

Achieving sanitation with equity at scale

Lessons from BRAC Water, Sanitation and Hygiene (WASH) programme in Bangladesh



BRAC WASH (2006-2015) IS A GLOBALLY SIGNIFICANT PROGRAMME ACHIEVING LASTING BEHAVIOUR CHANGE AND TRANSFORMING HYGIENE, SANITATION AND WATER SERVICES THROUGH SUSTAINED INTERACTION WITH 42% OF THE TOTAL POPULATION OF BANGLADESH, AN EQUITY-BASED APPROACH AND A WILLINGNESS TO ADAPT AND INNOVATE.

The 2014 Joint Monitoring Programme (JMP) report praises Bangladesh for reducing open defecation to 3%. By 2006, sanitation access in the WASH I area had increased from 32% to 84%, while the national rural coverage was 58%. Remaining challenges were the hygienic and consistent use of the toilets by all family members, washing hands with soap after use, safe management of drinking water in the home and more gender equality in community WASH management. WASH II aimed to improve these practices in a measurable manner.

CALL FOR ACTION: ACHIEVING SANITATION WITH EQUITY AT SCALE

The WASH programme shows policy makers and planners in South Asia and elsewhere that a targeted approach can help every rural household to have a hygienic latrine and good sanitation practises. Gender-specific promotion targeting different groups - women and men, adolescent girls and boys, and schools – has convinced the majority to build, or upgrade to, sanitary toilets and improve hygiene with their own resources. Targeted sanitation financing – loans for the poor, grants for the ultra-poor - supported by gender-sensitive community management and decision-making approaches have reduced the access gap.

Programme approach, inputs, outputs and outcomes

Thanks to its widespread policies, strategies and political commitment, Bangladesh has a remarkable good track record in improving sanitation. In its 2014 update, the Joint Monitoring Programme (JMP) mentions Bangladesh as one of three countries that have reduced open defecation prevalence to single digits. The next challenge is to ensure that all latrines meet the JMP standard and are hygienically used by the whole household. At the start of WASH Phase I in 2006, the programme's rural baseline data gave an access to improved sanitation of 31.5%.

Under the WASH programme, a total of 35.8 million people have gained access to improved toilets with the support of BRAC. Among them around 10.8 million people have so far built new toilets with their own resources, 1 million poor people received a toilet loan and about 5.4 million ultra-poor people received a grant. In addition, 2.3 million people have gained access to safe water (WASH MIS October, 2014). The latter is in line with the JMP standard in rural Bangladesh.

BRAC aims at eliminating poverty through multi-dimensional programmes with holistic approaches. The water, sanitation and hygiene (WASH) programme is one of them. WASH I began in May 2006, WASH II in October 2011. Financial support has come from the Dutch government, the Bill and Melinda Gates Foundation and the British government. At the request of BRAC, IRC has given technical assistance to strengthen sanitation promotion, marketing, monitoring and, in cooperation with others¹, technology.

In 2007, BRAC adopted a gender policy and guidelines to help realise gender equality in its programmes and organisation. The goals are to promote gender equity and equality within the organisation, equally serve the needs of women and men and help eliminate all forms of discrimination against women. In the WASH programme, BRAC is working on gender equality through the empowerment of women and the transformation of gender relations within village households and communities, and within BRAC. The programme proposals mentioned gender mainstreaming as one of the cross-cutting strategies. They also contained gender analyses of women's and men's roles related to WASH practices and decision making. Both WASH I and II proposals contained gender indicators.



Low-cost handwashing station in toilet in Bangladesh
(Photo by Christine Sijbesma/IRC)

According to the National Bureau of Statistics, the national rural access was then 31.9%. In 2013, programme data from BRAC's Management Information System (MIS) showed that access to improved sanitation had reached 84% in the programme areas, an increase of almost 53%. Meanwhile, national rural access had grown to 58%, an increase of 26%. The programme's rate of increase is thus 1.5 times that of the national programme over the same period (2006-2013).

¹ Innovation action research projects were undertaken for and with BRAC WASH with the following lead organisations: University of Leeds, Biosol Energy Europe BV, WASTE, PRACTICA Foundation, Deltares and BeDataDriven.

The programme's strategic approach is to help women and other disadvantaged groups, notably poor and very poor households, to become aware of WASH and to develop the will and the power over control (including financial power) for improvement. At community level, more than 65,000 Village WASH Committees (VWCs) have been formed through a bottom-up approach. Of their members 54% are women, a first condition for gender-balanced decision making which the programme monitors as a process. The programme has united different groups - women, adolescent girls and very poor households - and has helped them to get a voice on issues important to them and to stand up and make their own choices.

To be able to work effectively with village women and men, the programme has recruited 7,946 staff, of which 75.03 % are female. All women and men get the same benefits position-wise. To promote good sanitation and hygiene and discuss ways to improve the quality of life, the staff organises cluster meetings with women, adolescent girls and children at neighbourhood level. Motivational home visits by female VWC members help reach women who cannot attend due to practical or socio-cultural gender constraints. Separate meetings are held with adolescent girls (including on menstrual hygiene), adolescent boys and children of primary school age. Men are reached on hygiene during the weekly prayer, and male hygiene discussion meetings are being piloted in tea stalls. The programme's MIS data shows that between May 2006 and October 2014 more than 29 million women, 5.2 million adolescent girls, almost 2.4 million adolescent boys, almost 2.4 million adult men and more than 3.7 million children have participated in WASH meetings. The programme has organised 37,500 women in different women convention forums to share gender and equity related problems among themselves and with the local government administration and other stakeholders. Tea stall hygiene promotion sessions for men also address gender aspects, such



as fathers becoming role models to sons and husbands helping wives and daughters to achieve good home hygiene.

To meet the needs of adolescent girls for adequate and safe sanitation, BRAC WASH installed 5,039 separate latrines for girls in secondary schools. They have been equipped with water, and disposal bins for menstrual hygiene management. There is also a sanitary napkin supply through BRAC Health Volunteers. To maintain toilet hygiene and promote personal hygiene, the programme has formed student brigades in each supported school with 24 students, 12 boys and 12 girls. It has also provided a three-day residential training to 42,682 students (including one female and one male teacher from each participating school) at their nearest BRAC Learning Centre (BLC).

At the beginning of the programme, it was an enormous challenge to access good quality construction material for sanitary toilets. To meet the huge demand, the programme has provided skill development orientation and training for the proper construction of toilet slabs, rings, pans, pit covers etc. A total of 5,603 owners of Rural Sanitation Centres (RSCs) were trained, of which

MIS data monitoring table in field office in Bangladesh
(Photo by Christine Sijbesma/ IRC)

5,511 were male (98%) and 92 (2%) were female. BRAC has also established 2,444 new RSCs for a more widespread and regular supply of latrine parts through providing Taka 15,000 (US\$ 195) as an interest-free loan to each entrepreneur.

Every month the programme staff monitors programme activities (inputs) and immediate quantitative results (outputs) and report the data to district level. Here they are entered into the programme's Management Information System (MIS). An independent Monitoring and Quality Control (M&QC) unit in BRAC WASH makes spot checks of inputs and outputs. It verifies for example the completion of the latrine construction and the allocation of loans and grants to poor and ultra-poor families. The unit reports directly to BRAC's senior management in the head office. In addition, BRAC's Research and Evaluation Division (RED)

in the Monitoring and Investigation Department and the internal and external audit department are also playing a vital role in conducting research and in monitoring, investigating, and auditing of the WASH programme.

At the end of each programme year, thirty gender-balanced teams (each with one male and one female staff member) collect data on process performance and behavioural change (outcomes). This is done in a representative sample of sub-districts, VWCs and households, using the BRAC WASH Qualitative Information System (QIS). The QIS was developed by regional and programme managers and staff from BRAC's WASH internal monitoring unit together with specialists from IRC. It quantifies 15 process and behavioural change (outcome) indicators through a set of 15 progressive scales on sanitation and

VWC members take turns in drawing households for QIS sample
(Photo by Christine Sijbesma/ IRC)



hygiene practices by VWCs, schools and men, women, girls and boys in households included in the programme. Seven scales serve to record observed progressive household scores on the following aspects:

- 1 safety and protection levels of the household's drinking water source;
- 2 conditions and practices of drinking water management "from source to cup";
- 3 quality of the household latrine and absence of faecal soiling;
- 4 reported use of the latrine by the different categories of households members, by sex and age;
- 5 reported consistency of latrine use during the day and night and the different seasons;
- 6 observed provisions for handwashing after defecation; and
- 7 reported safety of sludge management when the toilet pit or tank is full.

Four other scales measure the quality of WASH-related school organisation and behaviours, three scales measure the performance of VWC WASH committees including on gender equity, and one scale measures the quality of local sanitation enterprises.

QIS data showed that 90% of the latrines were seen to be in use for their intended purpose and 70% of the households used them also at night and during heavy rain. In almost 65% of the cases faeces were closed off by a water seal and the toilets were seen to be free from faecal stains (Jacimovic et al, 2014). Gender differences were visible in patterns of toilet use. So far the excreta of all sex- and age groups (adult and adolescent women, adult and adolescent men, children, babies, elderly and disabled persons) of 54% of the sample households have consistently gone into the toilet. Generally, women and adolescent girls are the most consistent users (97%), with the other groups getting declining scores. Soap and water for handwashing were seen to be present in or near the toilet in 78% of the households. Ultra-poor men, women and children did less well



Drawing households for QIS sample
(Photo by Christine Sijbesma/ IRC)

than poor ones and non-poor families did relatively best, but the differences were not significant.

The WASH programme specifically benefits the poor(est) women and their families. By the end of WASH I (and so at the start of WASH II) the significantly lower access to improved sanitation for the ultra-poor that existed during the baseline had already disappeared (Akter and Dey, 2011). The QIS study showed that the poorest women and men currently score worst on toilet hygiene (Jacimovic et al, 2014), but for many other indicators, poor women, men and children have improved their situation and practices more than the non-poor.

Regarding drinking water supply, 96% of the women knew that their drinking water source was free from arsenic, or if they used surface water, they were boiling it. On keeping drinking water bacteriologically safe the outcomes were less positive: 46% demonstrated safe ways of collection and transport and 28% demonstrated safe ways of storing and drawing drinking water in the home. At this point, there was a noted class difference: ultra-poor households more often had a latrine within 12 steps of their drinking

Low-cost handwashing station in toilet in Bangladesh (Photo by Mahidul Islam/ BRAC)



water well and 14% fewer women from ultra-poor households could demonstrate best drinking water management practices than the non-poor households (Jacimovic et al, 2014).

QIS data also showed progress on women's empowerment. All but one of 150 sampled VWCs had 6 female and 5 male members. In 72% of the VWCs, the minutes showed that both the female and male members had attended the last three meetings. In 98% of the sample, VWC members reported that women members spoke out during their gatherings. However, influencing decisions of the men or making decisions jointly can still improve, as it was reported by 80% of the sample VWCs. To ensure that women could report freely on their situation, the above data was collected separately from the female and male members and then triangulated. The fact that the reports from the female and male sub-groups on women's participation and influence hardly differed indicate growing gender equity. Nor was poverty an intervening factor. Outcomes of VWCs in areas with many poor and ultra-poor households were also similar to outcomes of VWCs in other areas (Jacimovic et al, 2014).

Separate toilets for girls in secondary school contribute positively to girls' education. In the programme area the percentage of girl students in the secondary schools in the programme has increased from 46% in the baseline to 60% at present. Hygiene behaviour knowledge has increased, but students do not yet practise according to their knowledge (Ghosh and Karim, 2013). In the (mixed) WASH school committees, the secretary position is now systematically held by a female teacher. While different initiatives have been taken towards mainstreaming gender in school WASH, some challenges remain, for example, regular monitoring of hygiene, maintaining the school WASH fund, ensuring the availability of menstrual hygiene materials, equality in the number of latrine facilities and regular hand washing habits of students and teachers of both sexes.

Lessons and next steps

Excellent progress on rural sanitation access at scale, including a reduction of the class-based sanitation gap, was possible through two main interventions of the BRAC WASH programme. The first was gender-specific sanitation motivation, which included inter-personal communications at places and times suitable to different gender age groups and the poor (est). The second was the provision of toilet loans for the poor and grants for the ultra-poor, based on class-specific community social maps made with the VWC and cross-checked by BRAC's independent control unit. Quantified qualitative monitoring with progressive behavioural scales makes it possible to measure and report on gender- and poverty-specific changes in sanitation and hygiene habits and WASH management in households, schools and communities.

The WASH programme (2006-2015) shows that progress at scale needs long-term strategies with periodic adjustments. Secondly, progress happens in stages and on a limited number of indicators at a time. The first jump forward (2006-2011) was on sanitation access and reduction of the sanitation gap between the rural (ultra-) poor and non-poor. The second jump was the improvement of toilet use and provisions for handwashing with soap. More work is still needed to move from the middle position on the behavioural scales (the targeted "benchmarks") to ideal hygienic toilet use and practices by each family member and fully joint programme decisions by all VWC members.

Because good results have been achieved and sustained on access and some behavioural indicators, the programme management can now begin to focus on those aspects where performance has been less good, such as the lower hygienic toilet use by men, the safe home management of drinking water by women, faecal sludge management after the latrines have filled up, and reducing the greater disease transmission risks in poor households. It should also be possible to zoom in on locations with less positive results especially for hard to reach areas.

At a QIS workshop at the Naogaon district in Bangladesh (Photo by Mahidul Islam/ BRAC)



Materials for further reading

BRAC WASH, 2013. Video highlighting the activities and achievements of the BRAC WASH programme in Bangladesh. Dhaka: BRAC. Available at: www.youtube.com/watch?v=i-zc9q6wrYk

Akter, T. and Dey, N.C., 2011. *Sanitation status at household level in BRAC's WASH programme areas: Changes from baseline to end line survey*. Research Monograph Series No. 60, pp. 33-50. Dhaka: BRAC. Available at: research.brac.net/monographs/Monograph_60.pdf

Ghosh, S.C. and Karim, F., 2013. *Impact of BRAC Water, sanitation and hygiene programme on water, sanitation and hygiene practices in educational institutional institutions of Bangladesh*. Research monograph series-60, pp. 85-98. Dhaka: BRAC. Available at: research.brac.net/monographs/Monograph_60.pdf

Islam, M. and Sijbesma, Ch., (forthcoming). *Mainstreaming gender approaches for equality: the BRAC Water, Sanitation and Hygiene programme in Bangladesh*. Dhaka: BRAC, The Hague: IRC.

Jacimovic, R., Ahmed, M., and Bostoen, K., 2014. *WASH I Report on QIS data analysis: Findings from the first round 2013*. Dhaka: BRAC, The Hague: IRC. Available at: www.ircwash.org/resources/wash-i-report-qis-data-analysis-findings-first-round

About this briefing note

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