Sanitation Component
Kakrial
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LIST OF ABBREVIATIONS

ADP	Annual Development Programme
AT	Assessment Team
BCC	Behavioral Change Communication
CCU	Central Coordination Unit
DAM	Dhaka Ahasania Mission
DAG	Danida Advisory Group
DPHE	Department of Public Health Engineering
DSS	Disproportionate Stratified Sampling
DHTW	Deep Hand Tubewell
DTC	District Training Coordinator
FGD	Focus Group Discussion
GOB	Government of Bangladesh
HRD	Human Resource Development
HH	Households
HP	Hygiene Promoter
KII	Key Informant Interview
LGI	Local Government Institution
MDGs	Millennium Development Goals
MIS	Management Information System
MoU	Memorandum of Understanding
NGO	Non-Government Organization
PNGO	Partner NGO
PRA	Participatory Reflection Approach
PO	Project Officer
SAE	Sub-Assistant Engineer
SACOSAN	South Asian Conference on Sanitation
ToR	Terms of Reference
TOT	Training of Trainers
UP	Union Parishad
UPC	Upazila Project Coordinator
UN	United Nations
UNO	Upazila Nirbahi Officer
UC	Union Coordinator
WAB	Water Aid Bangladesh
VWC	Village WatSan Committee
WatSan	Water & Sanitation
WSSD	World Summit for Sustainable Development
WSSC	Water Supply and Sanitation Components

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Dr. A.M. Shamsul Hoque
Team Leader
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EXECUTIVE SUMMARY

Background

About 80% of the sufferings in connection with sanitation and hygiene have been taking place in South Asia and African countries. Considering the present fact and scenario the issue of sanitation has been identified as one of the most important components of Millennium Development Goals (MDGs). A target has already been fixed in MDGs for halving, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. On the basis of the Millennium Declaration, the respective governments of the countries have also set out their own targets with a detailed plan of action by involving all related stakeholders and partners. In accordance, the Government of Bangladesh (GoB) has set its target to achieve 100% sanitation coverage by 2010.

Introduction and Rationale of the Assessment

In order to contribute to achieving Total Sanitation by 2010 as declared by the Government of Bangladesh, the DPHE-Danida Water Supply and Sanitation Components have been implementing different sanitation initiatives, which include,

- 100% sanitation coverage in all primary households of water points installed under DPHE-Danida (one water point is usually surrounded by 8-10 households) and;
- Total Sanitation in 254 Villages and 6 Unions.

The current phase of DPHE-Danida Water Supply and Sanitation Components will end by June, 2005. Therefore, assessment of the Total Sanitation initiatives in 254 villages is needed to get a clear understanding about the gaps to be filled during the remaining time span of the current phase and to outline the future directions for the next phase.

Objectives and Methodology of the Assessment

To assess the implementation process, status, effectiveness and impact of total sanitation activities in the 254 villages and make recommendations for further improvements, a wide variety of Participatory Rural Appraisal (PRA) techniques were used to generate information and data at the community, PNGO, local government and at central level of DAM & DAG.

Achievements of the Programme Component

During the period from July 2003 to December 2004 the last Reported Status, of 254 villages are 18 villages achieved 100% sanitation, 65 Villages achieved 80-99% coverage and 175 villages had less than 80% sanitation coverage.

Observations and Findings

Coverage of Sanitary Latrine: The assessment shows that the coverage of sanitary latrines over a year has been excellent. In terms of access, none of the sample village has less then 80% coverage using different low- cost options. Among 9,598 households in 27 sample villages, 93% households have access to hygienic latrine. Among them 68% have access to ring slab, 18% have access to offset pit and 7% have access to covered pit**.** However, qualitative data shows that there is a difference between having access to hygienic latrine and the use of hygienic latrines by people from different age groups. In the 27 sample villages, 78.6% households are using own hygienic latrines and 13.3% households are using shared latrine. In general, bottom 5% population of the target villages hardly have access to sanitary latrines. Coverage will be lower if factors such as age, illness and persistent use of latrines by different section of population are also taken into consideration.

Status of Villages: The project has made good progress in terms of making the physical facilities available to the villagers and thus bringing a village under the total sanitation coverage. Though the DPHE were involved in the project they raised questions on total village coverage as project had selected some villages only partly because their large size. The criterion was thus revised and entire villages were brought under the programme irrespective of the village size. As a result, in some areas village size has changed and a number of households have increased by 13.9% and the current household number in 27 villages is 9598, including 1,297 new HHs in the remaining portion of the villages. Out of 27 villages, 8 villages already achieved 100% hygienic latrine coverage. In these 8 villages 100% people have access to hygienic latrine. Out of 27 villages, 21 villages have more than 80% hygienic latrine coverage, which is an excellent achievement of this initiative. It also indicates that facilitation of DAM and PNGO for awareness programme on WatSan is having a positive impact on villagers' attitude towards health and hygiene. But findings from qualitative assessment it is found that in terms of latrine use coverage is not that much high.

Latrine Use and Maintenance: Among the sample villages, the total population in 9,598 households is 53,086 and among them male are 24,062, female are 21,630 and children below 5 years are 7,394. Among this population almost all adults are using latrine regularly. About 89% male and 96% female are always using latrines, but only 46.4% children are always using latrines. Use of latrines is particularly low among children under five years and old aged people and especially in cases of ill and disabled persons. From survey findings, it is apparent that a significant number of households are keeping cleansing agents near the latrines. However in case of shared latrines, apart from water, members of other households who are sharing the latrines are not allowed to use these materials for cleansing and hand washing purposes. Qualitative findings show that using water after passing urine by male and children below 10 is very low. The young male and children below 10 hardly use latrines or a fixed place to urinate. Interestingly, use of sandal is gradually increasing and now even many poor households are also using sandal when going to latrines. In the sample villages, it is found that about 69% households are keeping the pan fairly clean, latrine platforms of 75% households is clean and latrine surroundings of 69% households is clean. The current survey has found that water seals are broken and overall maintenance status of the latrines are very poor in a good number of latrines and this is among the newly included households (mostly in Laxmipur and Begumganj).

Physical condition of Bari: This is evident from findings that the overall attitude of people to keep their habitat cleans along with a positive move towards latrine maintenance and solid waste disposal in a fixed place. Overall environment of the villages as well as baris are clean among the middle and upper class baris. In the sample villages, surroundings of more than 80% baris are clean. Physical environmental condition is very poor in only 9% baris and child excreta have been found on the courtyards in 23% baris. Most of these baris are those that have been newly included in the programme and the PNGOs awareness activities are not yet very strong over there.

Comparison with Baseline Information: With reference to the baseline survey in March 2004 which measured two indicators - hygienic latrine coverage and solid waste disposal in a fixed place, the current assessment that in all the villages, coverage rate of hygienic latrine and use of fixed places for solid waste disposal has increased significantly, however behavioural changes is still low among the study population. In most of the villages disposing solid waste in a fixed place was 0%-5%, which in many cases reached to 100% coverage in terms of disposing solid waste in a fixed place (each of the bari at least has one fixed place for dumping solid waste). To compare the household level data the newly included households of the programme were excluded from this comparative analysis so that the assessment can be properly compared to the baseline.

Village selection criteria: Under the Total Sanitation Coverage Approach, village selection was the first step, which has been done by the active involvement of respective Union Parishads and Partner NGOs. According to the respondents of FGDs, with support of the PNGOs, the UP led the selection of the target villages for Total Sanitation Program. Though the central project management had initially decided that the total number of households in a village should not be more than 300, it was later revised that 400 households in a village is acceptable. Other than this central programme

did not set any other criteria for village selection. However partner NGO staff and UP representatives considered other criteria such as:

- Road accessibility:
- Involvement of other NGOs in the target village was considered as supplementary to achieve the Total Sanitation Coverage.
- Previous consultations with DPHE (in Pirojpur and Kathalia)

Method of baseline survey:
DPHE-Danida launched the present WSS component in 2000. A total of 28 Partner NGOs were selected from 8 Coastal Districts in Bangladesh. Dhaka Ahsania Mission has been working as the key partner of DPHE-Danida in selecting local partners and building their capacity to implement software interventions under the components and to monitor field level activities and progress. In November 2003, the component management had decided to take a new initiative to attain Total Sanitation in 254 villages and 6 Unions (one village from each Union) for Total Sanitation Coverage, the success of which can be used as a model to be replicated in other villages.

At the beginning of the total sanitation approach, baseline survey was conducted for more than 90% villages. In some villages baseline survey was conducted after starting the program. Instead of conducting a formal survey in all the villages they had done a PRA mapping of the settlement in order to find out the number of latrines by option. Later on centrally DAM extracted the information from the PRA map and put it in a standard format for documentation. So, the baseline survey was not a door-to-door quantitative survey and the number of latrines mentioned in the baseline survey was an approximate estimation of latrines by option.

Monitoring: The project has developed a monitoring mechanism carried out in two levels that have been done by the respective DAM staff, PNGO staff and the community groups and which has been mainly quantitative monitoring of the programme. DAM or the PNGOs are not involved in output related process monitoring. The current monitoring system is basically upward information flow from the field to the DAM central office. For example PNGOs are updating district DAM office and through Regional office, District office is sending the monitoring data to the Central office. It mainly reflects the implementation status of activities compared to the target. In addition, this format also includes the number of latrines installed within the stipulated time. Monitoring information is not shared with PNGOs on a regular basis and therefore the information is not being utilised to solve the any intervention problems and work towards achieving the ultimate goal of the programme components. Villagers do not get back the monitoring feedback, which could help them to know the current status of programme activities and the scenario of their village, and this would help the community based groups to take lead in decision making about what steps they need to take to reach to their goal

Training: As an important means of capacity building of relevant staff and other stakeholders, training played a vital role in the whole process of total sanitation program. To implement the total sanitation program at 254 villages, DPHE-Danida Water Supply and Sanitation Components organized a foundation training and TOT for DAM Training Coordinator and Trainers from all Partner NGOs with the assistance from Water Aid and VERC. Through this foundation course and TOT, participants developed two training modules for partner NGO staff and Local Government Institution representatives. As per the project plan, the District Training Coordinator (DTC) conducted foundation course for the core team and later conducted training on participatory tools for hygiene promotion and monitoring. The main objective of both the courses was to increase participants' knowledge and skill on the concept of total sanitation approach and how to ensure community participation by using PRA tools. Participatory Monitoring was also an important area of the training course. Both the training courses have been conducted in the using the two training modules. However, there was no provision for refresher courses, which could help the field staff to assess their performance and take corrective measures. Respective UP members also received training from PNGOs. The training modules and materials have been found very effective. A number of participatory hygiene promotion tools have been introduced with the project staff, which increased their capacity to involve villagers in analyzing their sanitation & hygiene situation

and developing a plan of action according to the people's priority to achieve village based Total Sanitation Coverage.

Involvement of other stakeholders:
To achieve the ultimate goal of the total sanitation program, the initiative of total sanitation for 254 villages very successfully identified the local potential stakeholders and ensured their participation in the process of total sanitation. It created an enabling environment for the stakeholders to work for achieving the goal of total sanitation program within the allocated timeframe. The project has imparted some training courses and orientations for the local stakeholders like, UP member, VWC, catalyst groups and other community key persons to increase their awareness and capacity so that hey can participate actively in the process of total sanitation. The assessment team has found that local stakeholders have played a significant role in achieving the total sanitation program target

Sustainability:
The Assessment Team strongly pointed out that it is not the right space of moment to comment on sustainability as the coverage (in terms of getting access to hygienic latrine) has been made a few months back. Nevertheless the team observed that the coverage is high in the villages where UPs and particularly the Chairmen are very active and concerned about sanitation as an important development agenda. Total Sanitation Approach has tried to involve community people from different segments of the village and build their capacity through various need based training and orientations. Special focus has been given to involve UP from village selection to program monitoring from the sustainable point of view. It is expected that the demonstration effort of the total sanitized village along with effect of sanitized DHTW user groups and schools will be spread throughout the unions. As a result, a positive environment will be created towards achieving the total sanitation coverage in all the villages of the components in near future. The programme however has not yet implemented any activity to build network among the groups and Union WatSan committee, DPHE and other stakeholders of the locality to ensure continuation of programme interventions. Moreover, programme exit plan is not shared with local groups and UPs and as a result of that, none of the groups are ready yet to take over the lead role to continue the current activities. So, even in the villages where they have 100% achievement in terms of latrine coverage, there is still need to continue the activities for a certain time to make this programme sustainable.

Conclusion
Compared to baseline information, it is clear that coverage for getting access to hygienic latrine is very high. The assessment has apparently shown that out of 27 villages, 8 villages have achieved 100% latrine coverage and more than 80% coverage has achieved in the rest of the villages. It appears to the assessment team that it is quite possible to ensure 100% hygienic latrine coverage within June 2005, if on-going activities are implemented. However, considering the behaviour change such as hand washing habits, hygienic maintenance of latrines and households, etc. total sanitation coverage is considerably less. There seems to be a slow progress in behavioural changes towards improved hygienic practices.

Key Recommendations
Coverage of Hygienic Latrine and use of Latrine :

- Ongoing awareness activities regarding change in behaviours needs to be continued in the villages where programme already achieved 100% latrine coverage, because, compared to latrine coverage behavioural change related to hygiene practice is quite low. Moreover, achieving the ultimate goal of the component is not possible without bringing about changes at the practice level.
- To increase the coverage (in terms of getting access to hygienic latrines) PNGOs along with Union WatSan Committee need to encourage community people to repair the broken water seals immediately.
- Assessment findings show that most of the hard-core poor are excluded from getting access to hygienic latrines. To cover them in this programme PNGO staff should take necessary initiatives to identify the poorest households and link them with UP to access latrine support

from 20% ADP allocation and also with other credit operating NGOs for getting soft loan.

Maintenance of Latrine and the Cleanliness of the Bari

- The ongoing promotional activities and its guidelines need to be reviewed to highlight issues like, importance of using latrine by the children, using ash instead of soap, menstrual hygiene for women.
- Cleanliness of latrines and households should be emphasized in the promotion package. Some times demonstration and visiting a few clean latrines with the households having dirty latrine and courtyard can be an effective strategy to promote these issues.

Village Selection Criteria

- Village selection should be done in line with the Government Policy and Strategy and with UP taking the lead to do this. In this connection existing latrine coverage is an important factor in selecting target village for total sanitation.
- Before selecting the target village, consultation with other key community groups (School teacher, Imam, Samity, Club and other Social Elites) can help to implement total sanitation program from the sustainable point of view.
- Involvement of local DPHE needs to be mandatory as they are the most relevant stakeholders in the government sector.

Method of Baseline Survey:

- Baseline survey should be done before implementing the total sanitation program at target villages.
- Standard baseline survey format need to be developed that can be used by all partners and that may help the central project management team to monitor consistently the progress of total sanitation approach.
- Baseline survey method needs to be revised, because data gathered scientifically by using qualitative research tools are not convertible to numbers. Quantitative data collection needs to be improved to give a more measurable a picture of the village in terms of numbers**.**

Monitoring:

- Monitoring system needs to incorporate qualitative monitoring tools, since DPHE-Danida WSS Components are providing software services to the communities, which are mainly related to behavioural change and all aspects of behaviours are not quantifiable.
- Information gathered through regular monitoring of the programme needs to have downward flow too and needs to be used by the PNGOs and the communities to take necessary steps to achieve the goal within the timeframe.
- Monitoring report needs to be circulated to all institutional levels i.e. DAG, DPHE, PNGO and UP. Also in the monthly coordination meeting PNGOs need to share the findings of monitoring and the steps that component will take according to these findings with the Village WatSan committee and Union WatSan committee members.
- HP and UC's need to discuss the current picture of different villages in different group meetings and need to encourage the groups to think what they can do for the betterment of their village.
- House visits by different committees needs to be continued for addressing behavioural change monitoring and these also need to be properly documented.
- A standard monitoring mechanism is needed to be developed by the project with a computerized Management Information System (MIS) to store the information properly and to ensure PNGOs and stakeholders easy access to information.
- Findings of the HH visits need to be shared with other community based stakeholders for taking appropriate and corrective measures.
- Internal Evaluation needs to be conducted after a certain period of time, so that all stakeholders/partners get an impression of the project in regard to taking necessary corrective measures for the betterment of the project.

Training:

- Refresher course is needed for the participants who participate in the basic trainings.
- All UC and HP need a short refresher so that they will be able to conduct training courses at community level with more confidence.
- Gender, poverty and sustainability issues needed to be incorporated in the training modules, as these are the guiding principles of Danida sector programs.
- Capacity building of UP, VWC and catalyst groups needs to be addressed, so that they can continue the programme on their own.
- A further assessment and review of the existing training modules needs to be conducted by an external consultant to address the emerging needs of the sector and program as well.

Involvement of other stakeholders:

- Participation of local stakeholders, particularly Union Parishad and Communities at all levels needs to be increased in project activities. This process of involvement will build a sense of ownership among the stakeholders.
- There are some other departments working at local level under the different ministries of the government of Bangladesh, like Health and Family Planning, Agriculture, Social Welfare and Information. They can play a vital role in the project implementation process, as many of them have close working linkages up to village level.
- Involvement of UP Representatives in monitoring and coordination at PNGO level needs to be enhanced as a regular activity of UP so that the progress can be achieved as it was expected. A comprehensive monitoring and coordination mechanism needs to be developed which can be used by the UP, even at the end of the project.

Sustainability:

- A well defined strategy should be developed for the stakeholders at local level so that different groups at village, UP, PNGO and DPHE have a strategic guideline to continue and replicate this approach for other parts of the Union.
- The phase out strategy also needs to be developed with specific qualitative indicators in relation to sanitation and hygiene improvement.
- Training for capacity building of LGI and other community key members should be designed and conducted. Specially, the following training courses and activates can contribute to make the effort sustainable:
  - Leadership and Participatory Management
  - Sustainable WatSan Program and Mobilizing Local Resources
  - Community based Monitoring
- Experience sharing workshop should be arranged by the UP for other Ward members, so that the concept of Total Sanitation and its success can be extend to the other ward members.
- The Government of Bangladesh has recently announced a guideline of Ward WatSan Committee and its functions. In the GOB-UNICEF project, this committee has been functioning well, which is an experience that can be incorporated in Total Sanitation Program from the sustainable point of view.

1 BACKGROUND OF THE ASSESSMENT

1.1 Background

Access to sanitation, water and hygiene has been recognized as being the main cause of many health problems especially in the 3rd World Countries. An estimated 400 million children between 0 and 18 years old (UNICEF , India 2003) suffer from different water borne diseases all over the world, 80% of which is attributed to poor sanitation and hygiene in South Asian and African countries. In light of this the United Nations in 2000 declared the Millennium Development Goals (MDGs) where much importance was given to sanitation which was further emphasized by the World Summit for Sustainable Development (WSSD) in 2002. With reference to sanitation development, the WSSD announced the target to reduce 240 crore sanitation deprived people to one half (120 crore) in 2015 and bring 100% of the world population under sanitation by 2025.

In August 2002, Government of South Africa, in partnership with WSSCC and WSP Africa region, hosted AFRICASAN, the first regional conference dedicated to sanitation and hygiene on a policy level. AFRICASAN achieved a number of remarkable successes with government from across the region sharing and incorporating ideas and taking them forward by adopting sub-regional action plans into policy and practice. Based on this sub-regional action plans and policy, governments of the participating countries including the Government of Bangladesh[1] (GoB) have set targets with a detailed plan of action involving all related beneficiaries, stakeholders and partners. GoB intends to ensure 100% sanitation coverage by 2010 and in accordance with this the Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C) with all other concerned government and non government people, expressed commitment to achieving this target.

As a part of GoB's target to achieving 100% sanitation coverage by 2010, DPHE-Danida Water Supply and Sanitation Components started an experimental project[2] implemented by the national NGO Dhaka Ahsania Mission (DAM) assisted by two other organisations namely Water Aid Bangladesh (WAB) and Village Education Resource Centre (VERC) since 2003 in 254 villages under 28 Upazilas in 8 districts.

This paper[3] aims to present an assessment of the initiatives for total sanitation in 254 villages under DPHE-Danida Water Supply and Sanitation Components as implemented by DAM to assess the initiatives of Total Sanitation in 254 Villages under 28 Upazilas of 8 districts by the DAM.

1.2 Bangladesh Perspective

In a large part of Bangladesh people in both rural and urban areas practice open defecation. According to a survey conducted by GoB in 2003, families using sanitary latrines are on average 33% in rural and urban areas and 25% households are using unhygienic latrine and 42% has no latrine.

Though GoB has announced its current national coverage as 47% (National Sanitation Secretary Report March 2005), there is a question raised by the sector professionals regarding hygiene and the proper utilization of sanitary installations. There are many areas where sanitation coverage is less than the national figure which is why waterborne diseases are still very prevalent. At present however, it has lessened slightly compared to 2/3 years ago situation.

Treatment of hygiene related diseases costs Taka 5 billion in Bangladesh each year. Studies from India indicate significant reductions in monthly medical expenditure following integrated urban

[1] GoB called a South Asian Conference on Sanitation (SACOSAN) in which 300 experts from 9 countries of South Asia attended and all governments declared firm decision to improve sanitation in South Asia with urgency.

[2] The concept paper of Total Sanitation in 254 villages and 6 unions was prepared by DAM and approved by Danida Advisory Group (DAG). DAM iplemetd the project in collaboration with Water Aid Bangladesh (WAB) and its partner NGO Village Education Resource Centre (VERC).

[3] Association for Socio-Economic Advancement of Bangladesh (ASEAB) conducted this assessment.

water, hygiene and sanitation intervention. Losses of earnings and production are additional handicaps for poor people, whose physical fitness is their main productive asset.

Access to latrines in Bangladesh is officially stated to be 53%, according to the baseline survey report conducted by Local Government Division of LGRD and UNICEF in 2003. However, these figures include hanging latrines which are not sanitary and merely mean that people are practicing open defecation but in a fixed place. NGOs working in the water and sanitation sector have experienced that in most villages, hygienic latrine coverage is only abut 5-7% before intervention. It has been estimated that 20,000-25,000 metric tonnes of human feces is being added every day in open areas, contaminating water sources and causing serious health hazards. 72.97% households have identified lack of financial resources, be reason for not be able to install sanitary latrine

In Bangladesh, a large number of local, national, international NGOs and UN bodies have been working in water, sanitation and hygiene sector along with special interventions of Bangladesh Government, all to achieve the government target of total sanitation coverage by 2010.

1.3 Introduction and Rationale of the Assessment:

In order to contribute the achievement of Total Sanitation by 2010 as declared by GoB, the DPHE-Danida Water Supply and Sanitation Components has been implementing innovative programmes, such as, 100% sanitation coverage in all primary households of water points installed (Under DPHE-Danida one water point is usually surrounded by 8-10 households) and Total Sanitation in 254 Villages and 6 Unions through local Partner NGOs, one in each of the 28 Upazilas under the Component Area since November 2003.

It should be noted that the average household size as estimated was 250-300 per village. Such 254 villages have been selected one from each of the 254 villages of 28 Upazila under the 8 programme districts. The districts are Noakhali, Feni, Laxmipur, Patuakhali, Barguna, Jhalokati, Perojpur and Barisal. In addition to these villages, 6 unions from the same geographical area have also been selected for achieving total sanitation. It is expected that by June 2005, all the households of the selected villages and unions will use sanitary latrine and maintain the basic hygiene practices. The following hygiene behaviours are expected to be practiced by each of the household by end of June 2005:

- All households will use safe water for drinking and cooking
- All households will have their own or shared sanitary latrine
- All households will keep their latrine neat and clean
- All household members will wash their hands by soap or ash before taking food and after defecation.
- All household members will use sandals for latrine use
- All households will dispose of solid waste in specific holes/places

To measure whether these behaviour changes have taken place within the time period of the project, the Program management of DPHE-Danida Water Supply and Sanitation Components appointed an external team (ASEAB) to conduct an assessment of the project. The assessment would also identify gaps in implementation process and identify ways of ho these gaps can be avoided in the next phase of the project

1.4 Objectives of the Assessment

The specific objectives of the assessment are to:

- Review the implementation process of Total Sanitation in 254 Villages in accordance with the approved Concept Paper.
- Assess the coverage of sanitary latrines by different options and use and maintenance of the same.
- Assess the involvement of local government bodies, communities and users in respect of promotion, monitoring and sustainability.

- Crosscheck the reported data on sanitation status of the villages under Total Sanitation Programme.

1.5 Methodology of the Assessment

Sampling Procedure

Sample Design and Sample Size

A Stratified Random Sampling Technique has been used for the assessment. The *Strata* was considered based on a single criterion 'coverage of sanitary latrines in villages'. The *Total Sanitation* initiatives are taken exclusively in one village from each union under 28 upazilas in Noakhali and Patuakhali regions. Though initial plan was to take one village from each of the 254 unions, later on, three additional villages were also taken under this Programme in Betagi union only. Therefore, instead of 254, the assessment actually accounts for 258 villages under this initiative.

The strata considered for the assessment are:

- Category-1 - Villages with 100% sanitary latrines are already/almost completed the entire process for achieving the *Total Sanitation*
- Category-2 - villages having 80-99% sanitary latrines are close to achieve 100% sanitary latrine coverage within a short span of time
- Category-3 - villages having <80% sanitary latrines will have less chances to achieve 100% coverage within the stipulated time. However, a projection can be made on the findings.

Allocation of Sample and Sample Size

Disproportionate Stratified Sampling (DSS) was adopted as samples drawn from each stratum are not proportionate. Disproportionate sampling is usually adopted considering the factors (i) size of strata, (ii) time requirement and, iii) cost. While determining the sample size from each stratum, the guidelines as suggested by Cochran were followed.

As per the available information from DPHE-Danida Management, out of 258 villages under Total Sanitation Programme, only 18 villages in Patuakhali region attained 100% sanitary latrine coverage. Therefore, under Category-1 (villages with 100% sanitary latrine coverage) 1/3 villages (33%) i.e., 6 villages have been selected as sample.

From Category-2 where the villages have already achieved 80 to 99% sanitary latrine coverage, 5% villages have been selected as sample, which are 6 villages out of 65. In case of Category-3 where coverage is quite low (<80%), 10% villages have been selected for assessment, which are 17 villages out of 175. Since this category may have more internal variables, therefore, relatively larger samples have been drawn from this stratum. Distribution of samples by different Categories is given in the following Table.

Table 1:Distribution of samples by Categories

Category	No. of Villages				
	Noakhali Region	Patuakhali Region	Total	Sample Size	Proportion
Category-1: 100% sanitary latrine coverage	0	18	18	6	33%
Category-2: 80%-99% sanitary latrine coverage	26	39	65	4	6%
Category-3: <80% sanitary latrine coverage	64	111	175	17	10%
Total No. of sample Villages =				**27**	

During allocation of samples, consideration has been given to cover all the eight districts under the DPHE-DANIDA Programme. Accordingly a district-wise distribution of sample villages is given in the following Table.

Table 2: Distribution of District-wise Samples.

District		No. of Sample Villages			Total
		Category-1	Category-2	Category-3	
Barguna	Barguna Sadar	1	1	1	3
Patuakhali	Patuakhali Sadar	2	1	1	4
	Galachipa	3	0	1	4
Pirojpur	Pirojpur Sadar	0	0	2	2
Jhalokathi	Kathalia	0	0	2	2
Barisal	Barisal Sadar	0	0	4	4
Sub-total (Patuakhali)=		**6**	**2**	**11**	**19**
Noakhali	Begumgonj (ASCH)	0	1	2	3
Laksmipur	Laxmipur Sadar	0	1	2	3
Feni	Sonagazi	0	0	2	2
Sub-total (Noakhali)=		**0**	**2**	**6**	**8**
Total=		**6**	**4**	**17**	**27**

Out of 90 villages under Noakhali region, a total of 8 have been randomly chosen as sample villages while in Patuakhali region, a total of 19 villages out of 165 have been selected as sample villages under the mentioned categories. Therefore, the total number of sample villages is 27 in eight districts. For detailed list of sample villages (see Appendix-1).

Assessment Activities

In accordance to the TOR, a wide variety of PRA techniques was used to generate information and data at household, community, PNGO, and local government levels. To conduct the assessment, the following methodological steps were followed;

- Document Review
- Data Collection
- Data Analysis
- Report Preparation

Document Review:

All the relevant documents and literature available from DPHE-Danida were reviewed extensively by the key Team Members before starting the preparation for fieldwork. Review of the documents helped to develop the data collection tools for the assessment and data analysis. Among the important documents reviewed by the assessment team were the following:

- Concept Papers
- Project Activities Reports by respective PNGOs
- Implementation Guidelines for the Field
- Training Modules
- Baseline Survey Report for 254 villages
- Monitoring reports

Data Collection Methods

Walking Transects: Out of 27 villages, in 9 villages, walking transects exercise was conducted by the core team members while supervisors conducted the same exercise in the remaining 18 villages. The findings of this exercise was an important source of information to determine the status of hygiene practice, the use and maintenance of the latrine of the bari (house) and village level which assisted the team to analyse and comment on the level of sanitation awareness and practices of community people.

Sanitation Survey: Survey in 100% households of 27 villages was done. With exception of two villages, the number of households increased in all villages, almost all number of households (HHs) was more than initially assessed. The two villages showing differences in number of reported HHs and the actual number of HHs were from Noakhali region and these are;

- *South East Miapur/South Miapur*. The reported number of HH was 1,200 (see annex 1 of the Inception report), but the actual numbers of HH are 497 (see the attached copy the Union Parishad Chairperson's certificate and the report of the respective area of government statistical report done in 1991).

- *M.Amanatpur* the reported number of HH was 1,000 (see annex 1 of the Inception report), but the actual number of HH is around 900 and in 1991 it was 765 (see the attached copy the Union Parisad Chairperson's certificate, the report of the respective area of government statistical report done in 1991).

Focus Group Discussion (FGD): FGDs were conducted at differnt levels i.e. village/community/ Union level and at Upazila level. FGDs were conducted with community members and with PNGO frontline workers to assess their involvement in the whole process. Following are the nos. of FGDs conducted at different level:

- ***Village level:*** In 27 villages 27 FGDs were conducted (1 mixed group FGD in each of the sample villages). Total numbers of participants were 270 and among them approximately 150 were male and 120 female.

- ***Upazila Level:*** In 9 Upazila 9 FGDs were conducted with PNGO frontline workers (Union Coordinator and Hygiene promoter). Total numbers of participants were around 100 and male and female both categories of participants were present in the session.

Informal Discussion: Informal group discussions were conducted at four levels, such as village, union, district and region. The following numbers of discussions were conducted at different level;

- ***Village level:*** Out of 27 villages, 26-village group discussions were conducted. Each of the 26 session held per village was conducted with relevant stakeholders (members of community WatSan group, catalysts, adolescent groups and women's groups). Total number of participants were 156 and male were 100 and 56 were female. In the group it was that participation of women was found relatively low, though officially number of women and men are about the same in the working groups.

- ***Union level:*** Informal discussions were conducted in 27 Unions with concerned Chairperson, members, and Union WatSan Committee members. Total numbers of participants were 165 and male were 112 and female 53.

- ***Regional level***: 2 Discussion Meetings were held at 2 DAM regional offices with DAM Regional Senior Officials and trainers.

- ***District level:*** Discussion meetings at DAM Barisal and Laxmipur District Offices were conducted with DAM District Coordinator and Trainer.

Key Informant Interview (KII): The key personnel of PNGO and DAM were interviewed for information on the implementation process as well as to crosscheck data.

- ***Upazila Level:*** In 9 Upazilas all UPCs, PNGOs, POs of DAM staff were interviewed and in 7 Upazila's DPHE Sub Assistant Engineers (SAE) were interviewed. In 9 Upazila's a total 26 KII were conducted. In Barisal Sadar and Begumganj it was not possible to interview of Sub Assistant Engineers, DPHE, because they were not available at the duty station when the core

members went out to the field. Therefore, in Begumganj instead of Sub Assistant Engineers other available DPHE staffs at Upazila were interviewed. In Patuakhali District other than the SAE of the selected Upazilas another SAE and the Upazila Resident Engineer were interviewed.

***Observation*:** 100% surveyed Baris were physically observed to get the information about the actual condition of the existing latrines and related behavioral aspects at household level. Observations carried out through the Walking Transect exercise were on surrounding environment, management of garbage disposal, type of latrine, access to latrine, distance between latrine and water sources, existence of cleansing agents (soap/ash), number of places for open defecation etc.

1.6 Orientation of the Assessment Team

All the team members were involved in the process of designing the evaluation framework, tools and instruments Before starting the fieldwork, a two-day long orientation exercise as well as discussions and formal meetings with DAM and DAG was conducted to clarify the assessment objectives, methods and technique for information collection, verification and for ensuring quality of information and core team members provided training to the supervisors. The respective Supervisors trained the 3 persons as Data Collectors in their respective working areas.

1.7 Assessment Team

Assessment Team members comprised of the persons with diversified expertise and proven experiences in the areas of Environmental Sanitation, Institution Development and Community Participation, Social and Gender issues, HRD in General and Research Skills in particular. They are:

- Dr. A M Shamsul Hoque, Team Leader, W/S and Sanitation Expert and Environmental Specialist.
- Ms. Rabeya Rowshan, Team Member, Gender Specialist.
- Mr. Ali Ahmed, Team Member, Institution Development and Community Participation Specialist.
- Mr. ARMM Kamal, Team Member, Sanitation and Hygiene Promotion Specialist.
- Mr. Abu Hanif, Team Member, Data and System Analyst.

Nine field teams worked in 9 sample Upazilas to collect information from the field and to conduct the Bari based sanitation survey in 27 villages. Each of the teams had 3 data collectors and 1 supervisor.

1.8 Key Contacts

The assessment team members during the data collection and information generation phase of the review, met quite a large number of people. The purpose of meeting different section of community and stakeholders is to crosscheck the information provided at different levels. The following categories of people were involved in the whole assessment.

- Community members in general including poor, middle class and rich people in the villages (housewives and men);
- School teachers and students;
- Key community leaders
- Union Parishad Chairmen and Members;
- Officers and staff members of DPHE/DAM;
- Local NGO executives, WatSan workers and staff
- Regional level and CCU level staff of the project

1.9 Time Frame of the Assessment

The assessment was carried out during December 2004-March 2005. The period is included with preparing and designing the survey in consultation with DAG, DAM, AQUA and DPHE, data collection, compilation etc. (in both the regions) and reporting and presenting the findings to the management.

1.10 Limitations

As per previous meetings all data were crosschecked in 6 upazilas ensuring the quality of data. But in Luxmipur and Begumganj it was not possible to crosscheck all data, because in one area PNGO was not cooperative with the replaced supervisor as they were not satisfied with previous supervisor's work. In another area PNGO staff and PO of DAM were extremely busy with a preset programme and at the same time the ruling political party leaders were visiting the union. Overall in Begumganj it was not possible to cross check qualitative data with the stakeholders and the local bodies, however in both areas informal discussions were arranged with villagers which at least ensured the quality of village level data that the field team had collected. In Kathalia due to some personal problems of the respective supervisor, 1 village session could not be conducted. This was overcome by accessing information from different sources by using the other data collection tools. Furthermore being unable to get information from one village out of 27 planned FGDs is not significant and will not jeopardize the total findings of the assessment.

Other people from where data collection was not conduced were in Barisal where the DPHE SAE was too busy to meet with during the week 10-13 January 2005; in Luxmipur DPHE SAE was out of the station during assessment period of 9-13 January 2005. Also because of time constraints, assessment team was unable to conduct series of KII and informal discussion with PMU. In Barisal Sadar Upazila it was not possible to hold discussion with most of the Union WatSan committee members in Tongibaria, because they wee busy with other functions and though they tried to give time later most of the members and the chairman had a meeting at UNO office, therefore discussions could not be conducted with all WatSan committee members in the Tongibaria Union.

2. AN OVERVIEW OF 254 VILLAGE TOTAL SANITATION INITIATIVE

2.1 Background of the Programme Component

Sanitation component is considered as one of the major interventions under DPHE-Danida water and sanitation sector is an important prerequisite to achieve the component objectives improved health of the target communities. By enabling total sanitation coverage the oral faecal route of transmission of water borne diseases is minimised.

DPHE-Danida's socio-economic intervention of Water Supply and Sanitation Components (WSSC) is being implemented in 262 unions. The sanitation coverage is in progress among the user groups at installed water points. Experiences of the other sectoral partners show that the total sanitation coverage achievement in a particular geographical area is a time consuming process and may not be possible to achieve the same even within 3 (three) years. Two-three years before starting the sanitation component of the programme, social mobilization intervention had already been initiated among the people of the target areas and therefore the people were quite aware and motivated before the programme was started. Keeping this context in view, one village from each working union was taken for total sanitation coverage within the available time of the current phase. It is expected that the demonstration effect of the total sanitized villages complemented by sanitized Deep Hand Tube Well (DHTW) user groups and schools would spread all over the unions and a positive environment will be created towards achieving the total sanitation coverage in the union in near future.

2.2 Objectives of the Programme:

Development Objective/Goal of the Programme:

To bring 256 selected villages, one from each of the working unions, under total sanitation coverage by June 2005.

Immediate Objectives/Target of the Programme

The sanitary latrine coverage is one of the main targets of socio-economic intervention under WSSC. Following the review of Annual Sector Review Team and as per strategic plan, the following targets will be achieved by June, 2005.

- All the primary user groups where DHTW was installed by June 2004 (about 18,000 DHTWs under rural and arsenic components) will be brought under 100% sanitation coverage.
- All primary and secondary schools and Madrashas where hygiene promotional programme is in operation from February 2002 (about 5,000 primary and secondary schools) will be brought under 100% sanitation coverage.
- 256 selected villages from 256 operating unions (1 village having a size of 250-300 households from each union) will be brought under 100% sanitation coverage.
- 6 selected unions (2 in Pirojpur Sadar, 2 in Lakshmipur Sadar and 2 in Begumganj) will be exclusively and fully brought under sanitation coverage through empowering the Union Parishads.

2.3 Review of Relevant Documents

The Concept Paper for Total Sanitation of 254 Villages: The concept of Total Sanitation Programme was developed by national level NGOs experienced in working with the Water Supply and Sanitation sector. However input from village/field level representatives should have also been included in concept preparation so that with involvement of the community people, the sustainability of the programme intervention is increased. Though the programme undoubtedly aims to change people's sanitation and hygiene behaviour in a sustainable manner, the limited scope and involvement of rural community may not be sustaining for the interventions. Other factors affecting sustainability of the programme is the lack of consideration for crosscutting issues such as poverty, gender and governance and also that the training is for only one term which needs to be expanded with other capacity building related trainings at village and UP level. Added to this is the difficulty in changing behaviour of old people and children

DPHE involvement needs to be much enhanced to increase sustainability of the programme interventions. The DPHE is institutionally the main body which is represented all over the country at all levels. With their coverage and specialised manpower, the project can be expanded to other districts gradually. The project needs to also target the hard core poor so as to increase their accessibility to hygienic sanitary installations. GoB has a strategy for identification of hard-core poor, which can be used to select the real hard core poor in the villages.

There is a provision in the project concept paper that villagers will develop a monitoring system with the help of partner NGO staff based on their experience and desires. However, it is very difficult to assess the qualitative change of people's livelihood through such quantitative form of monitoring. (For review of training modules and guidelines see chapter four).

Baseline Status Report on 254 Total Sanitized Villages: Baseline information was collected through PRA mapping and all information was compiled in a single format developed by DAM central office. Baseline information collected through PRA was verified through quantitative survey and the difference between two sets of data was statistically verified. Consideration was given to interpretation of qualitative data where accuracy level is dependent on the knowledge and mobility of participants and partly on facilitator's skill. The baseline survey of the sanitation project areas gives a picture of the status of latrines and solid waste disposal before the intervention. Though the component deals with community based total sanitation approach, but in baseline only considered two indicators i.e. access to safe latrine and households status in managing solid waste and did not consider the other indicators of the total sanitation programme. It will therefore be difficult to assess the changes taking place in reference to all seven indicators of total sanitation. It is recommended to conduct baseline considering all indicators of the programme with the PRA tools to enable collection of objectively verifiable and measurable information.

3. SANITATION STATUS AND COMPARISON WITH BASELINE SURVEY

3.1 Current Status of Latrine Coverage

Status of Villages:

Findings

The project has made good progress in terms of making the physical facilities available to the villagers and thus bringing a village under the total sanitation coverage. Though the DPHE were involved in the project they raised questions on total village coverage as project had selected some villages only partly because their large size. The criterion was thus revised and entire villages were brought under the programme irrespective of the village size. As a result, in some areas village size has changed and a number of households have increased by 13.9% and the current household number in 27 villages is 9598 (see appendix 4 and table no. 4).

According to the available information from DPHE-Danida Project Management, out of 254 villages under Total Sanitation Programme, only 18 villages in Patuakhali region achieved 100% sanitary latrine coverage. Therefore, under Category-1 (villages with 100% sanitary latrine coverage) 1/3 or 33% villages have been selected as sample of our assessment. However the baseline survey report, reviewed after the sample selection procedure, found that out of 254 only 1 village had 100% sanitary latrine coverage by March 2004.

From Category-2 where the villages have already achieved 80 to 99% sanitary latrine coverage, 6% villages had been selected as samples, which are 6 villages out of 65, but according to baseline survey data there were only 2 villages with 80% coverage during March 2004.

In case of Category-3 where coverage is quite low (<80%), 10% villages had been selected for assessment. Findings from current assessment shows that among the sample villages(27 out of 254) there are no village which belongs to category 3 means, which is having less, than 80% sanitary latrine coverage.

Out of 27 villages, 8 villages already achieved 100% sanitary coverage (see appendix 4 and table 3). In these 8 villages 100% people have access to sanitary latrine. But findings from qualitative assessment it is found that in terms of latrine use, coverage rate is not very high. Use of latrine is particularly low among children under five years old and among the old people an especially for ill and disabled persons. Out of 27 villages 21 villages have more then 80% sanitary latrine coverage, which is an excellent achievement of this project. according the Graph 1, 63% sanitary latrine were constructed during the project period, indicating that the DAM planned and PNGO implemented awareness programme on WatSan activities had a positive impact on villagers' attitude towards health and hygiene especially highlighted as the project has no provision of providing financial support to the primary stakeholders for latrine construction. It can thus be said that through their BCC (Behavior Change Communication) programme they have successfully motivated villagers to construct at least one latrine in each bari, as well as partly succeeding to influencing rich household members to allow the poor households to use their latrines.

3.1.1 Coverage of Sanitary Latrine

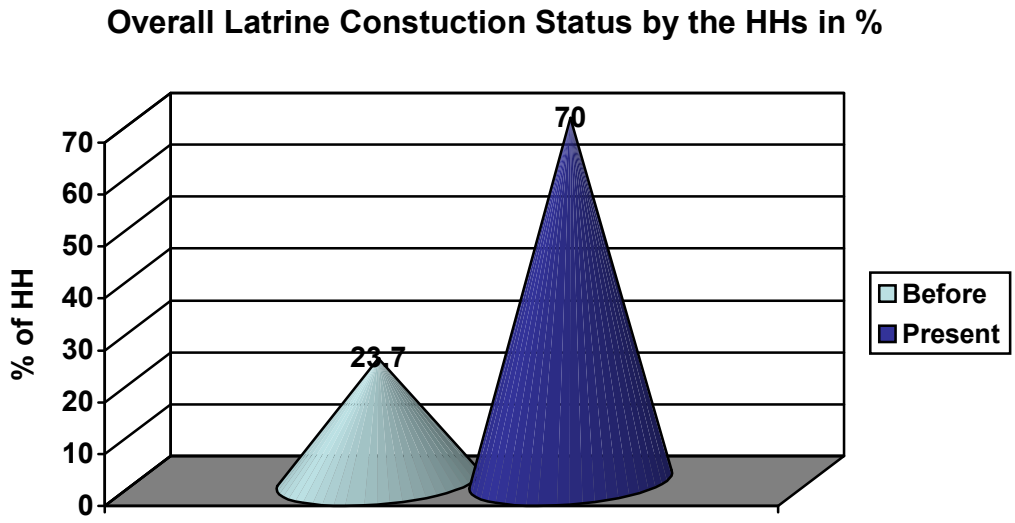
Findings

Considering the fact hat none of the sample villages had 80% sanitary latrine coverage (Baseline data, March 2004), the findings in the assessment show that the coverage rate over a period of one year is excellent. In total among 93.1% households have access to hygienic sanitary latrines which has increased significantly from 29.7% during the baseline. Of the 9598 households, 68% have access to ring slab, 18% have access to off-set pit and 7.1% have access to covered pit (see appendix-4 and table no. 3). Sanitary Latrine coverage in the sample villages as estimated is shown below:

Table 3: Latrine coverage in the sample villages

District	Upazila	Union	Village	Coverage in %		Status of the Village	
				Reported	Actual	Reported	Actual
		Kashipur	Purbobilbari	63	83.1	3	2
Barisal		Sayastabad	Icha	68	98.2	3	2
	Barisal Sadar	Tongibaria	Shomrazi	93	97.6	3	2
		Charmonai	Pasurikati	79	84.2	3	2
		Keawrabunia	Horidrabaria	100	92.3	1	2
Barguna	Borguna sadar	Burirchar	Sonakhali	97	97	2	2
		Dhalua	Potkakhali	73	89.9	3	2
		Borobighai	Dakshmin Bighai	100	100	1	1
	Patuakhali Sadar	Angaria	Angaria	100	100	1	1
		Auliapur	Uttar Badura	85	100	2	1
		Jaikati	Sehakati	75	100	3	1
Patuakhali		Dakua	Fulkhali	100	100	1	1
	Galachipa	Bakulbaria	South Lamna	100	100	1	1
		Char Kazal	Maddhya CharKazal	100	85.8	1	2
		Amkhula	Purbo Bangra	51	99.5	3	2
Jhalokhati	Kathalia	Kathalia	West Aura	55	99.8	3	2
		Aurabunia	North Talgachhiwa	70	91.4	3	2
Pirojpur	Pirojpur Sadar	Kalakhali	Pukhoria and Daiudpur	70	99.4	3	2
		Tona	North Tona	60	81.2	3	3
		Chayani	Tayabpur	81	99.1	2	2
Noakhali	Begumgonj	Aliarpur	South East Miapur	18	100	3	2
		Begumgonj	M. Amanatpur	17	92.3	3	2
		Digholi	West Jamirtali	86	98.6	2	2
Laxshmipur	Laxshmipur sadar	Lahar Kandi	Ramanondi	44	97.5	3	2
		Hazir Para	Hazir Para	31	100	3	1
Feni	Sonagazi	Mongalkandi	Somopur	52	96.3	3	3
		Sonagazi	Sujapur	33	94.9	3	3

In the 27 sample villages 78.6% households are using own sanitary latrine and 13.3% households are using shared latrine (see appendix-4 and table no.-6). Among these sanitary latrines 23.7% were constructed before the project started and 70% sanitary latrine has been constructed during the project period (see appendix- 4 and table no.- 5). However, qualitative data shows that there is a difference between having access to unhygienic latrine and the use of hygienic latrine by people from different age groups. Use rate is quite low among the children under 10 years of age and among the old age people. Women who need to use shared latrine usually situated far from her house, do not use latrine during the night.



Graph 1: Sanitary Latrine construction before and during project period.

During the project period highest number of sanitary latrines (82.1%) are constructed in Uttar Badura in Patuakhali Sadar Upazila and the lowest number (15.1%) are constructed in Ramanondi in Laxmipur Upazila (see appendix 4 and table no. 5)

Among 9598 households 5.2% households are either using open, but fixed place or they are using hanging latrines for defecation and 1.2% households do not have access to any kind of latrine (both hygienic or unhygienic, (see appendix 4 and table no. 4) In general bottom 5% population ie the poorest in the target area, hardly have any access to sanitary latrine. It is noticeable from the qualitative findings that PNGOs are not very successful in influencing the Union Parishads in providing latrine to the poorest households using the fund from ADP's 20% allocation in the WatSan sector. Other dominant factor among the char people is that due to river erosion they are shifting their houses very frequently. For example in Pasurikati 15.9% (see appendix 4 and table no. 4) households are using hanging/open latrines and a couple of times many of these households had to shift the location of their houses and it is not economically feasible for hem repeatedly build sanitary latrines.

93.1% coverage in terms of getting access to sanitary latrine is not high where factors such as age, illness and persistent use of latrine by different section of population are considered. Furthermore seasonal influences reduce access coverage even more through frequent flooding, heavy rainfall and stormy weather, particularly when the distance of the latrine is far from the house. When considering criteria as hand washing habits, hygienic maintenance, etc, total sanitation coverage will be considerably even more less as there seems to be a slow progress in behavioural changes towards improved hygienic practices. Out of 93.1%, 78.6% are using own sanitary latrine and 14.5% are using shared sanitary latrine.

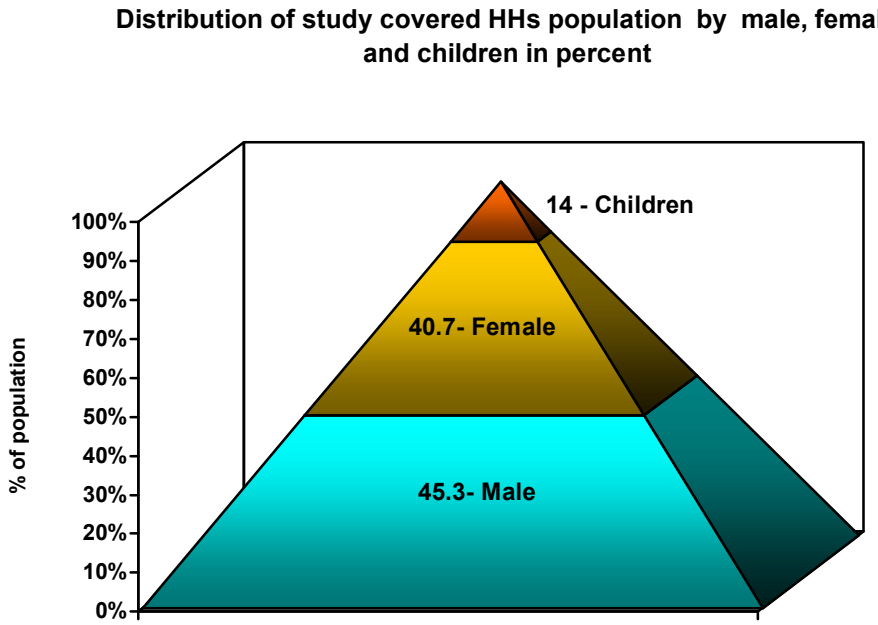
Recommendation

- Ongoing awareness activities regarding change in behaviour need to be continued in the villages where programme already achieved 100% latrine coverage, because compared to latrine coverage, behavioural change related to hygiene practice is quite slow. Moreover, achieving the ultimate goal of the component is not possible without bringing about changes at the practice level.
- To increase the coverage (in terms of getting access to hygienic latrines), PNGOs along with Union WatSan committee need to encourage community people to replace the broken water seals immediately. In that case component can encourage community people to use plastic pan together with goose neck, which is low cost and the goose neck is easily replaceable.

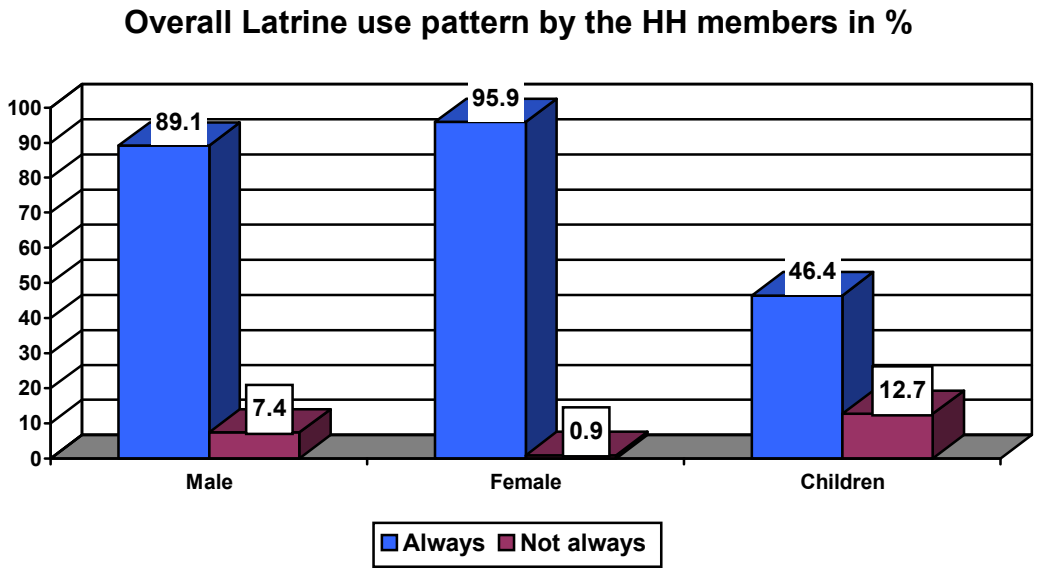
- Assessment findings show that most of the hard-core poor are excluded from getting access to hygienic latrine. To include the hard core poor in this programme PNGO staff should take necessary initiatives to identify the poorest households and link them with UP to get latrine support from 20% ADP allocation and also with other credit operating NGOs to access soft loans.

3.1.3 Use of Latrine

The total population of 9,598 households in the sample villages is 53,086 and among them male-24,062, female- 21,630 and children below 5 years -7,394- this is shown as percentage distribution in Graph 2.



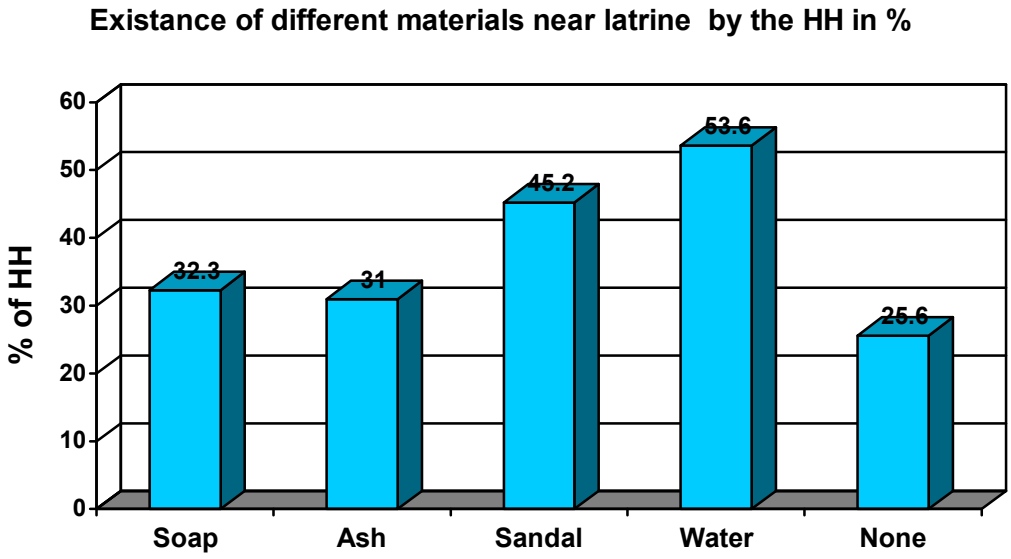
Graph 2: distribution of total population of the sample villages



Graph 3: Latrine use pattern by the household members of the sample households

Among this population, almost all adults are using latrine in a regular basis, 89.1% male and 95.9% female are always using latrine, but only 46.4% children are always using the latrine. Children under five hardly use the latrine. In some cases it was observed that there were fixed defecation places for children. But after defecation children faeces are not always disposed into the latrine. In 23.2% baris it was observed that children faeces are left on the courtyard. So the current technology being introduced and promoted by different agencies is not suitable for children below 5 years.

According to villagers, most households have made significant improvements in keeping cleansing agents near the latrine, however through FGD and informal discussions, it was found that though the owner of the latrine keeps the latrine, clean and keep cleansing agents nearby, apart from water, most other household members who are using this latrine are not allowed to use these materials for cleaning and hand washing purposes. So even tough there is physical existence of cleaning materials, it does not indicative of whether these materials are being appropriately used. The female participants of the FGD also mentioned that using water after passing urine is very low among the male and the children below 10 are actually not using water after passing urine. Moreover, young male and children below 10 are very rarely use latrine or a fixed place for urinating.



Graph 4: Physical existence of self cleaning materials and sandal near the latrine

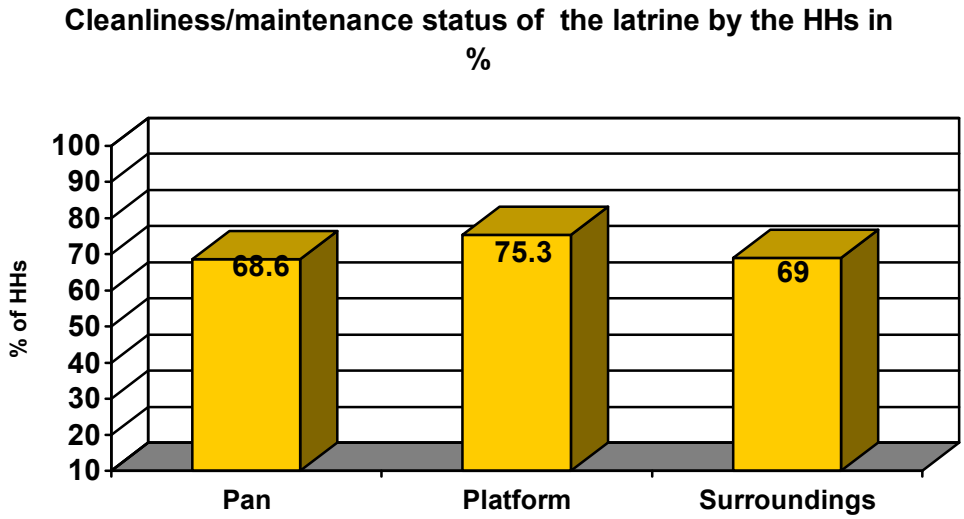
Qualitative findings show that rate of wearing sandals in the latrine is gradually improving among the poor also, however they are not able to afford soap for hand washing and are not sure that ash can be used in the purpose of hand washing. Use of ash is also gradually increasing among people who cannot buy soap for hand washing.

Recommendation:

- As the use rate of latrine by the children below five years very poor, because of inappropriate technology the alternate technology for children needs to be developed.
- To ensure the high level of hygienic practices PNGO need to encourage community people to take children to a fixed place for defecation and also to dispose off the faeces in the latrine.
- Through awareness activities PNGO need to encourage children and young males to use the latrine for passing urine as well as to use water after passing urine.
- Since ash is a local and cheap material, ash should be promoted equally with soap as a washing and cleaning material.

3.1.4 Maintenance of Latrine and the Cleanliness of the Bari

Findings
it has been found that there has been a positive improvement in the effort of people keeping the latrine and its surroundings clean and also in disposal of the solid waste in a fixed place. Among the sample villages 68.6% households are keeping the latrine pan fairly clean, 75.3% households platforms of the latrines are clean and 69% household surroundings of the latrines are clean.



Graph 5: Cleanliness/maintenance status of the latrine by the households

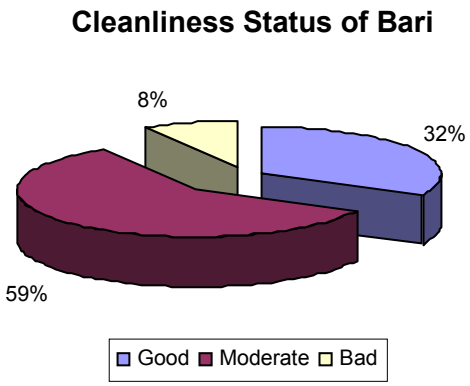
However, in case of shared latrine, maintenance is a big issue of dispute, because most of the time, apart from the owner, the rest of the users do not clean the latrines and owners feel that allowing others to use their latrine is a burden for them. As a result of that many owners of households are not allowing others to use their latrine and in some cases they even keep the door of the latrine locked. The Assessment team observed the same thing in almost all the schools in the sample villages. In order to keep the latrine clean schoolteachers keep the latrines locked and do not allow the students to use the latrines.

Maintenance also involves cost, because of that it was seen that many latrines had broken water seals not only because people cannot be bothered to spend money to repair a latrine but also because they are unaware about the importance of the water seal. In case of common latrines (latrine in common places i.e. bazaar, madrasa etc) as these are used by many people similar to shared latrine and do not have a fixed owner, and therefore so nobody feels that he or she is responsible for the maintenance. It was observed in some areas that local producers are producing plastic pan with separate water seal and according to them many people prefer latrines without water seal, though the price of the water-seal is not very high, because it is easy to clean. In Luxmipur and Begumganj, it was found that among the newly included households in the programme, most of the water-seals of the latrines are broken and other maintenance status was also very poor.

Due to the low use rate of latrine by the children and old age people in sanitized villages it was observed that 23.2% baris have human faeces on the courtyard, particularly in Begumganj, Luxmipur, Sonagazi, Pirojpur Sadar, Barguna Sadar and Barisal Sadar (see appendix 4 and table no. 14). Overall environments of the villages as well as baris are clean among the middle and upper class areas and there was hardly any human faeces on the courtyard or roadside of the villages.

De-sludging of the pit is also a part of latrine maintenance and 48.5% household had de-sludged at least one time in a year (see appendix- 4 and table no. 14). It was found that so far a few number of pit needed de-sludging and was usually done by hired cleaners. In some cases the full pit was

abandoned and made a new pit and in some cases they moved the latrine to a new place. When questioned about future planning for de-sludging, approximately 90% households said that they will consider it when the time comes and were not worried about it now



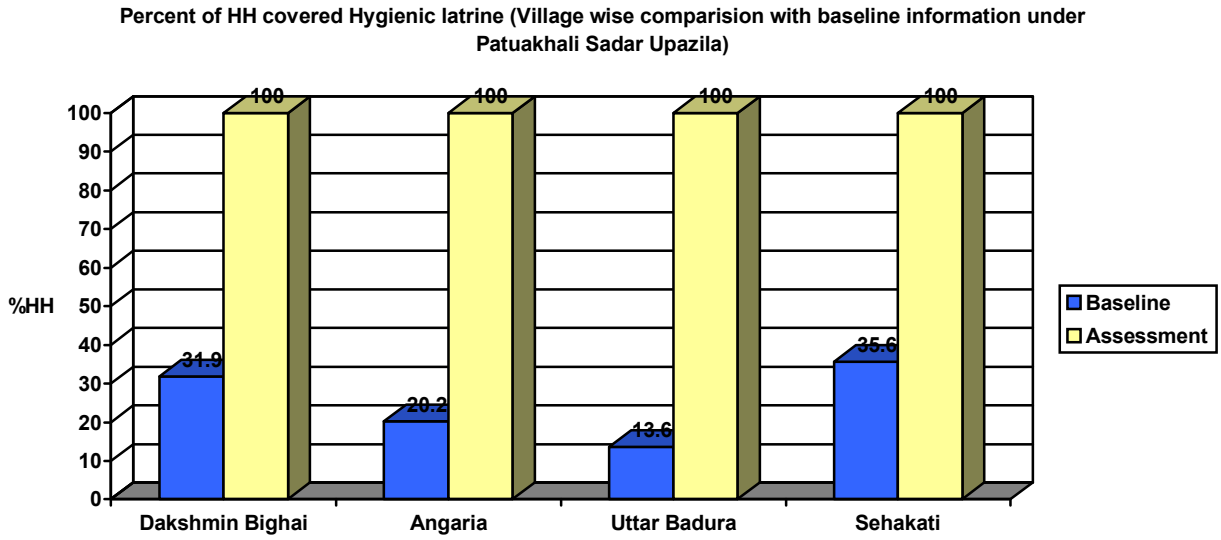
Graph 6: Cleanliness status of bari

In the sample villages surroundings of more then 80% baris are clean. Among 27 villages 32% baris are very clean and 59% baris are fairly clean. Only 8% bari conditions were very bad (see appendix-4 and table no. 14)**.** The baris which had bad conditions were the newly included households in the programme and awareness related activities of the PNGOs were not yet very strong over there.

Recommendation:

- The ongoing promotional activities and guidelines need to be reviewed to highlight the issues like, importance of using latrine by the children, using ash instead of soap, menstrual hygiene for women.
- Cleanliness of latrines and households should be emphasized in the promotion package. Some times demonstration and visiting a few clean latrines with the households having dirty latrine and courtyard can be an effective strategy to promote these issues.

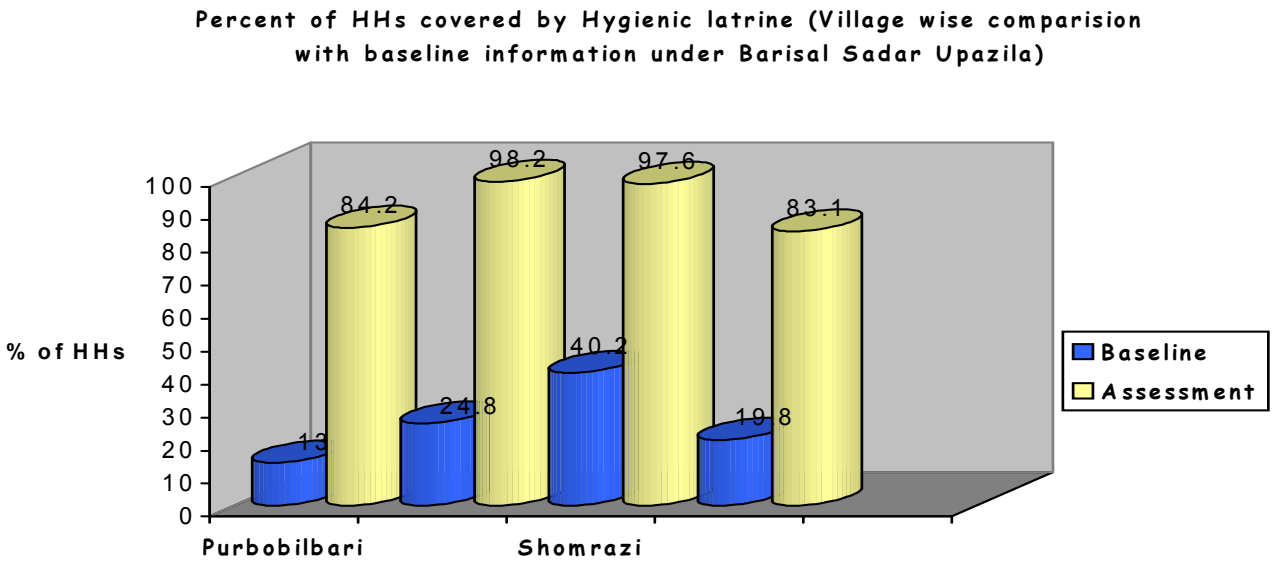
3.2 Comparison with Baseline Survey



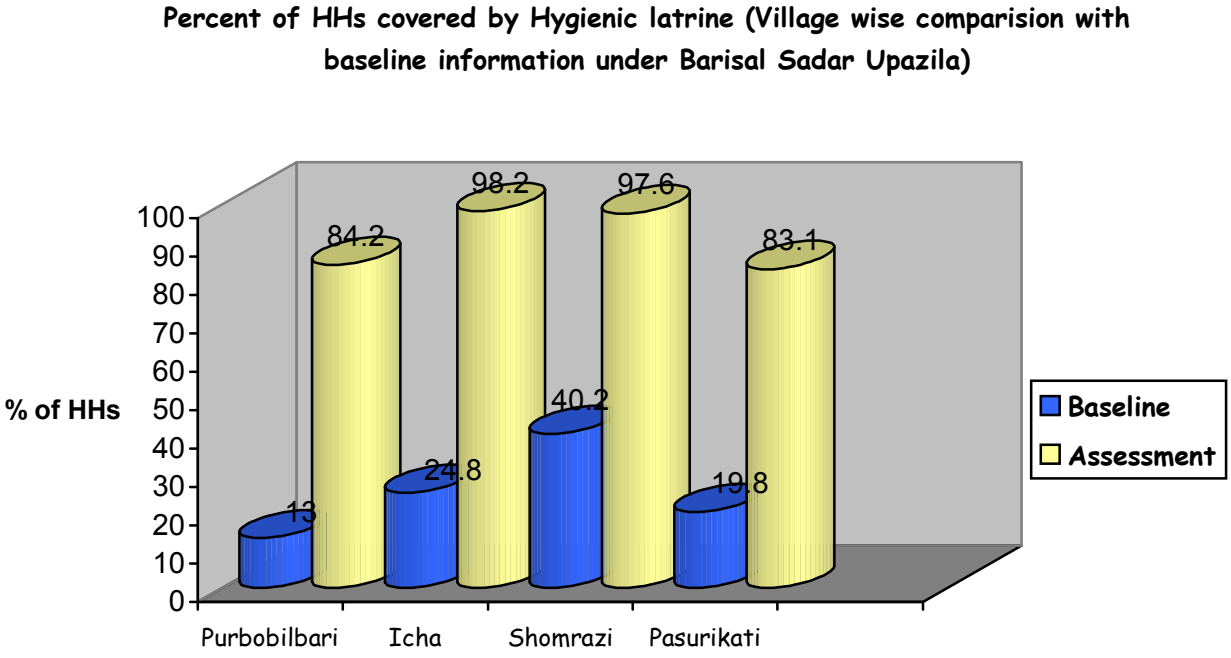
Graph 7: Percent of HH covered by hygienic latrine (Village wise comparison with baseline information under Patuakhali Sadar Upazila)

With reference to the baseline survey in March 2004 which measured hygienic latrine coverage and solid waste disposal in a fixed place, the current assessment that in all the villages, coverage rate of hygienic latrine and use of fixed places for solid waste disposal has increased significantly (Graph 7-14), however behavioural changes is still low among the study population. To compare the household level data the newly included households of the programme were excluded from this comparative analysis so that the assessment can be properly compared to the baseline.

In Patuakhali sadar currently in all 4 villages latrine coverage is 100% (Graph 7). Comparing to baseline data in Patuakhali Sadar, fixed waste disposal status has improved a lot (Graph 8), 100% baris are dumping solid waste in a fixed place, which was 0% before baseline survey.



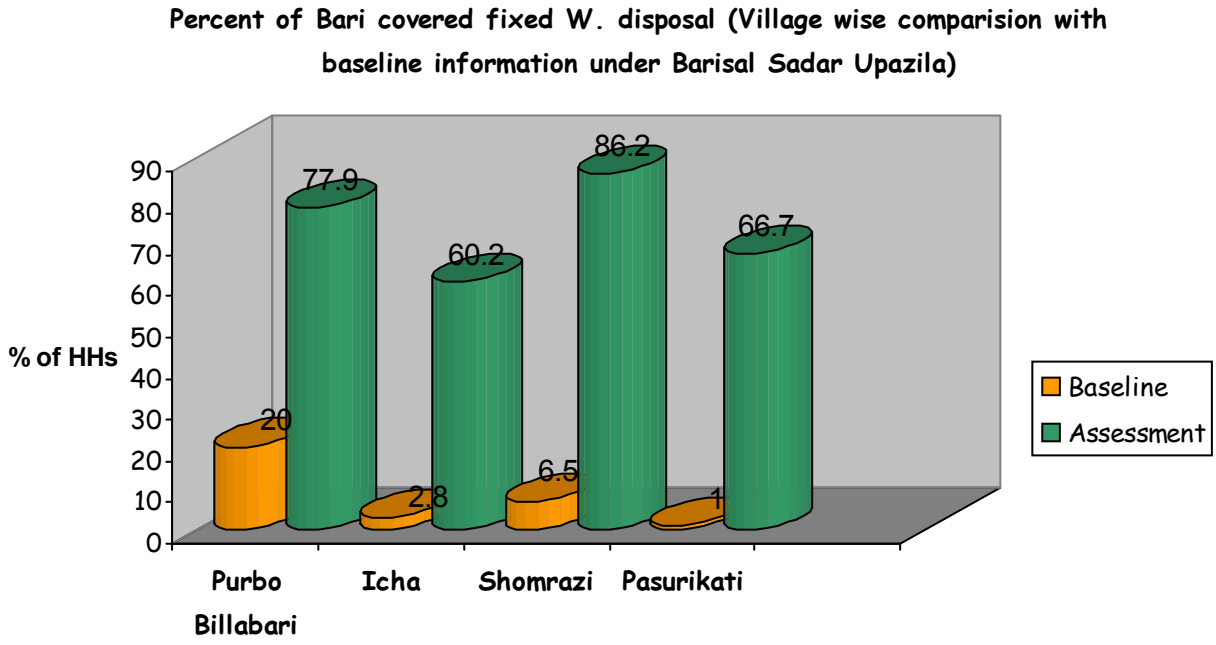
Graph 8: Percent of Bari covered by fixed west disposal (Village wise comparison with baseline information under Patuakhali Sadar Upazila)



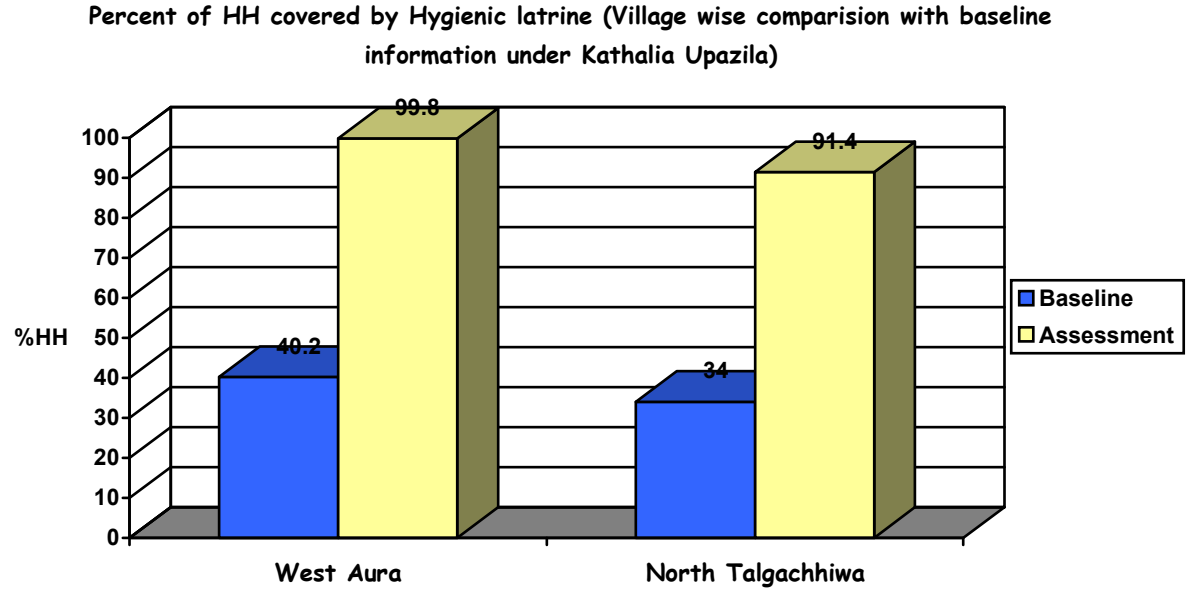
Graph 9: Percent of HH covered by Hygienic latrine (Village wise comparison with baseline

information under Barisal Sadar Upazila)

In Barisal sadar (Graph 9) none of the 4 villages has achieved 100% latrine coverage. In-terms of coverage after baseline, highest impact took place in Purbobillabari, where at baseline survey, latrine coverage in this village was only 13%. Fixed waste disposal has increased in the villages shown for Barisal Sadar (Graph 10). Currently highest coverage of fixed waste disposal is in Soamraji 86.2% and the lowest in Icha 60.2%.

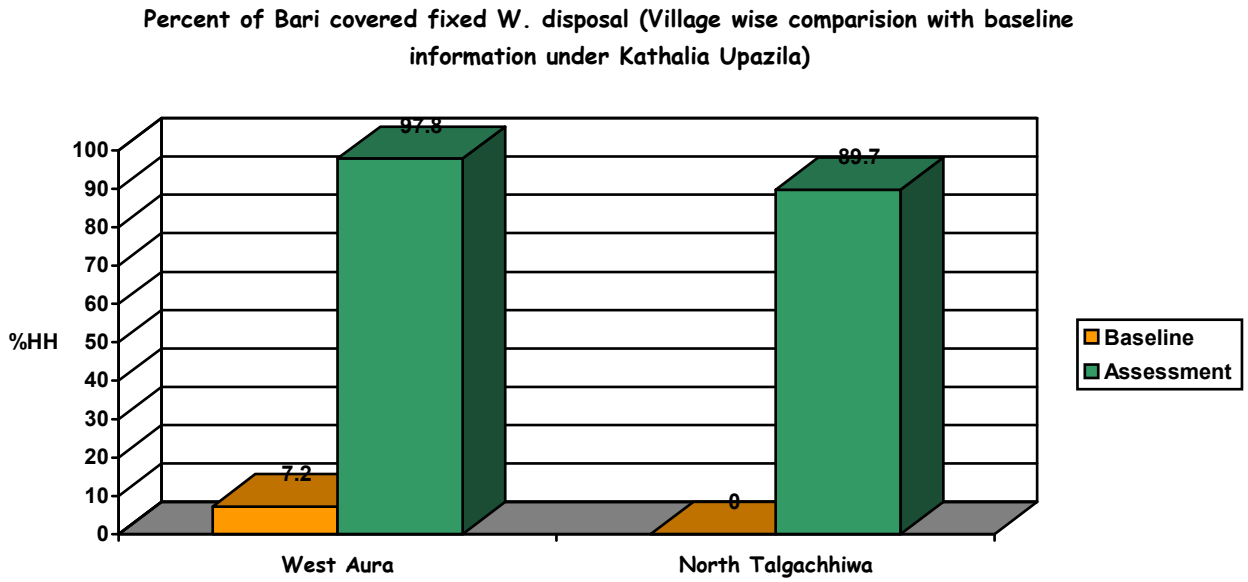


Graph 10: Percent of Bari covered by fixed W. disposal (Village wise comparison with baseline information under Barisal Sadar Upazila).



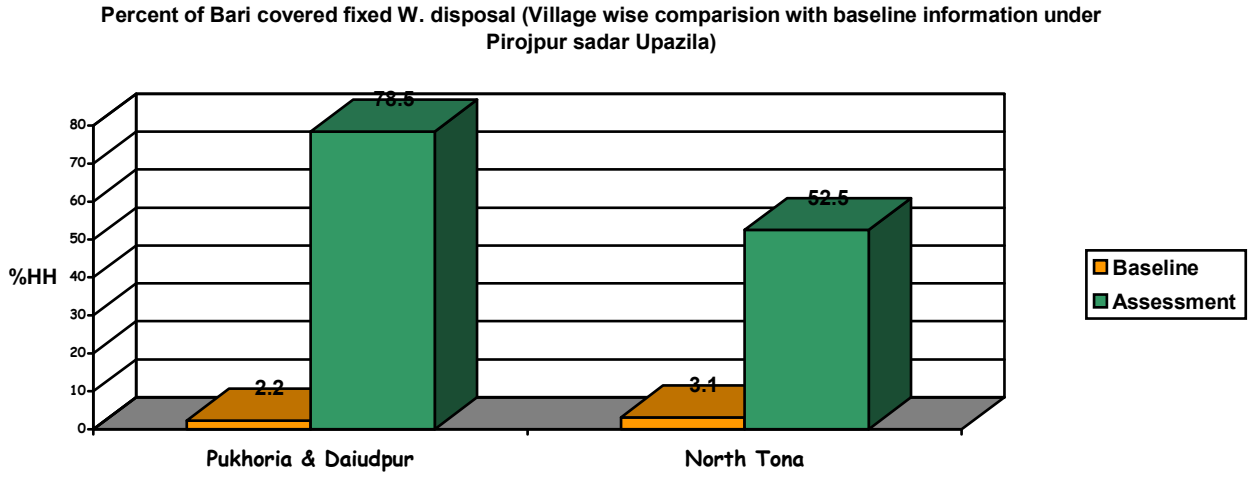
Graph 11 Percent of HH covered by hygienic latrine (Village wise comparison with baseline information under Kathalia Upazila)

In Kathalia (Graph 11), both the villages in terms of latrine coverage has progressed from being category 3 to category 2 and both are expected 100% coverage by the end of the project. Likewise the rate of fixed waste disposal has increased to more than 80% (Graph 12).

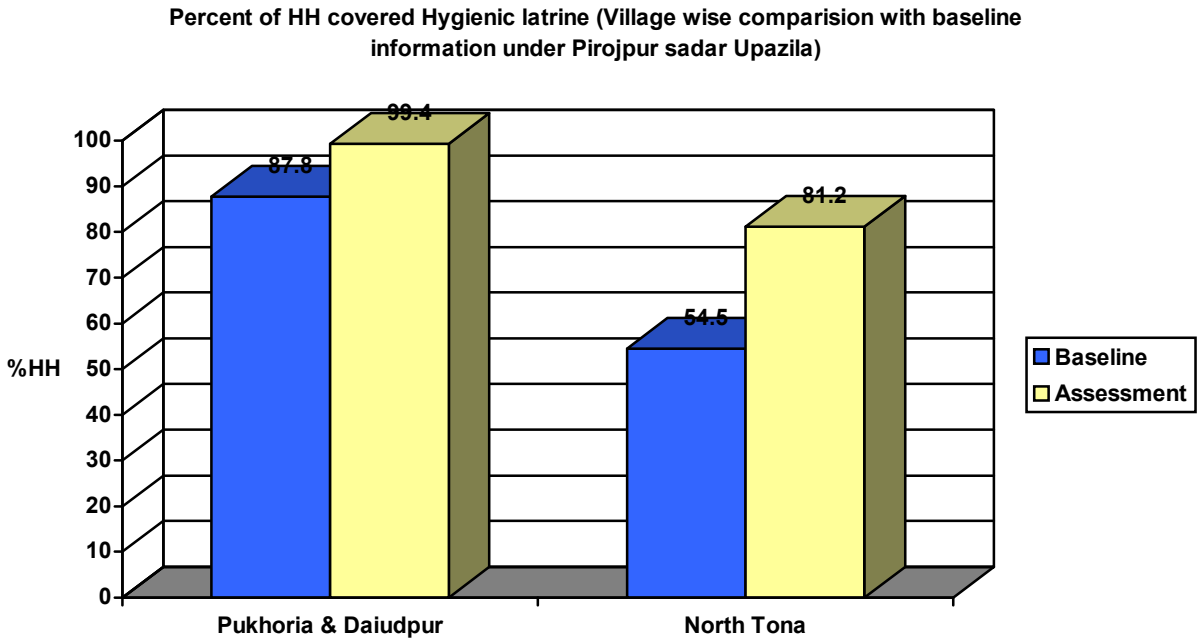


Graph 12: Percent of Bari covered fixed W. disposal (Village wise comparison with baseline information under Kathalia Upazila).

In Pirojpur Sadar (Graph 13), though a fixed waste disposal rate has increased in North Tona, it is rate of improvement is a bit a low (52.3%) in Pukhoria and in Daudpur this rate is 78.5%. The coverage rate in getting access to hygienic latrine is also quite slow even though in one village North Tona programme intervention started from 54.5% coverage and in Pukhoria and Daudpur PNGO started working from the level of 87.8% coverage – neither villages have achieved 100% coverage.

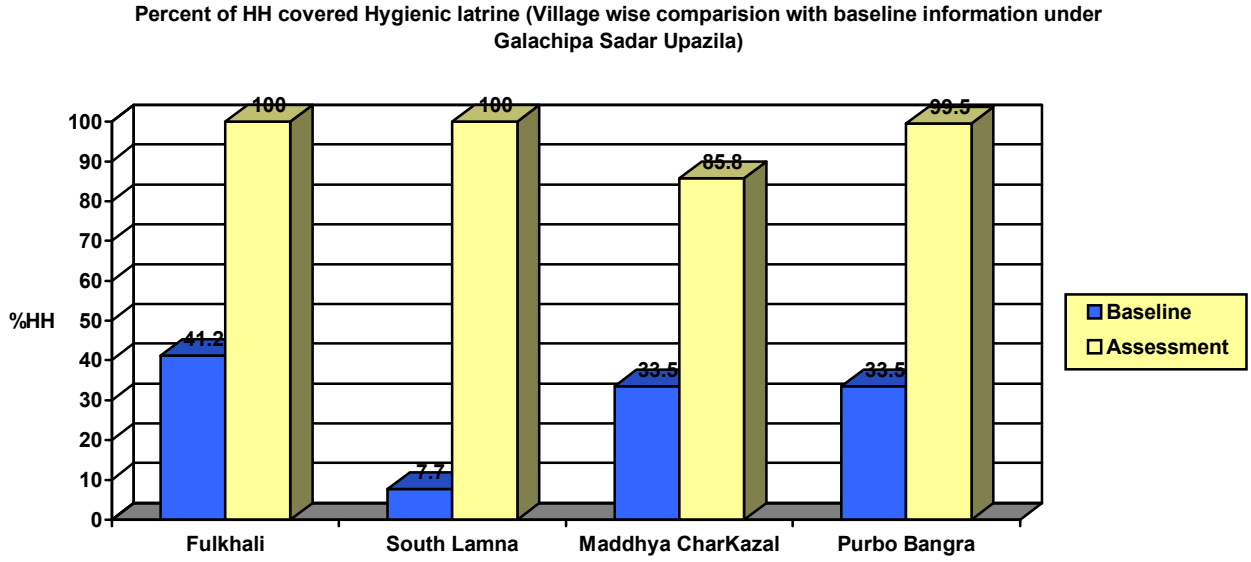


Graph 13: Percent of Bari covered by fixed Waste. disposal (Village wise comparison with baseline information under Pirojpur Sadar Upazila).

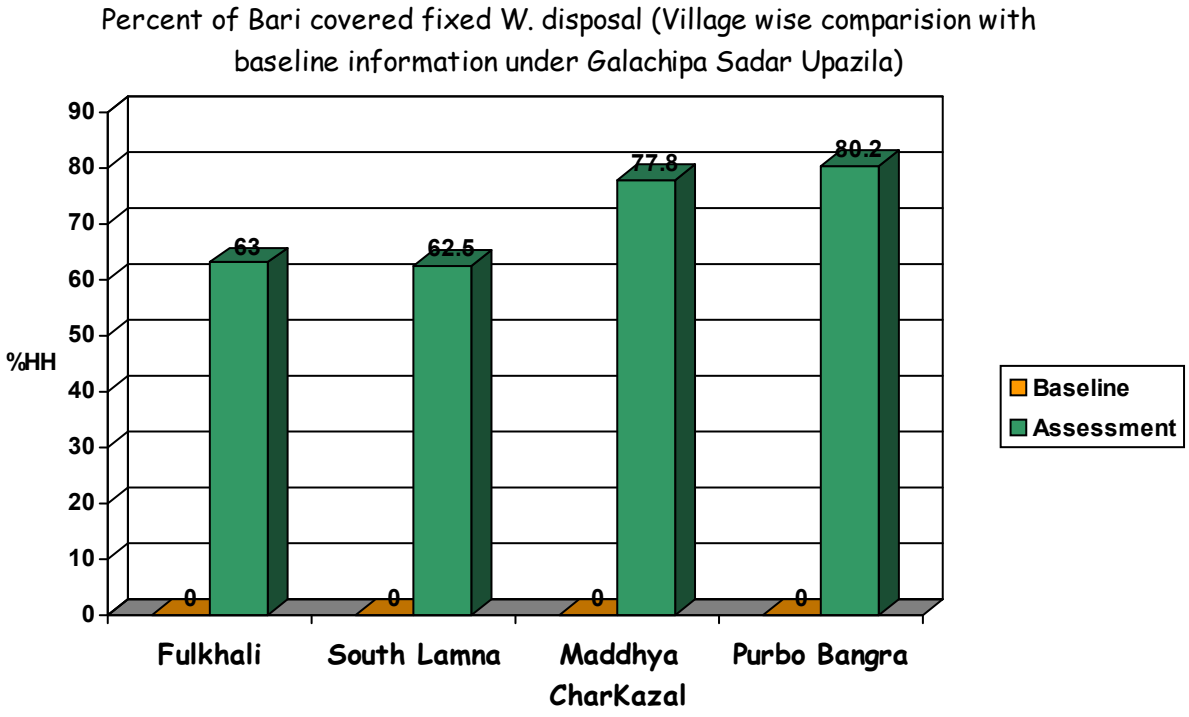


Graph 14: Percent of Bari covered by Hygienic Latrine (Village wise comparison with baseline information under Pirojpur Sadar Upazila).

In Galachipa (Graph 15)latrine coverage rate since baseline is very good. Out of 27 villages, South Lama had the lowest coverage rate during baseline 7.7% and now this village has achieved 100% coverage. Out of 4 villages in Galachipa 2 achieved 100% coverage, one is very close to 100% (95.5%) and other is having 85.8% coverage. Regarding solid waste management (Graph 16) in all villages more then 60% households are now using fixed place for waste disposal which was 0% at baseline.

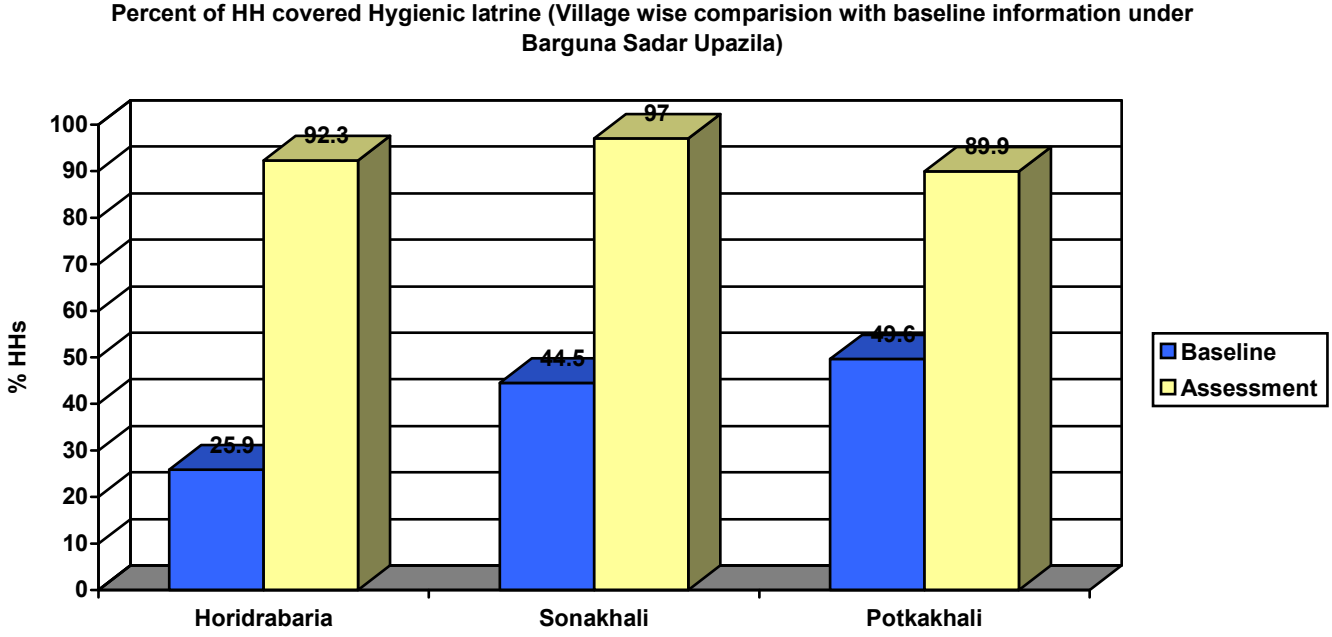


Graph 15: Percent of Bari covered BY Hygienic Latrine (Village wise comparison with baseline information under Galachipa Upazila).



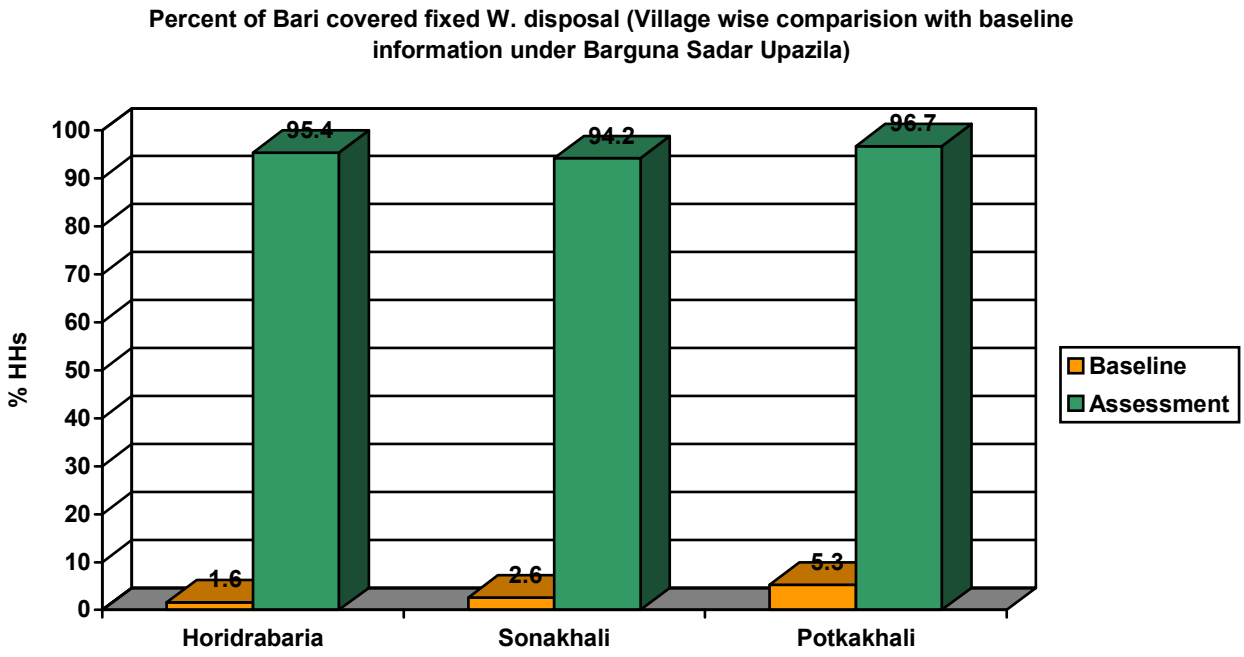
Graph 16: Percent of Bari covered fixed W. disposal (Village wise comparison with baseline information under Galachipa Upazila).

In all three villages in Barguna Sadar (Graph 17) coverage rate in terms of getting access to hygienic latrine has improved however none of the villages yet reached to 100% coverage.

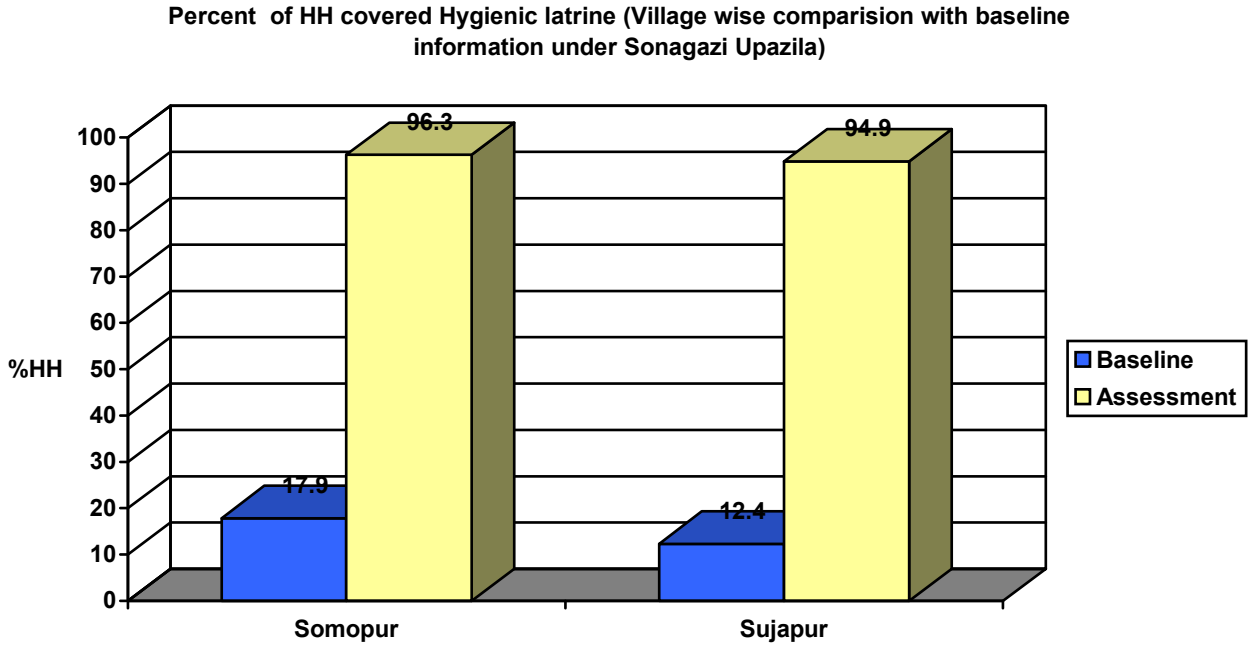


Graph 17: Percent of Bari covered by Hygienic Latrine (Village wise comparison with baseline information under Barguna Sadar Upazila).

In Barguna Sadar rate of improvement of the fixed waste disposal is very high, all three sample villages are near to achieving 100% coverage a vast improvement from the baseline.

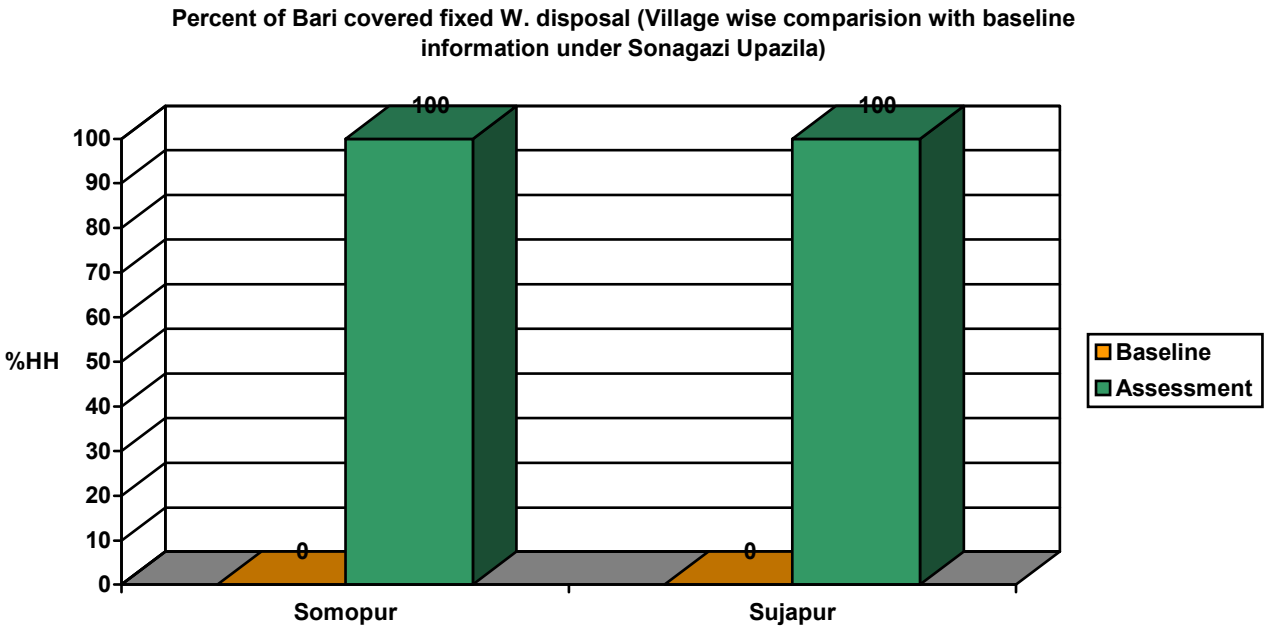


Graph 18 : Percent of Bari covered by fixed Waste disposal (Village wise comparison with baseline information under Barguna Sadar Upazila).

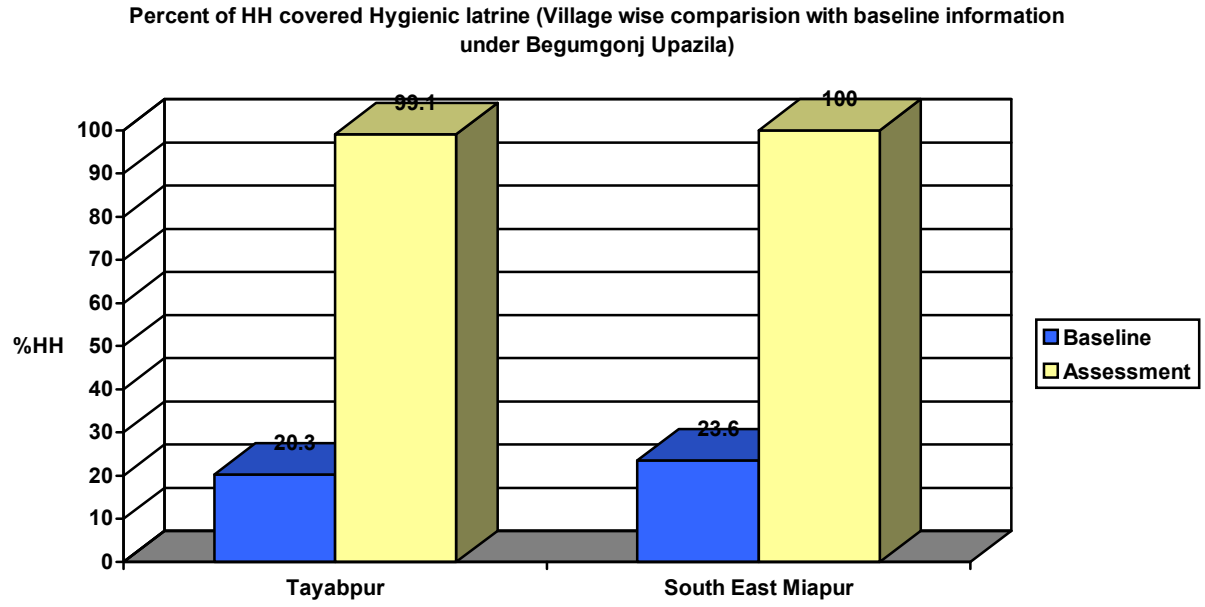


Graph 19 : Percent of HH covered Hygienic latrine (Village wise comparison with baseline information under Sonagazi Upazila).

In Sonagazi, latrine coverage rate since baseline (average 15%) has to over 90% coverage in both villages and very close to reaching 100%. Regarding solid waste management (Graph 20) in all the villages, now more than 60% households are using fixed place for waste disposal which was 0%at baseline.

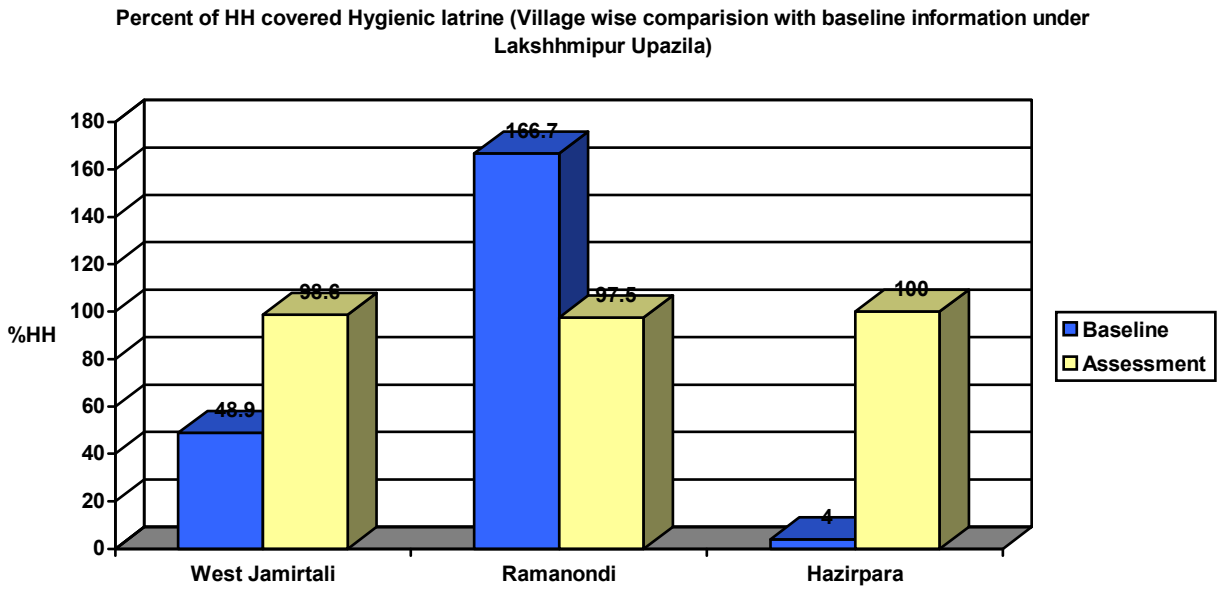


Graph 20: Percent of Bari covered by fixed Waste disposal (Village wise comparison with baseline information under Sonagazi Upazila).



Graph 21: Percent of HH covered Hygienic latrine (Village wise comparison with baseline information under Begumganj Upazila).

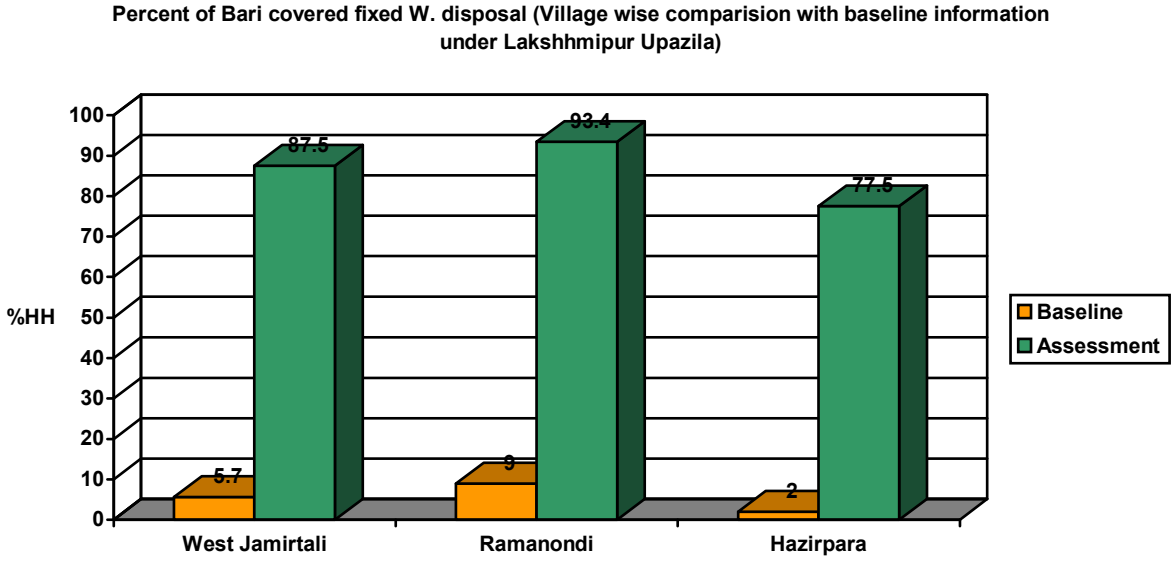
In Begumganj (Graph 21) currently among 2 villages one has achieved 100% latrine coverage and the other one is very close to it (99%), a good improvement since the baseline when latrine coverage was about 22% . Rate of fixed waste garbage disposal has increased remarkably and from 0% coverage Tayabpur village has achieved 100% coverage and Southeast Miapur achieved 50% coverage.



Graph 22: Percent of HH covered Hygienic latrine (Village wise comparison with baseline information under Luxmipur Upazila).

In Luxmipur, out of 3 villages Hazipara village achieved 100% latrine coverage and Ramanondi had more than 100% coverage. West Jamirtali's progress is very low, from baseline until the current survey achievement rate is 98.8% and in baseline it was 48%.

Achievement in solid waste management is quite satisfactory- in all three villages 80% baris are dumping solid waste in a fixed place, which was previously just above 0% only.



Graph 23: Percent of Bari covered fixed W.diposal latrine (Village wise comparison with baseline information under Lakshmipur Upazila).

4. ASSESSMENT OF THE IMPLEMENTATION PROCESS

4.1. Implementation Process

Village Selection Criteria

Under the Total Sanitation Coverage Approach, village selection was the first step, which has been done by the active involvement of respective Union Parishads and Partner NGOs. According to the respondents of FGDs, with support of the PNGOs, the UP led the selection of the target villages for Total Sanitation Program. Though the central project management had initially decided that the total number of households in a village should not be more than 300, it was later revised that 400 households in a village is acceptable. Other than this central programme did not set any other criteria for village selection. However partner NGO staff and UP representatives considered other criteria such as :

- Road accessibility:
- Involvement of other NGOs in the target village was considered as supplementary to achieve the Total Sanitation Coverage.
- Previous consultations with DPHE (in Pirojpur and Kathalia)

The Government WatSan Policy prioritises that villages with little or no sanitation coverage should be first covered but this was not considered by the PNGOs and UPs in their selection of villages.

Recommendations

- Village selection should be done in line with the Government Policy and Strategy. In this connection existing latrine coverage is an important factor in selecting target village for total sanitation.
- UP should take lead role in selecting the target village for total sanitation in line with the Government Policy and Strategy.
- Before selecting the target village, consultation with other key community groups (School teacher, Imam, Samity, Club and other Social Elites) can help to implement total sanitation program from the sustainable point of view.
- Involvement of local DPHE needs to be mandatory as they are the most relevant stakeholders from the government sector.

Method of Baseline Survey

Findings:

DPHE-Danida launched the present WSS component in 2000. A total of 28 Partner NGOs were selected from 8 Coastal Districts in Bangladesh. Dhaka Ahsania Mission has been working as the key partner of DPHE-Danida in selecting local partners and building their capacity to implement software interventions under the components and to monitor field level activities and progress. In November 2003, the component management had decided to take a new initiative to attain Total Sanitation in 254 villages and 6 Unions (one village from each Union) for Total Sanitation Coverage, the success of which can be used as a model to be replicated in other villages. Other findings were that:

- At the beginning of the total sanitation approach, baseline survey was conducted for more than 90% villages. In some villages baseline survey was conducted after starting the program.
- It was observed by the assessment team that there was no common baseline format for the partner NGOs. Partner NGOs developed their own survey format in consultation with the respective DAM district office.
- The baseline information was collected from the PNGO staff. Community people were not involved in the process of baseline information collection.

Recommendations

- Baseline survey should be done before starting implementing the program.
- Standard baseline survey format need to be developed that can be used by all partners and that may help the central project management team to monitor consistently the progress of total sanitation approach.

- Baseline survey method needs to be revised, because data gathered scientifically by using qualitative research tools are not convertible to numbers. Quantitative data collection needs to be improved to give a more measurable a picture of the village in terms of numbers**.**

Monitoring

Findings

The project has developed a monitoring mechanism carried out in two levels that have been done by the respective DAM staff, PNGO staff and the community groups and which has been mainly quantitative monitoring of the programme. DAM or the PNGOs are not involved in output related process monitoring.

The current monitoring system is basically upward information flow from the field to the DAM central office. For example PNGOs are updating district DAM office and through Regional office, District office is sending the monitoring data to the Central office. It mainly reflects the implementation status of activities compared to the target. In addition, this format also includes the number of latrines installed within the stipulated time. Monitoring information are not shared with PNGOs on a regular basis and therefore the information is not being utilised to solve the any intervention problems and work towards achieving the ultimate goal of the programme components. Villagers do not get back the monitoring feedback, which could help them to know the current status of programme activities and the scenario of their village, and this would help the community based groups to take lead in decision making about what steps they need to take to reach to their goal.

At the level of community, different groups from the target villages were involved in monitoring. During baseline survey, villagers drew a sanitation map of the village where they marked number of latrines they had in the village and also they mentioned the type of latrine each of the households owned. Theoretically villagers where supposed to check the latrine coverage regularly and based on their findings, they were responsible to check the status of the latrine for particular household by marking it in the map. However, in reality a few community groups were involved in this process of monitoring. Community involvements in the monitoring activities basically depended on the initiatives taken by the partner NGOs i.e. in Barisal, Jalokathi and Pirojpur PNGOs actively involved the community in monitoring, communities in Patuakhali actively worked on mapping along with PNGOs, but were not very active in using this map for monitoring purposes and in upazilas of Noakhali area, PNGOs did not develop the sanitation maps. Through a very quantitative process of monitoring, a fairly clear picture of sanitation was developed and this has proved to be effective enabling villagers to see the progress on a regular basis and take necessary measures as required.

In some areas Village WatSan Committee, Youth Group, Student Group and other Catalyst Groups were actively involved to check the behavioural part of hygiene practices. The aforementioned groups paid house visit without informing the villagers and observed latrine use, bad smell, latrine cleanliness, soap or ash at latrine side and household cleanliness. However, these household observation findings were never shared with other stakeholders like, UP, VWC, PNGO staff of the project and programme did not take any step to make a liaison between the groups and with different local level sector players.

Recommendations

- Monitoring system needs to incorporate qualitative monitoring tools, since DPHE-Danida WSS Components are providing software services to the communities, which are mainly related to behavioural change and all aspects of behaviours are not quantifiable.
- Information gathered through regular monitoring of the programme needs to have downward flow too and needs to be used by the PNGOs and the communities to take necessary steps to achieve the goal within the timeframe.
- Monitoring report needs to be circulated to all institutional levels i.e. DAG, DPHE, PNGO and UP. Also in the monthly coordination meeting PNGOs need to share the findings of monitoring and the steps that component will take according to these findings with the Village

WatSan committee and Union WatSan committee members.

- HP and UC's need to discuss the current picture of different villages in different group meetings and need to encourage the groups to think what they can do for the betterment of their village.
- House visits by different committees needs to be continued for addressing behavioural change monitoring and these also need to be properly documented.
- A standard monitoring mechanism is needed to be developed by the project with a computerized Management Information System (MIS) to store the information properly and to ensure PNGOs and stakeholders easy access to information.
- Findings of the HH visits need to be shared with other community based stakeholders for taking appropriate and corrective measures.
- Internal Evaluation needs to be conducted after a certain period of time, so that all stakeholders/partners get an impression of the project in regard to taking necessary corrective measures for the betterment of the project.

4.2. Training

As an important means of capacity building of relevant staff and other stakeholders, training played a vital role in the whole process of total sanitation program. To implement the total sanitation program at 254 villages, DPHE-Danida Water Supply and Sanitation Components organized a foundation training and TOT for DAM Training Coordinator and Trainers from all Partner NGOs with the assistance from Water Aid and VERC. Through this foundation course and TOT, participants developed two training modules for partner NGO staff and Local Government Institution representatives. The training modules were:

1. Training module on Foundation Training for Core Team
2. Training Module on Participatory Tools for Hygiene Promotion and Monitoring

As per the project plan, the District Training Coordinator (DTC) conducted foundation course for the core team and later conducted training on participatory tools for hygiene promotion and monitoring. The main objective of both the courses was to increase participants' knowledge and skill on the concept of total sanitation approach and how to ensure community participation by using PRA tools. Participatory Monitoring was also an important area of the training course. Both the training courses have been conducted in the using the two training modules.

Methods and Materials

In order to achieve the objectives of both the courses, facilitators used a set of participatory methods and materials to explore the participants' views and ideas on the relevant topic. The assessment team members have found these to be very effective methods and materials and these were used in both the training courses for DAM Training Coordinator and Trainers of PNGOs. The methods were:

- Lecture Discussion
- Game
- Practical Exercise
- Demonstration and Discussion
- Role Play and Discussion
- Question Answer
- VIPP
- Group Discussion and Plenary Presentation

Findings

- The assessment team members reviewed both the training modules and materials and found these to be very effective. A good number of participatory hygiene promotion tools have been introduced by the project staff, which increased their capability to involve villagers in analyzing their sanitation and hygiene situation and developing a plan of action according to the people's

priority.

- Most of the respondents have expressed that they found both the training courses very relevant in connection with achieving village based total sanitation coverage within the decided timeframe. Almost all the participants highly appreciated the conduction process of the courses and the methods used.
- Te participants expressed that hey received only one training and there was no provision to have a refresher course which would have helped field staff to assess their performance and take corrective measures.
- Only one UP member was trained by the project, which was not adequate in terms of the objective of the total sanitation program.
- After the drop out of first batch UC and HP's, the later appointed UCs and HPs did not get a proper basic training and instead of a long training they received a short two days orientation, which was not sufficient according to most of UCs and HPs to carry out the software activities in the field, where they were responsible to organize and conduct training courses at village level.
- Gender, poverty and governance are the crosscutting issues of Danida sector programs, however these issues have not been addressed in the training modules.
- Sustainability is another important part of the total sanitation program, but there was no topic in the training modules to address the concept of sustainability and their considerations.

Recommendations

- Refresher course is needed for the participants who participate in the basic trainings.
- All UC and HP need a short refresher so that they will be able to conduct training courses at community level with more confidence.
- Gender, poverty and sustainability issues needed to be incorporated in the training modules, as these are the guiding principles of Danida sector programs.
- Capacity building of UP, VWC and catalyst groups needs to be addressed, so that they can continue the programme on their own.
- A further assessment and review of the existing training modules needs to be conducted by an external consultant to address the emerging needs of the sector and program as well.

4.3. Involvement of Other Stakeholders

To achieve the ultimate goal of the total sanitation program, the initiative of total sanitation for 254 villages very successfully identified the local potential stakeholders and ensured their participation in the process of total sanitation. It created an enabling environment for the stakeholders to work for achieving the goal of total sanitation program within the allocated timeframe. The project has imparted some training courses and orientations for the local stakeholders like, UP member, VWC, catalyst groups and other community key persons to increase their awareness and capacity so that hey can participate actively in the process of total sanitation. The assessment team has found that local stakeholders have played a significant role in achieving the total sanitation program target. The following potential stakeholders were actively involved with the process of total sanitation at village level:

- UP Representatives
- Member of Village WatSan Committee Members
- School Teachers
- Religious Leaders
- Students
- Local DPHE

Findings

- Representatives of respective Union Parishads were actively involved in the village selection process, and during monitoring aspect, UP was informal involved with the PNGO. The UP member/chairman generally paid visits to areas where PNGO staff finds difficulties.

- Coordination meetings of PNGOs were held at their offices on regular basis to discuss the problems that they were facing at village level and how these could be solved. The assessment team found it as an effective mechanism to address any difficulties within the intervention areas. The team also found that there were irregular participations of UP representatives in the coordination meetings.
- At village level, different categories of community groups were involved in the project implementation process. They also had a strong role in progress monitoring through regular house visit, which contributed a lot to achieve the target of total sanitation program.
- As per the project implementation guideline, DPHE is one of the key stakeholders at field level as it is a permanent setup of the government of Bangladesh dealing with public health related issues at local level. However, the assessment team observed that DPHE was not adequately involved in planning, implementation and monitoring of the project activities equally. It was only in some places the team found that the SAE of DPHE attended a few meetings and workshops- this is not indicative of adequate involvement in the project process.
- Apart from the DPHE, LGI and other community level informal groups, there are also some specific national building departments at local level under different government ministries, who were not actively involved in the implementation process of the project.

Recommendations

- Participation of local stakeholders, particularly Union Parishad and Communities at all levels needs to be increased in project activities. This process of involvement will build a sense of ownership among the stakeholders.
- There are some other departments working at local level under the different ministries of the government of Bangladesh, like Health and Family Planning, Agriculture, Social Welfare and Information. They can play a vital role in the project implementation process, as many of them have close working linkages up to village level.
- Involvement of UP Representatives in monitoring and coordination at PNGO level needs to be enhanced as a regular activity of UP so that the progress can be achieved as it was expected. A comprehensive monitoring and coordination mechanism needs to be developed which can be used by the UP, even at the end of the project.

4.4. Sustainability

Sustainability of the outcomes from the project has been one of the key principal issues of the DPHE-Danida Water Supply and Sanitation Component. To make the Total Sanitation Coverage sustainable, the component was to be guided by hygiene and social mobilization process through community approach so that the community itself analyzed their own WatSan situation and planned action for further improvement. To achieve this, the total sanitation approach has tried to involve community people from different segments of the village and build their capacity through need based training and orientations. Special focus has been given to involve UP from village selection to program monitoring level.

It is expected that the demonstration effort of the total sanitized village along with effect of sanitized DHTW user groups and schools will be spread throughout the unions. As a result, a positive environment will be created towards achieving the total sanitation coverage in all the villages of the components in near future. From the sustainability point of view, the component has taken various initiatives and strategies in the target villages such as:

- Formation of Action Group,
- Development of individual family plan to stop open defecation
- Involvement of mothers to educate their children
- Use of PRA tools to ensure peoples participation
- Development of Village Engineer
- Formation and Building Community Catalyst Groups

Findings

- The component has formed a number of groups at village level to promote sanitation by involving different section of community people and the assessment team these groups have played a significant role to increase sanitation coverage in the target villages.
- The assessment team observed that all the groups have been formed by the representatives of the target village to ensure the changes are sustainable and this is an effective strategy to involve community key persons in the process of Total Sanitation Program.
- it has not been formulated how the stakeholders would continue after this phase is over i.e. there is an absence of a phase out strategy, which can be used by the partner NGO as well as UP.
- At the end of the current phase, following issues such as how the village based groups will work, what would be the priority issues and how they will interact with each other, are very crucial points to make the programme effort sustainable.
- Only one UP member and a few community key people have been trained by the project. It appears to the assessment team that this is not adequate to make them capable and replicate this approach for other parts of the Union.
- Most of the PNGOs have mentioned that this phase should be continued for one year more. In many villages 100% sanitation coverage has been achieved and some villages are just waiting to achieve 100% sanitation coverage. The assessment team has observed that in some intervention villages people are using hygienic latrine but still there are a few families who are not maintaining latrine related hygiene practicing through appropriate manner.

Recommendations

- A well defined strategy should be developed for the stakeholders at local level so that different groups at village, UP, PNGO and DPHE have a strategic guideline to continue and replicate this approach for other parts of the Union.
- The phase out strategy also needs to be developed with specific qualitative indicators in relation to sanitation and hygiene improvement.
- Training for capacity building of LGI and other community key members should be designed and conducted. Specially, the following training courses and activates can contribute to make the effort sustainable:
    - Leadership and Participatory Management
    - Sustainable WatSan Program and Mobilizing Local Resources
    - Community based Monitoring
- Experience sharing workshop should be arranged by the UP for other Ward members, so that the concept of Total Sanitation and its success can be extend to the other ward members.
- The Government of Bangladesh has recently announced a guideline of Ward WatSan Committee and its functions. In the GOB-UNICEF project, this committee has been functioning well, which is an experience that can be incorporated in Total Sanitation Program from the sustainable point of view.

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Compared to baseline information, it is clear that coverage for getting access to hygienic latrine is very high. The assessment has apparently shown that out of 27 villages, 8 villages have achieved 100% latrine coverage and more than 80% coverage has achieved in the rest of the villages. It appears to the assessment team that it is quite possible to ensure 100% hygienic latrine coverage within June 2005, if on-going activities are implemented. However, considering the behaviour change such as hand washing habits, hygienic maintenance of latrines and households, etc. total sanitation coverage is considerably less. There seems to be a slow progress in behavioural changes towards improved hygienic practices.

Poverty, Gender and Governance are the most priority issues in the WatSan sector. The component needs to be looked into the issues at this moment for ensuring sustainability of the progress. To make the program sustainable, involvements of other stakeholders in planning and evaluation is one of the key strengths where different community groups and Union Parishad have played a vital role in the Total Sanitation Program Approach.

5.2 Recommendations

Coverage of Hygienic Latrine and use of Latrine :

- Ongoing awareness activities regarding change in behaviours needs to be continued in the villages where programme already achieved 100% latrine coverage, because, compared to latrine coverage behavioural change related to hygiene practice is quite low. Moreover, achieving the ultimate goal of the component is not possible without bringing about changes at the practice level.
- To increase the coverage (in terms of getting access to hygienic latrines) PNGOs along with Union WatSan Committee need to encourage community people to repair the broken water seals immediately.
- Assessment findings show that most of the hard-core poor are excluded from getting access to hygienic latrines. To cover them in this programme PNGO staff should take necessary initiatives to identify the poorest households and link them with UP to access latrine support from 20% ADP allocation and also with other credit operating NGOs for getting soft loan.

Maintenance of Latrine and the Cleanliness of the Bari

- The ongoing promotional activities and its guidelines need to be reviewed to highlight issues like, importance of using latrine by the children, using ash instead of soap, menstrual hygiene for women.
- Cleanliness of latrines and households should be emphasized in the promotion package. Some times demonstration and visiting a few clean latrines with the households having dirty latrine and courtyard can be an effective strategy to promote these issues.

Village Selection Criteria

- Village selection should be done in line with the Government Policy and Strategy and with UP taking the lead to do this. In this connection existing latrine coverage is an important factor in selecting target village for total sanitation.
- Before selecting the target village, consultation with other key community groups (School teacher, Imam, Samity, Club and other Social Elites) can help to implement total sanitation program from the sustainable point of view.
- Involvement of local DPHE needs to be mandatory as they are the most relevant stakeholders in the government sector.

Method of Baseline Survey:

- Baseline survey should be done before implementing the total sanitation program at target

villages.

- Standard baseline survey format need to be developed that can be used by all partners and that may help the central project management team to monitor consistently the progress of total sanitation approach.
- Baseline survey method needs to be revised, because data gathered scientifically by using qualitative research tools are not convertible to numbers. Quantitative data collection needs to be improved to give a more measurable a picture of the village in terms of numbers**.**

Monitoring:

- Monitoring system needs to incorporate qualitative monitoring tools, since DPHE-Danida WSS Components are providing software services to the communities, which are mainly related to behavioural change and all aspects of behaviours are not quantifiable.
- Information gathered through regular monitoring of the programme needs to have downward flow too and needs to be used by the PNGOs and the communities to take necessary steps to achieve the goal within the timeframe.
- Monitoring report needs to be circulated to all institutional levels i.e. DAG, DPHE, PNGO and UP. Also in the monthly coordination meeting PNGOs need to share the findings of monitoring and the steps that component will take according to these findings with the Village WatSan committee and Union WatSan committee members.
- HP and UC's need to discuss the current picture of different villages in different group meetings and need to encourage the groups to think what they can do for the betterment of their village.
- House visits by different committees needs to be continued for addressing behavioural change monitoring and these also need to be properly documented.
- A standard monitoring mechanism is needed to be developed by the project with a computerized Management Information System (MIS) to store the information properly and to ensure PNGOs and stakeholders easy access to information.
- Findings of the HH visits need to be shared with other community based stakeholders for taking appropriate and corrective measures.
- Internal Evaluation needs to be conducted after a certain period of time, so that all stakeholders/partners get an impression of the project in regard to taking necessary corrective measures for the betterment of the project.

Training:

- Refresher course is needed for the participants who participate in the basic trainings.
- All UC and HP need a short refresher so that they will be able to conduct training courses at community level with more confidence.
- Gender, poverty and sustainability issues needed to be incorporated in the training modules, as these are the guiding principles of Danida sector programs.
- Capacity building of UP, VWC and catalyst groups needs to be addressed, so that they can continue the programme on their own.
- A further assessment and review of the existing training modules needs to be conducted by an external consultant to address the emerging needs of the sector and program as well.

Involvement of other stakeholders:

- Participation of local stakeholders, particularly Union Parishad and Communities at all levels needs to be increased in project activities. This process of involvement will build a sense of ownership among the stakeholders.
- There are some other departments working at local level under the different ministries of the government of Bangladesh, like Health and Family Planning, Agriculture, Social Welfare and Information. They can play a vital role in the project implementation process, as many of them have close working linkages up to village level.
- Involvement of UP Representatives in monitoring and coordination at PNGO level needs to be enhanced as a regular activity of UP so that the progress can be achieved as it was expected. A comprehensive monitoring and coordination mechanism needs to be developed which can be

used by the UP, even at the end of the project.

Sustainability:

- A well defined strategy should be developed for the stakeholders at local level so that different groups at village, UP, PNGO and DPHE have a strategic guideline to continue and replicate this approach for other parts of the Union.
- The phase out strategy also needs to be developed with specific qualitative indicators in relation to sanitation and hygiene improvement.
- Training for capacity building of LGI and other community key members should be designed and conducted. Specially, the following training courses and activites can contribute to make the effort sustainable:
  - Leadership and Participatory Management
  - Sustainable WatSan Program and Mobilizing Local Resources
  - Community based Monitoring
- Experience sharing workshop should be arranged by the UP for other Ward members, so that the concept of Total Sanitation and its success can be extend to the other ward members.
- The Government of Bangladesh has recently announced a guideline of Ward WatSan Committee and its functions. In the GOB-UNICEF project, this committee has been functioning well, which is an experience that can be incorporated in Total Sanitation Program from the sustainable point of view.