Inception Report Bangladesh

WASH SDG programme

Source picture: SNV

Table of Contents

Acronyms and Abbreviations

The list of acronyms and abbreviations in the global inception report are also relevant for the country reports and should be used as reference. In addition, each country report has a country-specific list of acronyms and abbreviations. This is the Bangladesh list:

ASA	Association for Social Advancement
BBS	Bangladesh Bureau of Statistics
BDT	Bangladesh Taca
CRDP	City Region Development Project
CVR	Climate vulnerability and resilience
DGHS	Directorate General of Health Services
DPHE	Department of Public Health Engineering
DORP	Development Organisation for the Rural Poor
DP	Development partners
EED	Education Engineering Department
HED	Health Engineering Department
HIES	Bangladesh Bureau of Statistics
HP	Hope for the Poorest
LGD	Local Government Division
LGED	Local Government Engineering Department
LGI	Local government institute
GED	General Economics Division
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
PAB	Practical Action Bangladesh
PWD	People with disabilities
SDP	Sector development plan
SLOPB	Stichting Land Ontwikkelings Project Bangladesh
TLCC	Town level coordination committee
UGIIP	Urban Governance Infrastructure Improvement Project
WAB	Wateraid Bangladesh
WSS	Water supply and sanitation

Country inception report Bangladesh

SECTION I: Country report Bangladesh

Source picture: WAI

1. Introduction

Source picture: WAI

In Bangladesh, SNV Netherlands Development Organisation (SNV) and WASH Alliance International (WAI) will implement the WASH SDG programme with SNV as the country lead. SNV will be working in Jashore and Benapole municipalities and WAI will be working in six municipalities (Satkhira, Kalaroa, Barguna, Amtali, Patharghata and Betagi) and two upazilas (Satkhira Sadar and Barguna Sadar). SNV will develop the capacity of municipalities for direct implementation of the WASH SDG urban sanitation sub-programme (SP) and the Bangladesh WASH Alliance SP will be implemented by several local and international partners through local government institutions (municipalities and union parishads). This Bangladesh section of the report consists of a general country section, followed by two sub-programme sections.

The country SPs are built on three core strategic objectives: (1) increase demand for improved WASH facilities and practices; (2) improve the quality of service provision; and (3) improve governance of the sector. The SPs will work towards area-wide services, in alignment with the administrative boundaries of the union (inside the upazila) or paurashava. There will be an emphasis on closing gaps in service delivery, especially in low-income communities, around professionalization of services and sustainability. There will also further work on governance and institutional embedding of WASH governance alignment with the national priority.

The inception phase started with secondary data collection for identification of intervention areas, a scoping assessment followed by stakeholder's analysis across the WASH service chain at both local and national level. As per the local government act, municipalities and union parishads are mandated to ensure safe water and sanitation services for all with several other

departments needing to be involved. A series of consultations was organised with the leaders and stakeholders of potential areas to discuss their demands and commitment for WASH services. This included sustainability compacts.

A baseline study was conducted separately for both the SPs which, was then followed by a gender equality and social inclusion (GESI) assessment, climate vulnerability and resilience (CVR) assessment, study on the potential of women entrepreneurship for rural WASH, gender and inclusive WASH budget monitoring tools that look beyond the local government development budget to mobilise public funds for WASH, field market studies on entrepreneurial opportunities in rural WASH sector in Barguna and a sustainability compact analysis. Bangladesh has not yet developed its national indicators for measuring progress for SDG 6.1 and 6.2 so the SPs will support local governments to develop and use their ongoing monitoring systems and align with the ongoing initiative to set up national SDG monitoring.

The Consortium partners have also discussed and agreed on the national learning agendas. For the first years, the learning should focus on sustainability of services and sustainability compacts. In general, coordination among WASH sector actors in Bangladesh is vibrant, and the Consortium members have ongoing collaboration in these areas. For the purpose of the WASH SDG programme coordination, the Consortium members will meet quarterly.

Source picture: WAI

2. Background

2.1 Country WASH background

Bangladesh has made good progress in providing basic water and sanitation services to its people. According to the WHO-Unicef joint monitoring programme (JMP) 2017 report, about 97% of the country's population has access to at least a basic level of drinking water, with very little difference between rural and urban populations, across divisions, as well as across households with different characteristics. However, arsenic contamination of groundwater is likely to make the proportion of population with access to safe drinking water smaller. As for sanitation, 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 handwashing facilities. In spite of the presence of toilets, many are unhygienic and most sludge ends up untreated in the environment, drains, waterways and marginal land. Unsafe sludge management disproportionately affect the most disadvantaged urban dwellers, not only because manual emptiers often belong to the poorest groups of society, but also because unsanitary toilet options are more prevalent among lower income groups (HIES, 2010) and these people are more likely to live on marginal land where untreated sludge is dumped. Moreover, the country has yet to fully cover hard-to-reach areas such as Chittagong Hill Tracts in the south-east region, haor, baors and bills, coastal belts, off-shore islands and char lands.

In November 2011, the Bangladesh government adopted the sector development plan (SDP) for the water supply and sanitation sector (WSS) in Bangladesh 2011-25. The initial aim was to prepare a roadmap 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 WSS sector. The SDP is a rolling plan with three steps for 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, the strengthening of the institutions and sub-sectors is a priority.

The government's budget allocations have been doubled in recent years compared to that of fiscal year (FY) 2007-08. However, the SDP requires additional financing for its implementation. It was estimated that the financial gap was 210 billion BDT. Potential sources for the additional funds were 50% allocation from the government and the rest from the WSS SDPs. This gap has not yet been filled.

When it comes to public investment in WASH, there is a growing urban-rural disparity in budget allocation even when taking into account that urban investments were neglected before and higher per capita investment in urban areas are needed. Allocation in the proposed public national budget for 2017-18 is BDT 1,304 (approx. €13) per capita in two big cities (Dhaka and Chittagong) against BDT 122.43 (approx. €1.22) for the other areas (small towns and rural areas). A massive 86% of the WASH allocation has been earmarked for big cities where it is likely to be invested in the piped infrastructure in the centres.

The sector documents that govern the functioning of the institutions of the WSS sector are detailed below:

√ At the highest level are the acts, including rules and regulations related to the sector.
- Water Act 2013
- Different Local Governments Acts 2009 for the city corporations, the paurashava, the upazila parishads and the union parishads
- WASA Act 1996
- Environmental Conservation Act 1995 and the Environmental Conservation Rules 1997.

√ At the second level are the policies. The sector has two national policies:
- National Policy for Water Supply and Sanitation 1998
- National Policy for Arsenic Mitigation and Implementation Plan 2004
- In addition the sector is guided by the National Water Policy 1999.

√ At the third level are the strategies. Currently there are five national strategies in the sector:
- National Sanitation Strategy 2005
- Pro-Poor Strategy for Water and Sanitation Sector 2005
- National Cost Sharing Strategy for Water Supply and Sanitation in Bangladesh 2011
- National Hygiene Promotion Strategy for Water Supply and Sanitation in Bangladesh 2012
- National Strategy for Hard to Reach Areas and People of Bangladesh 2012
- National Strategy for Water Supply and Sanitation 2014.

The National Strategy for WSS was formulated to provide a uniform strategic guide to the sector stakeholders, including the government institutions, private sector and NGOs, for achieving the sector goal. Seventeen strategies were formulated which are broadly grouped in three themes: WASH interventions, emerging challenges and sector governance.

The government of Bangladesh recently approved the faecal sludge management (FSM) institutional and regulatory framework with the objective to facilitate implementation of FSM services by local government institutions.

National stakeholder analysis

The Local Government Division (LGD) under the Ministry of Local Government, Rural Development and Cooperatives is the line ministry of the local government including municipalities and is a statutory body for ensuring WASH services. Under the LGD, several departments are responsible for providing WASH services. Among them is the Department of Public Health Engineering (DPHE) which is the mandated organisation to provide WASH services primarily in rural areas but does provide technical support of municipalities for WASH establishment of infrastructures and services. DPHE has a presence in both the municipalities and are involved in WASH infrastructure development.

The Local Government Engineering Department (LGED) is another department within LGD, which is one of the largest public sector organisations in Bangladesh entrusted with the planning and implementation of local rural, urban and small scale WASH infrastructure development programmes.

Different departments under the Ministry of Education and Ministry of Health also have vital roles in the implementation of WASH programmes in educational and health institutions, menstrual hygiene management, hygiene education and WASH in health centres. Depending

upon the category, directorates (Directorate of Primary Education or Directorate of Secondary and Higher Education) are responsible for facilitating, ensuring and monitoring WASH facilities. In addition, the Education Engineering Department (EED) is responsible for infrastructure development in secondary and higher educational institutes. For educational institutions the local management committee is responsible for the proper maintenance of school buildings and toilets under guidance and financial support from the educational directorates. Health institutions are regulated by the Directorate General of Health Services (DGHS) under the Health Services Division in Ministry of Health and Family Welfare. Health Engineering Department (HED) is responsible for constructing, upgrading, renovating, repairing and maintaining of infrastructure at health services.

The Public Works Department (PWD) under the Ministry of Housing and Public Works, is the pioneer in the construction sector of Bangladesh. The PWD will construct the institutional buildings and establish the sanitary systems in those buildings as per national standards.
A number of international and national NGOs such as BRAC, WaterAid, Practical Action, are also playing vital roles to ensure WASH services. 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.

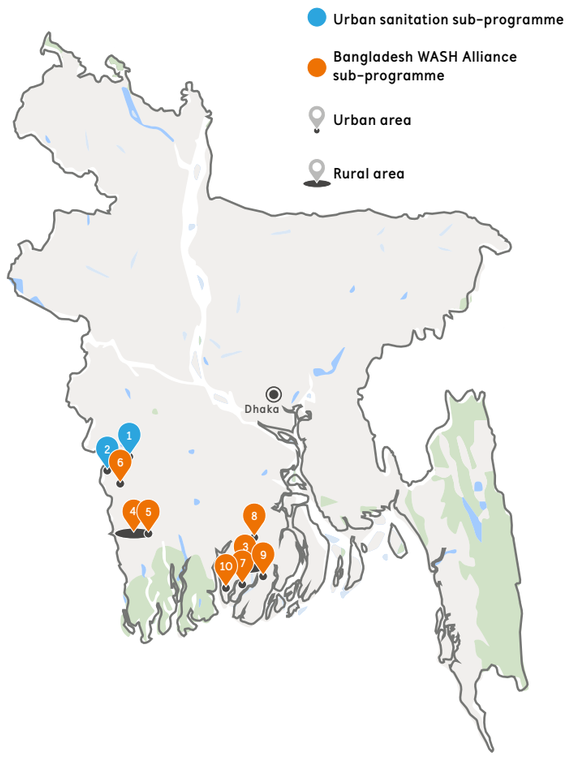
The presence of the corporate (private) sector is still not visible in the sanitation sub-sector but there are private sweepers and pit emptiers who have been providing informal cleaning services.

The government of Bangladesh recently initiated a water supply and sanitation project in 30 towns, with their own funds. Additionally, it also started a WSS project in around 150 towns with support from the World Bank, Islamic Development Bank and Asian Development Bank. Most of the projects have urban sanitation components primarily focusing on small towns.

2.2 Selected intervention areas

The intervention areas were based on the agreed criteria for working towards area-wide WASH coverage with optimal complementary skills with other WASH actors in that area. The SPs aim to contribute to sustainable full WASH use by all in the selected intervention areas.
The major criteria for selection of the intervention areas were:

- identification of main, current and future WASH gaps that are not, and will not be, filled by existing projects both by government and development partners
- demand and commitment including a sustainability compact expressed by local governments.



#	Area
1	Jashore
2	Benapole
3	Sadar Upazila, Barguna
4	Sadar Upazila, Satkhira
5	Satkhira Municipality
6	Kolaroa Municipality
7	Barguna Municipality
8	Betagi Municipality
9	Amtali Municipality
10	Patharghata Municipality

The population of the proposed intervention areas for both the SPs are shown in the table below:

Table 2.2.1: Bangladesh programme populations

Country	Sub-programme title	Location	rural / (peri) urban	Programme population (# of people)	Sub-programme lead
Bangladesh Lead: SNV # SP.: 2 # Locations: 10	Bangladesh Urban sanitation SP	Jashore	urban	221,700	SNV
		Benapole	urban	40,100	
	Bangladesh WASH Alliance SP	Sadar Upazila, Barguna	rural	288,000	WAI
		Sadar Upazila, Satkhira	rural	350,700	
		Satkhira Municipality	urban	149,500	
		Kolaroa Municipality	urban	35,400	
		Barguna Municipality	urban	32,200	
		Betagi Municipality	urban	10,200	
		Amtali Municipality	urban	18,200	
		Patharghata Municipality	urban	17,200	

The intervention areas of all SPs have a total population of **1,163,200** people[1].

1 The urban sanitation SP total population was calculated by taking into account the total population living in these two cities. The Bangladesh WASH Alliance SP total population was calculated by taking into account the population living in

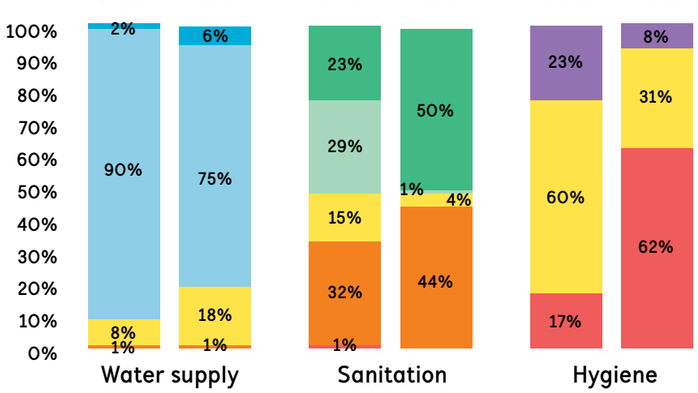
The **urban sanitation SP** will be implemented by the Jashore and Benapole municipalities, in coordination with relevant stakeholders. Considering the relatively high baseline values, the SP is proposing to add a third city. Further information on these partners is found in section 5 of the SP report. It will also work with the town level coordination committee (TLCC) and ward committees which are formed with the representatives from Paurashava council, different government agencies and different segment of citizens as members.

The **Bangladesh WASH Alliance SP** will be implemented by a number of local partners (for further information, please refer to Section 5 of relevant SP report) and supported by Dutch partners: Simavi, WASTE, IRC, Akvo, RAIN, RUAF and PRACTICA.

2.3 Country targets[2]

Targets were set taking into account the following baseline information:

Figure 2.3.1: WASH SDG baseline findings outcomes 1–3 Bangladesh (all SPs)



Note that for country targets, only the results of at least basic service level on the JMP ladder will be considered. That means that improvements towards unimproved or limited services will not be considered.

Overall, the targets for Bangladesh are lower than planned due to the very high baseline figures for both water and sanitation at basic services levels. A lot of the focus in Bangladesh will be on services for the last mile, quality and sustainability of service delivery. Other results will focus on achieving safely managed services.

2 All targets have been rounded to the nearest 100.

Table 2.3.1: WASH SDG Bangladesh targets (consolidated all SPs)

Bangladesh	Water		Sanitation		Hygiene	
	Rural	Urban	Rural	Urban	Rural	Urban
Proposal targets	30,000	100,000	45,000	290,000	45,000	330,000
Adjusted targets (inception)	95,600	42,800	65,000	192,000	65,000	65,900
	Water		Sanitation		Hygiene	
Final targets based on Inception phase findings	138,400		257,000		130,900	

The programme will build systems and capacities for sustainable WASH service delivery in six urban paurashavas and in six unions in two upazilas. The programme also contributes to national level governance and enabling environment.

Benchmark and targets per area

Information on benchmark and targets may be found in the relevant sub-programme report.

Source picture: SNV

3. Sustainability compact analysis

In addition to the analysis of current systems and capacities for sustainable service delivery, the programme conducted a sustainability compact analysis to analyse the capacities to report post-programme. For this, the programme has looked at both regular monitoring data by the sector agencies as well as national surveys. Both were reviewed for data reliability, frequency of reporting and alignment with the agreed indicators within the programme.

In terms of regular monitoring by sector agencies, most WASH monitoring systems in Bangladesh are linked to a project (even when managed by the government) and tend to fade away after the project finishes. There is no formal regular data collection system but ward councillors keep track of the initiatives for their record and shares with the office if required. Whenever there any new initiatives LGIs collect the project specific data but discontinue after the termination of the project.

Several large overarching monitoring and data sharing initiatives were identified, of which the most prominent were:

- the **National Management Information System** (NaMIS) set up by the DPHE to which all stakeholders and partners were expected to contribute data. Till now it is not functioning and stakeholders are not complying with the reporting requirements
- a similar initiative developed by Local Government Department's (LGD) policy support unit with support from the World Bank Water and Sanitation Program (WSP). The proposed **Water Supply and Sanitation Open Data Monitoring platform** for the government of Bangladesh included an M&E module for tracking the progress of key indicators for the SDPs, a web portal for the collection, analysis and dissemination of information, GIS mapping of WSS data, as well as a smartphone app for mobile-to-web data capture and dissemination in provincial areas. Unfortunately, the platform is not functioning due to lack of data.

Aside from sector monitoring, Bangladesh conducts regular surveys. The most important WASH-related surveys in Bangladesh are:

- a multi-indicator cluster survey (MICS) implemented by Bangladesh Bureau of Statistics (BBS) since 1993. Aside from the usual indicators[3], the last survey round in 2013 also included data on quality of drinking water (for arsenic and E-coli). The MICS surveys are done every five years approximately. The challenge is the long lapse between data collection and reporting, and the fact that this survey is not representative for the WASH SDG programme areas.
- comprehensive issue based surveys by the BBS, such as the National Hygiene Study that is designed for this year.

As with many other countries, Bangladesh has not yet developed its national indicators for measuring progress for SDG 6.1 and 6.2. A dialogue was initiated and discussion is currently taking place between the DPHE, LGD and civil society stakeholders to develop new national indicators for SDG 6.1 and 6.2. The General Economics Division (GED) of Bangladesh planning commission as the secretariat of the SDG implementation and monitoring committee analysed the data availability and status of data generation regarding the indicators to measure achievement of SDGs and published a separate report *Data Gap Analysis of SDGs: Bangladesh Perspective*. For SDG 6 the lead institution is the Local Government Division and will be relying on MICS for SDG 6.2. For SDG 6.3, the data is not available but DPHE and WASA are developing the datasets.

Under each SP, an M&E framework will be developed to ensure regular tracking of the progress and also to feed in data for higher level decision making. The Consortium partners will work with national stakeholders to develop national indicators for SDG targets and support translation to local level. The indicators will be mainstreamed within regular city council meetings under the leadership of the relevant standing committee. For the implementation phase it is recommended to align with the ongoing initiative to setup the SDG monitoring. It is also recommended to keep supporting the local governments to develop and use their ongoing monitoring systems.

3 Usual MICS indicators include: child mortality, nutrition and breastfeeding, child health, access to safe drinking water and improved sanitation, reproductive health, maternal and newborn health, child development, literacy and education, child protection, HIV/AIDS, and access to mass media and ICT.

The Consortium partners have all integrated the sustainability compact in their discussions with the local bodies, using the statement below as a basis and adjusting it based on the SP components and the discussions with the relevant local authority:

Our shared intention is that the people of the [city/district/municipality/other] will continue to have access to and use the [water/sanitation] services gained during the life of the project for at least ten years after the end of the project, and this is also our commitment to the donor (DGIS). The [city/district/municipality/other] commits to cooperating with the [partner organisation] to report to the donor, DGIS, on the access and use of water and/or sanitation services in the programme area for a period of ten years after the end of the programme. The monitoring will take place at least three times at intervals defined by the donor (DGIS) and will be facilitated by the [partner organisation]. A management response by the [city/district/municipality/other] on the results of the monitoring is part of the reporting. In case that report identifies a decline in access and use of [water/sanitation] services, the [city/district/municipality/other] commits to make reasonable professional efforts to correct the situation in order to ensure the sustainability of the [water/sanitation] services.

Source picture: WAI

4. Country learning agenda

In Bangladesh, the most important learning networks for WASH are the FSM Network Bangladesh, Urban Sanitation Knowledge hub led by ITN-BUET, Bangladesh WASH Alliance and various WASH groups and alliances (FANSA, SWA, BAWIN, WSSCC).

Based on the baseline outcomes of the two SPs, the WASH SDG Consortium in Bangladesh has prioritised the following learning agendas for internal and cross learning and sharing among programme countries:

- WASH services sustainability and sustainability compacts linking with national SDG monitoring framework
- WASH governance and mainstreaming the interventions within annual development planning
- IWRM and WASH nexus
- Transparency and social accountability.

Further detailing on each of the topics will be done during the initial implementation to streamline the learning questions. For the first year the learning should focus on sustainability of services and sustainability compacts.

5. Country coordination

Source picture: WAI

Compared to other sectors in Bangladesh, coordination among WASH stakeholders is vibrant. In the past the total sanitation campaign was the main common agenda, currently several strong post- sanitation campaign initiatives under the leadership of the Local Government Division, Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C) have been initiated. The Consortium members, being part of these initiatives, have ongoing collaboration and exchange. On top of this, Consortium members will be meeting quarterly to discuss higher level planning and issues within the programme. Wider sharing and learning among all partners (LGIs and implementing partners) will be held as per requirement which will be decided in the quarterly meeting between Consortium partners. This forum will share best practices in the programme locations and identify an advocacy agenda.

Coordination with the Embassy of the Kingdom of the Netherlands (EKN) would be on a needs basis and the formal progress discussion will be on half yearly basis. EKN representatives also participate in several WASH events including a local consultative group. Consortium members are also invited by EKN for regular networking events. Bangladesh is not an implementation country for the WaterWorX and Blue Deal programmes at present.

The Consortium partners participate in the national networking and advocacy forums as existing members. However, the partners will regularly share the issues identified in the meetings of WASH SDG partners and also communicate about the project in different forums, as relevant.

SNV will lead the local coordination and the reporting of and monitoring framework of WASH SDG programme, and will compile the country report for sharing. Regular progress reporting will be submitted vertically to the respective organisations.

6. Risks

Source picture: WAI

Risk	Probability/ potential impact	Mitigation measures
Programmatic		
Turnover of trained (government) staff	Medium/ medium	Strengthen institutional capacity and emphasis on process documentation including minutes of major project initiatives in city council meetings
Expectation for infrastructure supports	Medium/ medium	Manage expectations with agreement on outputs with clear roles and responsibilities. Orient on capacity building approach for sustainability.
Leveraging resources	Medium/ medium	Scan potential partners and orient them about the impact of their funding. Initiate with small scale pilots with tangible outputs.
Social		
Investment in slums has risks of eviction since owners tend to raise house rent when WASH services are in accessible range	Medium/ medium	Have a MoU with slum owners
Sanitation workers may lose their job as more efficient mechanical services are promoted.	Medium/ medium	Involve the sanitation workers with dedicated capacity initiatives and link them with other development initiatives
Resistance by the local communities for the provision of land for treatment plants	Low/high	Involving the local communities during the process
Political		
Political instability and deteriorating security situation	High/high	Close monitoring and implement security protocols. Plan activities with sufficient margins anticipating possible delays
Lack of absorption capacity of local governments and/or local organisations due to the large number of WASH programmes	Medium/ medium	Close coordination with different stakeholders operating in our intervention areas. Planning to ensure sufficient time for different change processes
Environmental		
Recurring natural disasters with higher intensity than normal	Medium/high	Intervention will consider disaster resilience

7. Country recommendations inception phase

Source picture: WAI

Access to sanitation is almost 100% with more than half of the toilets already having improved facilities (61% JMP 2017) but still the quality of access is poor, especially in low income communities and institutions, and lacks quality services across the cities. The main focus for both the sub-programmes will be on promoting safer facilities for the last mile and ensuring service networks. During the stakeholder analysis it was observed there was a need for coordination among different actors because it is critical to form and strengthen the multi-stakeholder platforms, where roles and responsibilities of each of the stakeholders are to be clarified and common decision-making processes be initiated for ensuring safe services to all. The relevant existing local committees (standing committees, town level coordination committees (TLCC) and ward committees) will also be mobilised and strengthened by keeping WASH as one of their regular agenda items. LGIs decision-making process will be followed and both the sub-programmes will arrange required documentation for city council decision on different initiatives. The sub-programmes will also contribute to national initiatives for formulation of FSM national action plan and also mainstreaming institutional and regulatory framework within LGIs.

The hygiene situation, primarily handwashing with soap after defecation, is very poor and most of the households in lower quintiles and in educational and health institutions do not have dedicated handwashing stations. Similar are the cases for menstrual hygiene management and solid waste management. The programme will conduct formative research to identify the barriers and enablers and further develop behavioural change campaigns aligning with LGIs existing communication channels while partnering with other organisations for infrastructure and logistical supports.

The GESI assessment confirmed that WASH stakeholders from both the public and private sectors are not aware of the specific needs of women, girls and socially excluded groups and are also often not responsive to the feedback and complaints from these groups. There are almost no disabled WASH facilities in schools, health facilities and public places. The SPs will support LGIs to mainstream gender in activities and emphasise improving the decision making power of women, girls and socially excluded people in the family, community and institutional level. Bangladesh is the fifth most vulnerable country on the international climate risk index. Each year, a different kind of natural hazard like cyclones, floods and drought occur. Bangladesh also faces irregular precipitation due to climate change. From the CVR assessments it was clear that the changes in precipitation pattern would increase vulnerability of sanitation practices in the programme areas, as the scenario is aggravated during heavy rainfall. As on-site sanitation is predominant and requires frequent emptying, any increase in the water table further increases the possibility of contamination. This requires the promotion of safe emptying services and practices. Bangladesh WASH Alliance SP will be implemented in coastal areas, giving a high risk of cyclones and coastal flooding that will likely affect the water supply and compromise the functionality of the sanitation systems and increase water contamination.

From the qualitative surveys it is observed that there are limitations in the capacity and performance of local government institutions where there is no presence of formal service providers. Occupational safety and health emphasis will be given in case of informal sector services and initiatives will be taken for outsourcing and the professionalisation of the services and attracting private sectors investments in the entire sanitation service chain.

Considering the current lack of services, the sub-programmes will support building the capacity of the key government stakeholders, private actors and civil society organisations to establish city wide, sustainable and inclusive sanitation and hygiene services. It will also entail close coordination with national level stakeholders and cooperation with other strategic partners. Both the sub-programmes will be sharing the field evidences with FSM network and knowledge hub for policy advocacy initiatives.

The sustainability compact assessment revealed that there is no formal national monitoring system for the WASH sector so both the sub-programmes will strengthen the capacity of LGIs on participatory WASH service monitoring, and at national level will be contributing and advocating for setting realistic and suitable indicators for monitoring SDG6.

Finally WASH in urban centres is a relatively new sub-sector so focus will also be on capturing the learning and sharing among Consortium members and other stakeholders.

SECTION II:
Sub-programme reports

This section consists of two sub-sections:

(i) Bangladesh urban sanitation SP

(ii) Bangladesh WASH Alliance SP

Source picture: WAI

(i) Bangladesh urban sanitation SP

1. Introduction

The Bangladesh urban sanitation SP will be led by the SNV Netherlands Development Organisation and be implemented in Jashore and Benapole municipalities.

The inception phase started with the review of legal provisions followed by stakeholders' analysis both at national and local level. As per the Local Government Act 2009, municipalities are responsible for ensuring water supply for residential, industrial and commercial use, water and sanitation and waste management in areas within its jurisdiction. It also specifies that the municipality shall make 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 shall provide and maintain, in sufficient number and in proper condition, public latrines and urinals for both male and female users and shall make arrangement for proper maintenance of these facilities and keep them clean. Based on these the WASH SDG urban sanitation SP will be developing the capacity of municipalities and other stakeholders for sustainable service delivery systems of sanitation services and ensuring healthy hygiene behaviours.

A baseline study complying with comprehensive performance monitoring indicators for both impact and outcome was conducted, as well as two assessments for climate vulnerability and resilience (CVR), and gender and social inclusion (GESI). The results of these assessments were shared with both the cities during the orientation workshops which were organised to have common understanding on WASH issues and managing their expectation from the programme. Exposure visits for city representatives were conducted from neighbouring cities where there is already a fully-fledged urban sanitation programme.

Finally, a memorandum of understanding (MoU) was signed with both Jashore and Benapole municipalities for implementation of the programme. The MoU includes a clause on the sustainability compact.

2. Situational analysis

2.1 Stakeholder analysis

The Local Government Division (LGD) under the Ministry of Local Government, Rural Development and Cooperatives is the line ministry of the local government including municipalities and is a statutory body for ensuring WASH services. Under the LGD, several departments are responsible for providing WASH services. Among them, the Department of Public Health Engineering (DPHE) is the mandated organisation to provide WASH services primarily in rural areas but does provide technical support of municipalities for WASH establishment infrastructures and services. DPHE has presence in both the municipalities and are involved in WASH infrastructure development. The trend has been that participation of LGIs are minimal during the initial planning. Once infrastructure has been commissioned, it is handed over to municipalities for operation and maintenance. DPHE is planning to provide technical and financial support for establishment of a faecal sludge treatment plant in Benapole.

Local Government Engineering Department (LGED) is the department within LGD entrusted with the planning and implementation of local rural, urban and small scale WASH infrastructure development programmes. Currently LGED is executing two projects in Jashore with financial support from Asian Development Bank (ADB) – City Region Development Project (CRDP) and Urban Governance Infrastructure Improvement Project (UGIIP) – phase III. CRDP is constructing an integrated waste management plan which includes provisions for both municipal waste and faecal sludge. UGIIP is supporting governance elements with infrastructure support. LGED is executing both the projects.

Different departments under Ministry of Education and Ministry of Health also have vital roles in the implementation of WASH programmes in educational and health institutions, menstrual hygiene management, hygiene education and WASH in health centres, as described in the country report section I, subsection 2.1. These include the Directorate of Primary Education, Directorate of Secondary and Higher Education, EED, DGHS, HED and Public Works Department.

A number of international and national NGOs such as BRAC, WaterAid, Practical Action, WSUP, are also playing vital roles to ensure WASH services,. 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 still not visible 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 SP will also explore the engagement of private companies wherever possible.

2.2 Baseline situation (summary)

WASH at household level

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 areas and 15% were from informal settlements. In both Benapole and Jashore, the majority of the respondents live in individually owned houses with around 17% living in rented rooms. The proportion of respondents living in their own houses in Benapole is almost double that of Jashore, with less than one quarter (21%) of the respondents living in rented houses. This is comparatively higher in Jashore. The majority of the households (87%) are headed by a male as opposed to only 13% households with a female head. The average family size is 4.5. 79% of the respondents do not have children under two years of age but around 40% have children under five. Almost all of the households have women aged between 15-49 years old whereas 54% of the households do not have person above 50 years old. 12% of the respondents' households have at least one person with a physical disability.

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 the bottom two (poor) quintiles with around 50% of the households living in non- slum areas falling in the top two (wealthy) quintiles. The average person living in slum areas tends to be considerably poorer than the average person living in non-slum areas. There were slightly more poor people in Benapole than in Jashore.

More than 85% of the toilets are improved, out of which 60% have basic sanitation facilities without access to flies but with potential contamination of surface and ground water. In Jashore only one household was found to practise open defecation and 11 households in the sample did not have their own toilet but shared one with neighbours. In Benapole, no cases

of open defecation were recorded but 21 households in the sample used a neighbour's toilet. In Benapole, 84% are using pit latrines out of which 67% is off set pit while just 8% is twin pits. 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 the open environment. In both Benapole and Jashore, there is a strong relationship between wealth and access to sanitation facilities with the poorest economic condition lacking access to improved sanitation facilities. The percentage of households using pour flush toilets increases from the lowest wealth quintiles to the top wealth quintiles where the cistern flush toilets are mostly used. The practice of sharing toilets is prevalent among the poorest where among the wealthiest it is unusual and limited.

The vast majority of households have functional toilets but there is an issue with cleanliness both in slum and non-slum areas. The biggest challenge is the presence of used cleansing materials (69% of households in Benapole, 79% in Jashore) and faecal smears in the toilets (53% of households in Benapole, 49% in Jashore). 18% of households use double alternative off-set pit among which 80% of the Y junction is not functioning.

In Benapole, around 63% of the households do not have a dedicated handwashing station while 32% have a station but without soap. For Jashore, 42% of households do not have a dedicated handwashing station and 45% has a station but without soap. There is no difference on availability of functional handwashing facilities across the wealth quintiles but there is a clear lack of awareness and practise of proper handwashing after defecation across the cities. Around 95% of households said that they wash their hands after defecation but surveyors found no dedicated handwashing stations in use, let alone with soap in the majority of the households. This signifies that the people of the two cities have knowledge on handwashing but do not practise.

Around 60% of households use re-usable clothes during menstruation. The usage of disposable pads is slightly higher in Jashore than in Benapole. A majority (95%) of households have the facility for menstrual hygiene management (MHM) where women are comfortable changing sanitary pads but the quality of the facilities vary across types of settlements and wealth quintiles as well. Only 33% of the respondents' have safe facilities for MHM with adequate final disposal where around 14% households have a covered bin for disposal with adequate place for drying. A considerable number of households including those sharing toilets with more than two other households, do not have a bin with a cover in the place for changing.

Only 5% of the total households have adequate storage and disposal of solid waste management at the household premises. The majority of households have ineffective place for storage of solid waste which is similar across settlement types and also wealth quintiles, but different for the two towns. About a quarter of households in both the cities, dispose of their solid waste on the side of the waterway or in the waterway itself, directly contaminating the local environment. Jashore provides a comparatively better scenario due to more premise level storage and also more shared storage facilities. There is almost no practise of throwing wastes into the toilet. Around 60% of the households had never emptied their containment but among those who had, almost 90% was done by manual emptiers. According to respondents, this involved entering the pit (14%) and septic tank (26%) cases. There is no mechanical emptying service in Benapole but Jashore has vacutug which is rarely used. Around 15% of households are assumed safe as they do not yet need emptying. The practise of dumping directly into the drain or water body is predominant followed by digging a new pit within the compound. In addition, a significant part of households experience flooding (19%) and overflows of the toilet (13%).

Just under half of the respondents (49%) do not require conveyance as most of the sludge is discharged into the immediate living environment. Safe conveyance stands at 17%, however, within these 15%points are relatively new household toilets for which no emptying services are required yet. Therefore, these are currently safe. Manual emptying is still predominant and the emptiers generally either dispose of within the premises or to the nearest water bodies as there is no provision of mechanical conveyance. The sludge of around 7% of the households is currently safely disposed. Around 43% are at high risk disposal as they are just disposed of within the local environment. Sixteen percent of households are safely disposing sludge within their premises. Comparatively unsafe conveyance and disposal is more severe in Jashore than in Benapole.

WASH in educational institutions

A total of 60 educational institutions were surveyed out of which 46 were from Jashore and 14 were from Benapole. 30% of those are government educational institutions and around half (46%) are primary schools. All the educational institutions have toilets with 90% having pour flush with septic tanks. Only one toilet was found directly connected to the open environment, two have unimproved facilities and 34 have limited facilities as there is no separate toilet for boys and girls. Among these 34 limited facilities, only 16 institutions have separate toilets for students and teachers. 24 institutions have improved facilities among which only three institutions have environmentally safe facilities but others have basic facilities. The majority (50%) of the institutions have functional toilets with 43 maintaining cleanliness and only 24 with adequate privacy. A quarter of institutions have functional toilets but with some issues regarding cleanliness and privacy. 65% of institutions do not have dedicated handwashing

facilities however 35% institutions have handwashing stations but with potential contamination of water during usages. Out of 21 institutions with handwashing stations, only six had soap at the time of the survey. There are no institutions with handwashing stations and running water. The handwashing facilities in the education institutions are very poor and unsafe posing health risks for the students in those premises. The situation in Jashore is comparatively better than Benapole. 13% of institutions do not have any facilities for female students to change sanitary pads/cloths whereas about half of the institutions have a private place but with inadequate and unsafe facilities like an open disposal bin. Only 35% of educational institutions are found to have safe facilities with a closed bin and availability of water for the girls to clean. More than 90% of the institutions have a specific place for storage of solid waste at their premises but the majority (65%) had the bin uncovered with potential of littering. Only 15% of institutions maintained the safe disposal of solid waste at the premises or their waste was being collected by an acceptable collector for disposal off-site. More than half of the institutions either emptied their containments regularly or assumed them to be safe and not require emptying yet. It is alarming that about 47% institutions have faecal sludge storage with no effective removal. 25% of the institutions required conveyance of the faecal sludge where none was safely conveyed. 12% of the institutions practised unsafe disposal while 43% disposed safely in situ. Therefore, there is no safe disposal practice among the educational institutions.

WASH in health centres

A total of 40 health institutions were surveyed out of which only one clinic was from Benapole and only two were government owned. Altogether there were 14 clinics, 14 clinic and diagnostic centres, 10 diagnostic centres and two hospitals. Out of 40 health institutions, there is no institution with basic or environmentally safe sanitation facilities and the majority of the institutions (93%) have limited facilities. Only one institution has unimproved facilities and two do not have any toilet facilities within their premises. Almost all the institutions have functional toilets and over half have functional facilities that maintain cleanliness and privacy. However, 28% of the institutions have functional toilets that are unclean. 80% of the institutions have handwashing station but 45% are without soap. There is no institution with a handwashing station without the possibility of water contamination. More than 80% of the institutions do not have any facilities for menstrual hygiene management but 7.5% have safe and adequate facilities with provision for safe final disposal. Only 30% of institutions have adequate storage and disposal system for solid waste whereas the majority (65%) have a storage place at the premises but the storage is not covered. More than two-thirds of the institutions do not practise effective removal of faecal sludge. Only one quarter of the institutions practise timely emptying and only 2.5% are assumed safe. About 13% of institutions practise conveyance and those are unsafe. There is no safe disposal and 12% of the institutions practise high risk disposal.

Sustainability factors

None of the municipalities under the programme has a behaviour change and communication strategy. The relevant standing committee of the municipalities and ward committees are not active. Municipal council and officials are not aware of the national policies and strategies related to urban sanitation and hygiene, nor do they have communication channels or methods for behavioural change. There are no sewer systems in the cities and people rely on on-site sanitation facilities. Emptying, irrespective of quality of services, is practised regularly, with every year 43% of the tanks emptied. In any given year, more than 16,000 household sanitation facilities are emptied across the two cities. When looking at affordability (in comparison to the monthly water bill), it is clear than in none of the cities, emptying is affordable with the price of emptying being 15 times as high as the water bill for manual emptying, and 26 times as high as the water bill for mechanical emptying.

In both the cities, officials are aware of the policies and rules but not of the content and there is no dialogue among relevant departments associated with municipalities and working groups related with WASH. In both the municipalities, participation of women is ensured in most of the municipal meetings but their views are rarely considered in decision making. Both the municipalities acknowledge the special sanitation requirements for socially excluded and low income groups but no visible interventions could be seen except in a few low income communities where development partners' projects were implemented. In both the cities no dedicated sanitation meeting for PLWD has been conducted.

2.3 Gender and social inclusion (GESI) (summary assessment)

The GESI assessment for the SP was conducted by using outcomes from the baseline study and relevant secondary information which were further validated with a series of focus group discussions and key informant interviews in both the programme cities.

The following major WASH related gender and social inclusion issues were identified.

- Women's limited decision-making power and control of (financial) resources within the household and communities. Even for communities where women are taking the decisions and leading household activities (e.g. repair of the latrine), the finances are usually being provided by the men of the household. However, this does not necessarily affect the access to basic WASH facilities for the women.
- Women and girls carry out most of the unpaid work. Maintenance, cleaning of latrines, etc. are activities considered to be the sole responsibility of women in the majority of

areas and households.

- Socially excluded groups are not represented at the WASH committees. Even when invited, those who depend on their daily wages cannot afford to regularly participate in these meetings. Socially excluded groups also often lack the confidence to speak up in such meetings and when they do so, are not always heard. When community level meetings happen, women tend to participate in them more, but they feel nothing is done after the demands are collected.
- The WASH committees were barely mentioned in any of the paurashavas. They exist, but their role and activities are not clearly understood or carried out. Committee members are also expected to bring up community needs themselves without community consultations.
- WASH stakeholders from both the public and private sectors are not aware of specific needs of the women, girls and socially excluded groups (i.e. poor, disabled, elderly, etc.) and are also often not responsive to the feedback and complaints from these groups. It is important to note that most of the group members themselves could not identify or explain their problems and additional needs that would improve their access to WASH services, so there is an overall lack of understanding of the kind of services/provision that can be made for disabled people, menstruating or pregnant women, elderly, etc.
- Men and boys are often excluded from awareness raising activities on menstrual health. The stigma and cultural barriers around menstruation, despite the recent improvements, are still quite strong in the intervention area. The women in the communities agree and feel that with changing times there is a need to break these taboos.
- There are almost no disabled WASH facilities in schools, health facilities and public places.
- Women emphasised more on access to information and awareness than the actual cost of the services, but around menstruation management it was clear that even with information about sanitary products and related health issues, women tend to use traditional methods, like cloth. They feel it is more out of habit rather than the lack of information and finance.
- In the LGI, the role of female councillors is perceived to be less important by the other councillors and even the public. The female councillors find it difficult to push their agendas in a male dominant setup. They do feel it is easier for people to bring their demands to the women, since most of them are able to spend more time in public offices (most male councillors also have other areas of work to put time into). But they find it more difficult to raise their voices and bring about changes according to these needs.

The SP will support local government institutions to mainstream gender in all of the programme activities and emphasise on improving decision-making power of women, girls and socially excluded people in the family, community and institutional level.

2.4 Climate vulnerability and resilience (CVR) (summary assessment)

Bangladesh is the fifth most vulnerable country on the international climate risk index. Each year different kind of natural hazards like cyclones, floods and drought occur in Bangladesh. Bangladesh also faces irregular precipitation due to climate change. These natural hazards have a negative impact on access to WASH facilities. From the field assessment and interviews in two programme areas, it was found that the changes in precipitation pattern would increase vulnerability of sanitation practice in these areas, as the scenario is aggravated during heavy rainfall.

The entire population depends upon on-site sanitation systems, primarily septic tanks and pit latrines. It was observed that pit latrines are more frequently used in lower wealth quintile populations. In the absence of faecal sludge management, the current practice is either dumping faecal sludge into open environment or connecting the outlet of containment with storm water drains. In Jashore, the Bhairab river in the east and Mukteshwari canal in the west receives faecal sludge through the drain outfalls. In Benapole, the Hakor Beel receives the major portion of faecal contaminated wastewater, while the remaining portion ends up in a number of low-lying areas within the municipality. As there is no tidal flow in the rivers/canals and beels, except during the months of heavy monsoon, this pollution does not affect neighbouring upazilas. Rather, the overall impact of pollution remains within the areas and mostly the environment of Jashore and Benapole municipalities are affected. In addition, during rainy seasons, when containments get filled quickly, it becomes difficult to bury faecal sludge into the ground due to a rise in the water table.

Waterlogging occurs during heavy rainfall. When the drains get inundated, the faecal sludge spreads over surrounding land. The Bangladesh National Adaptation Programme of Action (NAPA) 2005 suggested this waterlogging problem would gradually increase due to combined climate change effects of higher sea water levels, subsidence, siltation of estuary branches, higher riverbed levels and reduced sedimentation in flood-protected areas which will impede drainage.
Water supply in both municipalities is based on groundwater. Although availability of water is good, there are reports of contaminated water getting into pipelines exposed to the primary and secondary drains in which people dump sludge. In addition, groundwater table rises after the start of the rainy season and increase the risk of groundwater contamination through unsealed pit latrines/soak wells.

Neither of the municipalities are in the coastal area, therefore no significant risk of cyclones or coastal flooding was identified. During heavy rainfall, water logging occurs in some parts of the cities mainly due to poor drainage facilities which impact on quality and availability of fresh water. This can also lead to increased occurrence of diseases (e.g. cholera, dysentery, malaria etc.) due to degraded water quality.

To address the current vulnerability, the SP builds its intervention upon common principles of having resilient WASH facilities and services. The key recommendation to reduce climate change vulnerability risks are as follows:

- Promote climate resilient technologies and consider climatic pattern for design of infrastructures.
- Integrate awareness raising on adverse effects of climate change on WASH and strengthen the capacity of local government institutions and communities to deal with climate risks.
- Create demand for investing in climate and disaster proof WASH services and products.
- Link the SP to ongoing climate change programmes for maximum leverage.

2.5 Implementation of sustainability compacts

The sustainability compact analysis reviewed the factors affecting its implementation with partners. The sustainability factors themselves have been measured as part of the baseline and will be discussed under 3.3.

The SP has already signed memorandum of understandings (MoUs) with both the municipalities including a sustainability compact. LGIs will follow the national regulations on monitoring sustainability of WASH services in their area. As part of programme we will strengthen the capacity of LGIs on participatory WASH service monitoring. At national level, SNV along with other stakeholders will be contributing and advocating for setting realistic and suitable indicators for monitoring SDG 6. When these indicators are approved, LGIs will be oriented and equipped to conduct the monitoring.

The Consortium partners will work with national stakeholders to develop national indicators for SDG targets and also support their translation to the local level. The indicators will be mainstreamed within regular city council meetings under the leadership of the relevant standing committees. For the implementation phase, it is recommended to align with the ongoing initiative to setup the SDG monitoring. It is also recommended to keep supporting the local governments to develop and use their ongoing monitoring systems.

Current LGI representatives and office bearers are positive towards following the sustainability compact agreement. However, considering the turnover of the elected representatives (the mayor, chairman, members, councillors) and other government staff, there are likely to be new people in these positions post-programme (when the sustainability compact monitoring needs to be conducted). In spite of formal agreements with the programme, this may pose a risk, in particular, if the elected representative is new and unwilling to accept the sustainability compact commitments. The SP will try to mitigate the risk by engaging in dialogue with all the political parties on the importance of sustainability of WASH services.

2.6 Pilots

The SP did not carry out any pilots in the inception phase of the programme. However, an exposure visit to other towns in Bangladesh for the local officials was organised.

3. Targets and outcomes[5]

3.1 Distribution of targets

Table 3.1.1: Distribution of targets over locations

Bangladesh Urban sanitation sub-programme	Water		Sanitation		Hygiene	
	Rural	Urban	Rural	Urban	Rural	Urban
Benchmark	N/A		N/A	Basic	N/A	Basic
Jashore	-	-	-	52,000	-	35,600
Benapole	-	-	-	10,000	-	6,400
	Water		**Sanitation**		**Hygiene**	
Final targets based on inception phase findings		-		**62,000**		**42,000**

Considering the relatively high baseline values, the SP is proposing to add a third city. The selection, baseline and targets for this third city will be finalised in the second semester of 2018.

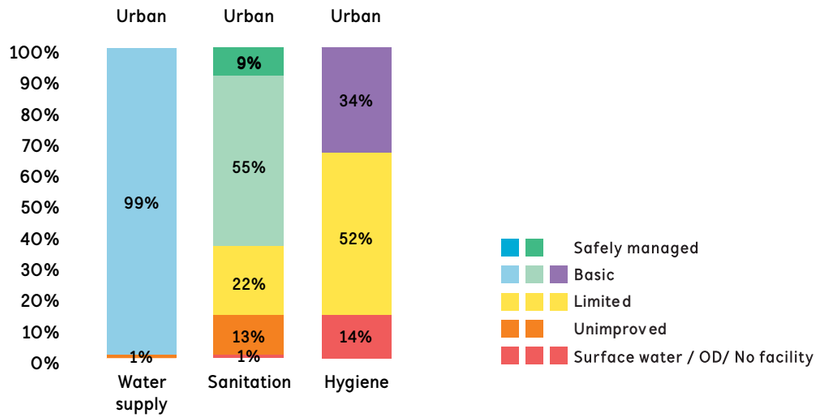
5 All targets have been rounded to the nearest 100.

3.2 Expected results in improved service levels

Residential level

Baseline findings are summarised below:

Figure 3.2.1: Baseline findings outcomes 1-3 (households)



Service level (baseline)	Water Supply (# people)	Sanitation (# people)	Hygiene (# people)
	Urban	Urban	Urban
Safely managed	-	22,800	
Basic	259,400	144,300	89,000
Limited	400	56,500	136,100
Unimproved	2,000	35,100	
Surface/ OD/ none	-	3,100	36,700
TOTAL	261,800		

Targets for making progress towards safely managed drinking water

Considering that 99% of the households have at least basic water supply services, the SP will focus its efforts and targets on sanitation and hygiene. Therefore, no targets for water supply have been set. More details on water supply can be found in the baseline report.

Targets for making progress towards safely managed sanitation services

As observed, 64% of the SP population already has services of at least a basic level. The main challenges are found in limited (shared toilets) and overall in the percentage of safely managed

sanitation (only 8.7% of the population).

The benchmark is set at basic and safely managed service levels, but the programme will strive for safely managed. In total the SP aims to improve the situation for 62,000 people. By the end of the programme 90% of the population in intervention areas have at least a basic service level for sanitation. The increase will be 24%, which corresponds with target population mentioned above.

Targets for making progress towards better hygiene practices

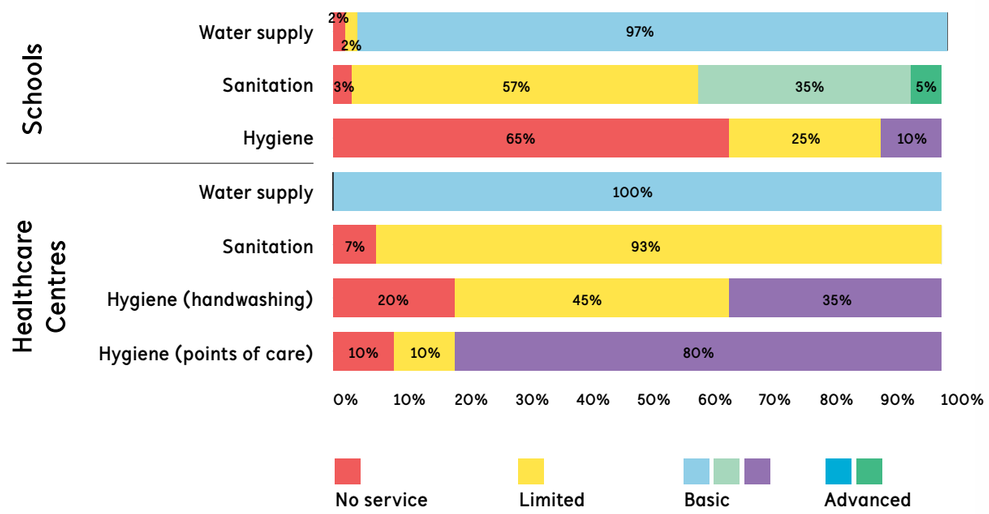
In South Asia, Bangladesh is above average on handwashing facilities, but still only 34% of households score basic service level on this proxy indicator. The main challenge being the absence of soap. And while many households have knowledge of handwashing, they do not practise it. A transformation in urban sanitation relies heavily on behavioural change. Focus will be on the building of capacities of line agencies, and in some cases the private sector, for effective communication and outreach. It aims to reach the population in their capacity of citizens as well as consumers to promote specific individual hygiene behaviours, among others.

The benchmark is set at a basic service level. In total, the SP aims to improve the hygiene situation for 42,000 people. By the end of the programme 50% of the population in the intervention areas will have at least a basic service level for hygiene. The increase will be 16%, which corresponds with target population mentioned above.

Schools and health institutions

Baseline findings are summarised below.

Table 3.1.1: Distribution of targets over locations



Targets for making progress towards safely managed sanitation services

The sanitation services for school and health facilities remain very high at limited services. This is due to the fact that these institutions do not comply with minimum quality standards such as sex-segregated toilets, separated toilets for staff and patients in health facilities, and at least one cubicle for PLWD and for management of menstruation. Our focus will be on improving these quality standards but we are cautious in our targets.

Baseline data shows that 3.33% of the schools in the intervention areas have no sanitation services, 56.67% are at limited, 35% at basic, and 5% at advanced. For health facilities baseline data show that 7.5% have no sanitation services and 92.5% are at limited.

By the end of the programme 15% of the schools in the intervention areas will have an advanced service level for sanitation. For health facilities advanced level will be at 10%, with limited being at 70%, and basic level being at 20%.

Targets for making progress towards better hygiene practices

Handwashing with soap is particularly low in school settings. Baseline data shows that currently 65% of the schools in the intervention areas have no facilities at all, limited service level is at 25% and the basic service level is at 10%. Health facilities show better performance, with 20% of the health facilities not having hand hygiene facilities at toilets, limited being at 40% and basic at 35%. For health facilities with hand hygiene at points of care the baseline data are as follows: 10% no facilities, 10% limited, and 80% basic. But considering their important role in health care, still merit improvements.

By the end of the programme 20% of the schools in the intervention areas will have basic service level for hygiene. This percentage and service level for health care facilities with hand hygiene at toilets will be 45% and at points of care will remain 80%, but 5% will move from no facility to the limited level.

3.2 Expected results in improved service levels

Global indicators

RESULT 4: Local agencies implement more effective demand-creation strategy

Indicator: Level of effective demand-creation strategies by local agencies within their areas/ jurisdiction/programme.

SNV indicator 1.1 Progress on institutionalising BCC*		target
Consolidated score on indicator 1.1	0.35 (8.75)	2 (50)
Number of local agencies measured	2	2
Benchmark	2 (50)	
How many of these reached the benchmark	0	2

None of the municipalities under the programme has a behaviour change and communication strategy. There is work by some non-government organisations, like BRAC WASH programme in Benapole that covers both urban and rural areas, but this involves only parts of the city and does not engage the local authority. They do not follow a separate approach for an urban context. Both Jashore and Benapole Paurashava are implementing the Urban Governance Infrastructure Improvement Project (UGIIP) project which has formed ward committees at ward level headed by ward councillors and community based organisations (CBO) at community level. In addition, Jashore municipality has formed community development committees (CDC) with the poor households. These CBOs and CDCs are working on health and hygiene issues like handwashing, toilet use and cleaning, menstruation hygiene management. There are monthly meetings in each of the seven big slums which are supervised by Jashore Paurashava officials. Moreover, Jashore municipality has been implementing a DFID supported health system strengthening project (HSSP) which involved several campaigns aimed at low-income citizens. However, there is no specialised staff, nor is there a practise of formative research, monitoring or clearly linking behavioural change to sanitation planning.

The relevant standing committee of the municipalities and ward committees are not active. Municipal council and officials are not aware of the national policies and strategies related to urban sanitation and hygiene, nor do they have communication channels or methods for behavioural change.

RESULT 5: Increased involvement of consumers in improving WASH conditions

Indicator: Percentage of households that have invested in WASH facilities in their household or contributed user fees to WASH services during the last year.

The % of households that have emptied or were connected to sewer in the past year			Target
Consolidated score	Consolidated	20.5%	20.5%
	Benapole	18.6%	18.6%
	Jashore	22%	22%
Number of locations		2	
Benchmark		N.A.	
How many of these reached the benchmark		N.A.	

There are no sewer systems in both the cities and people completely rely on on-site sanitation facilities. Over the past year, 20.5% of households have emptied their pit/septic tanks. This shows that the rate of pit emptying is already quite high. A total of 7,932 households are estimated to have emptied their tank or pit over the past 12 months. We do not expect the demand for emptying to increase, rather we will focus on increasing safety. We will, however, continue to monitor this indicator.

RESULT 6: Increased level of participation of women and girls in decision making about WASH activities in the communities

Indicator: Level of participation of women and girls in decision making about WASH activities in the communities

SNV indicator 3.8 Progress in degree of influence of women in municipal or ward level decision making about sanitation*		Target
Consolidated score on indicator 3.8	1.7 (42.5)	3 (75)
Number of locations	2	2
Benchmark	2 (50)	
How many of these reached the benchmark	0	2

In both the municipalities, women do attend and sometimes speak in the municipal meetings but they do not have influence in the decisions. Because of several development projects focused on women empowerment, their participation is ensured for most of the municipal meetings but their views are rarely considered when decisions are made. Jashore is in a comparatively better position as the women living in low income communities are exposed to community development activities of the projects.

In terms of the position of sanitation on the local agenda, in Benapole no dedicated meeting for sanitation has ever been organised. In Jashore, sanitation has been an agenda for livelihood and health projects where women had active participation and with some influence in decisions at the community level. At the ward and municipal level, participation of women is minimal. The female councillors participate in municipal level meetings and talk but hardly influence the decisions.

RESULT 7: Increased level of participation of socially excluded groups in decision making about WASH activities in the communities

Indicator: Level of participation of socially excluded groups in decision making about WASH activities in the communities.

For measurement of this result, the following groups were prioritised: low income families and people living with disability (PWD).

SNV indicator 3.9 Progress in degree of influence of socially excluded and/or low-income groups in municipal or ward level decision making about sanitation*			**Target**
Consolidated score on indicator 3.9	Consolidated (lowest)	1.16 (29)	1.5 (37.5)
	Low income families	1.16 (29)	1.5 (37.5)
	PLWD	2 (50)	2.5 (62.5)
Number of locations		2	2
Benchmark		2 (50)	
How many of these reached the benchmark		0	1

Multiple development projects were designed and implemented to address issues specific to the low income communities of both the cities. This led to improvements in the overall standard of living including water supply and sanitation facilities. However the involvement of the inhabitants in low income communities in decision making was extremely low, for example in terms of technology selection, identification of user groups, and installation of the infrastructure. Yet in Jashore, the demands of the low income families regarding installation and distribution of toilets were partly addressed while implementing projects for poverty reduction and women empowerment.

Both the municipalities acknowledge the special sanitation requirements for socially excluded and low income groups but no visible interventions could be seen except in a few low income communities where development partner projects were implemented. Although municipalities interact with PLWD groups in both cities, no specific meetings related to sanitation have ever been organised with these groups. The PLWD has raised issues about poorly designed toilet structures that do not meet their specific needs but no action has been taken by the municipalities.

RESULT 8: Increased availability of WASH products and services for the bottom of the pyramid

Indicator: Outreach and suitability of WASH products and services for consumers at the bottom of the pyramid.

SNV indicator 2.3 Progress on affordable FS emptying and sewer services*(adjusted)			**Target**
Consolidated score on indicator 2.3	Consolidated	0 (0)	1.5 (37.5)
	Benapole	0 (0)	1.5 (37.5)
	Jashore	0 (0)	1.5 (37.5)
Number of local cities measured		2	
Benchmark		2 (50)	
How many of these reached the benchmark	Consolidated	0	1

The services have been compared to the monthly water bill for the two lowest wealth quintiles. Only 29% of the households in the two lowest wealth quintiles have access to at least basic sanitation services. Additionally 11% of the households from the same wealth quintiles practise regular emptying of their pit/septic tanks.

Jashore Paurashava is providing mechanical emptying services with their two 2,000 litre vacutugs and the rate for emptying services for the first trip is BDT 2,300 and for the second trip onwards the fee is BDT 1,500 per trip. A very few households took these mechanical

emptying services from the municipality. The majority of households rely on manual emptying services and the rate varies depending on the septic tank size and negotiation. However usually they charge BDT 3000-5000 for a normal size septic tank.

When looking at affordability (in comparison to the monthly water bill), it is clear that in none of the cities emptying is affordable with the price of emptying being 15 times as high as the water bill for manual emptying, and 26 times as high as the water bill for mechanical emptying. The programme will address this by working with service providers on the efficiency of service provision and with the city on their overall financial strategy and pro-poor support strategy as explained in the ToC. It will require time to develop these.

RESULT 9: Improved WASH market

Indicator: Percentage of WASH businesses in the intervention area that indicate that their sales went up significantly.

SNV indicator 2.7 Use rate of FS emptying and sewer services*			**Target**
Consolidated score on indicator 2.7	Consolidated emptying	43%	55%
	Benapole emptying	40%	
	Jashore emptying	45.5%	
Number of local cities measured		2	2
Benchmark		N.A.	
How many of these reached the benchmark		N.A.	

The size of the market for sanitation services is measured by the percentage of households in any given year that use emptying services. In the programme area, emptying is practised regularly with every year 43% of the tanks emptied. In any given year, more than 16,000 household sanitation facilities are emptied across the two cities. We will, however, continue to monitor this indicator.

RESULT 11: Progress in key sector policies and regulations/for sustainable inclusive WASH

Indicator: Level of strength of WASH sector policies and regulations.

SNV indicator 3.1 Progress on multi-stakeholder sector development for urban sanitation*			**Target**
Consolidated score on indicator 3.1	Consolidated	0.3 (7.5)	2.6 (65)
	Benapole	0.3 (7.5)	
	Jashore	0.2 (5)	
Number of local cities measured		2	
Benchmark		2 (50)	
How many of these reached the benchmark		0	2

Benapole is a new municipality and recently started two government projects which have sanitation components. Unfortunately, there is no coordination mechanism and the projects work in isolation. At municipal level, there is a town level coordination committee (TLCC) headed by the mayor with members from municipal council, other government representatives and civil society. The committee meets once a quarter and discusses development issues including sanitation. However, as the town is located outside the upazila (sub-district) headquarters, the attendance of officials living at upazila headquarters is low.

Jashore is an old town and it has implemented several sanitation projects, however there is no dialogue ongoing on urban sanitation in the city. There is TLCC and ward committees in Jashore municipality, but they are not effectively functional nor discuss sanitation issues as such.

4. Theory of change

The WASH SDG SP aims to make a significant contribution towards sustainable and equitable use of water, sanitation and hygiene services by ALL in the cities of Jashore and Benapole. The three main strategies for this are aligned with the global Theory of Change:

1. Improving behaviour change interventions.
2. Improving WASH service provision.
3. Strengthening of the WASH governance.

The baseline findings have shown that the vast majority (99%) of the population has access to a basic water supply, but only slightly more than half of the population has access to basic sanitation. The practice of basic handwashing with soap is limited to 9%. The wealthiest group has more access to basic sanitation but the poorest has more limited sanitation. For this reason, the SP has decided to focus on urban sanitation and hygiene with particular attention to the poorest groups. Furthermore, one of the key challenges identified in Bangladesh are high ground water tables. Less than 25% of facilities are assumed to be environmentally safe. In order to accelerate progress in sanitation, more attention should be given to the quality and management of onsite facilities and to the sanitation value chain. This has to be done within a city-wide perspective and involving all local stakeholders. There is a growing recognition that city-wide sanitation services will need to involve a mix of options depending upon the local situation. Developing and integrating this mix of options operationally, financially and/or technically in appropriate ways is the challenge.

To further detail the global ToC, and address the specific challenges around urban sanitation and hygiene, the programme will work on three strategic objectives, which are aligned with the ToC (Annex 1) as indicated on the next page.

1. Improving behavioural change interventions	• Strengthening capacities and institutional embedding of effective behavioural change communication on issues of safely managed sanitation and hygiene.
2. Improving WASH service provision	• Development of safe and affordable sanitation and hygiene consumer services for different segments. • Improve local treatment, disposal and reuse options that are environmentally safe, socially acceptable and financially sustainable.
3. Strengthening of the WASH governance	• City-wide service delivery framework, regulation and enforcement developed and adopted by local authorities and stakeholders. • Building capacities and systems for sustainable full cost recovery of city-wide sanitation services.

The objectives will be translated into five main components of work prioritised in the general WASH SDG programme:

1. Behavioural change communication and awareness.
2. Safe and affordable consumer services.
3. WASH governance, regulations and enforcement.
4. Smart finance and investment.
5. Improved treatment, disposal and re-use.

In addition to this, a main component of work is to contribute to learning within the SP, within the country and within the WASH SDG Consortium as a whole. Below are short descriptions of each of the main components.

Behaviour change communication and awareness

A transformation in urban sanitation relies heavily on behavioural change. End-users include urban households, as well as business owners, offices, educational institutions, health facilities and users of public places. As was seen in the baseline information, behavioural issues include:

- maintenance of water seal in pit latrines
- sizing of pit latrines primarily reducing the depth in order to have higher distance between the bottom of the pit and groundwater level
- availability and usage of handwashing stations with soap
- disconnecting the direct toilet outlets from drains
- usage and functionality of toilets in slums
- cleanliness of toilets in both slum and non-slum segments
- timely emptying of containment
- arrangement of safe facility for menstrual hygiene management with provision for adequate final disposal
- premise level proper storage and disposal of solid wastes.

Urban inhabitants have often grown accustomed to the status quo and in some cases have vested interests in maintaining this status quo. The different groups, needs, the range of behaviours involved and their interconnectedness makes urban sanitation behavioural change even more complex than behavioural change in most rural settings. We cannot simply transfer rural approaches to an urban context. This component of work aims to build capacities of line agencies and -in some cases- private sector, for effective communication and outreach. It aims to reach the population in their capacity of citizens as well as consumers to:

- influence citizens' awareness
- increase consumer demand and willingness to pay for safely managed services, as well as
- promote specific individual hygiene behaviours.

The expectation is also that they will take into account the specific situation and needs of different city dwellers, adjusting their communication strategy on the basis of information and influencing positive norms around equity and social inclusion.

Safe and affordable consumer services

The urban sanitation services required for consumers in this SP include, in order of priority:

- upgrading of containments
- affordable emptying (and transportation) services for onsite facilities
- operation and maintenance of communal and public toilets
- upgrading of existing and construction of new public toilets
- safe sludge treatment facilities
- MHM facilities within educational and health institutions
- collection and proper disposal of solid wastes.

In both towns, these services are to be provided by municipalities and outsourcing for solid waste management is initiated. They consider uniform services for all premises. However, service needs are not uniform and different models need to be developed for different parts of the city/town, which often also leads to different providers being involved. Initially the existing emptier services along with capacity of conservancy section will be strengthened. In a second stage, outsourcing modalities will be explored. The challenge is to see the overall picture and make sure that these services are complementary and linked to an overarching city-wide service delivery model for the city or town.

Services should be appropriate to the needs of different consumers, as well as affordable. It is expected that better, more affordable services, and services with better outreach, will increase demand and uptake of safe services. This includes a variety of services- support for the upgrading of containments, collection and proper disposal of faecal sludge and solid waste, operation and maintenance of toilets in low income communities and also public toilets, menstrual hygiene in schools and health facilities.

Services should be safe for both consumers as well as service providers, therefore occupational health and safety is part of this component of work. Currently the service is being provided by informal workers with some institutions having their own permanent staff. But in all cases safety and health issues are ignored by both the workers and the employers/clients. There is no database of workers. The practice of using personal protective equipment is virtually absent, in spite of a government circular to enlist, train and certify workers to ensure a proper working environment. As services develop, the improvement of quality and safety needs to remain high on the agenda and ultimately lead to formalisation of service provision.

When promoting quality service delivery, special attention will be given to opportunities for female entrepreneurs and entrepreneurs from marginalised groups.

WASH governance, regulations and enforcement

Integration of sanitation ambitions, targets and related budget allocation in mainstream public administration planning processes and documents, is a key objective of the governance component of work. The SP will focus on developing a light and realistic action plan involving relevant standing committees and officials for their accountability. When capacity improves, it will compile those efforts and develop more detailed rolling sanitation plans.

There is a mandatary provision of allocating 20% of the annual development plan to sanitation but the expenses have been either weak or focus has been more on construction of drains. Usage of this allocation for the entire sanitation service chain will be explored.

The information gathered on the water, sanitation and hygiene situation during the baseline has been discussed extensively with the city leadership and stakeholders which has created an initial buy-in of key leadership for urban sanitation improvements. This needs to be strengthened through detail planning for some tangible outputs. As per the Local Government Act, municipalities are mandated to ensuring safe sanitation services and public health environment and a recent institutional and regulatory framework for FSM has provided higher level guidance to municipalities. Certain elements of the IRF like the introduction of a sanitation tax, outsourcing of services, diversifying the finances, developing by-laws will be piloted.

Sanitation governance is linked to the national frameworks and policies of Local Government Division under the Ministry of Local Government, Rural Development and Cooperatives. A dialogue will be maintained with relevant departments associated with municipalities and working groups related with WASH. Similarly, a dialogue will be maintained with relevant departments for ensuring safe sanitation at institutions. For ensuring city-wide services, various institutions should be involved. A multi stakeholder platform will be created to discuss and agree actions on the sanitation issues.

Another area of work is data management and monitoring, which will build on the findings of the sustainability compact analysis and feed into decision making. Both the municipalities have developed their master plan, but the sanitation component is weak therefore the SP will support the sanitation component in the master plan.

Setting regulations and standards for safe management of faecal sludge and liquid effluent is critical, however ensuring their enforcement and compliance is difficult. Current approaches have limitations but using these approaches through combinations of instruments promises to be smarter in achieving health and environmental outcomes. The SP will develop a smart enforcement strategy for premises and also sanitation workers.

To make progress towards universal access, LGIs need to understand and support the vulnerable groups in their city. It will require developing a specific pro-poor support strategy, based on solid information about the needs, barriers and aspirations of such groups in their city or town. Based on the outcome of formative research and the gender equality and social inclusion assessment, dedicated interventions will be implemented to ensure services for the vulnerable groups.

Smart finance and investment

Sustainable full cost recovery is achieved when regular sources of revenue can be assured for the full-life cycle of the sanitation services. In the SP, it is clearly not (yet) possible to cover all expenses from tariffs alone, therefore taxes and transfers would have to come in to complement tariffs which has also been emphasised in IRF. The possibility of revenue generation by resource recovery will also be explored which may cover a small part of expenses at some point in the future.

Sustainable full cost recovery goes beyond the business model of a specific part of the service. Not all parts of the service, nor all parts of the city, will become commercially viable. The local government and service provider can use cross-subsidies, taxes and other means to assure regular revenue streams for all parts of the service.

While life-cycle costs are a clear bottleneck in the sector, local stakeholders often experience upfront investment as the biggest barrier for progress. There is a tendency to wait for donors or national governments to come in. Mapping of funding gaps, barriers and finance sources for local governments, utilities and private sector is considered a good starting point for a broader discussion about finance and funding streams. If improvements in sanitation services require a significant investment from users, consideration should be given to the willingness and capacity to pay for different groups, including strategies that prevent marginalisation or exclusion of the poor. To support improved finance of sanitation services, good understanding is needed of the overall government budgeting cycle and annual investment plan. Ultimately, financing arrangements will need to be defined for:

- different parts of the city
- different parts of the sanitation value chain
- overtime.

Improved treatment, disposal and re-use

Both Jashore and Benapole will need treatment facilities for faecal sludge. At the moment, conversations are ongoing with stakeholders to address that situation.

In Jashore, the challenge will also be to find a qualified service provider to set up the services. In Benapole, the capacity of DPHE would need to be strengthened. Currently there are no designated disposal sites but the SP aims to identify short term treatment options by evaluating low-cost temporary treatment options for Benapole. The SP will also work closely with Asian Development Bank and Islamic Development Bank who are supporting in Jashore and Benapole respectively in order to minimise the duplication and ensure the sustainability of the investment.

Treatment and re-use options cannot be selected in isolation from the accompanying management and revenue model. Both towns have already announced their interest in out-sourcing and the involvement of the private sector is emphasised. The SP will work jointly with partners to set up related management and oversight structures including the definition of key performance indicators (KPIs) and oversight routines. Incremental improvement of the management and performance of the treatment facilities are envisioned.

There is an interest in innovative technologies, like a treatment plant which produced biogas for electricity, and co-composted bio-solids to produce soil conditioners. The introduction of re-use is not only a technical but also a legal and commercial challenge.

5. Partners

SNV will be developing the capacity of Local Government Institutions (municipalities: Jashore and Benapole) to implement the SP. Expert organisations including Consortium members (WAI members) will be brought in as required based on the need of the assignment and matching competencies. The following local partners have key roles in the SP.

- **Jashore municipality**

Jashore municipality is responsible for the development of the city and ensuring better municipal services and living standards for city dwellers. It is one of the oldest municipalities in the previous Bengal province which was established in 1864. Jashore Paurashava is located at the headquarters of Jashore district. Currently there is an elected municipal council of 13 members headed by a mayor. Conservancy and health department will be directly involved but other departments will also be brought in based on the issue and their respective mandate. Relevant standing committees which are the elected representatives will be involved in the assignment and the major decisions will be taken by the city council based on the recommendation from respective standing committees.

- **Benapole municipality**

Benapole municipality is responsible for the development of the city and ensuring better municipal services and living standards for city dwellers. It is one the newest municipalities which was established in 2006. Benapole Paurashava is located in Sharsha upzilla in Jashore district. Currently there is an elected municipal council of 11 members (three female reserved seats) headed by a mayor. Benapole is an important city as the Petrapole customs station of India is situated across the border and is one of the major land routes to India.

The SP will also work with the town level coordination committee (TLCC) and ward committees which are formed with the representatives from Paurashava council, different government agencies and different citizens as members.

6. Monitoring and evaluation (M&E)

6.1 Regular monitoring

While the strengthening of information systems of local government and service providers is a key aim of the SP, the SP will also collect its own monitoring data during the implementation phase of the WASH SDG programme because:

- strengthening information systems takes time, information is needed immediately
- the information generated directly by the programme will allow us to triangulate
- in some areas or topics, the programme will generate more in-depth information to fine-tune interventions.

The bi-annual monitoring together with local information systems, will form the input for conversations with stakeholders and a basis to adjust SP activities. The WASH SDG monitoring system is intended to extract information from stakeholders and to generate learning and feedback loops.

Regular monitoring will follow the M&E procedures indicated in section 5.1 of the global inception report.

The responsibility for monitoring lies with the SP lead, who uses surveys (adjusted to the SP) within AkvoFLOW as well as qualitative data gathering methods such as focus group discussions and joint stakeholder scoring cards.

The indicators are aligned with the 11 global indicators of the WASH SDG programme. In addition to this, the SP will measure specific impact and outcome indicators. It has also been planned to develop a shit-flow-diagram over the course of the programme.

6.2 Sustainability checks and compacts

Within the memorandum of understanding (MoU) with the local government institutions (municipalities), the sustainability compact has been integrated as mentioned in the country section of the report, subsection I.3.

During the programme, the sustainability checks will be part of the regular monitoring as indicated in section 5.2 of the global inception report. This will include capacities and performance of stakeholders according to their roles and responsibilities. This is specifically the role of local authorities as a duty bearer and in enforcement of regulations and standards.

A detailed outline of the sustainability check report will be presented and discussed with local stakeholders as well as in the Consortium at different levels.

7. Risks

Risk	Probability/ potential impact	Mitigation measures
Programmatic		
Turnover of trained (government) staff	Medium/medium	Strengthen institutional capacity and emphasis on process documentation including minutes of major project initiatives in city council meetings.
Corruption	Low/ medium	Partner assessment and anti-corruption policies of the government of Bangladesh and SNV will be applied.
Expectation for infrastructure supports	Low/ medium	Manage expectations with agreement on outputs with clear roles and responsibilities. Orient on capacity building approach for sustainability.
Leveraging resources	Low/ medium	Scan potential partners and orient them about the impact of their funding. Initiate with small scale pilots with tangible outputs.
Delay in approval for annual fund release from NGOAB	Low/ medium	Develop activity planning with an assumption that the approval will be received only at the end of the first quarter. Establish good coordination with NGOAB.
Social		
Investment in slums has risks of eviction since owners tend to raise house rent when WASH services are in accessible range	Medium/medium	Have a MoU with slum owners.
Rapid urbanisation, seasonal migration etc can affect the sustainability of interventions in the programme areas	Medium/medium	Engage in discussion with government about taking these uncertainties into account when planning/ delivering WASH services.
Political		
Political instability and deteriorating security situation	High/ high	Close monitoring, and implement security protocols. Plan activities with sufficient margins, anticipating possible delays.
Lack of absorption capacity of local governments and/or local organisations due to the large number of WASH programmes	Medium/medium	Close coordination with different stakeholders operating in our intervention areas. Planning to ensure sufficient time for different change processes.
Environmental		
Recurring natural disasters with higher intensity than normal	Medium/high	Intervention will consider disaster resilience.

8. Overall timeline

The SP will be implemented for 4.25 years with performance monitoring feeding in the learnings and feedback into an annual operating plan for the following year. A review and planning workshop will be held annually with both the partners to understand the status of the interventions and also to identify the required changes if any.

A programme launch will be held in Dhaka to share the objective of the programme and to seek cooperation and support from various stakeholders. The first two years will be invested in generating sufficient evidences for developing a sanitation plan but an action plan with interventions will be developed and agreed with the city council for tangible outputs including the efforts for establishing services, developing their awareness and capacity of the service providers and preparing the city authorities for investment in urban sanitation. Compliance for an institutional and regulatory framework will be analysed and elements will be prioritised and agreed for development. The focus would be to comply with other circulars from the ministry like enlisting and certifying emptiers, ensuring their occupational safety and health and ensuring compliance with Bangladesh national building codes and the Building Construction Action. In the later years, fewer issue based assessments will be done and recommendations will be implemented in order to strengthen the services and governance.

A behavioural change and communication (BCC) strategy will be developed, based on formative research which will be linked with partners existing communication and outreach, influencing their practice. The su-programme will also formulate and introduce a smart enforcement system for compliance with national policies/rules.
At a national level, there will be several recurring activities on SP level.

- In the beginning of the year, a planning workshop will be organised with all partners to plan together for the year, relook at the Theory of Change to see if changes have to be made and what actions need to be taken by who.
- Halfway in the year, a review workshop at the SP level will be organised to reflect on the process of implementation and take necessary adaptive actions.
- In between, quarterly progress meetings will be organised at the SP level and quarterly meeting at country level by country coordinator for the partners to align the upcoming activities to each other.

Timeline diagram

		2018				2019				2020				2021				2022		
A	**Components / Time**	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
A	**Component 1 BCC**																			
A 1	Definition of key behaviours																			
A.2	Formative research vulnerable areas and slums																			
A.3	BCC strategy																			
A.4	BCC design and material development																			
A.5	BCC implementation & monitoring																			
A.6	Coaching of implementing agencies and municipalities																			
A.7	Communication trainings for service providers																			
B	**Component 2 Services**																			
B 1	Reviewing existing service models																			
B.2	Market volume analysis																			
B.3	Aciton research for upgrading																			
B.4	Development of service and business models																			
B.5	Testing and refining of business models																			
B.6	Service cost analysis																			
B.7	Tariff setting study																			
B.7	Consumer data base																			
B.8	Tariff setting guideline																			
B.9	Formulation service level agreements																			
B.10	Licensing mechanisms																			
B.11	OHS guidelines																			
C	**Component 3 Governance**																			
C.1	Legal review																			
C.2	Data systems analysis																			
C.3	Sanitation mapping																			
C.4	City wide sanitation plan (rolling and incremental)																			
C .5	Sanitation investment plan																			
C .6	Multi-stakeholder meetings																			
C..7	Development smart enforcement strategies																			
C..8	Pro-poor support dialogue and strategy																			
D	**Component 4 Smart Finance**																			
D.1	Analysis municipal finance																			
D.2	Assessment of PPP options																			
D.3	Review of financing opportunities																			
D.4	Costing of different service segments																			
D.6	Capacity building of stakeholders on specific PPP contracts																			
D.7	Development of financing options for the investment plan																			
E	**Component 5 Treatment, disposal, re-use**																			
E.1	Sludge generation review																			
E..2	Sludge characteristics review																			
E..3	Informed choice activities for treatment options																			
E..4	Exploration of re-use options and action research																			
E.5	Finance and management model treatment/ re-use																			
E.6	Construction of short term treatment options.																			
E.7	Review of long term treatment options																			
E.8	Development of performance monitoring for plants																			
F	**Component 6 PME and learning**																			
F.1	Baselines																			
F.2	Monitoring (HH survey twice)																			
F.3	Monitoring of sustainability indicators (phased, includes baseline)																			
F.4	Monthly tracking system																			
F.5	Endline review																			
F.6	Youth in urban sanitation initiative																			
F.7	Learning and national sharing																			
F.8	Participation in external events (nat or international)																			

9. Conclusions and recommendations

The WASH facilities in both Jashore and Benapole have improved immensely in the last decade which has been possible due to the different projects implemented by the municipality, in partnership with different I/NGOs. The vast majority (99%) of the population have access to a basic water supply, and only slightly more than half of the population has access to basic sanitation and the practice of basic handwashing with soap is limited to 9%. The wealthiest group has more access to basic sanitation but the poorest has more limited sanitation. The later part of sanitation service chain emptying and transporting are being done by informal workers in unsafe ways and there is neither a designated disposal site or a treatment facility. The vast majority of households have functional toilets but there is an issue with cleanliness both in slum and non-slum areas. The biggest challenge is the presence of used cleansing materials and faecal smears in the toilets. Almost 60% of households do not have a dedicated handwashing station but 95% of the households have a specific place for MHM though the quality of facilities is poor. Around 60% of household use reusable cloths during menstruation and usage of disposal pads is also comparatively higher. Only 5% of households have adequate storage and disposal for solid waste management at household premises. Around 60% of the households have never emptied their containment and those who had emptied almost 90% is done by manual emptiers. For these reasons, the SP has decided to focus on urban sanitation and hygiene with particular attention to the poorest groups.

In order to accelerate progress in sanitation, more attention should be given to the quality and management of on-site facilities and to the sanitation value chain. Of course this has to be done within a city-wide perspective and involving all local stakeholders. There is a growing recognition that city-wide sanitation services will need to involve a mix of options depending on the local situation. Developing and integrating this mix of options operationally, financially and/or technically in appropriate ways is the challenge.

Even though the municipalities are mandated to ensure safe sanitation facilities within the cities there are no examples of fully operational systems where the services are outsourced and have been found to be more efficient and effective with municipalities doing the oversight. Outsourcing of services will be explored and new service providers, including the private sector, will be developed for which different financial and investment models will be tested. For both the municipalities this is going to be their first urban sanitation project focussing on capacity building and means managing their expectation with immediate tangible outputs on infrastructure investment will be a challenge. But since both the cities have assurance of financial support from other development projects for treatment plants and other sanitation logistics, the main objective of the SP would be to support municipalities in developing a sanitation plan with solid evidences to ensure the investments are complementary.

Urban sanitation, particularly faecal sludge management, is high on the agenda for national government and most of the required policies, rules and regulations are already. These were further strengthened with the formulation of institutional and regulatory frameworks but the enforcement of those are still weak. The SP will focus on various elements of IRF and the learning will be shared at central level and also with the municipal association of Bangladesh and Bangladesh FSM Network.

Considering that the baseline values turned out relatively high, the SP is proposing to add a third city. The selection, baseline and targets for this third city will be finalised in the second half of the year.

(ii) Bangladesh WASH Alliance SP

1. Introduction

The Bangladesh WASH Alliance SP will be led by the WASH Alliance International (WAI) and take place in six municipalities (Satkhira, Kalaroa, Barguna, Amtali, Patharghata and Betagi) and two (rural) upazila (Satkhira Sadar and Barguna Sadar). The WAI lead implementing partner (LIO) is Simavi and local implementing partners are: Development Organisation for the Rural Poor (DORP), Hope for the Poorest (HP), Practical Action Bangladesh (PAB), Stichting Landbouw Ontwikkeling Project Bangladesh (SLOPB), WaterAid Bangladesh (WAB) and Uttaran. The Dutch partners are Simavi, WASTE, IRC, Akvo, RAIN, RUAF and PRACTICA.

The inception phase started with a scoping assessment that revealed that the total population that does not have access to basic water and sanitation in the initially proposed intervention area (which also included Bhola and Tala upazilas) was much higher than reflected in the official report. It was decided to reduce the focus of the intervention to the previously mentioned areas where the need was deemed to be the highest and the WAI had prior presence. Consequently a workshop was conducted to develop the Theory of Change (ToC) with participation of all former WAI partners in Bangladesh and representatives from other NGOs including Max Foundation, Gender and Water Alliance (GWA), ADD International and HelpAge International. This was followed by a comprehensive baseline study (including household surveys and key informative interviews), stakeholders analysis, climate vulnerability resilience analysis (CVRA), and gender and social inclusion (GESI) assessments. Five different pilots were also conducted to deepen our understanding of some specific aspects of the programme. The results of these studies and pilots were presented during a validation workshop to internal and external stakeholders including government officials and their feedback was used in the programme development workshop to set the foundation for the programme strategy and formulating the intended results. The partners were further asked to submit detailed proposals on how they jointly intend to implement the programme strategy in each intervention area.

2. Situational analysis

Source picture: WAI

2.1 Stakeholder analysis

The Local Government Division (LGD) under the Ministry of Local Government, Rural Development and Cooperatives is a statutory body for ensuring WASH services in Bangladesh. Many other departments DPHE, LGED, Department of Health, Education etc. are also ensuring WASH services from the central level. The municipality provides water and sanitation services to the dwellers in urban areas. The Local Government Institutes (LGIs) like union parishad, upazila parishad and zilla parishad also have a significant role in providing WASH services in rural areas. Municipality and union parishad are the main stakeholders for WAI. National Institute of Local Government (NILG) could provide support to the capacity development of the office bearers, mayors, chairmen and councillors.

The Ministry of Education (MoE) and Ministry of Health (MoH) through their extension workers, teachers and health centres play vital roles in the implementation of school WASH, menstrual hygiene management, hygiene education and WASH in health centres. School management communities, school teachers, upazila and district education officers are the key stakeholders for school WASH. The Education Engineering Department (EED) is responsible for building WASH facilities at schools. Therefore lobbying with the Departments of Primary Education (DPE) and Secondary Education (DSE) will facilitate the leverage of the programme and ensure WASH infrastructure at schools in the WAI intervention areas. Among government stakeholders DPHE, municipality, union parishad, upazila parishad, DPE, DSE has high influence and interest

towards the Bangladesh WASH Alliance SP.

The development partners, multinational organisations and development funding agencies are providing funds to provide WASH services to ensure WASH rights of the people. The international and national NGOs are also playing a vital role to ensure WASH services for the citizen in Bangladesh, both rural and urban. The NGOs are very effective in raising awareness of the people to better understand their rights to water and sanitation. Private sector and big companies, as well as small and medium entrepreneurs also have a potential role.

The MFIs have a potential role in ensuring financing and loans for WASH services and products. ASA has a vibrant presence in all WAI intervention areas and can provide significant loans to the entrepreneurs. BRAC could also be a potential for WASH loans to the entrepreneurs and users. In the intervention areas, there are ample opportunities for private WASH entrepreneurs to extend their WASH businesses and for WAI to assist them in that. WASH service and physical facilities for WASH could be ensured through these entrepreneurs.

During the stakeholder analysis, many community-based organisations such as organisations of sweepers and pit emptiers have been found to be active. These groups could be vital for the Bangladesh WASH Alliance sub-programme for ensuring the sanitation value chain and FSM services.

2.2 Baseline situation (summary)

The baseline assessment included both a quantitative survey conducted by over 1,300 randomly sampled households, and qualitative interviews with local key informants (e.g. local government representatives, entrepreneurs, community groups). Also, a baseline assessment was done in 62 schools and 20 health centres. The baseline assessment was done by staff from the local partner organisations. Challenges that have been found when collecting baseline data are mostly related to the use of smartphones for taking the surveys, the translation of the questionnaire into the local language and the water quality testing.

WASH at a household level

In the Bangladesh WASH Alliance SP, four types of areas were identified and considered clusters within the baseline assessment. For both Barguna and Satkhira district there is an urban and a rural cluster. The male/female ratio within these areas is around 50:50 (based on secondary information).

Table 2.2.1. Population figures for the WAI intervention areas (rounded to nearest 100)

Population figures	Urban		Rural		Total
	Barguna urban	Satkhira urban	Barguna rural	Satkhira rural	
People (#)	77,800	184,900	288,000	350,700	901,400

The socially excluded groups in Bangladesh are the people with disabilities (PWD), lower caste people and poor people. When looking at wealth quintiles, the households in the rural areas have a higher chance of living in poverty compared to the households in the urban area. This especially counts for the households who live in the rural areas of Barguna district.

Table 2.2.2 Household survey – household characteristics

Household characteristics	Urban		Rural		Total
	Barguna urban	Satkhira urban	Barguna rural	Satkhira rural	
Household members (average)	4.6	4.6	4.7	4.6	4.6
Female-headed households (%)	17%	16%	32%	40%	21%
Child-headed household (%)	0%	0%	0%	0%	0%
Having a family member living with a disability (%)	9%	8%	8%	7%	8%
Wealth – PPI score (average and range)	64.5 (29-100)	64.4 (19-100)	50.6 (20-94)	61.0 (22-94)	62.1

The WASH situation is very mixed within the different municipalities and rural areas. Overall, around 80% of the households in the intervention area have at least a basic drinking water service level. Most other households also use improved water sources, but these are more than 30 minutes away. Most of the households are using a deep or shallow tube well for their drinking water. In the urban areas in Satkhira, a quarter of the households are using an AIRP (arsenic iron removable plant). The most common contamination is with iron and E-coli, and some salinity and arsenic.

With regards to sanitation, most households either use an unimproved latrine type or already have a safely managed service level. This has mostly to do with the type of latrines that are either an open pit without slab (unimproved) or a twin pit offset latrine (improved) where the faecal sludge is treated in a safe way inside. The twin-pit does require emptying, but by the time it gets emptied the faecal sludge has been composted. Most households do not have a designated place for handwashing on their premises. Some have a facility but lack water and/or soap. Knowledge on the practice of handwashing seems to be better; 89% of the respondents said to have washed their hands yesterday after defecation.

Looking at the wealth levels, the relationship between WASH service levels and wealth quintiles is the strongest for the handwashing behaviour; households within the lower wealth quintiles less often have a handwashing facility. There is a relation with sanitation and it seems that funds exist to support the poorest households with their sanitation facilities.

WASH in schools

The WASH situation in schools is challenging. The majority of the schools have a basic level of drinking water available for students. Again, this water is not always free from contamination by iron and E-coli. The situation in secondary schools is somewhat better compared to primary schools. On sanitation, the situation is somewhat different. When taking into account the national standard of 1/50 latrine/student ratio, only 10% of the schools have a basic service level on sanitation. When not taking this national ratio into account, the percentage is much higher. 29% of the schools do have one or more girls' latrines with water and soap inside. In rural and urban Barguna, schools do have unimproved latrines for students. In half of the schools there are no handwashing facilities available or the facilities lack water.

WASH in health centres

At health centres the situation is worse. About 15% of the health centres have no drinking water service at all for their patients. There is either an unimproved source for drinking water or nothing at all. Also, none of the health centres assessed in the baseline had a basic level of sanitation for patients. In 40% of the health centres there is no latrine for patients at all. Also, in half of the health centres no functional handwashing facility is in place at point of care or within five metres from the latrines.

Strategic objectives

Municipalities are jointly celebrating some awareness-raising days (like World Water Day, World Toilet Day, Global Handwashing Day etc.) with NGOs, government and other agencies, and these initiatives have an impact on the demand for WASH services.

Women's participation at community and local government level is limited. They participate in meetings and they raise their voice, but the voice of women is not always listened to. At community level, the level of participation is somewhat better. Women, when they come to the meetings, are listened to, but the male participants usually influence and take the decisions. Socially excluded groups are often left out from the WASH committees, and they do not have influence in decision making for WASH service delivery. Their representation at local government level is limited due to physical challenges for the groups with disabilities and a lack of invites for the lower caste people. At the community level, the situation is somewhat better and CBOs are formed within these groups.

The WASH market is already quite well established in the intervention areas of Barguna and Satkhira district. Many local sanitation entrepreneurs, tube well mechanics, traders and ring-slab makers are found within the area. Most entrepreneurs do not have market or business strategies. Entrepreneurs are mostly focused on their business and sales of products, so they are not customer oriented and don't consider specific needs of certain groups. Some entrepreneurs provide free transportation of latrine materials and installation to disabled people. Usually these are entrepreneurs who are more aware because of disabled relatives. Bangladesh has a large number of policies, strategies and acts in relation to WASH service delivery (refer to country report section 2.1), which positively influences delivery of WASH services in the intervention areas. The local government has issued a circular that all LGIs are obliged to spend their 20% ADP fund for sanitation, which will allow them to provide latrines and construct drainage. Unfortunately, despite the many policies and regulatory frameworks, implementation is poor. The local government duty bearers in most cases are not aware of the policies and strategies. There is budget for WASH but this is generally low compared to the need for the people in all local government institutions.

2.3 Gender and social inclusion (GESI) (summary assessment)

The gender and social inclusion (GESI) assessment for the Bangladesh WASH Alliance SP was conducted through a series of activities including the desk study of relevant country reports, previous experiences of the partners reflected in factor analysis during Theory of Change development workshops, inclusion of specific questions in the baseline household survey and key informative interviews, a market field study to understand the market barriers for access to, and use of, sustainable wash services by women, girls and bottom of the pyramid population and validation of identified issues during the workshop. The following WASH related GESI issues were identified.

- Women's limited decision-making power and control of (financial) resources within household and communities.
- Women and girls carry out most of the unpaid work (e.g. caring for the sick and fetching water) within the households.
- Socially excluded groups are not represented at the WASH committees. Even when invited, those who depend on their daily wages cannot afford to regularly participate in these meetings. Socially excluded groups also often lack the confidence to speak up in such meetings and when they do so, are often not heard.

- WASH stakeholders from both the public and private sectors are not aware of specific needs of the women, girls and socially excluded groups (i.e. poor, disabled, elderly, etc.) and are also often not responsive to the feedback and complaints from these groups.
- Men and boys are often excluded from awareness raising activities on menstrual health. The stigma and cultural barriers around menstruation, despite the recent improvements, are still quite strong in the intervention area.
- There are almost no disabled WASH facilities at public places (including schools and health facilities).

The SP uses the increased participation of women and those who are socially excluded strategy and developed a dedicated pathway to ensure proper integration of the gender and social inclusion aspects in its Theory of Change. In addition to mainstreaming gender in all the programme activities, the programme will emphasise the improvement of the decision-making power of women, girls and socially excluded people in the family, community and at government level. Further, we intend to promote increased engagement of men in unpaid work such as caring for children and the sick, and fetching water, thereby reducing the burden on women and girls.

2.4 Climate vulnerability and resilience (CVR) (summary assessment)

Bangladesh is the fifth most vulnerable country on the international climate risk index. Each year different kinds of natural hazards like cyclones, floods and drought occur in Bangladesh. It is also adversely affected by climate change, including irregular precipitation. These natural hazards have a negative impact on access to WASH facilities. Among the WAI intervention areas, Patharghata in Barguna district and Kalaroa in Satkhira district were considered the most vulnerable areas in terms of impact of recent climate related events (mainly floods and cyclones).

A significant increase in cyclone frequency and flooding has been observed in the districts and it is expected to continue in the future. In recent years, water sources like tube wells and freshwater ponds were damaged during floods and water logging caused by heavy rainfall and poor drainage also significantly reduced the availability of and accessibility to fresh water. During and after cyclones, many people resort to drinking polluted water for prolonged periods. In addition, related loss of privacy impacts sanitation and bathing practices (especially for women and adolescent girls). This can also lead to increased likelihood of diseases (e.g. cholera, dysentery, malaria etc.) due to degraded water quality. A decrease in seasonal precipitation and an increase in temperature leads to reduction of fresh water supplies (rivers/ponds),

especially leading to a challenge for communities to use water for sanitation and hygiene practices. Sea level rise has increased salinity of groundwater and surface water resources which reduces the availability of safe drinking water in Satkhira and a few areas of Barguna.

To address the current vulnerability, the Bangladesh WASH Alliance SP builds its intervention on common principles of assuring secure and resilient WASH services. The key recommendations to reduce climate change vulnerability risks that were identified in the assessment were as follows:

- Promote disaster proof and climate resilient technologies.
- Promote monitoring of water quality, water availability and water use by actors.
- Integrate awareness raising on adverse effects of climate change on WASH and strengthen the capacity of communities to deal with climate risks.
- Create demand for investing in climate and disaster proof WASH services and products.
- Strengthen the capacity of WASH entrepreneurs to provide climate and disaster proof services and products.
- Link the SP to ongoing climate change programmes to maximise leverage.

2.5 Implementation of sustainability compacts

The Bangladesh WASH Alliance SP has been discussing and preparing to sign Memorandum of Understandings (MoUs) on sustainability compacts with the relevant Local Government Institutes (LGIs) in the intervention areas. Initial agreement has been obtained from all. Based on these MoUs, which will be signed before the implementation starts, the LGIs will follow the national regulations on monitoring sustainability of WASH services in their area. As part of the SP interventions, we will strengthen the capacity of these LGIs on participatory WASH service monitoring. At national level, the WAI country coordinator together with the alliance partners are advocating for setting realistic and suitable indicators for monitoring SDG 6. When these indicators are approved, the partners will ensure that the LGIs are aware of them and are equipped to conduct the monitoring.

Current LGI representatives and office bearers are positive towards following the sustainability compact agreement. However, considering the high turnover of the elected representatives (the mayor, chairmen, members, councillors) and other government staff, they may not be in power when the sustainability compact monitoring needs are conducted. This may pose a risk in particular if the elected representative is from a different political party. We try to mitigate the risk by engaging in dialogue with all the political parties on the importance of sustainability of WASH services.

Key action points to be taken care for sustainability compact.

- Develop agreement with respective roles and responsibilities in ensuring sustainability and accountability.
- Clarification of roles and responsibilities in carrying out the sustainability checks.
- Actions to be taken at the enabling environment level to contribute to sustainable service delivery.

2.6 Pilots

Five different pilots and scoping assessments were conducted during the inception phase of the Bangladesh WASH Alliance SP.

1. Local partner DORP developed, with support from Simavi, gender and social inclusive WASH budget monitoring tools that look beyond local government development budgets to mobilise public funds for WASH. The tools are built upon WASH budget monitoring tools used by DORP in the previous WAI programme. The questions were adjusted so that the expenditure on WASH can be disaggregated for women and girls, elderly people, people with disabilities and other socially excluded groups. It is expected that the use of these tools will also encourage government officials to include these groups in planning.
2. Simavi solicited the support of ProPortion, a Dutch/Bangladeshi social enterprise, to conduct a field market study on entrepreneurial opportunities in rural WASH sector in Barguna. The study revealed challenges in the mindset and attitude of the customers and entrepreneurs. It also showed that there is an opportunity for female entrepreneurs to take a pro-active role in the management, distribution, operations and maintenance of WASH products and services.
3. WASTE and local partner Hope for the Poorest conducted a city level FSM economic feasibility study and business plan to be used as an example for other intervention areas. There are a number of MFIs that already provide loans for sanitation. However, they are reluctant to provide sanitation loans to migrant inhabitants.
4. RUAF undertook with local partner Practical Action Bangladesh an assessment of Satkhira, Kalaroa and Barguna municipalities, looking at the sanitation value chain, waste management, food systems and related value chains, and identifying business and employment generation opportunities (focus on slum areas) linking food systems to watershed and other territorial boundaries, linking WASH with nutrition activities, while strengthening the capacity of municipal stakeholders (government, private sector, civil

society) in designing interventions for urban sanitation and hygiene, and to engage private sector in provision of sanitation services.
5. PRACTICA and local partner SLOPB worked on a small pilot on rural water businesses: small piped water systems and pre-payment enabled hand pumps and testing self-supply (using community contribution for a revolving funds). However, due to a delay in receiving the NGOAB approval, the result of the pilot is not yet ready.

3. Targets and outcomes[6]

3.1 Distribution of targets

Table 3.1.1: Distribution of targets over locations

Bangladesh WASH Alliance sub-programme	Water		Sanitation		Hygiene	
	Rural	Urban	Rural	Urban	Rural	Urban
Benchmark	Basic	Basic	Basic	Basic	Basic	Basic
Satkhira	4,700	32,600	35,700	91,500	35,700	16,800
Barguna	90,900	10,200	29,300	38,500	29,300	7,100
	Water		**Sanitation**		**Hygiene**	
Final targets based on inception phase findings	**138,400**		**195,000**		**88,900**	

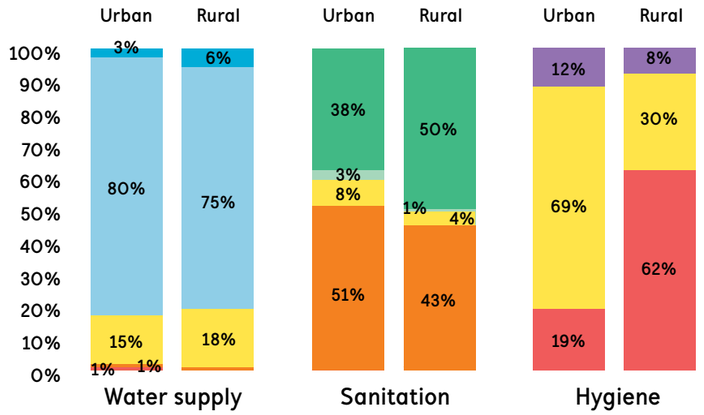
6 All targets have been rounded to the nearest 100.

3.2 Expected results in improved service levels

Residential level

Baseline findings are summarised below.

Figure 3.2.1: Baseline findings outcomes 1 – 3 (households)



Service level (baseline)	Water Supply (# people)		Sanitation (# people)		Hygiene (# people)	
	Urban	Rural	Urban	Rural	Urban	Rural
Safely managed	8,100	38,400	98,900	321,600		
Basic	211,700	478,100	7,600	7,000	32,200	49,900
Limited	39,400	114,400	21,400	25,900	180,200	195,700
Unimproved	1,800	6,100	134,600	282,500		
Surface/ OD/ none	1,600	1,700	100	1,700	50,200	393,100
TOTAL	262,600	638,700				

Targets for making progress towards safely managed drinking water

For Bangladesh, the government has set a target of getting 50% to basic service level and 50% to safely managed service level for drinking water in urban areas and 97% to basic service level in rural areas. In both the rural and urban areas, the Bangladesh WASH Alliance SP will focus on improving the access to, and use of, basic service levels. Taking into account the baseline results, the total target is higher than in the proposal and the distribution between the rural and urban targets will change. Since the focus of the programme is more on urban

sanitation, the water targets are in line with the programme striving towards full coverage, with a clear focus on reaching the last mile. Although the benchmark is set towards at least a basic service level, the programme will strive for safely managed service levels and include demand creation for good water quality and availability of water, particularly in the urban areas. In total the programme aims to improve the situation for 138,400 people. By the end of the programme 96% of the population in the rural intervention areas and 100% of the population in the urban areas will have at least a basic service level for drinking water.

Targets for making progress towards safely managed sanitation services

For sanitation service levels, the target set by the government of Bangladesh is 76% at basic service level in 2020 and 90% at basic service level in 2025. Our programme aims to contribute to this, and sets the benchmark at a basic service level. Given baseline results and local priorities, the total target is higher than in the proposal and the distribution between the rural and urban targets will change, although there will still be a clear focus on the urban areas. In total the programme aims to improve the situation for 195,000 people. By the end of the programme 62% of the population in the rural intervention areas and 90% of the population in the urban areas have at least a basic service level for sanitation.

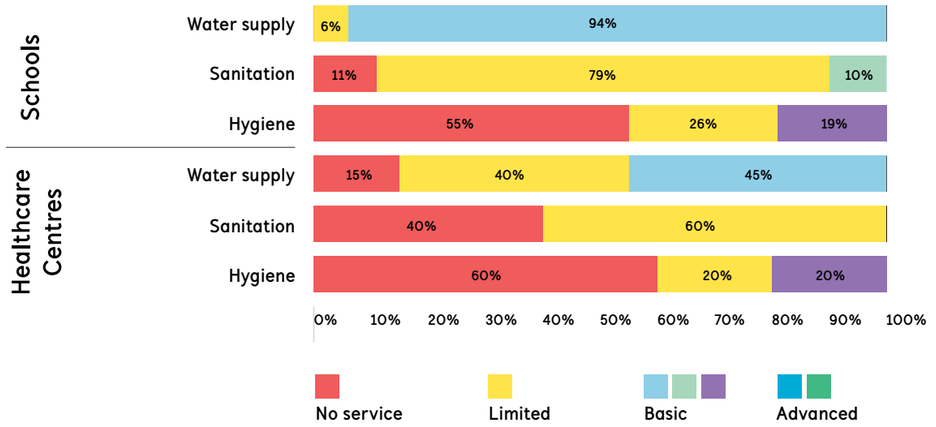
Although the benchmark is set at a basic service level, especially in some of the urban areas, the programme will strive for safely managed service levels and include demand creation for faecal sludge management.

Targets for making progress towards better hygiene practices

For hygiene, the programme aims to increase the number of people with a handwashing device at home. This mostly goes together with an improvement of the sanitation facility. Since the focus will be on the designated handwashing device, the benchmark is set at a limited service level. In total, the programme aims to improve the situation for 88,900 people. By the end of the programme 49% of the population in the rural intervention areas and 90% of the population in the urban areas will have at least a limited service level for hygiene.

Schools and health institutions

Baseline findings are summarised below.



Targets for making progress towards safely managed drinking water

The Bangladesh WASH Alliance SP takes a rights-based approach for improving water services at the institutional level. In previous programmes[7], WAI partners have been successful in tapping and mobilising resources for improving the water services in institutions. The same approach will be used under the WASH SDG programme. The SP will strive to improve the WASH situation in health centres and schools. However, no targets have been set as this will be done indirectly via changing the WASH sector.

Targets for making progress towards safely managed sanitation services

Taking into account the 1/50 latrine/pupil ratio, 90% of schools do not have basic sanitation levels for the students. In the previous programme WAI partners have successfully lobbied the Ministry of Education, which issued a circular in 2015 for all schools to have at least one separate girls' toilet. We have been using the circular to mobilise resources for improving sanitation facilities at schools. Considering the government resources and the national standard of 1/50 latrine/pupil ratio, it may take longer than the programme period before changes can be seen in the sanitation ladder.

Although not directly targeted within this programme, as part of the full coverage approach we also strive to improve the sanitation situation at health centres.

7 In previous years, WASH Alliance International has been working in the same districts under the programmes Accelerating Sustainable WASH (2016) and Sustainable WASH for all (2011-2015).

Targets for making progress towards better hygiene practices

The communication strategy for the Bangladesh WASH Alliance will include behavioural change messages and strategies for schools. We intend to achieve the results through demand-creation, mobilising teachers, students and health workers to be monitoring their facilities. Although not directly targeted within this programme, as part of the full coverage approach we also strive to improve the hygiene situation at health centres.

3.3 Results in sustainability factors

Global programme indicators.

RESULT 4: Local agencies implement more effective demand-creation strategy

Indicator	Baseline	Target
Level of implementation of effective demand creation strategies by local agencies (scale from 0-100)	15	75

None of the local agencies have an effective demand creation strategy as there is no formal complaints procedure, no monitoring systems and no clear division of roles. Also, there is no special attention to the poorest households or the socially excluded groups; supply tariffs are the same, there is limited participation into strategic plan preparations and there is no special safety net programme related to WASH. The aim of the programme is for the direct stakeholders (local government, entrepreneurs and community groups) to have an effective demand creation strategy and to be responsive to the specific needs of women and girls, and socially excluded groups.

Result 5: Increased involvement of consumers in improving WASH conditions

Indicator	Baseline	Target
% of households that have invested in the construction and/or operation and maintenance of WASH facilities or the use of WASH facilities and services	48%	65%

To be able to sustainably make use of WASH facilities and services, households either have to invest in construction (and operation and maintenance) of their own WASH facilities, or they pay user fees to use (public) WASH facilities and WASH services. Investment in, or payment for, WASH could mean safe drinking water or sanitation facilities, or in services like faecal sludge management or water quality testing. During the last year, 48% of the households have made a WASH-related investment: 28% paid user fees, 11% invested in operation and maintenance and 30% invested in WASH construction. The aim is to increase the total figure towards 65% of all households.

Result 6: Participation of women and girls

Indicator	Baseline	Target
Level of participation of women and girls (on WAI participation ladder (see figure 3.3.1), 0-100)	Speak up (40)	Influence decisions (70)

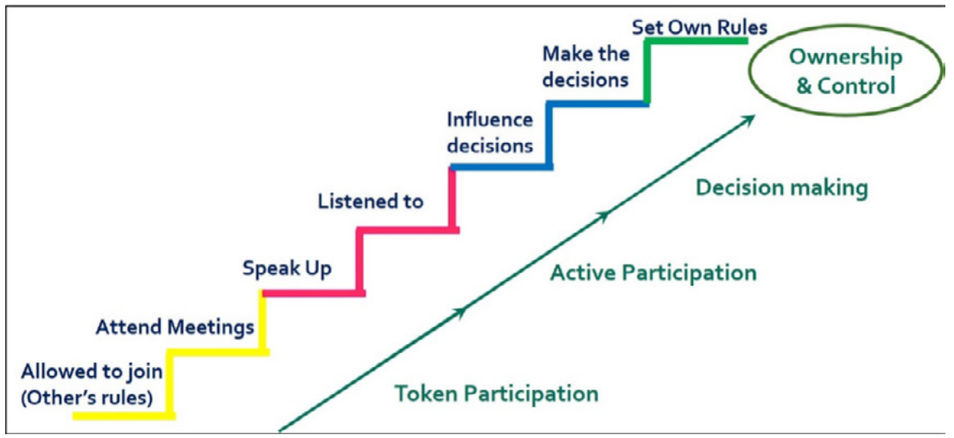
There are quota for the women representation at municipality level, but there is a gap between policy and practice. The participation of women in the meetings is less than it should be and women have less scope to speak within the meetings. When they raise their voice in favour of their demands, their voice is not always listened to and women do not have the opportunity to influence the decisions. The aim is for women to be listened to and to have them equally involved in decision making.

Result 7: Participation of socially excluded groups

Indicator	Baseline	Target
Level of participation of socially excluded groups (on WAI participation ladder (see figure 3.3.1 below), 0-100)	Participation is not visible (0)	Listened to (55)

Socially excluded groups (people with disabilities, sweepers, ethnic minorities and poor people) do not have, or have only minimal, influence in decision making for WASH. These groups are left out of the WASH committees. In some municipalities there is a safety net policy where poor and marginalised groups get help, but in practice these groups have less chance to raise their demands and services are not reaching them. The aim is to get socially excluded groups well-represented and that they are listened to.

Figure 3.3.1. Participation ladder



Result 8: Increased availability of WASH products and services for the bottom of the pyramid

Indicator	Baseline	Target
Level of outreach of entrepreneurs towards the bottom of the pyramid (scale from 0-100)	25	75

At the moment entrepreneurs do not have products targeting the poorest people. Some entrepreneurs do offer free transport and installation to people with disabilities – all of these entrepreneurs have relatives with disabilities. Other entrepreneurs keep a provision of interest free instalments to buy sanitary latrines for the bottom of pyramid. Additionally, if customers come with special requests, they are ready to serve. The aim is for entrepreneurs to become responsive to the needs of all their customers, in particular women and socially excluded groups including the poor.

Result 9: Improved WASH market

Indicator	Baseline	Target
% of WASH businesses that indicate that their sales went up significantly	-	20%

The WASH market consists of plenty of sanitation entrepreneurs, tube well mechanics, WASH product traders and sanitary material entrepreneurs. However, most of them do not have a marketing or business strategy and only a few maintain accounts of business. The aim of the programme is for entrepreneurs to have a business plan and social marketing strategy and to be able to financially and technically manage their business. That will result in an increase of sales for 20% of the WASH businesses.

Result 10: Increased presence of female WASH entrepreneurs

Indicator	Baseline	Target
% of female entrepreneurs	1%	20%

The WASH market is mostly dominated by men. Only four of the 378 entrepreneurs are female, and they are involved in sanitary napkin production and water vending. It is found that women deliver some assistance in sanitary toilet material production but this requires a lot of physical work and movements which is not allowed in the societal context. The aim of the programme is to increase the presence of female WASH entrepreneurs to 20%.

Result 11: Progress in sector policies and regulations for sustainable inclusive WASH

Indicator	Baseline	Target
Level of strength of WASH sector policies and regulations	25	75

The local government division has prepared a large number of policies and strategies, but it has been observed that implementation of these policies and strategies is lagging. The duty

bearers, are in most cases, not aware of the policies and strategies. There is a lack of human resources and there is no monitoring system in place to monitor WASH service delivery. The aim of the programme is to make local governments aware of the laws, in particular regarding monitoring and budgeting of WASH services and increasingly implementing it.

Sub-programme specific indicators:

Result 12: Government spends more budget on WASH

Indicator	Baseline	Target
Local government budget for WASH	2017: BDT 73,049,901 (EUR 736,127)	25% increase

The budgets have been spent on the construction of drainage, pipeline, operation and maintenance of pipe water supply systems, sanitation and capacity building of staff. The national government has calculated the required WASH budget per capita to achieve SDG 6 is BDT 1,184. In 2017, the budgets per capita vary between BDT 4-558. The programme aims to increase the budget by at least 25%.

Result 13: Uptake of loans

Indicator	Baseline	Target
Total value of loan given out last year	2017: BDT 22,305,000	Value increase by 30%

There are several financial institutions in the intervention areas and they provide WASH-related loans. Most loans are related to sanitation (both households and entrepreneurs) and sanitary napkin production. Loans for water-related products and services are less common. Also, the interest rate for some of the loans is very high. The aim of the programme is to increase the value given out by 30%, compared to 2017.

4. Theory of change

Source picture: WAI

The Theory of Change of the Bangladesh WASH Alliance SP (ToC) was developed in October 2017 with the participation of different national stakeholders in Dhaka during a three day workshop. Please refer to the diagram in Annex 2.

For the development of the ToC, a series of participatory activities were carried out during the workshop including factor analysis and development of conceptual model and the development of pathway of changes that used four strategies: (i) improved demand and use of equitable and sustainable WASH services; (ii) increased participation of women and socially excluded; (iii) improved public sector equitable and sustainable WASH service delivery and governance; and (iv) improved private sector sustainable and equitable WASH service delivery. The ToC was validated during another workshop in April 2018, taking into account the results of different assessments (baseline, CVR and GESI) and pilots. The ToC is presented in Annex I of this report.

First pathway: Improving demand and use of equitable and sustainable WASH services

The focus of the first strategy of the ToC is awareness-raising among the family members (men, women, boys, girls, elderly) on the importance of using safe water, safe sanitation and practising key hygiene behaviours (including managing and using clean water responsibly, cleaning and maintaining WASH facilities - including emptying the pits/septic tanks, using improved sanitation, using sanitary pads, food hygiene, environmental hygiene and handwashing with soap and water). They will also be informed about their right to water and sanitation and related roles and responsibilities of different stakeholders and duty bearers. Furthermore,

disaster-proof, climate resilient, and tailormade water, sanitation and hygiene technologies will be promoted and demand will be created to invest in these technologies at household level.

Emphasis will also be given to promoting proper management of water and natural resources. In order to address these properly, the Bangladesh WASH Alliance SP will develop a demand-creation strategy using human-centred design, which will include messages and communication channels, based on evidences of what motivates and triggers behavioural change among different segments of the society. This is expected to lead to prioritisation and use of the sustainable WASH services and products. The findings will also be used for assisting different local agencies to improve their demand-creating strategies. Further, evidence-based approaches such as community based monitoring of hygiene practices and WASH service monitoring will be employed to ensure the changed behaviours are sustained. Communities will also be assisted, when necessary, to get assistance to improve their resilience towards disaster and climate change. The communities will also be empowered and encouraged to demand sustainable WASH services and products from both private and public service providers, i.e. through using social accountability tools.

Second pathway: Increased participation of women and the socially excluded

Different gender and social inclusion participatory tools and dialogues will be employed as part of the second strategy of the ToC. Economic and social empowerment training will be provided to improve decision-making power of women, in particular to the female WASH entrepreneurs. Community sessions will take place on issues such as inter-gender dialogues, gender task and resource analysis and gender roles and responsibility participatory assessment tools. This aims to sensitise the communities about differences among the tasks carried out each day by women, girls, boys and men and promote higher participation of the men in (unpaid) household work. Disability inclusive approaches will be used and disability-friendly WASH facilities will be promoted.

Community capacity strengthening activities, demand-creation strategies, messages and communication channels will take into account different needs of women, girls, boys, men, the elderly, youth, people with different disabilities (hard to see, hard to hear, hard to move, hard to talk, etc.), landless households, daily labours, nomadic communities and other socially excluded groups. WASH entrepreneurs, union parishad chair persons, mayors, (chief) engineers, DPHE engineers and mechanics and other relevant WASH duty bearers, will be sensitised on gender and social inclusion issues and will be assisted through capacity strengthening support to provide appropriate WASH services and products at an affordable price for bottom of the pyramid customers, i.e. through cross subsides, affordable loans, etc.

Meaningful participation and true representation of women and socially excluded groups in decision-making processes related to WASH will be promoted at community level and relevant WASH public platforms. Women and socially excluded groups will become aware of their rights and accompanied to voice their demands. Communication and awareness campaigns will be carried out to promote respect for each other, valuing diversity, providing and receiving constructive feedbacks and equal and open consultations. School management and teachers will be sensitised on specific girl- and disability-friendly WASH facilities, and will be assisted in mobilising necessary resources to improve their WASH facilities. Teachers will also be encouraged and supported to ensure they teach menstrual health-related lessons properly to both girls and boys. Women, people with disabilities (PWD) and young people from poor and socially excluded families will be supported and capacitated to become WASH entrepreneurs.

Third pathway: Improved public sector equitable and sustainable WASH service delivery and governance

Relevant WASH public stakeholders will be sensitised and capacitated on requirements to ensure sustainability of WASH services using FIETS sustainability principles. Further, it will be ensured that they are aware of the relevant WASH and IWRM policies and documents i.e. water act, water rules, national hygiene strategy, MoE circular on WASH facilities at school, budgeting processes, government of Bangladesh commitments on SDG 6, human rights to water and sanitation and their responsibilities to implement and enforce these laws and regulations. Multi-stakeholder dialogues and, if necessary, development of a master plan for provision of inclusive and sustainable WASH services will be facilitated. The master plan needs to elaborate on the government's plan of progressive realisation of human rights to water and sanitation if immediate service delivery to all is not possible, on resources to deliver and sustain WASH services as well as on relevant monitoring and feedback mechanisms.

Social accountability tools such as inclusive and gender sensitive WASH and IWRM budget and service monitoring tools will be used to ensure proper allocation and investment of public WASH budget to address the needs of women, girls and socially excluded groups, proper management of water resources and inclusive WASH services delivery. We will also identify issues and key messages to lobby for improved inclusive and sustainable WASH service delivery at local, national and regional levels as part of our common lobby and advocacy strategy. Direct lobby and advocacy will be used to demand WASH law enforcement and fulfilment of the responsibilities of relevant stakeholders.

Fourth pathway: Improved private sector sustainable and equitable WASH service delivery

WASH entrepreneurs financial, technical and (social) marketing capacities will be strengthened. They will be assisted to develop their business plan and demand-creation strategies. Innovative, disaster/climate resilience WASH technologies and products and user-friendly service delivery will be promoted. Collaboration will be continued with micro-finance institutes such as ASA to provide affordable loans to WASH entrepreneurs. We will continue dialogue with banks and investors to encourage them to invest in (upscaling) inclusive and sustainable WASH services. Businesses and companies will also be approached to invest their corporate social responsibility funds in WASH.

The Bangladesh WASH Alliance SP will not invest in hardware support or direct WASH service delivery. It is expected that households will invest in improving their WASH facilities, emptying their pit/septic tanks, pay user fees and buy necessary hygienic products, i.e. soap and sanitary napkins. The government is also responsible for investing in WASH services and it is hoped that we can contribute to these services to become more inclusive and sustainable. MFIs, banks and private sector will also be other sources of leveraging our activities in the intervention area.

5. Partners

Source picture: WAI

The following local partners have key roles in the Bangladesh WASH Alliance SP.

- **Development Organization of the Rural Poor (DORP)** is specialised in budget tracking with local government, to ensure adequate and inclusive WASH budget is allocated and spent. DORP will be working in Amtali, Patharghata, Betagi municipalities and Barguna Sadar upazila. DORP will also provide mentoring support to other partners regarding WASH budget monitoring.
- **Hope for the Poorest (HP)**, the sister concern of ASA, the largest micro-finance institute is specialised on WASH entrepreneurship development and linking them with ASA for loans. HP will be working in Satkhira, Barguna and Kalaroa municipalities.
- **Stitching Land Ontwikkelings Project Bangladesh (SLOPB)** is specialised in demand-creation and mobilising communities to invest in WASH services. SLOPB will work with DORP in Amtali, Patharghata, Betagi municipalities and Barguna Sadar upazila.
- **Practical Action Bangladesh (PAB)** is specialised in faecal sludge management and technical advice on urban WASH programme implementation. PAB will also be working in Satkhira, Barguna and Kalaroa municipalities and provide technical support to others when needed.
- **WaterAid** has a vibrant presence in policy advocacy and national budget analysis in the WASH sector and will be conducting lobby and advocacy at the national level.
- **Uttaran** is specialised in advocating for human rights, land rights and agrarian reform, community-based river basin management and community-based monitoring and mobilising community-based organisations. Uttaran will be working in Satkhira and Kalaroa municipalities and Satkira Sadar upazila.

From the Dutch partners, **Simavi** is the lead implementing partner and besides managing and coordinating the programme will be also providing capacity strengthening support on demand-creation, gender and social inclusion, and WASH governance. **RUAF** will be providing support on multi-stakeholder approaches, WASH linkages with food security, climate change and agriculture. **WASTE** will be providing support on technical and financial sustainability of sanitation services. **IRC** will provide technical support on monitoring of WASH services and developing an advocacy strategy. **Akvo** will provide support for reporting and monitoring purposes. **RAIN** will provide capacity strengthening support on technical and environmental sustainability respectively. **PRACTICA** will confirm the final results of their pilot and assist in developing rural water business models where applicable.

The Bangladesh WASH Alliance will also link up with Max Foundation, who are also operational in the rural areas of Barguna. During the inception phase there have been several exchanges and they participated in our ToC, programme development and validation workshops. Areas for joint learning will be identified, particularly for Barguna Sadar. Max Foundation will be working with WASTE, one of the WAI partners, on the FINISH Mondial programme in Bangladesh, which also has a link to the Bangladesh WASH Alliance programme.

6. Monitoring and evaluation

Source picture: WAI

6.1 Regular monitoring

The SP will align with the M&E framework and monitoring guidelines as presented in paragraph 5.1 of the global report. Next to the 11 outcome indicators defined at Consortium level, the WAI has added two indicators within their SPs.

- **WAI12: Local government WASH budget**
  To ensure sustainability of the WASH system, local governments need to prioritise WASH within their plans and budgets.
- **WAI13: WASH loan products available**
  To ensure sustainability of the WASH system, loan products should be available for both households (to construct facilities and access services) and entrepreneurs (to start/ expand a business).

Besides measuring and reporting on the agreed long-term outcomes, the WAI has identified the following levels of information.

1. On the day-to-day level, there is the exchange of results. As a preparatory step for the annual reporting as well as information exchange between WAI partners and other stakeholders in each SP, results that are observed by the country coordinator and WAI partners are recorded and shared online. An online platform (most likely country pages

in Akvo RSR) will be used to share experiences, both internally as well as externally.
2. Outputs (bi-annually). Output reporting will be organised per implementing organisation per SP and is published in respective IATI activity files. The responsibility lies with each WAI partner. For proper management of the Bangladesh WASH Alliance SP, this data will be consolidated and reported together at the online platform (including visualisations).
3. Intermediate outcomes. Outcome harvesting will be investigated as a suitable tool for capturing intermediate results related to the WASH market and WASH governance. The country coordinator, M&E staff and local WAI partners will be trained to further strengthen their capacities and design topic lists and score cards. Reporting of these intermediate outcomes will be carried out through IATI by the lead organisation of the SP (Simavi for Bangladesh).

Further, there are regular contact moments between Dutch and Bangladeshi partners and there will be regular monitoring visits by LIO, the country coordinator and M&E staffs to the intervention areas (at least once every two months). Review meetings will be organised where the results, the Theory of Change and work plans will be analysed and reviewed and if necessary adjusted based on lessons learned on how to intervene in the most effective and efficient manner.

6.2 Sustainablity checks and compacts

The WAI country coordinator has met all the relevant government officials from the intervention areas and informed them about the intention to prepare a Memorandum of Understanding (MoU) to follow the national monitoring system on monitoring SDG 6 and sustaining service levels post-programme implementation. The Bangladeshi partners were asked to facilitate signing the MoU with LGIs and Simavi as the lead implementing organisation. The MoU will include the respective roles and responsibilities of municipalities and union parishads in ensuring sustainability and accountability for that. The partners will not start implementation of activities before the MoU is signed, which is expected to take place in the third quarter of 2018. The MoU will emphasise the shared intention for results to be sustained for at least ten years after the programme has been finished as well as adherence by the local authorities to national monitoring systems for SDG 6.

The Bangladesh WASH Alliance SP is actively involved at the national level to influence the indicator definitions that Bangladesh is developing for monitoring SDG 6. After these are adapted the partners will ensure that local authorities are aware of them. Furthermore, the programme will strengthen the capacity of partners to conduct joint monitoring of WASH

services involving authorities and communities and would provide support to authorities to adapt the process into their regular monitoring activities. The interval of sustainability checks is still under revision.

7. Risks

Source picture: WAI

In addition to the risks mentioned in the country report, the following were identified to the specific SP.

Risk	Probability/ potential impact	Mitigation measures
Programmatic		
Turnover of trained staff	Medium/medium	Strengthen institutional capacity and emphasis on process documentation including minutes of major project initiatives with different stakeholders.
Rapid urbanisation, seasonal migration etc. can affect the sustainability of interventions in the urban areas	Medium/medium	Engage in discussion with government about taking these uncertainties into account when planning/delivering WASH services.
Coordination of many partners in the same intervention area	Low	Regular contact with partners and joint meetings, promoting constructive feedback, openness and joint responsibility.
Political		
Unrest caused by election in December 2018 can slow down the implementation	Medium	So far there has not been major issues compared to previous elections, but we will monitor the situation closely and take necessary measures when needed.

8. Overall timeline

Source picture: WAI

The Bangladesh WASH Alliance SP will be implemented in two phases: the first phase will run from July 1, 2018 till June 30, 2020. In the second year, the mid-term review will be done, which will be used as a moment to reflect on the programme and inform the strategic choices for the remaining period of the WASH SDG programme. The second phase of the programme will run from July 1, 2020 till September 30, 2022. The period September 2022 till December 2022 will be used for the end-evaluation of the programme.

#	Description	Timeline		
	Strategic objectives	Year 1 (Jul 2018)	Year 2 (2019)	Year 3 (Jun 2020)
SO 1	**Behavioural change**			
	Development of demand-creation strategy and messages			
	Implementation of demand-creation strategy			
	Awareness raising and capacity strengthening on human rights to water and sanitation, in particular for women and socially excluded			
	Enhancing the capacity of women, girls and those who are often excluded to engage in WASH decision-making processes			
	Mainstream gender equality and social inclusion in different interventions			
SO 2	**WASH service provision**			
	Capacity strengthening and mobilisation of WASH entrepreneurs to develop their business plan and provide inclusive and sustainable WASH services and products			
	Engage with MFIs and other financial institutions to (continue) providing WASH loans to community and entrepreneurs			
	Capacity strengthening of the public sector to provide sustainable and inclusive WASH services			
SO 3	**WASH governance**			
	Engage in dialogue at different levels with public service providers to implement the WASH policies			
	Awareness raising on right to water and sanitation among government officials			
	Monitoring gender responsive and inclusive allocation and expenditure of WASH budgets			
	L&A with the government for proper indicator settings and monitoring of SDG 6			
PMEL	**PME and learning**			
	Joint WASH service monitoring involving different stakeholders			
	Learning and sharing (national and international, publications and dissemination)			
	Mid-term evaluation			

On a yearly basis, there will be several recurring activities on SP level.

- At the beginning of the year, a planning workshop will be organised with all partners to plan together for the year, review the Theory of Change to see if changes have to be made and what actions need to be taken by who.
- Half-way in the year, a review workshop will be organised to reflect on the process of implementation and take necessary adaptive actions if the annual plan is delayed.
- In between, monthly planning meetings will be organised by the country coordinator for the partners to align upcoming activities with each other.

9. Conclusions and recommendations

Source picture: WAI

The inception phase has given the Bangladesh WASH Alliance SP rich and valuable information to confirm the key problems and start the implementation. Building upon the successes of previous WAI programmes and taking advantage of the high interest of Bangladeshi government in SDG 6, we are confident that we can reach the intended results and sustain them.

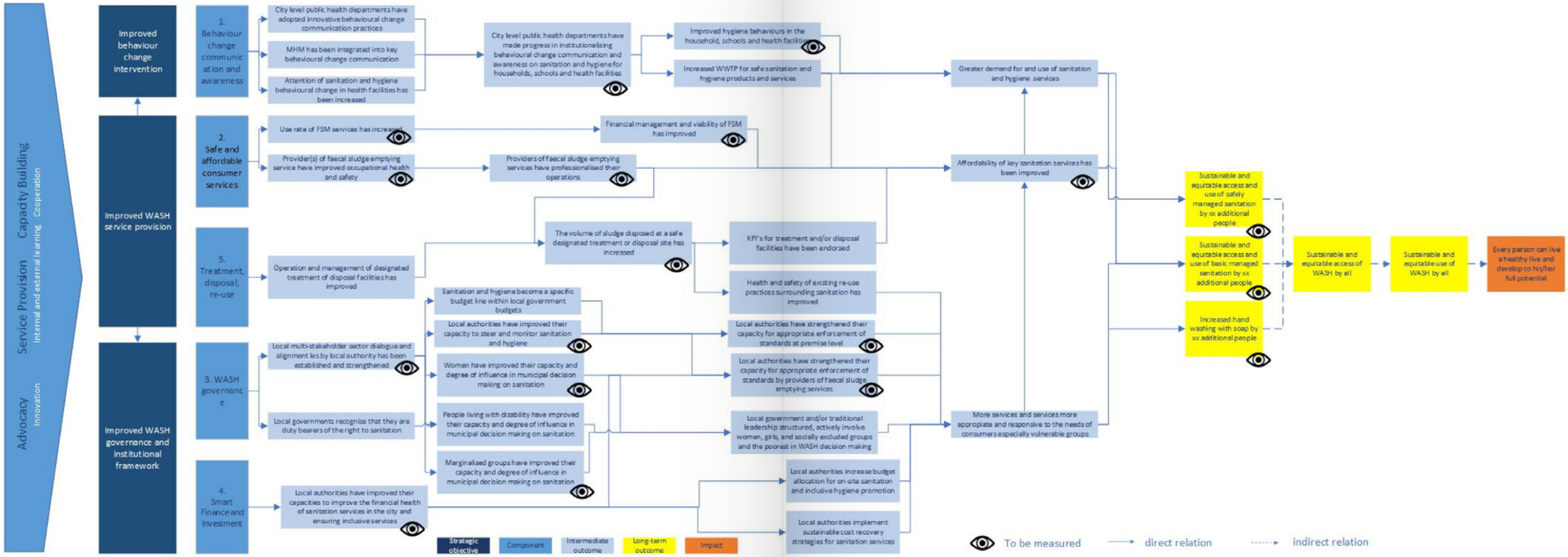
With the mix of local and Dutch WAI partners, there is a complete blend of expertise to be used towards achieving the goals of the programme. The commitment of the national and local government authorities and the possibility to link with existing programmes of partners is expected to create an enabling environment where the programme can sufficiently operate and create leverage.

Based on the existing programmes within the intervention areas, certain strategic choices have been made. The programme will take a government-led approach and the partners will take a facilitating role to improve public and private WASH service delivery. In the beginning of the implementation phase, we will develop a common demand-creation strategy and revise the lobby and advocacy strategy.

Recommendations for programme implementation are as follows:

- SP should recruit a local PME officer to be able to link the activities of the different WAI partners to avoid duplication. The PME officer will also be required to have excellent communication skills and be able to facilitate joint learnings.
- The SP needs to ensure that different stakeholders have a clear and shared understanding of requirements for the sustainability of WASH services.
- In Bangladesh, reaching the furthest behind with WASH services has been challenging. The programme will need to devise its strategy to ensure no one is left behind in the intervention areas.

ANNEX 1: TOC BANGLADESH URBAN SANITATION SP

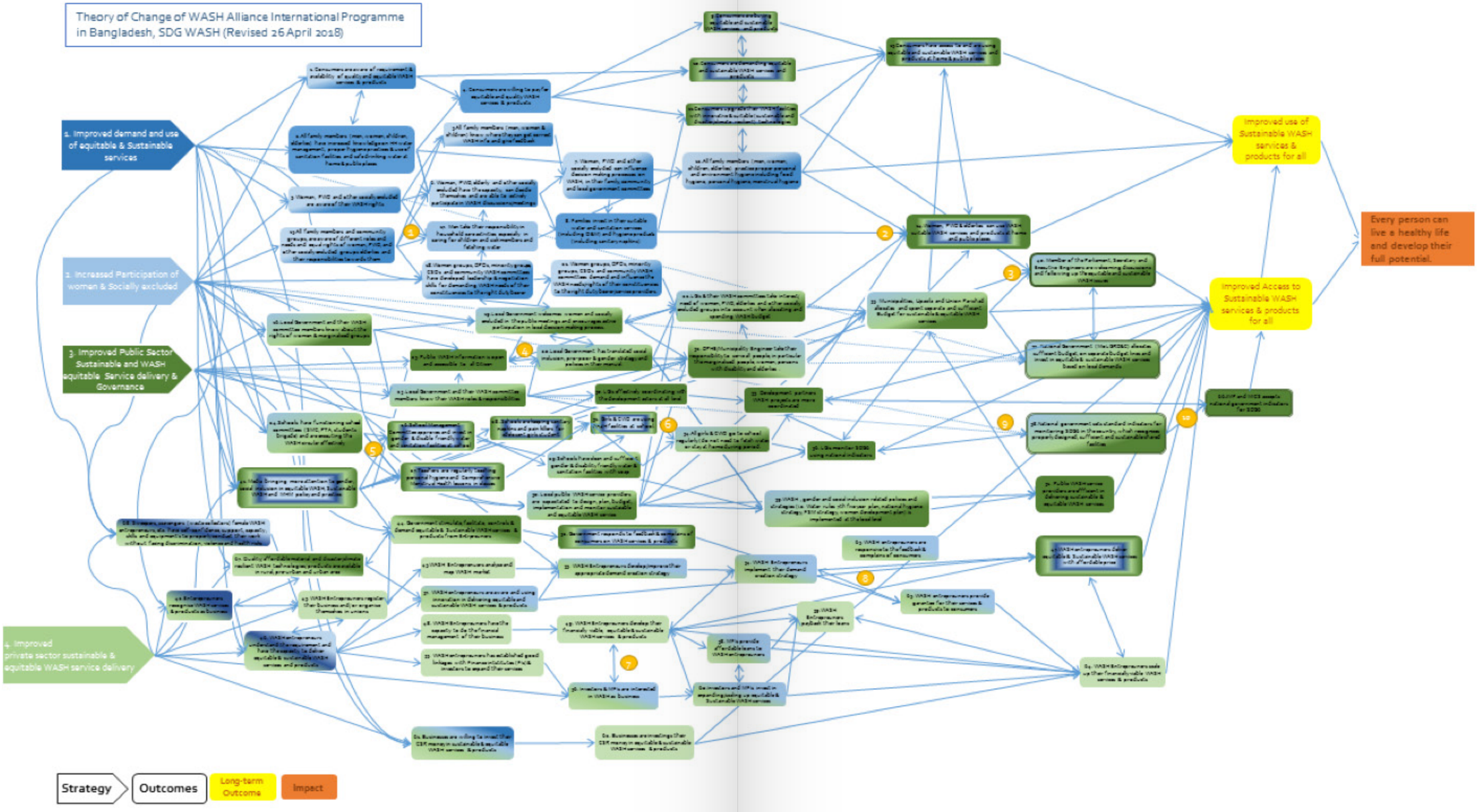


Country inception report Bangladesh

ANNEX 2: BANGLADESH URBAN SANITATION SP "AT A GLANCE"

Outcomes	Ref.	Indicator	Disaggrega-tion	Benchmark (if applicable)		Baseline (inception phase)		Target (programme end)	
				#	%	#	%	#	%
Long term outcome: Sustainable and equitable use of WASH by all	1	Number of people (and % of people) who reach basic and/or safely managed service levels of drinking water on the JMP-ladder.	Female	N/A		123,118	99%	No targets	
			Male			113,010			
			Total			236,127			
	2a	Number of people (and % of people who reach basic service levels of sanitation on the JMP-ladder.	Female	Basic		79,341	64%	111,835	90%
			Male			72,827		102,653	
			Total			152,167		214,488	
	2b	Number of people (and % of people) who reach safely managed service levels of sanitation on the JMP-ladder.	Female	Safely managed		10,823	9%	24,852	20%
			Male			9,935		22,812	
			Total			20,758		47,664	
	3	Number of people (and % of people) who reach basic levels of hand washing practices of the JMP-ladder.	Female	Basic		42,249	34%	62,131	50%
			Male			38,780		57,029	
			Total			81,029		119,160	
Intermediate outcomes SO 1 (behaviour change)	4	Level of effective demand-creation strategies by local agencies within their areas/ jurisdiction/ programme.	BCC strategies	2 agencies	2	2 agencies	0.35 (8.75)	2 agencies	2 (50)
	5	% of households that has invested in WASH facilities in their household or contributing user fees to WASH services during the last year.		N.A.		2 cities	20.5%	2 cities	20.5%
	6	Level of participation of women and girls in decision making about WASH activities in the communities.	Total	2 cities	2	2 cities	1.7 (42.5)	2 cities	3 (75)
	7	Level of participation of socially excluded groups in decision making about WASH activities in the communities.	Disaggregate as relevant						
			Low-income families			2 cities	1.16 (29)	2 cities	1.5 (37.5)
			PLWD			2 cities	2 (50)	2 cities	2.5 (62.5)
			Total	2 cities	1	2 cities	1.16 (29)	2 cities	1.5 (37.5)
Intermediate outcomes SO 2 (service provision)	8	Outreach and suitability of WASH products and services for consumers at the bottom of the pyramid.	Affordability score	2 cities	2	2 cities	0 (0)	2 cities	1.5 (37.5)
	9	% of WASH businesses in the intervention area that indicate that their sales went up significantly.	Market size			25,014 households	43%	31,995 households	55%
	10	% and # of women WASH entrepreneurs.	Not measured						
Intermediate outcomes SO 3 (governance)	11	Level of strength of WASH sector policies and regulations.	Score card	2 cities	2	2 cities	0.3 (7.5)	2 cities	2.6 (65)

ANNEX 3: TOC DIAGRAM BANGLADESH WASH ALLIANCE SP



Country inception report Bangladesh

ANNEX 4: WASH SDG BANGLADESH WASH ALLIANCE SP – AT A GLANCE

Outcomes	Ref.	Indicator	Disaggrega-Tion	Benchmark (If applicable)		Baseline (Inception phase)		Target (Programme end)	
				#	%	#	%	#	%
Long term outcome: Sustainable and equitable use of WASH by all	1	Number of people (and % of people) who reach basic and/or safely managed service levels of drinking water on the JMP ladder.	Female	Basic		365,950	82%	434,736	97%
			Male			370,367		439,982	
			Total			736,317		874,718	
	2	Number of people (and % of people) who reach basic and/or safely managed service levels of sanitation on the JMP ladder.	Female	Basic		216,230	48%	313,100	70%
			Male			218,840		316,880	
			Total			435,070		629,980	
	3	Number of people (and % of people) who reach basic levels of handwashing practices on the JMP ladder.	Female	Basic		227,649	51%	271,843	61%
			Male			230,398		275,124	
			Total			458,047		546,967	
Intermediate outcomes SO 1 (behaviour change)	4	Level of implementation of effective demand creation strategies by local agencies.		Scale 0-100			15		75
	5	% of households that has invested in WASH facilities in their household or contributing user fees to WASH services during the last year.					48%		65%
	6	Level of participation of women and girls in decision making about WASH activities in the communities.	Women	Scale 0-100		Speak up (40%)		Influence decisions (70%)	
			Girls						
			Total						
	7	Level of participation of socially excluded groups in decision making about WASH activities in the communities.		Scale 0-100		Participation is not visible (0)		Listened to (55)	
			Total						
Intermediate outcomes SO 2 (service provision)	8	Outreach and suitability of WASH products and services for consumers at the bottom of the pyramid.		Scale 0-100		No products, free transport and installation (25)		Responsive to the needs (75)	
	9	% of WASH businesses in the intervention area that indicate that their sales went up significantly.				Many entrepreneurs	-	Entrepreneurs have business plan and marketing strategies	20%
	10	% and # of women WASH entrepreneurs.					1 %		20 %
Intermediate outcomes SO 3 (governance)	11	Level of strength of WASH sector policies and regulations.		Scale 0-100		Not aware about existing policies (25)		Aware and implementing monitoring and budgeting aspects (75)	
WAI indicator	12	Local government budget for WASH.				2017: BDT 73,049,901 (736,127 euro)		25% increase	
WAI indicator	13	Uptake of loans.				Value is BDT 22,305,000		Value increase by 30%	

WASH SDG programme

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WASH ALLIANCE International
Accelerating WASH

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