Final Report

Gender Equality and Social Inclusion (GESI) Assessment for the WASH SDG Programme in Bangladesh

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1. Executive Summary

The human right to water and sanitation, and the Sustainable Development Goals (SDGs), call for the inclusion of all, equal rights for women, and the elimination of discrimination between people based on their age, gender, disability, race, ethnicity, origin, religion or economic or other status. Hence, the WASH Alliance International (WAI), Plan Netherlands and SNV is implementing The WASH SDG program in seven countries around the world; including Bangladesh.

Based on the recognition of the necessity of the Gender Equality and Social Inclusion (GESI), the program commissioned an assessment to identify the current norms, practices and gaps to address GESI issues for increasing access and use of WASH services for all. Gender equality is the state of equal access to resources, rights and opportunities for men and women and people of sexual and gender minorities. Social inclusion is the process of seeking the participation of all persons in any setting, regardless of gender, age, ability or impairment, ethnicity, religion, caste, sexual orientation and gender expression, poverty level or other factors.

The assessment was a quick qualitative study to understand the current scenario at the local levels, and understand the major gaps, and stakeholders who play a role in the decision making at the household, community and public administration levels in Jashore and Benapole paurashavas. The assessment broadly included a rigorous secondary documents reviews, stakeholders consultation and field investigation in the targeted region.

Field Findings

The GESI field assessment reveals that a majority of the toilets in the slums are brick walled, with either brick or tin roofs, with ceramic bowls, and have 2 pit systems. Although in most areas, it was found that the 2 pit toilet system has not been constructed properly, which leads to overflowing and other issues, which renders them environmentally unsafe. Some of the toilets have the plastic bowls with slabs, and most of these toilets are usually directly linked to the drains.

Sanitation: In the majority of slum/ low-income areas, one toilet is used by a few households, commonly at least 30-40 people are sharing one or two toilet units in the same space. There are very long lines in front of the toilet, starting from early morning, and also requires regular cleaning. With the high usage of the toilets, the pits get filled up very quickly, and needs to be cleaned very regularly. When the pits need to be emptied, usually the households in the area using the toilet decides to call a sweeper, and they come and clean it out and shares the cost. In Benapole, the households have a standing agreement about the service charge for the cleaning, and the sweeper comes and carries it out whenever he is called in. When the pits are cleaned out, usually a hole is dug into the ground (where possible) and the waste is left in there. In more urban areas, where there is a lack of open ground, the waste is left uncovered beside the road, and is cleaned away at certain intervals by the Municipality workers. But this leaves the open waste out to create bad odor in the area and also creates hygiene issues for the community people.

In the shared toilets, most of them do not have running water in the bathrooms, but has taps or tube wells nearby. Everyone usually takes their own bucket, water pot, soap and toilet paper with them. The water is usually used for cleaning themselves and flushing the toilets. In one of the slums in Beltola, Jashore, some of the toilets made by previous projects had overhead water tanks with water supply connection that can be used to flush the toilets. Almost all the participants said they use soap and about 50% of them said they use toilet paper regularly.

Most toilets don't have handles or bars beside the toilets, which causes inconvenience for pregnant women, elderly, and the disabled. There were only a few toilets in Jashore where handles had been installed in toilets set up by previous projects working in those areas.

Repairs or replacements in the toilets are carried out usually by the user households, and they split these costs among themselves also. In Beltola, Jashore, the women said that they are the ones who make the decisions regarding household issues, and that includes the toilet. So, even for repairs and maintenance, they are usually the ones who decide about fixing it, and costs being split up among the households using the toilet. They do discuss the finances with the men of the family, and get the money from them.

Waste Management: The general understanding in these areas is that septic tanks are better and a more hygienic system for solid waste disposal. In Benapole, most of the houses in the area which set up toilets in the last decade have considered setting up their own septic tanks. According to the Pourashova, 20% of the people in Benapole, being of the upper income status already have septic tanks, since they have apartment buildings. Septic tanks were first installed by the big commercial buildings which have come up during the last few years, and this has encouraged others to follow suit. But most of the modern homes/buildings do not have septic tanks (most have ring pits), and this means the waste management is still quite poor.

General opinion among the urban dwellers is that the toilets need better technology and can be improved to have better waste management. Most of them are aware about the septic tank system, and would prefer if their toilets had a better waste management system. But they also do not think they have the bargaining power to push for better facilities from their landlords.

Hygiene and Drainage: There is a general understanding about hygiene and what needs to be done to keep the toilets clean. But there is a lacking in the way waste is managed from these toilets, and a proper system is not in place of how they can deal with the solid waste on a regular basis.

The drainage system in these areas are mostly open drains, at max with loose covers on them, there are regular issues with overflowing and water logging, especially during the rainy season. Lack of drainage, and not maintaining them getting blocked, is a big problem in these areas, and leads to overflowing and water logging, which can be a major cause for health issues and diseases within the community.

Water Management: Drinking water is usually got from the deep tube wells (or those tube wells that have been marked safe by the Municipality), but there is huge lack of awareness about the cleanliness of ground water, about filtering salinity or iron in the water, and how to ensure healthy drinking water. The dwellers understand that the filters are available in the market, and even though they are not sure about the cost of the filters, it is assumed that it will be expensive. There is a lack of awareness of how or why it might be necessary to boil/filter water before drinking. The general assumption is that ground water from the tube well must be safe for drinking, without considering the possibility of ground water being polluted. Generally, women in the households are responsible for collecting water from the tube wells and carrying it back to the house

Gender Issues (MHM): One of the major issues they face during menstruation is that they cannot use the toilet for a long time, They also need more water during those days, so need to take a bucket of water inside with them. Washing the cloths (to be used as reusable pads) is a bigger problem, and they usually have to wait until there isn't a lot of pressure on the toilet, so they can spend time in there cleaning them.

They also have to hide them indoors, and are usually not able to dry them outdoors in the sun. The incidence of sanitary pad usage is almost non-existent in the slum areas. A few of the women said they use pads during traveling, since they have to be outside for long periods of time and it's easy to use and throw pads away.

There is very little awareness about the proper hygienic use of pads and menstrual management products. They understand that there is need for it, but haven't had access to such information easily. They believe that they are quite healthy, and have been managing fine all these many years, so new forms of managing menstruation are not a necessity. Issue about finances did not come up as a major reason for not using pads. Most of the women did not identify specific issues around how they can have better standards to be able to have more comfortable use of toilets – bigger size when they are pregnant, bars to have easier movement, or longer time to use the toilets when they are menstruating.

Role of the Municipality

According to the Pourashava councilors, there is a WASH Standing Committee which has monthly meetings and issues related to the WASH activities in the urban context are discussed there. On a community level, regular meetings are mandated to be held, where the local population can voice their demands to the Councilors directly. But the general attitude of the people is that even though meetings are held, most demands usually remain unmet, and not enough feedback is provided to the populations about how decisions are taken regarding which of their needs should be prioritized and how.

Generally there are 3 female councilors (FC) in each Pourashova (Jashore and Benapole), and each one of them represent 3 wards that they work in and are responsible for. The general attitude of the male councilors is that the FC's have come into these positions through reserved seats, which entails they do not have the community's support to represent them, even though they have also been elected. Some of the FC's think that it might be better if they allowed women to run together with the men. There are regular ward level community meetings that the Pourashova organizes, and the community people feel like they are able to voice their opinions easily, but usually nothing happens. The councilors do come to these areas, and listen to them, but the road has not been made yet. The women councilors are also available, but the general perception is that the male councilors have more a greater say and can get things done easier/faster.

According to the women community leaders, and the elected female Councilors, the biggest issue that women face deterring them from positions of power, to work outside of their homes is always society and norms. The general idea is that the women should not get into politics and power rather should stay in home or to do society approved conventional jobs only; which has been one of the major factors that is limiting women from taking up political positions and roles.

The following table below outlines the major problems that were observed during the assessment, and some recommendations that can be taken in considering the next steps for the project:

ISSUE	MAJOR PROBLEM IDENTIFIED RECOMMENDATION						
Sanitation	- Overflowing toilets with seepage and leakage	- Awareness needs to be created about what consists of being environmentally safe toilets, and why they are worth the investment for households					

Waste Management	 Toilets are not inclusive (not friendly for disabled people, pregnant women and the elderly) The number of people using one toilet is very large (between 20-40 individuals even) Poor waste management system, 	 (better health, less cost for regular waste management, etc). Encouraging simple ways that toilet facilities can be improved for the use of the marginalized groups. Encouraging a minimum number of toilets for a certain density of population and also creating awareness on quality of sanitation access is crucial. Regular garbage collection
	causing bad odors, contamination of the environment, and of course potential to spread diseases.	
	 Solid waste in open holes leads to bad odor, environmental contamination and spread diseases. Pit systems toilets proving to be ineffective solution for these highly populated areas, since they get filled up quickly. 	 Create better systems for waste management from the toilets in these areas. Pits and houses are proving to not be the most effective system for such highly populated communities. Community styled septic tanks (where toilets in a locality can be connected to one main septic tank) should also be helpful for densely populated areas as the surrounding houses can then connect their toilets directly to this tank.
Drainage and Road Infrastructure	 Open drainage systems; clogged, flooded and water logged, especially during rainy season. Toilets that are connected directly to the drain, causing bad odor, drainage clogging and again health and hygiene problems. 	 The Pourashova should consider investing more in these public facilities, rather than toilets at individual levels. Pourashava needs to invest in the operation and maintenance of the existing drainage systems to ensure they do not break down. Proper enforcement and overseeing is required by the Municipality.
Water Supply and Management	 Lack of water supply to the toilets. Only a few implemented by projects have an overhead tank for flushing purposes. 	•

	 High iron content in the ground water. There is also lack of awareness about what constitutes safe drinking water. 	 Support for promotion of low-cost water treatment technologies (for iron, salinity and arsenic) to be used by the urban communities. Awareness about safe water, and how it can affect their health and life. Access to low cost technologies for testing, filtering and purifying water is needed for all communities in these urban areas.
Gender related issues (WASH)	 Unavailability of female-only toilet, creating inconvenience to menstruating and pregnant women. Based on other researches being carried out in South-Asia regions, communal toilets for women are also shown to have relations with safety and security of women, although this was not highlighted by the women in these areas. 	- Women find it more difficult to access toilets which are suitable for them, especially when they are menstruating or pregnant. Awareness needs to be created to ensure that their needs are considered with designing toilets in these localities. It might even be encouraged to have female-only toilets inside premises.
Gender related issues (MHM)	 Taboo related to issues like women's health and reproduction, like menstrual health. Menstrual management is still not considered to be a serious issue, and most women treat it and manage it using traditional, 	 Activities can be taken on by NGOs and other SRHR programs to break the taboos around these issues, and create spaces for open conversation and dialogues about SRHR. Design proper favourable and safe changing facilities for girls and women at their toilet and other accommodations to inspire
	unhygienic methods. - The unavailability and inconvenient access to sanitary pads in local markets is also a reason for women not availing sanitary pads for menstrual management	 adoption of menstrual hygiene products. Different channels for accessing menstrual management products aimed for adolescent girls and women can also be considered.

Socio-economic

- Gap in how information play out when decisions are taken at the Pourashova level. Thus, there is dissatisfaction within the community about the kind of services they are receiving.
- The Gender Action Plan (GAP) of the Pourashova of 2015-2020 is very well formulated, but many of the points have not been implemented.
- Residents in these communities are becoming more aware about proper living standards, and try to maintain a certain lifestyle. This has also led them to want themselves not to be referred to as slum dwellers, given the connotation of the word "slum".

- Stronger accountability systems in place taking community demand into account.
- Community awareness about quality sanitary and WASH services, so they are able to demand for such level of service for themselves.
- It is recommended to update terms like "slum" in the documentation, titles of project, staff designations. This will create a much more favourable relationship with the community and make it easier for the Pourashova to work with them.

2. Scope and purpose of GESI Assessment

WASH Alliance International (WAI), Plan Netherlands and SNV is implementing The WASH SDG program in seven countries around the world; including Bangladesh. The WASH SDG program aims to improve WASH situation for all, using an integrated approach and ensuring that facilities and services are sustainable, climate resilient, gender sensitive and socially inclusive.

The human right to water and sanitation, and the Sustainable Development Goals (SDGs), call for the inclusion of all, equal rights for women, and the elimination of discrimination between people based on their age, gender, disability, race, ethnicity, origin, religion or economic or other status. Hence, Gender Equality and Social Inclusion (GESI) is an integral component of the WASH SDG Program being implemented in Jashore and Benapole Paurashavas.

Based on the recognition of the necessity of the Gender Equality and Social Inclusion (GESI), the program commissioned an assessment to identify the current norms, practices and gaps to address GESI issues for increasing access and use of WASH services for all.

The processes of exclusion and marginalization are often deeply embedded into societies, processes and structures. The assessment is expected to provide specific GESI-related activities to be incorporated in the program and also identify required indicators and studies for ensuring institutionalization of the findings.

Objective: The aim of the assessment was to understand the local context in regard to sanitation and WASH, understanding the gendered issues that are relevant in the following levels:

- Intra-Household marginalization: understand how the decisions around hygiene and sanitation is decided upon and dealt with within households;
- Inter-household/community marginalization: how do different community groups deal with their sanitation needs;
- Marginalization in public administration: how are different minority communities' and groups' needs voiced to the administration;
- Legal and policy barriers and enablers: what are the systems in place to consider women and minority groups' needs when planning and implementing WASH/sanitation services for the communities;
- Identify next steps in understanding these issues better, and way forward.

2.1 Methodology

The assessment was intended to be a quick qualitative study to understand the current scenario at the local levels, and understand the major gaps, and stakeholders who play a role in the decision making at the household, community and public administration levels. The assessment also led us to develop suitable and impactful interventions for the programme.

Secondary research: Review the existing documents and data to derive preliminary conclusions on the main Issues about both gender and social inclusion issues in the sub-programme area. The existing major documents are:

- Secondary information on WASH (Bangladesh country level)
- The Baseline findings
- Interview with the project team

Based on the findings we developed our research questions and detailed plan for further investigation.

Field investigation: GESI assessment was conducted through qualitative research and interviews, guided by the questions identified after the secondary review following the GESI framework.

The primary investigation was carried out using the following method:

Location and	Location and Research Tools		Objective
numbers			
Jashore	Focus Group Discussions	- Community members,	- Understand the
	(FGDs):	- Minority groups/	sanitation issues faced
	Slum/Low income group	differently abled groups,	by the community.
	- 2 (males:9;females:11)	- Urban households,	- Distinguish the gender
	Non-slum/Middle	- Urban slum households,	factors, and other
	income group - 2 (males:	- Different income groups	additional issues that
	9; females:9);		may be faced by other
	1 additional FGD of a		minority groups in those
	minority/differently		communities.
	abled group (if required)		- Understand the
Benapole	FGDs:		decision-making
	Middle income group - 2		process intra
	(males:7; females:12);		households, regarding
	Low income group - 2		sanitation and hygiene
	(males:6; females:11);		practices.

	1 additional FGD of a minority/differently abled group (if required)		
Jashore	Key Informant Interview (KII): 14	- Community Leaders, - Municipality members, - Female Councilors	- Map the current practice for understanding
Benapole	KIIs: 11		community needs when planning sanitation services in urban localities. - Understand the role of the female councilors, and the issues they may face in integrating their voice in the municipality's planning mechanism

3. Secondary information on GESI in the program area

3.1 Definitions relevant to the assignment

Some topics and terminologies need to be determined and understood, in order to make out understanding of the assignment be relevant to the programme's needs.

Gender Equality and Social Inclusion (GESI): Gender equality is the state of equal access to resources, rights and opportunities for men and women and people of sexual and gender minorities. Social inclusion is the process of seeking the participation of all persons in any setting, regardless of gender, age, ability or impairment, ethnicity, religion, caste, sexual orientation and gender expression, poverty level or other factors.¹

GESI Approach: The GESI approach is founded upon the human rights principles, of equality and non-discrimination; participation; transparency and access to information; sustainability; accountability; and universality.

SNV's approach towards incorporating GESI into their programme takes into consideration the programme's principles to be inclusive; do no harm; seek systems change; be rights based; be accountable; reflect our organizational values; be informed; commit the capacity, resources and support; and monitor, reflect, adjust and learn.

¹ SNV - Beyond the Finish Line Programme, Gender Equality and Social Inclusion (GESI) - Conceptual Framework, May 2018.

Based on SNV's GESI Conceptual Framework, it can be understood that the programming intends to take into consideration the diverse social backgrounds and context of the men, women, girls and boys who will be involved during the lifetime of the programme. The approach also intends to consider the power differences that play a role within the public arena, and the institutions that they are working with.²

3.2 Secondary information about WASH and MHM situation in Bangladesh

According to the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) 2017 report about 97% of the country's population has access to at least basic level of drinking water, with very little difference between rural and urban population, across divisions, as well as across households with different characteristics. About 47% of the country's population has reached basic level of sanitation (rural 43% and urban 54%, JMP 2017). While open defecation is nearly zero, the JMP 2017 revealed that only 40% people in Bangladesh has basic level hand washing facilities (hygiene). In spite of the presence of toilets, many are unhygienic and most sludge ends up untreated in the environment; drains, water ways and marginal land. Unsafe sludge management practices disproportionately affect the most disadvantaged urban dwellers.

Government's budget allocations have been doubled in recent years compared to that of FY 2007-08. In November 2011, Bangladesh government adopted the Sector Development Plan (SDP) for Water Supply and Sanitation Sector in Bangladesh 2011-25. The initial aim was to prepare a road map to provide safe drinking water and sanitation for all and with the objective to provide a framework for planning, implementing, coordinating and monitoring all activities in the Water Supply and Sanitation sector. The SDP is a rolling plan with three steps planning: short term (2011- 2015), medium term (2016-2020) and long term (2021-25). The short term plan aims to ensure at least WSS basic services for all. In the medium term strengthening the institutions and sub-sectors is a priority. National Strategy for Water Supply and Sanitation was formulated to provide a uniform strategic guideline to the sector stakeholders, including the government institutions, private sector and NGOs, for achieving the sector goal. Seventeen (17) strategies were formulated which are broadly grouped in three (3) themes: WASH interventions, emerging challenges and sector Governance.

A number of international and national NGOs are also playing important role to ensure WASH services, such as BRAC, WaterAid, Practical Action. In addition to innovations, the NGOs have an added value in raising awareness of the people to better understand their rights to Water and Sanitation.

Presence of corporate (private) sector is yet to contribute in the sanitation sub-sector but there are private sweepers, pit emptiers who have been providing informal cleaning services. These groups would be vital for ensuring safe sanitation services but the sub-programme will also explore the engagement of private companies wherever possible.³

A Baseline study was also conducted by the program to gather data on the existing situation to provide an information base. The reviews of baseline findings gave us preliminary understanding on the main gender and social inclusion related issues for the program.

A total of 2,813 respondents were interviewed from Jashore (55%) and Benapole (45%) among whom 87% were female. 84% of the respondents were from unplanned settlement area whereas 15% were from

² SNV - Beyond the Finish Line Programme, Gender Equality and Social Inclusion (GESI) - Conceptual Framework, May 2018.

³ Bangladesh WASH SDG Report

informal settlements. In both Benapole and Jashore, the majority of the respondents live in individual owned houses whereas around 17% live in rented rooms. The study applied a Principle Component Analysis (PCA) to develop an asset based wealth index dividing the programme population into five equal wealth quintiles. 83% of the households living in the slum areas fall in bottom two (poor) quintile whereas around 50% of the household living in non-slum areas fall in the top two (wealthy) quintile.

Based on the baseline findings; our next step was to conduct the GESI assessment to understand the qualitative extent of current norms, practices and gaps to address GESI issues further for increasing access and use of WASH services for all and proposing impactful solutions for them.

4. Key Findings from the Field

4.1 Current WASH situation in slum, low and middle income areas of Jashore and Benapole:

Sanitation

Based on the baseline survey that was carried out by SNV, it was seen that in Benapole approximately 48% of toilets in the slums, and 58% in the non-slum areas were improved qualities, but not necessarily environmentally safe. Similarly in Jashore, approximately 46 % in slum areas, and 51% in non-slum areas were improved toilets. In terms of gendered data, there was very little disparity between the female and male headed households. Only in the case of slums in Benapole, more improved facilities were found in the male headed households (51%) as opposed to the female headed households (34%).

During the GESI field assessment, it was also seen that a majority of the toilets in the slums are brick walled, with either brick or tin roofs, with ceramic bowls, and have 2 pit systems. Although in most areas, it was found that the 2 pit toilet system has not been constructed properly, which leads to overflowing and other issues, which renders them environmentally unsafe. Some of the toilets have the plastic bowls with slabs, and most of these toilets are usually directly linked to the drains.

The baseline data shows that, in Benapole, only about 15% households (both for slum and non-slum areas) used shared toilets, while others had access to their own cubicles. In Jashore, it was seen that in non-slum areas, approximately 30% (22% female headed, 32% male headed) households used shared toilets, and approximately 67% had access to their own cubicles. In the slums of Jashore though, 56% (69% female headed, 55% male headed) households use shared toilets.



Figure 1: A typical shared toilet in ward 1 Jashore

During the GESI Assessment field work, it was noted that among the middle-income families, many of them were land owners, and had their own land, where they

have built their home, so most of them had made separate toilets for their own household. As landowners, sometimes they also shared toilets with their tenants.

In the majority of slum/ low-income areas, one toilet is used by a few households, commonly at least 30-40 people are sharing one or two toilet units in the same space. There are very long lines in front of the toilet, starting from early morning, and also requires regular cleaning. With the high usage of the toilets, the pits get filled up very quickly, and needs to be cleaned very regularly. When the pits need to be emptied, usually the households in the area using the toilet decides to call a sweeper, and they come and clean it out. The cost is split up among the households. In Benapole, the households have a standing agreement about the service charge for the cleaning, and the sweeper comes and carries it out whenever he is called in. When the pits are cleaned out, usually a hole is dug into the ground (where possible) and the waste is left in there. In more urban areas, where there is a lack of open ground, the waste is left uncovered beside the road, and is cleaned away at certain intervals by the Municipality workers. But this leave the open waste out to create bad odor in the area and also creates hygiene issues for the community people.

Most households in these areas are living as renters, and does not own the land where the house and toilet has been built. In Jashore, some of the toilets (in the community living near the railtracks) does not even have drains that can be linked to them. So either they are being linked to the waterbody nearby or even being emptied into a neighboring piece of land. Although they understand the health hazard, but since there is a lack of alternate solutions at hand, are continuing to do this.

During the baseline study, it was also noted that in Benapole and Jashore areas, approximately 87% of households had access to functional toilets, but cleanliness of the toilets were a challenge, irrespective of wealth quintiles, type of settlements and sex of head of households. The situation in female headed households (14%) in slums of Benapole had the worst functional, cleanliness conditions.

The cleaning of toilets is done on a shared basis, where different women from the households take turn in cleaning it as per a schedule. Harpic is usually used to clean it, and sometimes there are quarrels about who isn't doing it enough, or doing it properly. The Harpic used is usually bought together by splitting costs among all the households.

In the shared toilets, most of them do not have running water in the bathrooms, but has taps or tube wells nearby. Everyone usually takes their own bucket, water pot, soap and toilet paper with them. The water is usually used for cleaning themselves and flushing the toilets. In one of the slums in Beltola, Jashore, some of the toilets made by previous projects had overhead water tanks with water supply connection that can be used to flush the toilets. Almost all the participants said they use soap and about 50% of them said they use toilet paper regularly.

Repairs or replacements in the toilets are carried out usually the by user households, and they split these costs among themselves also. Since everyone is using the toilets, usually there is a consensus for the need to carry out repairs as and when needed. Most of the times, all the households decide to split the costs and call the mechanics as needed. For major repairs, like replacing the pan, the landowner will probably be consulted and asked to make the replacement. Many



Figure 2: A dilapidated toilet in Benapole

people have also invested in repairing and maintaining the toilets they have, and in certain areas have built personal toilets when they are investing in building their own homes. But landlords are usually not interested to invest in building more toilets for their renters, or to invest into better facilities for them.

In Beltola, Jashore, the women said that they are the ones who make the decisions regarding household issues, and that includes the toilet and toilet. So, even for repairs and maintenance, they are usually the ones who decide about fixing it, and costs being split up among the households using the toilet. They do discuss the finances with the men of the family, and get the money from them. They are also aware of the availability of labour in the area, but usually the men go do the negotiations and bring the labour as needed to do the work. Payment is on daily basis and is Tk350/day on an average. The cost for this is usually split among the households who use the toilet.

The baseline data in Benapole reveals that around 84% are using pit latrines out of which 67% is off set pit while just 8% is twin pits, whereas in Jashore 56% uses pit out of which 26% are twin pits latrines. The number of septic tanks is higher in Jashore and but there are also cases (7%) of direct discharges into water bodies. Presence of soak well with septic tank is negligible in both cities. In Benapole about 3% of respondents discharge directly to open environment.

Also, around 60% of the households have never emptied their containment whereas among those who had, almost 90% were done by manual emptier. According to respondents, this involved entering the pit (14%) and septic tank (26%) cases and around 15% of households are assumed safe as they do not yet need emptying.

The toilets in the middle income areas (eg. Lichubagan in Jashore, Benapole Bazar) are usually 2-4 rings depth, and has 2 pit system for waste disposal. They have brick walls, cement floors, sometimes tiled, mostly using ceramic pans, and having the house/pit system. But, the general understanding in these areas is that septic tanks are better and a more hygienic system for waste disposal. In Benapole, most of the houses in the area which set up toilets in the last decade have considered setting up their own septic tanks. According to the Pourashova, 20% of the people in Benapole, being of the upper income status already have septic tanks, since they have big apartment buildings. Septic tanks were first installed by the big commercial buildings which have come up during the last few years, and this has encouraged others

to follow suit. But most of the modern homes/buildings do not have septic tanks (most have ring pits), and this means the waste management is still quite poor. There needs to be encouragement for setting up septic tanks, and then the Pourashova can provide the service with its Vacu Tanks.

Even in these areas, the toilets are usually cleaned by the women in the households, and they are the ones who note the requirements (including repairs) that might be needed, and then decide to talk to the men about these issues. To actually carry out the repairs, the men would usually look for a labour from the surrounding area to work for a day and repair the toilets.

General opinion among the urban dwellers is that the toilets need better technology and can be improved to have better waste management. Most of them are aware about the septic tank system, and would prefer if their toilets had a better waste management system. But they also do not think they have the bargaining power to push for better facilities from their landlords.

Drainage and road infrastructure:

Especially in Jashore, where the drainage system in these areas are mostly open drains, at max with loose covers on them, there are regular issues with overflowing and water logging, especially during the rainy season. Currently, in some of the areas, construction work of the drainage systems is being carried out and might help. But the drainage inside the smaller streets also need to be addressed to ensure better hygiene and cleanliness.

In Benapole, these communities have a bigger problem with the lack of roads inside their community areas. Both for the low-income and mid-income areas, the roads leading away from the main street have not been made. They have a strong demand for this to the Pourashova, but they also realize the need to have landowners on board who will be giving up some of their land where the road can be built on. Thus, the issue cannot usually be just resolved through the Pourashova's involvement.



Figure 3: Drainage inside Ward 3 in Jashore

Water management:

Drinking water is usually gotten from the deep tubewells (or those tube wells that have been marked safe by the Municipality), but there is huge lack of awareness about the cleanliness of ground water, about filtering salinity or iron in the water, and how to ensure healthy drinking water. The dwellers understand that the filters are available in the market, and even though they are not sure about the cost of the filters, it is assumed that it will be expensive. There is a lack of awareness of how or why it might be necessary to boil/filter water before drinking. The general assumption is that ground water from the tubewell must be safe for drinking, without considering the possibility of ground water being polluted. Generally, women in the households are responsible for collecting water from the tubewells and carrying it back to the house.

Water supply is a very problematic issue for Benapole, since there are only a few public taps available in the urban areas. In the low income areas, at least 5-6 houses have to use the one tap, and these taps are mostly located close to the toilets. They have tubewells in the area, and one deep tubewell. The water is very high in iron. In Rajbari Pukurpar, there is the big pond, which according to them is mostly clean (but they are aware that two toilets have links into the pond, and people throw waste in it sometimes). And they use the pond water for bathing and washing.

Even for the middle-income areas, the water supply has very high iron content, and they have to buy drinking water from the shops. The most common brand is Nipa: first time installation for the filter/tap Tk 250-300; Tk 40 for 12 kg of water. For those who cannot afford buying water, there is a deep tubewell in the next area, near the Pourashova health center, which has iron-free water. Some of the women go collect water from there. She usually gets 15 kg of water daily, and carries it herself in plastic bags and jars. Sometimes she Figure 4: Water sourcing in a slum in Jashore uses vans, that costs around Tk 20. She has to get the water



daily, early morning usually since the line is a but shorter then. She also works in people's homes, and sometimes for flat buildings she carries the water up to the flat. She gets around Tk 200/300 to provide this service.

4.2 Main gender related issues

WASH Issues:

- Women are responsible for cleaning the toilets and maintenance of the WASH related issues, including fetching water.
- Most toilets don't have handles or bars beside the toilets, which causes inconvenience for pregnant women, elderly, and the disabled. They had not thought about it, and was not even aware that this could be an easy fix. There were only a few toilets in Jashore where handles had been installed in toilets set up by previous projects working in those areas.
- When the pipes get blocked in the toilet, or something needs to be fixed, it is also usually the women in the household who make note and decide what needs to be done. But in most of the areas, the repairing is usually done by the men themselves, or they hire some local labour to carry out the work. The finances are decided on by the man, even in some areas where the women can call the labour and get the repairs done themselves.
- There is a general understanding about hygiene and what needs to be done to keep the toilets clean. But there is a lacking in the way waste is managed from these toilets, and a proper system is not in place of how they can deal with the waste.
- Lack of drainage is a big problem in these areas, and leads to overflowing and water logging, which can be a major cause for health issues and diseases within the community.

• Sharing of toilets and toilets with a large population can also cause long waits, unclean environments, regular blockages, leading to hygiene and health issues, especially for women and children.

MHM Issues:

- During the Baseline survey, it was identified that in Benapole only 35% of women have access to safe MHM facilities with safe disposal; in the slum areas it is only 15%, with female headed households (21%) having a slightly better disposition towards it. In Jashore, 32% households have access to safe MHM facilities with safe disposal; but in the slums only 13% households have the same access, and only 5% of female headed households are accessing it.
- One of the major issues they face during menstruation is that they cannot use the toilet for a long time, since there is always people waiting to use it next. They also need more water during those days, so need to take a bucket of water inside with them. Washing the cloths (to be used as reusable pads) is a bigger problem, and they usually have to wait until there isn't a lot of pressure on the toilet, so they can spend time in there cleaning them. They also have to hide them indoors, and are usually not able to dry them outdoors in the sun.
- Clothes are washed in the bathing area, usually beside the toilet. It is preferred if there is water supply in these places. There is no direct water supply in most of the toilets. There are issues with water logging that happen in the areas, due to poor open drainage systems. The drains may be covered, but gets clogged easily with rain water. One of the woman who does not have direct water supply in her toilet, comes to this house to bath since they have direct water supply.
- The incidence of sanitary pad usage is almost non-existent in the slum areas. A few of the women said they use pads during traveling, since they have to be outside for long periods of time and it's easy to use and throw pads away.
- Young girls are unaware about their physical processes, hygiene, and health issues. Sex education and awareness about bodily functions and how to take care of themselves is essential, but there is a major lack of these discussions for young women and girls to attend.
- There is very little awareness about the proper hygienic use of pads and menstrual management products. They understand that there is need for it, but haven't had access to such information easily. They believe that they are quite healthy, and have been managing fine all these many years, so new forms of managing menstruation are not a necessity. Issue about finances did not come up as a major reason for not using pads.
- Many of them do believe that this attitude towards menstruation being a taboo needs to change.
 Two of them say that the norm is already different in their household with their sons and daughters, and most of their husbands are also okay with going and buying pads for them.

4.3 Main social inclusion related issues

People's wants have changed, mainly by seeing the living standard change around them. It is not so much about money, as about what should be the status/standard of living. No one wants to use open toilets anymore. Based on the recognition of the issue, people have grown a demand for better WASH facilities and services. But overall, there is little understanding of what makes for environmentally safe toilets and safe water supply for their own usage, so they have very limited demand about what kinds of toilets and WASH services will be most suitable for their needs.

There seems to be a general lack of awareness among different minority groups, like the elderly, women and disabled people about what their own needs and demands could be. Most of the women did not

identify specific issues around how they can have better standards to be able to have more comfortable use of toilets – bigger size when they are pregnant, bars to have easier movement, or longer time to use the toilets when they are menstruating. Even when talking to some of the disabled persons, they could not specify if different toilet facilities would make their access to them easier. They could not even consider simple changes like a side-handle or a high seat to improve the quality of these toilets intended for them.

One issue that did come up was that people do not want to be referred to as slum/bosti dwellers, they think of themselves as urban dwellers and even have caused issues with the fact that banners/signboards use "slum development" in their titles. There is a need to be acknowledged for their status, and so they also want to live up to a certain living standard.

5. Role of Municipality & Female Councilors in WASH & Social Inclusion

5.1 Current practices in the Municipality

According to the Pourashava act 2009, the municipality is responsible for the public health of the municipality and for this purpose. A municipality is supposed to make and maintain adequate arrangements for the removal of refuse from all public streets, public latrines, urinals, drains, and all buildings and land vested in the municipality and for the collection and proper disposal of such refuse. A municipality should also provide and maintain sufficient number of public latrines and urinals for the separate use of each sex, and shall cause the same to be kept in proper order, and to be properly cleaned. Also, all the public and private sources of water-supply within a municipality is supposed to be controlled, regulate and inspected by the Municipality. A Municipality shall, within the limits of the funds at its disposal, provide an adequate system of public drains in the municipality and all such drains shall be constructed, maintained, kept, cleared and emptied with due regard to the health and convenience of the public.

The WASH facilities in both Jashore and Benapole has improved immensely in the last decade by the municipality. This has been due to the different projects that have been taken up by the Municipality, in partnership with different NGOs. The Urban Governance and Infrastructure Improvement Project (UGIIP)⁴ have carried out considerable WASH related development in the low-income and middle-income communities. This has also helped change the mindset of the people, and there is an overall demand by the people to have better toilet facilities.

According to the Pourashava councilors, there is a WASH Standing Committee which has monthly meetings and issues related to the WASH activities in the urban context are discussed there. These

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⁴ UGIIPs are being implemented by the Local Government Engineering Department (LGED) of the Ministry of Local Government, Rural Development and Cooperatives, the national agency responsible for extending technical support to all rural and urban local governments, including those in pourashavas. Both UGIIP-1 (2003-10) and UGIIP-2 (2009-14) have features that make them different from previously implemented urban development projects in Bangladesh. These projects (i) promote good governance; (ii) build capacity to improve the performance of pourashavas in mobilizing their own resources and delivering better services to the people, especially the poor; and (iii) assist municipalities in mobilizing the community through grassroots organizations for the planning, implementation, and monitoring of programs that affect their lives.

Committees are comprised of some of the elected Councilors, and other relevant stakeholders from the locality (community leaders, service providers, influential people, etc). These committees are also supposed to have a minimum of 40% female members. But there is a lack of awareness about what issues should be highlighted there, and it is usually not expected that community people can join and raise their concerns in these committee meetings. It can be assumed that the members in the committee are expected to bring up community demands to be discussed in these meetings, but there doesn't seem to be a clear understanding of the roles and responsibilities of the WASH Committee members.

On a community level, regular meetings are mandated to be held, where the local population can voice their demands to the Councilors directly. But the general attitude of the people is that even though meetings are held regularly, most demands usually remain unmet, and not enough feedback is provided to the populations about how decisions are taken regarding which of their needs should be prioritized and how.

The Jashore Pourashova has been setting up a treatment plant for the last 6 months, and it will be launched in July 2018. This will ensure that waste management of the urban area will be dealt with efficiently. The capacity of the plant is quite high, so the Pourashova is considering collecting waste from other nearby areas also (rural, neighboring districts, etc.)

Pourashova Health Officers, mostly work on raising awareness around health related issues: pregnancy, health of mothers/pregnant women, children's health, nutrition, vaccines, balanced diets for themselves and children. They also give out additional information for specific event days: cholera, disease, food, mother's day, etc. They also do work around hygiene and handwashing during certain times, or if there are projects who want to collaborate with them to do these information sessions. During UGIIP, they were involved in doing some of these sessions in courtyard meetings with women.

5.2 Role of the Female Councilors

Municipality should be formed with composition of following persons, namely: a) mayor b) councilors c) female councilors (reserved).

Number of Female Representatives in Parishad is equal to one-third of the defined number of councilors under sub-section (2) (b) of section 6 announced through government gazette for every municipality, mentioned as reserve, will be reserved for female. Female councilors for reserve seat shall be directly elected by adult voters under this ordinance and rules of this ordinance. But, it is conditioned that, anything of this ordinance will not restrict any female from the right to participate direct election beyond reserve seat.

With approval from municipality, every ward can form **ward committee** with persons no more than ten, and elected ward councilor shall be the chairman of that committee.

40% of the members shall be female, but municipality can take necessary decision after considering activities of the ward to make it more effective.

Within one month of the first meeting held after the constitution of a municipality, a panel of three mayors shall be elected, in order of preference, by the councilors from amongst themselves.

But it is conditioned that one councilor amongst this panel of three mayors shall be councilor from reserve seat. In every standing committee there shall be not less than 40% female members.

Generally, there are 3 female councilors in each Pourashova (Jashore and Benapole), and each one of them represent 3 wards that they work in and are responsible for. Male Councilors are usually one per ward. They had to each pay Tk 10,000- 30,000 per ward to apply for these seats, whereas male councilors pay just the Tk 10,000.

Barriers the Female Councilors are currently facing:

- Male Councilors (MC) do not treat the Female Councilors (FC) well. The lack of respect for the FC's
 position and work discourages others to join. This male dominant mindset and attitude is difficult to
 break, and creates continuous disparity between the Councilors.
- Each FC has to work in 3 wards, which means her time and location are spread around among three different communities and groups. This means she cannot spend as much time in each ward as her male counterparts. This also means she does not have the same kind of network and outreach in all the wards that she works in. Even though they represent 3 wards, they are not provided with additional resource, allowance, or voice.
- In the internal meetings, the FCs are only three, and are easily overshadowed and sidelined by the male members in the committees or meetings. Many of the older FC's also want to maintain more friendly relationships with their male colleagues, and thus tend to not get into arguments with them. They fear the possibility of not being voted back into the seats in the next term.
- The general attitude of the MC's is that the FC's have come into these positions through reserved seats, which entails they do not have the community's support to represent them, even though they have also been elected. Some of the FC's think that it might be better if they allowed women to run together with the men. They feel there is enough support for them to be elected. Or if each ward had both men and women councilor seats, to ensure equal voices in the meetings.
- There are regular ward level community meetings that the Pourashova organizes, and the women feel like they are able to voice their opinions easily, but usually nothing happens. The councilors do come to these areas, and listen to them, but the road has not been made yet. The women councilors are also available, but they feel the men have more power and can get things done easier/faster.
- According to the women community leaders, and the elected female Councilors, the biggest issue that women face deterring them from positions of power, to work outside of their homes is always society and norms. The general idea is that the women should not get into politics and power rather should stay in home or to do society approved conventional jobs only; which has been one of the major factors that is limiting women from taking up political positions and roles. Even if direct family members are supportive of them, there is always larger community people who make comments about their activities, for example, interactions with men, or lack of time given at home. So, there is a constant pressure to ensure managing the household and home, and then giving time to their work outside of the home.

6. Problems and Recommendations

The Pourashovas have been working over a period of time to address the WASH related issues in the urban areas of Jashore and Benapole. There have been multiple development projects designed and implemented to address issues specifically in the slum communities of both areas, leading to considerable improvements in the overall standard of living and especially toilet and toilet facilities in the areas. But there are still lacking in both urban settlements, mainly concerning their waste management, hygiene and water management issues.

The table below outlines the major problems that were observed during the assessment, and some recommendations that can be taken into consideration for the project activity planning:

ISSUE	MAJOR PROBLEM IDENTIFIED	RECOMMENDATION
Sanitation	- Many of the toilets with 2 pit systems have not been constructed properly, causing seepage and leakage, and overflowing often.	- Awareness needs to be created about what consists of being environmentally safe toilets, and why they are worth the investment for households (better health, less cost for regular waste management, etc).
	- Toilets that have been constructed in the slum areas have not taken into consideration the needs of all groups, especially the marginalized groups like disabled people, pregnant women and the elderly.	- Encouraging simple ways that toilet facilities can be improved for the use of the marginalized groups: for example, adding a handle on the side for use by disabled persons, elderly, pregnant women; using soap, toilet paper, harpic regularly for cleaning. If people are aware about benefits, actual needs/issues, then they will change their habits, even if it means spending money. Lack of funds is not usually the main issue, it is the lack of awareness or understanding.
	- The number of people using one toilet is very large, between 20-40 individuals even. This causes long lines, and also makes it difficult to keep the toilets clean and functional for long.	- Encouraging a minimum number of toilets for a certain density of population and also creating awareness on quality of sanitation access is crucial. The encouragement can be done through providing incentives, or even creating a by-law (eg. 1 toilet for 4 households to be mandatory inside premises).
Waste Management	- There is very poor waste management system in these areas, so typical household garbage/trash is mostly left out in the open, causing bad odors, contamination of the environment, and of course potential to spread diseases.	- Garbage collection is quite adhoc, and there are not properly marked garbage collection points. This also leads to poor waste management and pollution of the community.

 Most of the toilets get filled up very quickly, and needs to be emptied often. This leads to the sweepers leaving the solid waste in open holes, which leads to bad odor, environmental contamination and potential to spread diseases.

- Most areas have pit systems and that is proving to be not an effective solution for these highly populated areas, since they get filled up quickly.
- There is a huge need to create better systems for waste management from the toilets in these areas. Pits and houses are proving to not be the most effective system for such highly populated communities. Awareness generation about the necessity of emptying septic tanks regularly and frequently is crucial as that will seal the tanks. Septic tanks should become mandatory requirement for new buildings.
- Community styled septic tanks (where toilets in a locality can be connected to one main septic tank) should also be helpful for densely populated areas as the surrounding houses can then connect their toilets directly to this tank. This could be done by providing incentives to landlords in these localities to invest into septic tanks. Also, potential of using vacu tanks and improved Pourashova services might work to improve the current situation of waste management.

Drainage and Road Infrastructure

- Most of the slum areas have open drainage systems, which easily gets clogged, flooded and water logged, especially during rainy season. This can lead to major health and hygiene issues in the communities, especially affecting the children.
 - There has been an incidence of a diarrhea outbreak a few years earlier, when much of Jashore pourashova, especially the slum dwellers were getting very sick during peak summer time. The specific reason behind the outbreak was not identified, but the drainage system and water
- Drainage systems in most of these areas are in poor state, and susceptible to overflowing and water logging. The Pourashova should consider investing more in these public facilities, rather than toilets at individual levels.
- Pourashava needs to invest in the operation and maintenance of the existing drainage systems to ensure they do not break down.

supply has been re-planned and implemented in recent times. Many of the toilets in the urban There is need to ensure that areas are connected directly to regulations are implemented the drain, causing bad odor, well, and toilets are not directly drainage clogging and again connected to drainage systems. health and hygiene problems. enforcement Proper and overseeing is required by the Municipality. Water Supply and There is a major lack of quality Water and sanitation are closely Management drinking water supply in certain related to each other. To establish areas of both Jashore and a hygienic toilet, easy access of especially Benapole. The high iron water is also needed. So a mutual content in the ground water in system should be introduced both areas makes it difficult for where one can easily set up a people to find quality drinking hygienic toilet and safe water water. source together. There is also lack of awareness Provide support for water about what constitutes safe treatment technologies (for iron, drinking water. The assumption is salinity and arsenic) to be used by that arsenic-free tubewell water the urban communities. is safe drinking water, without Awareness is needed for people taking into consideration the to understand what is safe water, issues of changing water levels, and how it can affect their health pollution and contamination in and life. Access to low cost heavily populated areas. technologies for testing, filtering and purifying water is needed for all communities in these urban areas. Gender related issues Unavailability of female-only Women find it more difficult to (WASH) toilet, creating inconvenience to access toilets which are suitable menstruating for them, especially when they and pregnant women. are menstruating or pregnant. Awareness needs to be created to Based on other researches being carried out in South-Asia regions, ensure that their needs are communal toilets for women are considered with designing toilets also shown to have relations with in these localities. It might even safety and security of women, be encouraged to have femaleonly toilets inside premises as although this was not highlighted

by the women in these areas. This

could be due to the fact that in

most of the areas visited, the local

people are old residents of the

there is no female-only toilet in

the areas that were visited by the

team.

	area, and most of them have toilets located very close to their homes.	
Gender related issues (MHM)	 There is still a big taboo related to issues like women's health and reproduction, like menstrual health. This causes discomfort and problems for women to use shared toilets in their areas. Menstrual management is still not considered to be a serious issue, and most women treat it and manage it using traditional, unhygienic methods. The unavailability and inconvenient access to sanitary pads in local markets is also a reason for women not availing sanitary pads for menstrual management 	 One of the major reasons, that menstrual management is not prioritized is because reproductive health is not considered to be that important. This attitude can only change with awareness and developed consciousness among both women and men. Activities can be taken on by NGOs and other SRHR programs to break the taboos around these issues, and create spaces for open conversation and dialogues about SRHR. Design proper favourable and safe changing facilities for girls and women at their toilet and other accommodations to inspire adoption of menstrual hygiene products. Different channels for accessing menstrual management products aimed for adolescent girls and women can also be considered.
Socio-economic	- The community meetings are taking place, but there is a gap in how those information play out when decisions are taken at the Pourashova level. Thus, there is dissatisfaction within the community about the kind of services they are receiving.	- There needs to be stronger accountability systems in place, which can ensure that community needs are being considered when doing urban planning and implementation.
	- The Gender Action Plan (GAP) of the Pourashova of 2015-2020 is very well formulated, but many of the points have not been implemented.	- The community needs to have a strong role to play, in being aware of their rights (as per the GAP) to participate in standing committee meetings and influence the decision-making directly. This also needs to ensure that leaders from all levels of the community, and members of minority groups are

- Residents in these communities are becoming more aware about proper living standards, and try to maintain a certain lifestyle. This has also led them to want themselves not to be referred to as slum dwellers, given the

connotation of the word "slum".

- also being able to participate and voice their needs.
- Community awareness is low about the quality of service they can receive. They need awareness about quality sanitary and WASH services, so they are able to demand for such level of service for themselves.
- The Pourashova has specific requirements they need to follow in order to work in areas which are considered to be slums. But with the evolving mindset of residents in these areas, and their improved living standards, it is recommended to update terms like "slum" in the documentation, of staff titles project, designations. This will create a more much favourable relationship with the community and make it easier for the Pourashova to work with them.

Annex 1

RESEARCH QUESTIONS FOR THE FIELD INTERVIEWS (Community Field Study)

For the community people: (Man)

- Introduction, share the research objectives and why we are here
- Understand household composition:
 - a. Number of members in the household, ages, gender, relationships
 - b. Income source(s)
 - c. Where are they (originally) from? How long have they lived here?
- What type of WASH Product and services household used in their home:
 - What type of toilet, inhouse/outhouse, number of toilets, shared/private?
 - Since when? When was it last updated (if)?
 - o Is these enough for your daily uses?
 - Are you happy with the product quality?
- Who is taking decision to buy product and services? If it's the male member of the family, then does he took your advice before buy?
- Who buys the products? From where?
- Is WASH product and services are available in the market? If not then what's the solution of the problem according to you?
- Do you find each and every product and services in a shop?
- How difficult or easy to find out WASH product and services?
- Could you please tell us the overall market situation regarding WASH product?
- Overall Constraints and opportunities. What additional steps should need to take to minimize the constraints or maximize the opportunities? Please say us your opinion.

Women in the market:

- Do you think there are a big or small opportunities for women entrepreneurs to the WASH business?
- If yes, do you think that women entrepreneurs to be play an active role in improving the WASH value chain?
- Do you think if women entrepreneurs play an important role in the WASH business then rural women consumers to actively adopt various WASH products and services?

For Women:

- Introduction, share the research objectives and why we are here
- Understand household composition:
 - a. Number of members in the household, ages, gender, relationships
 - b. Income source(s)
 - c. Where are they (originally) from? How long have they lived here?
- What type of WASH Product and services household used in their home:
 - What type of toilet, inhouse/outhouse, number of toilets, shared/private...
 - o Since when? When was it last updated (if)?
 - o Is these enough for your daily uses?
 - Are you happy with the product quality?
 - O What are the problems you face in using the toilet facilities?
 - o Can you discuss these issues in your household? Have they been worked out? If so, how?
- Who will take decision to buy WASH product and services? If you, then do you took advice from your husband before buying it?
- Who buys the product?
- Is WASH product and services are available in the market?
- When she bought last WASH product and services and what was it?
- Do you find each and every product and services in a shop? If not then how do you find them all?
- How difficult or easy to find out WASH product and services?
- Which company's product do you used to buy and why? Do you happy with the price/any complain about the product price?
- Are you happy with the product quality?
- How many WASH products and services are available for the urban Households?
- What is the current situation of WASH marketing system in Bangladesh? Share us your opinion.

Women in the market

- Do you think there are a big or small opportunities for women entrepreneurs to the WASH business?
- If yes, do you think that women entrepreneurs to be play an active role in improving the rural WASH value chain?
- Do you think if women entrepreneurs play an important role in the WASH business then rural women consumers to actively adopt various WASH products and services?
- Overall Constraints and opportunities. What additional steps should need to take to minimize the constraints or maximize the opportunities? Please say us your opinion.

About Menstruation and hygiene

- o Please share us your first menstruation experience.
- o Do you have any idea about what should you use during menstruation time?
- o If yes, then from whom you first get to know about it?
- O What do you use in the menstruation time?
- o If cloth then, is it safe? If not, then why you still use it?
- o Are they facing any problem and what type of problems?

- o Are you aware of other products you can use? What are they?
- O Why are they using/not using them?
- If you are purchasing sanitary pads, where from? Is it affordable to them? Why do you use them?
- O What are the problems in accessing them?
- O How many of the school girls was absence in the menstrual cycle?
- O What is the water and sanitation privacy in the schools?
- o Are their absences of a private place to manage menstruation in school?

Questions for Community leaders, Government officials:

Understanding the WASH market system

- a. What are the current situations of WASH marketing system in Bangladesh?
- b. How many WASH products and services are available for the urban Households?
- c. Do the WASH entrepreneurs have business skills to run their business or what is missing or needs strengthening?
- d. Do you think there are a big or small opportunities for women entrepreneurs to the WASH business? If yes, do you think that women entrepreneurs to be play an active role in improving the rural WASH value chain?
- e. Do you think if women entrepreneurs play an important role in the WASH business then women consumers to actively adopt various WASH products and services?
- f. What type of WASH products and services rural households demand? Do WASH entrepreneurs fill up the services on demand or do the products are available in the rural WASH market?
- g. Do you think there is a big market size for the WASH business in urban Bangladesh? Explain why or why not?
- h. What type of support is provided by Bangladesh GoB for the WASH services in urban areas? Is it enough?
- i. How are local people's needs addressed when designing WASH services? What is the system that is in place?
- j. What can be done to improve it? Where are the gaps?
- k. Are there any private company provide any support to the WASH services?

Additional Questions for female Councillors:

- a. What kind of role do you play in planning and implementing WASH services in urban areas?
- b. What do you think are the problems specifically being faced by women in these communities?
- c. What can be done to improve this situation?
- d. How important is your role in bringing forward the community's demands? What do you think you can do differently?
- e. What kind of problems do you face within the municipality being the few women in these positions?
- f. Are you able to get across your ideas into the meetings, and implement them easily?
- g. What can be done differently to make the process better?

Annex 2

List of Participants (Qualitative Assessment)

Focus Group Discussions

	Income Group	Area	Phone	Age	Pourashova
14.05.2018					
Meloni	Women middle income	3 No. Ward Beltula Buebazar –	01921816764	50	Jashore
Mst. Anowara			01797505283	30	
Salma Begum			01993726618	38	_
Nasima			01941057101	35	
Jesmin Aktar			01746601036	27	
Kohenoor			01799041632	35	_
Shapna				35	_
Shajeda Begum				57	
Parul				40	_
14.05.2018					
Roksana Parvin	Women low income	1 No. Ward Purbo Barinda para	01951110690	26	Jashore
Feroja Begum			01721752664	38	
Monjila			01947741384	27	
Salma			01838348613	22	
Anowara				50	
Sherina			01922302346	30	-
Shumi			01915954306	25	
Sheuly			01996176961	30	
Soniya				21	
Forida				40	_
Rijiya				40	_
14.05.2018					
Md.Harun-Ar- Rushad	Men middle income	4 No. Ward Lichubagun	01725315485	46	Jashore
Dulal Vandari		Licitabagaii	01949308095	57	
Nujrul Hossain				50	

Md.Aabudinn			0102100220	20	
ivid.Aabudinn			01931998338	30	
Md.Rufikul			01914427009	52	
Islam					
Jamal Uddin			01921719686	48	
Md.Kudam Ali			01943466836	35	
Md.Ali				57	
Md. Sofikul			01921159334	45	
Islam					
14.05.2018					
Md. Selim	Men low	5 No. Ward	01915020629	37	Jashore
Md.Jakire	income	Bamonpara	01927622348	28	-
Hossain					
Shahadate			01849460238	34	
Hossain					
Mainul Hossain			01767890506	30	
Kukone			01935658591	25	
Tutul			01915519192	35	
Sujon				20	
Md.Abdul			01996608612	35	
Malick					
Md.Kuber			01962450391	52	
Hossain					
15.05.2018					
Md.Nurjaman	Men middle	Vabarbere	01824960845		Benapole
Saidur	income	Dighirpar	01717619666		•
Rahaman					
Md. Rana		Benapole	01931263839		
Md. Abdul		Benapole	01711161268		
Ouhide					
Md.Muzafur		Benapole	01718763558		
Hossain					
Md. Mohosin		Benapole	01914052079		
Hossain					_
Md. Rahamat		Benapole	01711187895		
Ali					
15.05.2018					
Taslima		Rajbari pukurpar	01959897791	19	Benapole

IZ alla a ca	144			04063053066	120	<u> </u>
Kohenoor		W		01962053866	38	
Begum	income			01020440600	10	-
Kalija				01820449608	19	
Shela				01952409734	22	
Jahanara					50	
Begum						
Preyobala					38	
Sherina				01739086700	18	
Sahanara				01940665594	30	
Nacema				01980901714	18	
Mst. Kulsum				01939417156	38	
Khatun						
Rubina Begum					30	
15.05.2018						
Md.Taiyebur	Men lo	w	Rajbari pukurpa	01920232757	16	Benapole
Rahaman	income		, , ,			·
Hasanur				01954776342	19	
Rahaman						
Ali Hossain				01920732136	22	
Md. Monir				01969261254	23	
Md. Arifful				01995196351	23	
Md.Hasebur				01999550234	17	
16.05.2018						
Sheyoli Rani	Women		Benapole Baza	r 01999624532	31	Benapole
Dea	middle incon	ne	para			
Shathe Dea				01771888784	26	
Rujina Begum				01732221597	20	
Shekha Rani				01711397466	45	
Dea				04025547244	25	
Shefali				01925517241	35	
Monowra					50	
Khatun				04005460536	20	
Rupali Das				01905180526	30	
Jurna Khatun				01920367132	40	
Mst.Sufiua				01955757362	45	
Khatun						

Nasrin Nahar		01936642286	43	
Rehana		01734647712	44	
Sufiya		01938621560	50	

Key Informant Interviews

SL	Name	Job Position	Location	Phone Number
1	Teslima Akter	Slum Development officer	Jashore Pourashava Jashore	01716570055
2	Popy Akther	Disabled member	4 No. Ward Lichubagun, Jashore Pourashava	01714889086
3	Selina	Disabled member	4 No. Ward Lichubagun, Jashore Pourashava	01714889086
4	Julika Khatun	Pourashava councilors	Benapole Pourashava Jashore	01728337080
5	Md.Rufikul Islam	Secretary	Benapole Pourashava Jashore	01715020385
6	Narayan Chando	Health worker	Jashore Pourashava 2 no. Ward	01715647571
7	Masuda Akther Rina	Women Vaccination worker	Jashore Pourashava 7 no. Ward	01917226488
8	Nasima Akther Jolly	Pourashava Councilor Ward 4,5,6	Jashore Pourashava Jashore	01911708398
9	Shake Rokeya Parvin Dolly	Pourashava Councilor Ward 7,8,9; Panel Mayor	Jashore Pourashava Jashore	01726505770
10	Susanto Datto	Pourashava Councilor Ward 8	Jashore Pourashava Jashore	01711349614
11	Md.Habibur Rahaman	Pourashava Councilor Ward 5	Jashore Pourashava Jashore	01711335875
12	Shahabuddin Montu	Pourashava councilor Ward 3, Panel Mayor	Benapole Pourashava Jashore	01817160727
13	Alhaaj Mijanur Rahman	Pourashava councilor Ward 7	Benapole Pourashava Jashore	01918594125
14	Mst. Aunjumanara	Pourashava councilor	Benapole Pourashava Jashore	01712253629
15	Md. Abdullah-Al- Masum Rony	Slum Development officer	Benapole Pourashava Jashore	01918594125
16	Rasheda Khatun	Sanitary inspector	Benapole Pourashava Jashore	01724561320
17	Md. Dulalur Hossain	Conservancy inspector	Benapole Pourashava Jashore	01723745836
18	Md. Jahangir Hossain	Admin Officer	Benapole Pourashava Jashore	01718773124

19	Md. Hafijur Rahaman		Benapole Pourashava Jashore	01913890872
20	Md. Amjad Hossain Jony	Market Inspector	Benapole Pourashava Jashore	
21	Rehana Parvin	Town Federation general chairperson	Purbo Barinda para, Ward 1, Jashore Pourashova	01778819457
22	Rajia Khatun	TLCC Member	Lichubagan, Ward 4, Jashore Pourashova	01714889086
23	Majeda Khatun	Assistant chairperson	Gupjail road, Ward 3, Jashore Pourashova	01939662112
24	Rehana Akther	SIP Chairperson	Bamonpara, Ward 5, Jashore Pourashova	01954650993
25	Rokeya Sultana	SIP Chairperson	Aambagan, Ward 4, Jashore Pourashova	01719425517