International Federation
of Red Cross and Red Crescent Societies

BANGLADESH RED CRESCENT SOCIETY
BDRCS

LOOK BACK STUDY
OF
COMMUNITY-BASED DEVELOPMENT INITIATIVE PROJECT

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22 October 2015

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Executive Summary

The Community-based Development Initiative (CDI) project – an integrated and holistic development approach with activities for 12 intervention sectors

Project WASH target: 2,307 households ---- Reached: 2,252 households
Project total budget: BDT 2,498,925 ------- Expended: BDT 2,442,166

Look Back Study focus and main results per sector

At baseline 45% and at LBS end-line survey **97%** beneficiaries reported using **soap**

At baseline 58% and at LBS endline survey **91%** of beneficiaries have their own **private latrine**

At baseline 75% and at BLS end-line survey **99%** had nearby their house a **water source**

At baseline 4% and at LBS endline 7**9%** of rural households are **composting household waste**

Main findings per evaluation criteria

Appropriateness: WASH needs were real; district selection process is not documented

Impact: WASH aims have been realized to a very high extent

Sustainability: Three years after project closure WASH benefits still remain

Replicability: Currently projects are ongoing modeled to the CDI

SUMMARY OF RECOMMENDATIONS

 **Tube wells** in known arsenic project locations should be **tested or retested** to assure that the water is safe for drinking by humans. Similarly, distributed arsenic filters should be checked to assure that they are maintained properly.

 BDRCS Units in the former CDI 1 project areas should **systematically follow-up** on benefits and activities remaining from the project implementation, to assure continuity of development and sustainability of assets and behavioural change.

 BDRCS's activities should be promoted and made visible through **promotional material** and using appropriate communication channels, such as websites and social media, not only during but also after any project has closed.

 Protocols should be developed for strict implementation of every target selection procedure. Independent third parties should be consulted to assure that the selection criteria are appropriate and that baseline data is correctly collected and reported. Look Back Studies should include assessment of the appropriateness of the target selections.

 When designing project **waste disposal or composting activities** these should include recycling plastic and other non-biological waste.

 Future projects should be designed as **integrated and holistic approaches**, including all sectors that have been determined as relevant for action through needs assessments.

 Any future attempts to collect quantitative baseline or endline data should consider the lessons **learned during this Look Back Study**, in particular regarding baseline-endline comparison and proper survey interview techniques to assure consistency and appropriateness.

Acknowledgements

At first we thank the beneficiaries and other people in the target communities who cooperated with the Look Back Study (LBS) household survey and qualitative field assessment. In particular are thanked all those dozens of participants of focus group discussions, the many key informants and home owners who provided access to their compounds to observe water sources, latrines and waste pits. Without their information and willingness to cooperate the LBS would not have been possible.

We thank the volunteers of the BDRCS who conducted the LBS household survey and whom we met in villages or who participated in focus group discussions. Also volunteers like Youth Leaders and BDRCS Unit staff not living in the communities have contributed much to the insight needed to understand how the project was implemented and how it still affects the beneficiaries and communities.

The management of the IFRC and BDRCS are thanked for their agreement to conduct the LBS and their motivation to use the leassons learned in current and future project activities. We thank the Evaluation Management Team members from BDRCS, IFRC and Australian Red Cross for their support and encouragement to make the LBS an exercise with a fair and frank report.

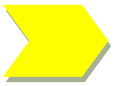
A special word of thanks is directed to the International Federation of the Red Cross members of the LBS Team without whom this whole study not would have taken place. They have walked many miles to coordinate the LBS household survey in all eight communities. They also endured stress to cope with the many requests for data by the Lead Consultant but provided all information needed to conduct the study. Without Shakawhat, Sazzad and Selina the study would not have yielded a report at all.

John Vijghen,
Lead Consultant

List of Abbreviations and Icons

BDRCS	Bangladesh Red Crescent Society
CDI	Community-based Development Initiative project
CIC	Community Information Centres
FGD	Focus Group Discussions
IFRC	International Federation of the Red Cross and Red Crescent Societies
KII	Key Informant Interviews
LBS	Look Back Study
ToR	Terms of Reference
WASH	Water and sanitation and hygiene

Positive outcome or result



Outcome that needs attention or is a lesson learned

Negative outcome or result that indicates a weakness in the implementation

Triangulation of facts

1. Background, Methods & Limitations

1.1 BACKGROUND

The Community-based Development Initiative (CDI) project was implemented by the Bangladesh Red Crescent Society (BDRCS) with funding from the International Federation of the Red Cross and Red crescent Societies (IFRC) through remaining funds of the Cyclone Sidr Operation. The project was implemented in two communities in each of the four districts of Nilphamari, Natore, Kushtia and Magura from May 2010 to June 2012. The project was a first of its kind implemented by the Red Crescent Society in Bangladesh tackling community-based disaster resilience through an integrated and holistic development approach with activities for 12 intervention sectors:

- *Water & Sanitation,*
- *Shelter,*
- *Livelihood/Income Generation,*
- *Education,*
- *Health,*
- *Farm/food security,*
- *Skill training/employment creation,*
- *Women empowerment,*
- *Promotion of environment friendly/sustainable technologies,*
- *Information/communications,*
- *Disaster risk reduction and dissemination of Red Crescent principles and humanitarian values.*
- *Capacity building of BDRCS district units and community organizations*

The Look Back Study (LBS) focuses on the water and sanitation and hygiene (WASH) component of the project but some additional information was collected along side the WASH data. This data has been compared to the baseline survey data that was reported at start of the project (see tables in annex D to this report).

With the 'look-back' methodology, the IFRC and its membership intends to provide a framework to conduct retrospective studies, where the assessment of sustainability looks at the long-lasting WASH structures and resources that help the community to become less dependent on external assistance and indeed we need to measure to what extent these projects contribute to building community resilience.

1.2 METHODS AND LIMITATIONS

The Terms of Reference (ToR) suggested using a combination of quantitative and qualitative methods as also suggested by the Red Cross Guide for Look Back Studies. At start of the CDI project a household survey was undertaken as a needs assessment and baseline. Five years later a LBS endline household survey was conducted by IFRC staff through BDRCS unit staff and volunteers prior to employment of the Lead Consultant. Subsequently, a desk review was undertaken by the Lead Consultant followed by a one-week field assessment which was carried out by three IFCR team members lead by the consultant. Involving all four evaluation team members the collected data and information was triangulated and analysed to reach evidence-based conclusions about appropriateness, replicability, impact and sustainability. This report has been drafted by the Lead Consultant with input from the evaluation team members. However, any shortcoming in this report remains the responsibility of the Lead Consultant.

Document Review

A number of documents were provided to the Lead Consultant prior to arrival in the country, including project related reports, and these were carefully reviewed. On the basis of these documents a LBS work plan has been drafted and presented in the inception report, which after review has been accepted by the Evaluation Management Team. Other documents, such as distribution lists, were collected during the in-country stay and have been reviewed as preparation for the field assessment and this report. Project monitoring and progress reports have not been received and reviewed, but it is assumed that the DCI End of Term Review report has covered any aspect that could be of interest for the LBS (See Annex B: Documents Reviewed).

Baseline versus BLS endline surveys

In total 16 variables of the baseline survey were selected for statistical manipulation to compare with data from the LBS endline, of which six variables were used as main indicators to measure significant changes (see Annex D for frequency tables and statistical tests). These six variables are:

- illiteracy rate *of the respondent*,
- water source *within 30 meters*,
- latrine *in house or compound*,
- household waste disposal *through composting*,
- hand washing hygiene practice *using soap* and
- frequency of diarrhoea in the family *during past 3 months (Baseline) or past year (LBS Endline).*

The LBS endline survey also measured the current usage of distributed arsenic filters and some other parameters. In addition, an inventory was made of communal tube wells and arsenic filters still in use. In order to compare LBS endline results for WASH with natural development in villages without CDI project support a total of 130 households in neighbouring villages of the LBS endline survey were also surveyed for the WASH indicators. Although this control sample is too small for statistical comparison it still gives some idea about WASH development without project interventions. The LBS survey included all households in the project target locations and a total of 2,143 respondents were interviewed.

Limitations

The baseline report included frequency tables but without number of respondents, while also descriptions not always matched with the baseline questionnaire. Therefore it was decided to use the baseline entry data which required renewed statistical data manipulation. Unfortunately, baseline entry data for one village was not any more available.

The LBS endline questionnaire was not identical to the baseline questionnaire regarding WASH, which has limited the measurement to some extend. For example, the baseline questionnaire listed for having diarrhoea cases in the household the frequency during last two weeks, last month, last three months and beyond (‘more’), while the LBS endline questionnaire only asked for diarrhoea frequency during the past year period. Hence, the comparison is flawed although fortunately it turned out that the measured change between Baseline and LBS endline was large enough to be confident that the period variation did not affect negatively the result.

It is not known how baseline or LBS endline remunerators explained to respondents when a case should be considered to be ‘diarrhoea’. Similarly it is not known how remunerators explained ‘composting’ during the LBS endline survey. It might be that remunerators have given unclear information, which for example would explain the results for ‘pit and composting’ in two districts (e.g. Nilphamari 19% at Baseline; only 13% at LBS endline which contradicts the observations during the field visits).
The respondent gender balance was strongly biased towards males in both the baseline and LBS endline surveys. Baseline reported 15% female respondents and LBS endline reported 9% female re-

spondents. It is not expected that this imbalance has affected the data on household assets, like water source and latrine, but it could have negatively affected the data on diseases, including diarrhoea, as males are considered to know less about healthcare issues than females in the household.

Qualitative Assessment

Four out of the eight target communities were selected for visits, three because of special interest criteria (filter distribution, urban slum, river erosion) and the fourth community was chosen ad random from among the five other communities. The following communities were visited:

- Magura district: Bagdunga,
- Kusthia district: Nouda Khadimpur and Cheuria,
- Nilphamari district: Baishpukur

The information resulting from the qualitative assessment is mainly based on what respondents said and remembered during the focus group discussions (FDG) and key informant interviews (KII). Efforts have been made, mostly successfully, to verify and triangulate information through different sources or statements from different persons. Also observations and house visits were made in all communities to see first-hand the condition of water sources, filters and latrines. During the FGD and transect walks information was collected about subjects outside the WASH component, such as on livelihood support and change in women's role in the households.

Limitations

Limiting factors during these qualitative assessments have been the relative short visit periods – two to sometimes one day – and the need for translation by two of the four team members. Also limiting the FGD's information quality was that the focus group participants tended more to respond to questions instead of discussing among themselves before answering, while also often only some participants replied. This has been balanced to some extent by using prompting techniques. Another factor limiting the quality of the FGDs was the shortage of trained team members to record verbatim what each FGD participant said. To compensate for this a self-reporting technique was employed for the first question about the relevance of the past needs assessment, whereby group participants discussed which were urgent needs at start of the CDI project and at current times. The outcome of these discussions was written on large poster papers by the participants what simplified the recording of information (See Annex C: Field Assessment Report).

Analysis Procedure

The analysis is based on verified facts of the baseline-LBS endline statistical comparison, other statistical data generated from the LBS survey, the information obtained through FGDs, KIIs and observations during transect walks and house visits, and from IFRC staff, the former CDI project coordinator at the BDRCS, the current director of the Community Development Initiative department of the BDRCS, and several documents. These facts and information bits have been reviewed at analysis brainstorming meetings by the Evaluation Team to assure validity and relevance, and linked to the set of questions included in the ToR. This process has resulted in findings for each requested theme (impact, sustainability, appropriateness and replicability) and conclusion statements.

Limitations

A limitation of the analysis process has been that not always sufficient information was documented or not sufficiently triangulated data could be collected to draw conclusions for intervention activities which were non-WASH (example: change in role of women); however, for the majority of ToR questions sufficient answers could be provided and conclusions drawn (See Annex C: Analysis Matrix).

PROJECT AREA MAP

LBS qualitative assessment conducted in:

Cheuria community, Kushtia
Nouda Khadimpur, Kusthia
Bagdunga community, Magura
Baishkupur community, Nilphamari

2. Findings & Conclusions

The findings and subsequent conclusions are in answer to the questions listed in the ToR for the following subjects: appropriateness, impact, sustainability and replicability. Although the LBS focused on the WASH component of the CDI project it was possible to obtain additional information about a few other intervention components, like livelihood support, women empowerment, community organisation or disaster risk reduction.

2.1 APPROPRIATENESS

1) Were the WASH intervention choices appropriately prioritised to meet the most urgent needs first?
2) Was the intervention appropriate according to the perception (expressed needs/demand) of the target population?
3) Were the approaches and technologies selected most appropriate for the specific context?

1. The community-level WASH needs were realistic and appropriate to people's perception.

Facts identified during FGDs, KIIs and observations during transect walks and house visits clearly demonstrated that the project needs assessment did fit with what people in the selected communities perceived as their urgent and real needs, especially regarding access to safe drinking water and latrines nearby their houses.

Respondents were asked during FGDs to list their needs at the start of the project five years ago and those needs which still existed in their opinion. In all cases they responded that WASH needs had been a priority in the past but that these needs now have been addressed.

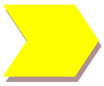
However, the baseline data regarding water and sanitation on which communities were selected seem not to have been reported correctly. Data presented in a table in the baseline survey report includes incorrect figures for having latrines (67% instead of correctly calculated 58%), proper waste disposal (5% instead of 45.6%) and diarrhoea during past 6 months (26% instead of 24%). Percentage of households with access to tube wells within 30 meters was actually 75% at time of baseline (p. 4).

In view of these high percentages compared to national statistics, the selection of the communities and districts seems questionable when it concerns WASH[1]. National average data from 2006, which was available at time of design of the project, 78% of rural households had access to 'improved' water sources (cf. project target area 75% in 2010), while 25% of rural households had their own 'sanitary facility' with foundation slab (average 58% or double that of national average

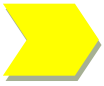
[1] National data for WASH in rural area: own water source 32%; own latrine with slab 25% (source: Bangladesh National Hygiene Baseline Survey 2014, Ministry of Local Government)

in 2010)[2]. Thus the selected target areas were just under the national average for water sources and more than double the national average for these two indicators.

The reasons for selecting target districts and communities are not documented.



District selection process - no arguments were found in any document or report for the selection of the four target districts. Several key informants said that the districts chosen had vulnerable populations. There is no reference to national studies or statistics as a basis for district selection. For lack of such argumentation it is not possible to validate the relevance and/or appropriateness of the made district selections.



Community selection process – criteria were sent to unit offices providing guidance on how communities should be selected. While these criteria are clear it appeared that the selection of the target communities not is done based upon studies or statistics or in consultation with district level government departments or civil society organisations working in the area. There was no evidence found of any documentation of the selection process.

Beneficiary selection process – the selection of the individual households for support was done in a clear and participatory process. The process allowed the community members to elect a community project committee which listed beneficiaries for the assistance they needed. The list was validated by the IFRC/BDRCS through door-to-door visits. This consultative and community participatory process is a model for other programmes. It is therefore no surprise that the LBS found that according to beneficiaries their needs were correctly addressed.

2. The intervention was perceived by beneficiaries as appropriate for addressing their family's sanitary and water needs.

During the FGDs participants were very clear about the needs they in majority perceived at start of the project. This was in all four visited communities having a safe drinking water source close to house and a proper latrine at their compound.

While some households did already have a private latrine this was in most cases not well constructed with at least sufficient depth of and concrete rings to strengthen the pit, and a concrete foundation slab that can withstand local earth shifting due to river erosion. The project provided beneficiaries with a special enforced foundation slab, corrugated iron sheets for the walls and a tartan curtain to use as door.

3. The project was appropriately implemented and adjusted to local contexts.

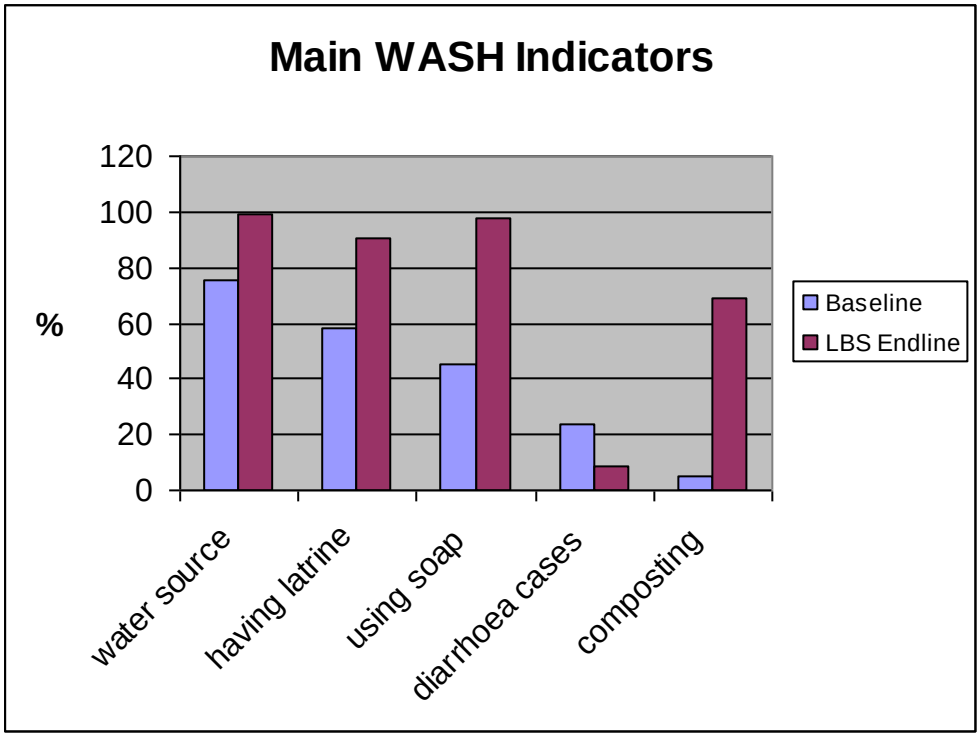
The products and technologies chosen such as arsenic filters, water pumps and latrine materials were locally manufactured and therefore appropriate for communities to operate and maintain. The holistic approach, including training for repair and maintenance, is very adequate for a community development interventions.

The End of Term Review report, FGDs with beneficiaries and volunteers who mostly had been involved in the former project implementation, and observations during transect walks point to an intervention with activities addressing many needs in education, health, income generation, disaster risk reduction and water and sanitation, among other activities. The Project introduced for the latter sector maintenance and repair training to selected community members so that future needs could be dealt with locally.

[2] Data sheet UN Coverage Estimates, 2009

2.2 IMPACT

1) To which extent were the WASH objectives achieved?
2) Do the changes brought about by the project still have an effect?
3) Were the target groups empowered to take control of their benefits?
4) Did the project generate positive changes on gender roles?
5) Did the project have any impact in the environment?
6) What major capacity strengthening of volunteers and National Society Staff remained after the project?



Note: Data for composting only from Magura and Natore districts used (data other districts was invalid)

1/2. WASH objectives have been realised to a high extent and changes brought about by the project are still having a positive effect as demonstrated by the following indicators:

Safe drinking water within 30 meters was only available for 75% of the households at start of the CDI project. This has been increased to cover **99%** households through access to in-house tube wells or nearby community tube wells (22 respondents or 1% missing an-

swers). For the control group, the survey has found that 88.5% of the households have access to drinking water[3].

- **A private latrine** was available for 58% of households at start of the project, but three years after closure **91%** of households have their own latrine, mostly just outside the courtyard [Control group: 53.1%]. In fact, based on statements from all FGDs and KIIs, all households have access to a latrine. The 9% measured by the LBS survey without a private latrine are mostly part of extended families and they use the latrine on the joint compound.

- **Soap** was available for 45% of households during the baseline survey, while **97%** of respondents said to use soap for hand washing during the LBS survey [Control group: 41.5%]. At several occasions the availability of soap was observed, but there is no evidence that people actually used soap before eating, preparing food or after toilet visits. However, people's statements indicate that all are aware of the need for hygiene.

- **Diarrhoea** was said during the LBS survey to have happened at **9%** of households during the past year. The baseline measured **24%** diarrhoea cases in families for all districts at start of the project during the past three months. Although the measurement periods are not similar for both surveys, we assume that if 9% of respondents reported cases of diarrhoea for the past year this frequency will be less for the past three months. The reported reduction illustrates the effect of access to safe drinking water and proper hygiene practices.

- **Waste disposal** by using a pit and composting or burning was done at 4% of households during the baseline survey and increased to **79%** at the LBS endline survey[4]. [Control group: 67.7%]. However, FGDs indicated that in fact all **rural** households compost their household waste and use it to fertilise their fields. It is generally the men who carry the compost to the fields.

- **Arsenic filters** were only distributed in Magura district during second project year: total 78 filters to 113 households. At time of the LBS or some four years later a total of 106 households or 94% were found still to use arsenic filters. The proportion is probably even higher as some households are using the filter system jointly.

3/4. The project has enabled beneficiaries to take control of their assets and created room for continued community development. It also may have enabled women to gain stronger decision-making role through income earning capacity.

- Target groups are in control of assets: for example, households did make repairs, while families which relocated in Nilphamari district because of river erosion took all latrine and tube well materials with them. Also, one former Community Project Committee is still active – it has registered a community fund as Community-based Organisation with the government. A total of 125 out of ca. 200 households contribute to the fund; some 20 families have received loans for livelihood activities. In other communities examples were seen of means for income earning provided by the project still in use and making profit.

[3] During the LBS Endline survey also 130 households in nearby but non-protect target villages were surveyed to compare with target area data. Although the sample size is not enough to make statistical comparisons, it nevertheless offers an idea of WASH benefits by neighbours.

[4] Due to invalid LBS Endline data for Kusthia and Nilphamari districts survey data was only compared for the other two districts. However, observations during the field visits found that all visited rural households did use the composting method to dispose of household waste.

5. The project has contributed to clean and sanitary environments in rural target areas

FGD, KII and observations: House environments are clean in rural areas, but not in slum urban target area. Open defecation was not observed at any location during the Look Back Study. This change has happened due to the contribution of the project through distribution of latrine slabs to individual households in the target communities..

FGD, KII and observations: House environments are not clean in the slum urban target area. Among the reasons why they are not clean is that there is no community waste collection system. It is not reported whether the project has made efforts to advocate for communal waste collection by local authorities.

6. Project-built capacity of volunteers and staff is not sufficiently maintained or strengthened

Capacity built by the project including its volunteer force remained to some extent but is not nurtured or enhanced. Although BDRCS volunteers are obviously easy to mobilise – as demonstrated during the LBS endline survey and quality assessment - and willing to be active, community activists need some support and encouragement, which could be provided by volunteers supervised by BDRCS Unit staff. An example of what volunteers now do is:

Capacity at work!

In Nouda Khadimpur village in Kushtia district, the Community Project Committee and the Community-based Disaster Response Team rallied together to help an elderly woman and her household after a tree had fallen on her house. The teams were able to remove the tree, salvage materials and rebuild her house.

Example of what volunteers also could do – not in one but in all former project locations - if they receive further training and supervision, is illustrated by the case in Nilphamari:

The local BDRCS Secretary and Unit's Officer have supported the former Community Project Committee (now Community Development Committee) in Baishkupur to collect funds in innovative ways from community members to create a community fund. This fund has been registered as civil society organization with the local government. Up to date about 125 families out of about 200 families participate and about six members have received a business loan against interest.

This initiative to create a community fund was encouraged during the project implementation but was only recently re-lived through efforts of the local BDRCS Secretary and Unit.

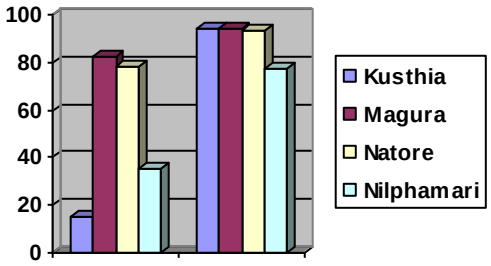
This example shows that with a little push and non-financial support from the Unit and its staff and volunteers project initiatives can be maintained and strengthened.

DISTRICT-LEVEL STATISTICAL RESULTS

No significant differences have been found between districts at the LBS endline for water sources, while the private latrine rate achieved was only for Nilphamari significant lower (78% versus 94% for other districts). However, at baseline Kusthia district scored the lowest with 15% while Nilphamari scored 35% against Magura 82% and Natore 78%. Chi^2 test scored for all <0.05 and this significant change demonstrates a strong positive impact by the project, as illustrated below.

Aim: All have access to a private latrine	**0 year %**	**5 Year %**	**Chi^2 test**
Kusthia	15	94	0.000
Magura	82	94	0.000
Natore	78	93	0.000
Nilphamari	35	78	0.000
All	**58**	**91**	0.000

☺*Comment:* While 91% respondents has a private latrine, it is probable that the remaining 9% are households living together with others and using their latrines.

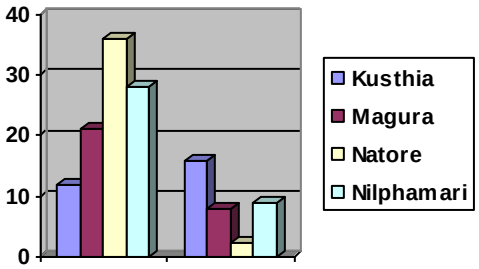


Latrine built by people with materials donated by project

Similar for diarrhoea cases significant variations are found between districts – both at baseline and at LBS endline. It is noteworthy that the change for Kusthia was not significant (p = >0.05) and thus could be due to coincidence and natural development.

Diarrhoea past 3 months (baseline) or past year	**0 year %**	**5 Year %**	**Chi^2 test**
Kusthia	12	16	0.085
Magura	21	8	0.000
Natore	36	2.3	0.000
Nilphamari	28	9	0.000
All	**24**	**9**	<0.05

☺*Comment:* For Kushtia the p = 0.085 which means 'not significant' and thus the change might be coincidental. All other changes are considered a significant reduction in diarrhea cases.



2.3 SUSTAINABILITY

1) To what extent did the *benefits* of the project continue after closure?
2) Was the project environmentally and financially sustainable for WASH?
3) Has the project *approach* been sustained?
4) Was there collaboration between BDRCS and local authorities?
5) What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

1/2 WATSAN *benefits* continued after donor funding ceased. It has been confirmed that watsan sector sustainability is valued above 70% by its stakeholders which is satisfactory conform with international expectations[5].

All households have access to drinking water and sanitary latrines. People expressed to have knowledge of hygiene practices. Courtyards seen during the transect walks were kept clean.

94% of distributed arsenic filters are still in use. Testing of the water quality of the arsenic filters was done immediate after distribution of the filters. However, no after-project water testing has been done to confirm that the available water sources deliver safe drinking water.

3. The project has not put in place measures to sustain the integrated system and the *'approach'* has therefore not been sustained.

The introduced holistic integrated approach of the project did not continue after project ending and has not been sustained. No exit strategy was part of the project design and no efforts have been made by BDRCS after closure of the project to maintain the integrated approach. The only strategy to sustain project achievements has been the creation of a community programme committee with the intent that this committee would take over management from the project. This has not happened for lack of facilitation and support, except recently in one community in Nilphamari district.

4. The project has not enjoyed much sustained collaboration from others.

No evidence was found that government agencies or civil society organisations collaborated with the project during the implementation period or after closure. It seems that the project

[5] http://siwi-mediahub.creo.tv/world-water-week/2015-water-for-development/can_we_honestly_measure_rural_wash_impact_and_sustainability

has not made sustained efforts during implementation to get other agencies involved in the 'after-project' phase. Although there might have been more cases of collaboration or cooperation, the only cooperation mentioned in the End of Term Review report during the project implementation has been water testing by a local government agency in Kusthia while unit staff pointed out that officials frequently inaugurated project activities or joined asset distributions.

5. The project did not include activities to ensure sustainability.

The project design did not include any follow-up plan for after-project facilitation; neither were at time of project implementation efforts made to assure continuation of certain community activities, such as encouraging and supporting systematically the former project committees (now renamed to community development committees) to remain active. Only in one district (Nilphamari) - long time after closure of the project - certain efforts were made to support the community development committee (see example above p. 9)

Community Information Centre tube well

The Community Information Centre (CIC) was rarely used for meetings or other purposes, as confirmed by local people and also by the condition of the community tube pump (the pump handle is kept inside the CIC for safe keeping). It seems that the location which is remote from houses not invites the population to make use of this structure, although it is geographically placed in the centre of the community. The chairman of the former Community Project Committee said also that a part of the community members life across the river and can reach the CIC only by crossing a bridge which makes the trip too long for easy access.

2.4 REPLICABILITY

1) Has there been a degree of replication within or beyond the project area by the National Society either through the Branches involved at project level or other Branches?
2) What can be done to strengthen the process in order to ensure it is sustained and even duplicated beyond the project area?

1. The project model has been replicated by BDRCS with more partners

BDRCS has pioneered this integrated, multi-sectorial approach in Asia Pacific to reduce vulnerability whether it be in response to disasters or for longer term development objectives. This approach has been widely adopted by the RCRC Movement Partners operating in Bangladesh with the Swedish, German and British Red Cross Societies confining the program reach to more beneficiaries in a smaller region within their V2R program and the Swedish RC and Korean RC funded Community Based Disaster Risk Reduction programs. The ICRC is currently supporting the CDI program in Bandarbans and Khagrachhari districts, while Turkish Red Crescent has recently committed to supporting a CDI program in Cox's Bazzar, Meherpur and Rajbari districts. The CDI approach has seen much replication and adaptation throughout Bangladesh in its relatively short history since 2010 reaching a combined 53,250 beneficiaries by 2019.

The CDI 2 -WASH program (Community Based Development Initiative – Water and Sanitation Hygiene Promotion) is implemented by the BDRCS and financed by the Australian Red Cross (ARC) in Bangladesh. This project aims at building on past successes to enable vulnerable individuals and communities in targeted areas to address their WASH related needs as part of a broader resilience focused program that includes other components such as shelter, livelihoods, education and disaster risk reduction. WASH activities will be context specific and include hygiene promotion, water testing training, sanitation marketing activities leading to latrine construction, water supply provision and water resources management. This project is being implemented in the districts of Rangpur and Gopalgonj (ARC webside).

2. Project plans did not include many visibility activities; the design did not include a proper Monitoring & Evaluation plan. The planned mid term review was not done.

It was observed that the project is not very visible (anymore) outside Red Cross and Red Crescent circles in the target areas. Outsiders met during the field visits did not know much about the project. This is probably due to little documentation efforts by the project itself. Also, the project has seemingly not prepared and published promotional materials during or after the project. The Evaluation Team found one video made by the project but this was not uploaded on the website or made available to outsiders. No other publicly accessible project information material or monitoring reports were found during the LBS.

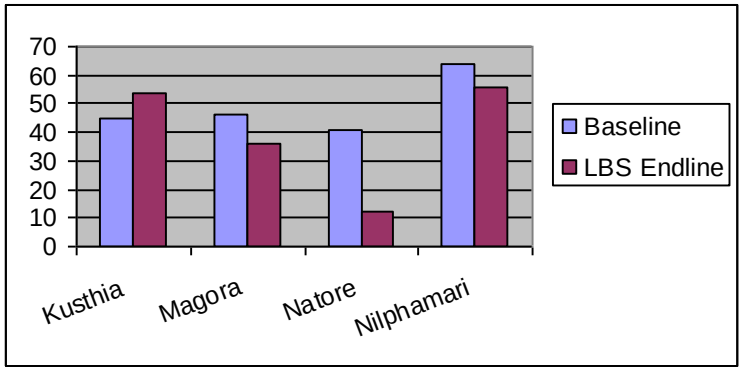
The project holder has not kept project relevant documents at a proper and permanent place for later consultation. Important project related documents and/or data, like the baseline survey data, have been kept by individuals but not in an institutional archive. The LBS team has made ample efforts prior to the field visits to obtain detailed project documents about target selection and implementation processes but failed to get more than what has been available on BDRCS website (like the End of Term Review report) or was provided at start of the assignment to the LBS team leader.

2.5 GENERAL FINDINGS

Baseline and LBS Endline survey listed the **educational status** of the respondent. At baseline 47% of all respondents were illiterate, with in Nilphamari district 64% illiterate. Interesting is that only Kusthia district included a significant proportion of females in the survey (43.6%) but that the illiteracy rate in the two neighbouring districts with mainly male respondents was similar.

Comparing with the LBS endline survey data collected five years later some unexpected changes were found. Two districts had reduced the rate of illiteracy while at the two other districts the rate increased!

Limitation
In this respect it would have been interesting to see how primary, secondary and higher education rates had changed over the years but regrettably the LBS endline survey did not use the same answer options as the baseline survey, which makes comparison complicated.



Educational status of baseline and endline respondents

Gender
Women who got livelihood means said that they now do have a better status in the household as they bring in household money

Side Effect: Uniting a community!
The CDI Project constructed a solid culvert bridge and Community Information Centre that knitted a community together by providing safe access and a communal space for people to meet.

POINTS FOR FUTURE LOOK BACK STUDIES

It is generally accepted by donors and development agencies that an assessment of impact several years after the end of a project or programme is worthwhile for future endeavours so that evidence can be given of appropriate approaches and lessons learned can be incorporated. However, during this LBS several senior officials of relevant agencies questioned the selection of WASH for this LBS in view of the integrated nature of the CDI project. Indeed, it is also the opinion of the LBS Lead Consultant that a broader assessment would have demonstrated better the actual impact and sustainability of the project. Including more sectors in the study would have been possible without much more efforts or additional financial input. For example, a number of baseline questions on WASH were not anymore relevant for the LBS endline and could have been replaced with more relevant questions on other topics.

➔ POINTS FOR FUTURE ATTENTION WHEN DOING A SURVEY

The LBS endline survey questionnaire used most questions regarding WASH of the baseline questionnaire but did not always use the same answer options. For example, the time period for diarrhoea cases was one year at LBS endline while baseline had various time periods from 2 weeks to 'more than 6 months'. This makes statistical comparison complicated or even impossible. It would have been better to use the 6 months period – also because this is a customary time period for health surveys.

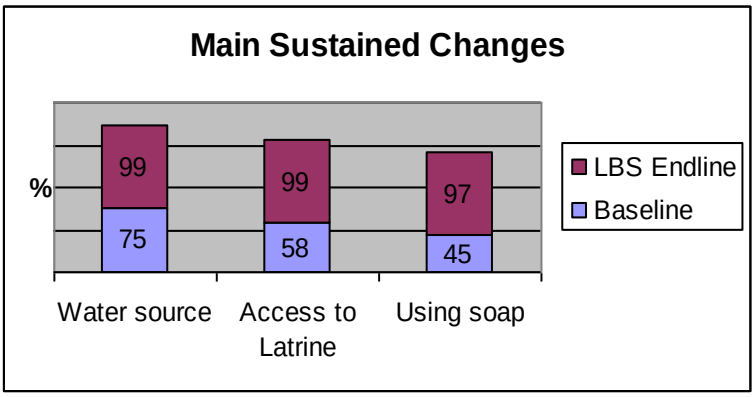
The LBS endline survey was conducted prior to the qualitative assessment. It was therefore not possible to focus the survey on particular themes or aspects which were found during the field visits of particular interest or for which it would be worth to know the proportion among the beneficiary population. For example, to what extent is empowerment of women through income generation realised or to what extent have families benefited from the health component of the project. For this reason it is advisable to design and plan such a survey after the qualitative assessment. In that manner it will be possible to include only those baseline topics which are relevant to measure impact and add additional survey questions, which were not part of the baseline survey, to measure the scope of aspects emerged during the qualitative assessment.

3. Main Conclusions and Recommendations

A number of recommendations results from the Look Back Study, based upon the quantitative and qualitative data collections and consequent analysis by the Evaluation Team. In formulating these recommendations the Evaluation Team has looked more for current and future project activities which replicate the CDI project to some extent, than at the completed activities in the CDI phase 1 locations. Nevertheless, some recommendations are made to benefit as well the past CDI project beneficiaries.

3.1 Main Conclusions

Overall findings, based on a statistical analysis and comparison of baseline and LBS endline survey data, verified by qualitative methods, demonstrate a very successful and sustainable project outcome for the WASH component. The project's three major aims have been realised and sustained for three more years after the project closure to a high extent, such as access for nearly all households to a clean drinking water source within 30 metres (99%), ability to use a sanitary latrine close to house (91% with private latrine; 99% using a latrine) and hygiene awareness translated into practice – indicated by the use of soap for hand washing (97%). Changes which are statistically significant have been measured as the graph indicates.



3.2 Recommendations

1. **Tube wells** in known arsenic project locations should be tested or retested to assure that the water is safe for drinking by humans. Similarly, distributed arsenic filters should be checked to assure that they are maintained properly.

This testing should be done by appropriate local government agencies, while the local BDRCS unit should support the government agency and facilitate this process. To this end the IFRC should encourage and support the BDRCS to allocate resources to the units and/or lobby the central and local government to allocate funds.

2. BDRCS units in the former CDI 1 project areas should **systematically follow-up** on benefits and activities remaining from the project implementation, to assure continuity of development and sustainability of assets and behavioural change.

This can likely be done without much financial input as the units are established and do have access to contact persons (e.g. youth leader, former community organiser) and community committees. However, the IFRC should encourage the BDRCS to allocate the necessary funds to the units for this purpose and organise training to the unit's staff on the follow-up approach if required.

3. BDRCS's activities should be promoted and made visible through **promotional material** and using appropriate communication channels, such as websites and social media, not only during but also after any project has closed.

It should be avoided that project funds will be used to facilitate any promotional activity which is not directly benefiting the communities concerned, for example by hosting VIP dinners and excursions. Good examples for promotional activities would be to organise and document information and follow-up meetings at concerned communities using the Community Information Centres provided by the project. Such documentary material could be linked to websites and communicated through social media.

4. The project plans should have included **transparent and efficient target area selection** procedures based upon clearly defined and documented criteria. Target area selections should be done using clear criteria and through a transparent and documented process. Baseline survey data should be accurate to avoid that distributions are made in less needed areas.

No procedure or criteria for the district and community selection process was found in any available document, while also some key informants not could explain why four districts were selected for the relative small target group of about 2.150 households. Spreading this target group over four districts - which each are populated with multiple millions of households without essential basic needs – seems in hindsight not efficient. Indeed, project efforts and inputs have therefore been more than otherwise would have been needed to serve the same number of beneficiaries. Furthermore, including one community in an urban slum area seemed similarly inappropriately for this rural-based approach.

Protocols should be developed for strict implementation of every target seletion. Independent third parties should be consulted to assure that the selection criteria are appropriate and that baseline data is correctly collected and reported. Look Back Studies should include assessment of the appropriateness of the target selections.

5. When designing project **waste disposal or composting activities** these should include recycling plastic and other non-biological waste.

In urban or rural areas the collection of such waste should be done collectively by local government or through licensed private waste collectors so that non-degradable waste not will end up in the environment. It could be considered to involve local entrepreneurs for this waste collection as income generation.

6. Future projects should be designed as **integrated and holistic approaches**, including all sectors that have been determined as relevant for action through needs assessments.

If not all sector activities can be implemented by Red Crescent Society or affiliated societies, for lack of funds or expertise, other civil society organisations and/or government agencies should be encouraged to join as a partner so that the successful CDI model can be replicated as a whole. This strategy should be adopted for all development projects.

7. Any future attempts to collect quantitative baseline or endline data should consider the **lessons learned during this Look Back Study**, in particular regarding baseline-endline comparison and proper survey interview techniques to assure consistency and appropriateness.

Any survey should include data on gender, education and basic needs issues. Also, the need for quantitative data collection methods should be carefully determined in view of financial and human resource inputs. In general, a qualitative assessment should always be part of the Look Back Study process and better could precede any quantitative survey. In that way qualitative findings can be measured during the qualitative survey to assess spread and depth.

Annex A: Terms of Reference

TERMS OF REFERENCE (TOR)
LOOK BACK STUDY FOR COMMUNITY-BASED DEVELOPMENT INITIATIVE PROGRAM, BANGLADESH

1. SUMMARY

1.1. Purpose: This evaluation of the Community Development Initiative in Bangladesh seeks to evaluate the Impact of the Community Based Development Initiative Program, assess the appropriateness, replicability, impact and sustainability of the program and to identify key lessons and recommendations to improve present and future Water, Sanitation and Hygiene Promotion (WASH) interventions.

1.2. Audience: The look-back study will help BDRCS and its back donors to draw lessons and identify good practices for improving the design and management of present and future WASH interventions.

1.3. Commissioners: This evaluation is being commissioned by the Look Back Study Management Team.

1.5. Duration: Seven weeks, out of which a consultant will be hired for the last three weeks of the study. The consultant's mission will include briefings, desktop review, field work, report writing, presentation.

1.6. Location: The IFRC delegation and BDRCS's national headquarters in Dhaka, Bangladesh, and the following four districts: Nilphamari, Natore, Kushtia and Magura.

1.7. Application requirements: The Evaluation Team Leader should have extensive evaluation experience and sound skills in both quantitative and qualitative methods.

2. STUDY BACKGROUND

Past evaluations of RCRC developmental WASH projects (such as projects within the Global Water and Sanitation Initiative framework) have been undertaken in most cases at the conclusion of the project period or shortly after. However, the real impact and indeed sustainability of these projects can only be realistically evaluated at least several years after implementation has ceased.

With the 'look-back' methodology, the International Federation of Red Cross and Red Crescent Societies (IFRC) and its membership intends to provide a framework to conduct retrospective studies, where the assessment of sustainability looks at the long-lasting WASH structures and resources that help the community to become less dependent on external assistance and indeed we need to measure to what extent these projects contribute to 'building community resilience'.

For 2015, the IFRC has committed to facilitate a look-back study (LBS) of the Community-based Development Initiative in four districts in Bangladesh.

The purpose of the 'look-back' methodology is to facilitate, through a set of standard tools and guidance, a better understanding of the long-term impact of a WASH intervention over time and the sustainability aspects of the intervention. It also helps to assess whether a software-oriented package with emphasis on the community-based management of the facilities and hygiene behaviour change has been applied, and whether this approach has been a critical element of success in terms of impact and sustainability closely linked to the physical or infrastructural outputs of the project.

A short guidance document on the Look back study can be found in the annex of this document.

3. PROJECT BACKGROUND

The CDI project was implemented by the Bangladesh Red Crescent Society (BDRCS) with funding from the IFRC through remaining funds of the Cyclone Sidr Operation. The project was conducted in Nilphamari, Natore, Kushtia and Magura Districts from May 2010 to June 2012. The project was a first of its kind in Bangladesh tackling community-based disaster resilience through 13 types of intervention of which the first 3 will be the focus of this LBS.

1. **Household latrines and Hygiene Promotion**
2. **Tubewells: deep, shallow and repair**
3. **Household arsenic filters**
4. Shelter improvements: awareness, stabilisation techniques, flood mitigation
5. Income generation, skills training and employment links
6. Adult literacy and women's' empowerment
7. Community Information Centres with library, meeting area and solar powered TV
8. School materials and stipend to keep children in schools for extreme poor
9. Free mobile health camps
10. Composting facilities and awareness
11. Eco-friendly technologies: fuel efficient stoves Bio-gas plant and solar power
12. Homestead gardening
13. Community Disaster Response Teams and Unit Disaster Response Teams created

The final evaluation of this project was carried out in May 2012, right after the completion of the project, comprising a set of conclusions and recommendations drawn from a triangulation of information from interviews, field visits, observations, focus group discussions, and desktop review.

4. PURPOSE AND SCOPE, AND EVALUATION

Purpose

The purpose of this summative evaluation is to provide an evidence-based and objective assessment of the CDI in Bangladesh to reveal further recommendations in the areas of appropriateness, replicability, impact and sustainability.

Scope

The 'look-back' methodology will be used in the context of the CDI programme to help BDRCS and its back donors to draw lessons and identify good practices for improving the design and management

of present and future WASH interventions. Though the CDI programme had a total of 13 components, this Look Back Study will only be applied to the water supply, sanitation and hygiene components of the programme (items 1,2 and 3 in the list above) due to cost and human resources constraints.

Evaluation Criteria

The evaluation criteria will follow the Look Back guidance annexed developed under the IFRC Global Water and Sanitation Initiative. (GWSI).

5. METHODOLOGY

Phase 1: Study carried out without consultant

The impact study in Bangladesh will be conducted using the 'look-back' methodology (tools and guidance) developed in 2010-11 by the Netherlands Red Cross. The knowledge and experience generated by different field test studies (Indonesia, Mongolia, Vietnam and Uganda, Zimbabwe, Timor-Leste and Nepal) is presently available to all partners within the Red Cross Movement. The main reference tools for the study in Bangladesh will need to be re-adjusted to its specific context.

A 'before and after' analysis will be the approach to follow considering that the CDI project had generated a baseline survey in 2010 and look back survey 2015. A post-intervention or look-back survey in the form of a **household survey** will be conducted. This will provide fundamental data to perceive the changes occurred in the communities three years after the project concluded. BDRCS will be the leading partner in this activity providing enumerators and organizing the logistic of the field activities. The data collection will be conducted using RAMP (Rapid Mobile Phone Assessment) as this tool will reduce significantly the time and costs associated with conventional data collection methods. RAMP has been successfully conducted in other projects in Bangladesh and abroad[6]. Training of enumerators, technical supervision of field activities and final data analysis will be facilitated by the Evaluation Team without the Consultant.

The Evaluation Team shall divide its team members to each district and provide training at the BDRCS Unit levels simultaneously. A 1 and 1/2 day training program will be provided to the volunteers on the RAMP methodology and survey approach including a field trial. The survey will take approximately 4 days to complete by the BDRCS Volunteers with a dedicated Evaluation Team member for supervision at each district.

An exhaustive **inventory of water points, household arsenic filters and latrine infrastructure** will be produced to feed into further reporting on water and sanitation coverage (MDG. No 7). This will be undertaken by BDRCS as part of the look-back study, prior to the deployment of the evaluation team.

Phase 2: Study carried out under the lead of the consultant

The methodology will be further detailed with the assistance of the Consultant once commissioned, e.g. with an inception report. The final inception report is required to demonstrate a clear understanding and realistic plan of work for the evaluation. The inception report interprets the key questions from the TOR by the evaluators and explains how methodologies and data collection will be used to answer these. It also elaborates a reporting plan with identified deliverables, draft data, col-

[6] http://www.ifrc.org/ramp

lection tools such as interview guides, the allocation of roles and responsibilities within the evaluation team, and travel and logistical arrangements for the evaluation. The Evaluation Team under the lead of the Consultant, will start with a **desk study**, to detail the evaluation methodology and set-up. The methodology will at least include the following elements:

- Both quantitative and qualitative information. However equal emphasis will be on quantitative & qualitative data and analysis. Gender, disability & age disaggregated data is a requirement.
- Various methods for data gathering, building on previous evaluation work in Bangladesh.
- Triangulation of data to ensure accurateness of data collected.
- Main stakeholder's perspectives, especially those of the beneficiaries, will be taken into account.
- Innovative ways of presenting data collected and analysed, for example spider diagrams, etc.

The second field study will be the **Focal Group Discussion (FGD) and interviews**. The Evaluation Team may choose to divide up into the districts to hold district or community level interviews and focus group discussions. Meetings may also be held in Dhaka with the relevant stakeholders.

It will be the responsibility of the Management Team to establish and maintain contacts with BDRCS Units, and the Evaluation Team. This involves the organisation of travel and identifying and requesting resources required to carry out the study. For this, sufficient budget will be made available to the Consultant (if any) and the National Society.

The Evaluation Team shall reassemble in Dhaka with the collate data and conduct analysis. The discussion of findings and production of report and presentation may at parts be done remotely, by different members of the Evaluation Team. The steps of the study is summarised below:

Step 1: Household Surveys (What happened?)

A baseline survey was conducted but no end line survey was made at the completion of the project. An look-back survey will be conducted using the same question in the same target groups for this study by BDRCS and will be made available for a comparative analysis by the Lead Evaluator. The Rapid Mobile Phone Based (RAMP) technology will be employed for this survey.

Step 2: Inventory Survey (What is still used?)

An inventory survey of WASH hardware provided during the CDI Program shall be conducted by BDRCS with assistance from IFRC. The Inventory data will be made available to the Consultant for analysis and triangulation of information.

Step 3: Desktop Review

Relevant reports and reviews will be provided to the Lead Evaluator for background information and the activities and events of the CDI Program. These documents shall be used to develop FDG guides and triangulation of data gathered from the field visits and surveys conducted.

Step 4: Interviews/Focus Group Discussions (Why things happened?)

The Consultant shall prepare detailed guides for the Evaluation Team for the purpose of collecting information from the FGD for triangulation with Household Surveys, direct observations and Inventory List. The guides shall also set the aggregated number for the focus groups and interviewees, with a

considered strategy to capture vulnerable groups within the target area. Particular observations at the field visits

Step 5: Validation of findings and development of draft recommendations

Facilitate a workshop or workshops to ascertain how best to address the findings i.e. a participatory process within the evaluation team and CDI 1 Project Team to develop the recommendations and initial work plan. The Evaluation team shall then present the initial findings to the Management Team.

Step 6: Reporting and Presentation

The Lead Evaluator with assistance from the Evaluation Team produce a short (approx. 15 pages excluding annexes) and concise report including recommendations based on the findings of the evaluation and the recommendations workshop(s).. The report will be written in English, describing the methods and limitations, a summary of data and evidence, findings, conclusions, and a reasonable number of recommendations.. In order to be able to implement the recommendations, they should be elaborated rather than simply indicating areas that should be improved. They should be directed to the IFRC and the BDRCS, who may share it with beneficiaries and external stakeholders.

6. GENERAL EVALUATION QUESTIONS AND LIST OF INDICATORS

Key questions that would lead the look-back study include, but are not limited to:

Impact

- To which extent were the overall objectives achieved?
- Do the changes brought about by the project still have an effect on the intended beneficiaries and the National Society?
- To what extent did the project contribute to lasting changes in the health status of the target population?
- Were the target groups empowered to take control of their own health status?
- Did the project contribute to positive changes in the behavioural patterns of individuals or, socio-economic and socio-cultural status of the target population?
- Did the project generate positive changes on gender roles? Have women, men boys and girls gained opportunities for control and decision?
- Did the project have an impact on education (school attendance, children retention and absenteeism) in the project area?
- Did the project have any impact in the environment? Did it include any prevention or mitigation measures?
- What are the major factors that contributed to a significant impact for the National Society?

A detailed list of impact indicators is included in the Look-back study – Watsan Project - Short Guidance.

Sustainability

- To what extent did the *benefits* of the project continue after donor funding ceased?
- Has the *approach* introduced by the particular project been sustained after closure?
- What was or would have been required to accomplish these benefits and sustainable approaches?
- Were the projects environmentally and financially sustainable?
- At which extent the collaboration between the national society and local authorities and other partners had some effect on sustainability of the programme?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the projects?

A detailed list of sustainability indicators in included in the Look-back guidance.

Replicability

- Has there been a degree of replication within or beyond the project area by the National Society either through the Branches involved at project level or other Branches
- What can be done to strengthen the process in order to ensure it is sustained and even duplicated beyond the project area?

Appropriateness

- Were the intervention choices appropriately prioritised to meet the most urgent needs first?
- Was the intervention appropriate according to the perception (expressed needs/demand) of the target population and/or according to national policies: how were power relations, cultural perceptions and relevant customs of beneficiaries assessed, and taken into account?
- At the time of project implementation, were the approaches and technologies selected most appropriate for the specific context?

The evaluation team is expected to refine the questions and produce a set of evaluation tools (observation checklist, interview guides, etc) that will be discussed and agreed with the Management Team.

7. PROFILE OF THE MANAGEMENT, EVALUATION AND ENUMERATION TEAM MEMBERS

Management Team

Being an evaluation commissioned by ARC, IFRC and the BDRCS, it is suggested that a team of evaluation managers is appointed. The evaluation management team is responsible for overseeing the logistical and contractual arrangements of the evaluation, managing the external consultant, delegating responsibilities, securing approval of key deliverables according to the evaluation contract/timeframe, and ensuring adequate quality control throughout the evaluation process. Proposed members of the team are the Director of the Community Development department of the BDRCS,

the Program Manager from the Australian Red Cross the IFRC PMER Delegate in Bangladesh as lead manager.

Evaluation Team

The evaluation team will be composed of min four members, who have not had any direct involvement with the CDI Program to ensure unbiased evaluations. The Lead Evaluator who preferably will be either a Consultant or IFRC AP Zone Staff will guide and participate in the FGDs, interviews and observations. A translator will be provided for those members needing Bangla translations. Where possible, the translators used to accompany any team member will not have previous involvement in the CDI Program.

The four individuals will collectively have:

1. Strong methodological background
2. Experience in WASH programming
3. Experience in conducting impact studies, evaluations or similar
4. Ability to write concise and comprehensive reports in English, with at least one member who is able to translate to Bangla.
5. Cultural sensitivity and excellent interpersonal skills
6. Computer literate
7. Experience within the country preferred

Enumeration Team

Each district will comprise of 4 registered BDRCS volunteers. The volunteers will be available for 6 to 7 day consecutively to receive training and conduct the surveys. Training may take place in their district or they may be required to travel to the neighbouring district to receive the training.

The 16 individuals will have:

1. Access to an android mobile phone with 3G capabilities and competent with its use (3G connectivity plan will be paid by Project funds)
2. Ability to follow instructions and ask questions to beneficiaries in a polite and courteous manner
3. Experience conducting baseline or endline surveys (preferable)
4. Ability to read and speak English (preferable)

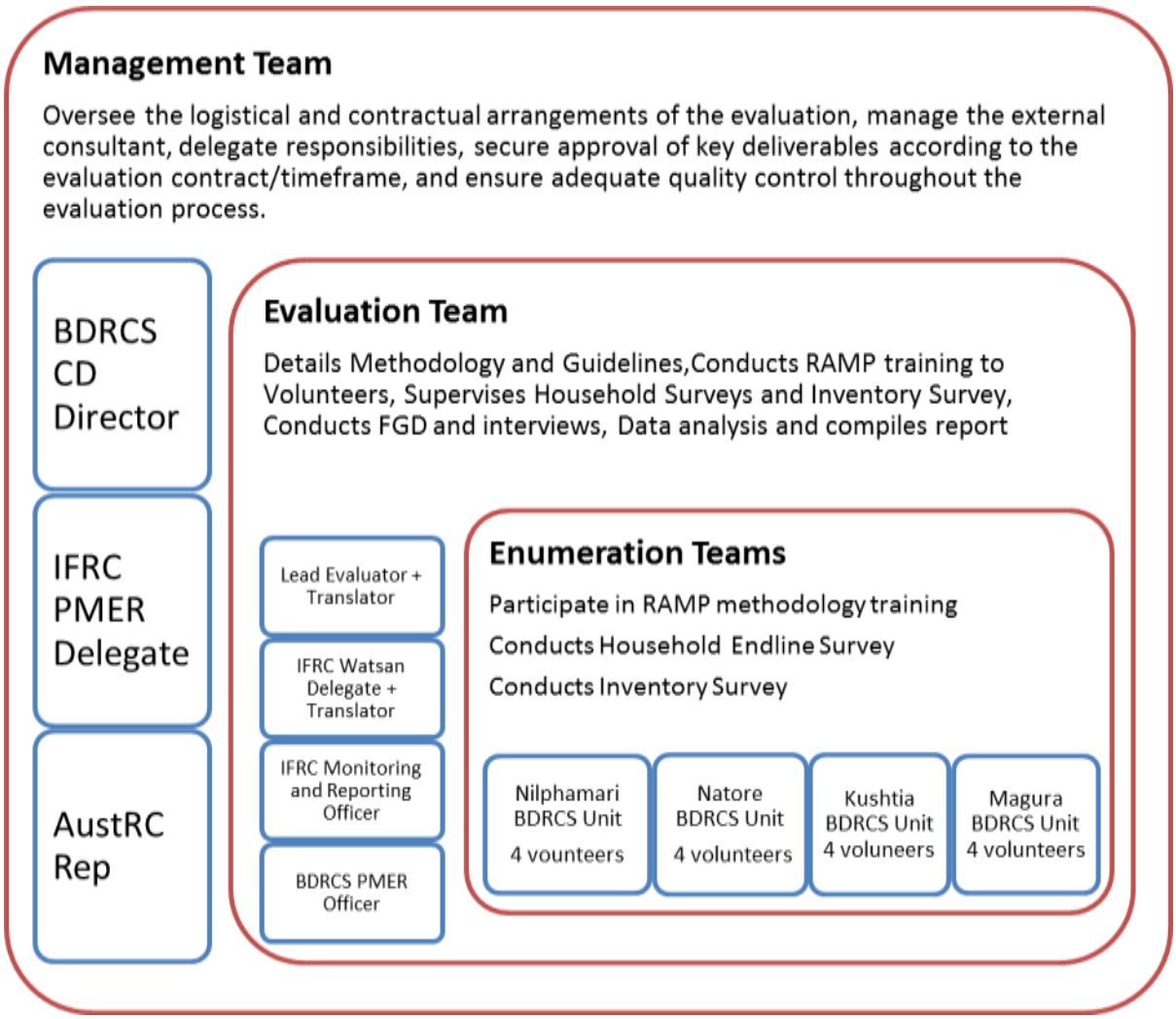


Figure 1: Team Roles, Relationships and Members

8. Proposed Timeline

Phase 2 may not run immediately after Phase 1 but a gap in time between the 2 phases if necessary.

	Time Schedule	Activities	Deliverables
Phase 1	Week 1	1. Developing household survey. 2. Preparation and pilot of data collection tools.	1. Household survey questionnaire 2. Piloted data collection instruments.
	Week 2	1. Development of training for enumerators in RAMP. 2. Training of enumerators. 3. Preparation of inventory of water points, household arsenic filters and latrine infrastructure.	1. Training module for enumerators. 2. Training reports.

	Week 3	1. Household survey. 2. Inventory of water points, household arsenic filters and latrine infrastructure	1. Endline survey completed. 2. Inventory completed.
	Week 4	1. Surveys collated 2. Desktop review documents collected	1. All surveys and documents forwarded to the Lead Evaluator.
Phase 2	***Week 5***	1. All desktop review documents, household and inventory surveys to the Lead Evaluator 2. Lead Evaluator Develop a draft inception report for Management Team review	1. Draft Inception report accepted by Management team
	Week 6	3. Development of detailed final inception report, including adaptation of the current 'look-back study' methodology and associated materials and tools to the context of Bangladesh. 4. Desktop study: review programme documentation, and related primary/secondary resources for the evaluation. 5. Preparation of interview, FGD and observation guides	2. Final inception report incl, methodology, and data collection tools. 3. Interview and FDG and observation guides
	Week 7	1. Data collection in target communities according to final inception report.	1. Communities completed according to final inception report.
	Week 8	1. Prepare draft evaluation report. 2. Debriefing with the IFRC and the BDRCS of initial findings, conclusions, and recommendations before revision and final approval of the final report. 3. Address feedback with revisions in report where appropriate. 4. Revise and submit final evaluation report.	1. Draft version of evaluation report. 2. Debriefing with the IFRC and the BDRCS. 3. Final evaluation report.

9. Evaluation Quality & Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they

are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the IFRC Framework for Evaluation. The IFRC Evaluation Standards are:

1. Utility: Evaluations must be useful and used.

2. Feasibility: Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.

3. Ethics & Legality: Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.

4. Impartiality & Independence; Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.

5. Transparency: Evaluation activities should reflect an attitude of openness and transparency. Informants must be advised how their information will be used, whether it will be de-identified and whether confidentiality will be observed (for example if it is obvious who have provided some information it will not be used)

6. Accuracy: Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.

7. Participation: Stakeholders should be appropriately involved in the evaluation process.

8. Collaboration: Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at:

www.ifrc.org/what/values/principles/index.asp

10. Annex

Look Back Study – Watsan projects – Short Guidance

Annex B: Documents Reviewed

Bangladesh National Hygiene Baseline Survey 2014, Ministry of Local Government

BDRCS SP11-15

CDI Project design documents, including Theory of Change (annexes to funding proposal)

Community-Based Development Initiative (CDI) Progress Report Plan of Action 2010-12

Data sheet UN Coverage Estimates, 2009

End of Term Review CDI, 2012

Households Baseline Survey Report, 2010

Long Term Sustainability of Improved Sanitation in Rural Bangladesh, 2011

Look Back Study Short Guidance

MDG Bangladesh Progress Report, 2013

Mid Term Progress Report on Implementation of Strategic Development Plan 2011-15

National Water Policy, 1999

Organogram of Bangladesh Red Crescent Society, 2014

Strategic Development Plan 2011-2015, BDRCS

Annex C: Analysis Matrix

ANALYSIS OUTCOME

Documentation:

1) Comparison frequency tables Watsan, Education Baseline-LBS survey
2) Frequency tables LBS survey (non comparable with Baseline)
3) Field Assessment: FGD, KII, House Visits/Transects
4) Project documents

Ad 3) Data sources:
9 Focus Group Discussions
7 Key Informant Interviews who was interviewed?/ list of interviewees
5 Transect & House Visits
5 Case stories

Analysis:
-- assess ToR questions:

Questions	Answer Topics	Facts (Identify Sources)	Findings & Conclusions
Impact			
1. To which extent were the overall objectives achieved regarding WASH?	Effect of project: Coverage latrines Coverage safe water Reduction diarrhoea	LBS survey: ca. 90% have latrines; 85% have safe water in-house; 100% have access to close safe water sources FGDs: all responded to have and use latrines; have access to close and safe water sources FIIs: all responded that all villagers have and use latrines and access to safe water sources HVs: those wells with strong arsenic water got filters Check of distribution list with inventory list: 78 arsenic filters distributed and used by 113 households in Magura. Endline shows 80% still used. Stats: 9% current vs 24% past Diarrhoea FGDs + KIIs: now rarely Diarrhoea	1. Full access to safe drinking water 2. Full access to sanitary latrines 3. Significant reduction of Diarrhoea ⬇ **Overall WASH objectives achieved exceeding expectations**
2. Do the changes brought about by the project still have an effect on the intended beneficiaries and the National Society?	Sustainability of activities; appropriateness of plans & operation	Case story Culvert: example of forging village cohesion Stats: 97% of people currently vs 45% in past wash hands with soap See facts Q1: still access to safe water, sanitary latrines FGD4: Volunteers in Kusthia trained in tubewell maintenance + spare parts available (not representative for whole project area)	1. village cohesion enabled 2. sanitary practices are custom 3. full access to safe water & latrines ⬇ **Project has contributed to sustainable positive changes in WASH**
3. Were the target groups empowered to take control of the Watsan and Livelihood activities?	Ownership	FGDs, KIIs, HVs: Beneficiaries are in control of the provided Watsan and income generating assets (sewing machines, ricemill, cattle etc.) FGD9, KII, CO notebook: In Baishpukur, Nilphamari the CDC is still managing community affairs, such as revolving fund which has been registered as CBO. This is not found in other districts.	1. Target groups are in control of assets 2. One case of CDC which is active ⬇ **Project has enabled beneficiaries to take control of their assets and created room for continued community development (see also Q8)**

4. Did the project generate positive changes on gender roles? Have women, men boys and girls gained opportunities for control and decision?	Women empowerment	FGDs, KIIs, HVs: women show independence in family through earning income; in Chewrya women expressed strong decision-making power (FGD6). However, it is not clear to what extent the project has contributed to this change.	1. Positive changes in role of women ⬇ **Project may have enabled women to gain stronger decision-making role through income earning capacity**
5. Did the project have any impact in the environment? Did it include any prevention or mitigation measures?	Waste management	Stats, Obs: 52% of rural beneficiaries currently use pit or composting vs 18% in past used pit to dispose of waste; also in slum people put waste in pit but throw it later in the river or channel (they do not have compost pits as they do not have land and thus do not need fertiliser)	1. House environments are clean in rural areas, but not in slum urban target area. However, open defecation is not observed. ⬇ **Project has contributed to clean and sanitary environments in rural target areas**
6. What major capacity strengthening of volunteers and Nat. Society Staff remained after the project?	Training, skill building	FGDs: demonstration of hand washing practices; knowledge is remaining among BDRCS staff and volunteers. KII CO: Community Organisers remain knowledgeable about maintenance assets, but no refreshment training given. FGDs, Case stories: Volunteers are obviously easy to mobilise and willing to be active	1. Capacity built by Project including volunteer force remained to some extent but is not nurtured. ⬇ **Project-built capacity of volunteers and staff could be strengthened more**

Sustainability	Answer Topics	Facts (Identify Sources)	Findings & Conclusions
7. To what extent did the *benefits* of the project continue after donor funding ceased?	Functioning water sources, filters and latrines and hygiene practices, rc-cdc meetings	See facts Q1: all have access to safe water and sanitary latrines. HV: not all given filters are used, in one case due to disuse of arsenic well FGDs: people have knowledge of hygiene practices, but there is not confirmation to what extend they practice this. Obs: latrines are kept clean. Stats: 95% use soap for handwashing	1. Watsan benefits continued to be used by almost all beneficiaries ⬇ **Watsan *benefits* continued after funding ceased**
8. Has the *approach* introduced by the particular project been sustained after closure?	Maintenance after closure	FGDs, KIIs, HVs: no follow-up by Project or BDRCS Unit except in Nilphamari where some guidance is given to the CDC to continue; also volunteer system is operational. Case story CDC vs CDRT	1. Holistic integrated approach of Project has not been sustained. ⬇  **Project has not put in place measures to sustain the integrated system**
9. What was or would have been required to accomplish these benefits and sustainable approaches?	Support received Plans	Interpretation of overall findings	1. A follow-up & 'after-project facilitation' strategy is required to assure sustainability of the project investments. ⬇  **Project has not included a strategy for follow-up in its plans**
10. Was the project environmentally and financially sustainable for WASH?	Remaining systems	FGDs, KIIs, Obs: the environmental improvement, such as clean courtyards or household waste disposal, is sustainable as observed and told. The tube wells and latrines are repaired by people themselves or with help from a local mechanic if needed. Only filters seem not always to be cleaned as instructed by the manual. There was a tube well repair training provided and a toolkit. Also in some communities the CDC has a fund for this purpose.	1. The Watsan assets are environmentally and financially sustainable. ⬇ **Watsan sustainability is +70% or satisfactory conform international expectations**

11. At which extent the collaboration between the national society and local authorities and other partners had some effect on sustainability of the project?	Local cooperation; Government and Partner input	FGD6+8: Government Agricultural Officer provided training to beneficiaries on kitchen gardening and animal husbandry; BRAC, DptHE tested water quality in Kushtia, Chewrya KIIs: Local officials are invited and joined often the distributions.	1. Interest for public project activities is shown by government officials and some collaboration has been seen, but overall it is only a minor contribution. ⬇ **Project has not enjoyed much sustained collaboration from others**
12. What were the major factors which influenced the achievement or non-achievement of sustainability of the project?	Feasibility & operation	KII: General facts on after-project involvement by BDRCS	1. There has not been a proper follow-up and plan for after-project facilitation. ⬇  **Project did not include activities to ensure sustainability**

Replicability	Answer Topics	Facts (Identify Sources)	Findings & Conclusions
13. Has there been a degree of replication within or beyond the project area by the National Society either through the Branches involved at project level or other Branches?	Project model adequate for other actors	KII Central-level staff IFCR/BDRCS: CDI phase II implemented elsewhere; SRC/GRC/BRC started the V2R project modelled to the CDI elsewhere; TRC and ICRC started projects modelled to the CDI elsewhere	1. The project model has been adopted by the BDRCS and various other actors but not continued in the project area. ⬇ **Project model has been replicated**
14. What can be done to strengthen the process in order to ensure it is sustained and even duplicated beyond the project area?	Evidence-based reviews	Obs: Project has virtually no visibility in the target area and project documentation is poor or misplaced. Not many promotional publications have been produced during and after the project.	1. Project visibility is low. 2. Document production and storage is poor ⬇  **Project plans should include visibility activities and proper M&E**

Appropriateness	Answer Topics	Facts (Identify Sources)	Findings & Conclusions
15. Were the WASH intervention choices appropriately prioritised to meet the most urgent needs first?	Needs properly assessed	FGDs, KIIs, Obs: Project needs assessment was realistic. Team meeting: Selection of districts and communities seem not be based upon clear independent criteria. For example, spreading relative small target population over 4 districts is not efficient. Including slum area for this inherent rural-based project is not effective.	1. Community-level needs assessment is realistic and conform people's perception 2. Selection of target location by national and district level is without merit ↓  **Project plan should include transparent and efficient target area selection procedure**
16. Was the intervention appropriate according to the perception (expressed needs/demand) of the target population and/or according to national policies: how were power relations, cultural perceptions and relevant customs of beneficiaries assessed, and taken into account?	Plans in accordance with people's demands	FGDs, KIIs: intervention was appropriate to address urgent needs of people (see especially past and current needs comparison of FGDs) Documents: no recent documents found with national policies on WASH. Project information: Baseline data and progress reports not centrally kept	1. Intervention was perceived by beneficiaries as appropriate. 2. Project documents not or poorly kept ↓ **Project plans were appropriate** ↓  **Project documents should be kept at central and permanently assessable place for later review**
17. At the time of project implementation, were the approaches and technologies selected most appropriate for the specific context?	Relevance of activities	Team meeting: tube wells, latrine rings and filters are locally produced. Holistic and integrated approach with 12 components, including WASH but also healthcare, education, livelihood support, etc. is adequate to ensure full community development.	1. Local-produced technologies were used. 2. Holistic approach is adequate for CD ↓ **Project was appropriately implemented and adjusted to local contexts**

Other notes:

VISIBILITY: example: there were rumours of beneficiaries being forced to convert to Christianity if they accepted cash grants (in Nouda K. and Chewrya)

Annex D: Baseline & LBS endline Survey Results

ENDLINE DATA FOR THE LOOK BACK STUDY

(compiled by Md. Sazzad Ansari, Sep '15)

Gender:

Row Labels	Female	Male	Grand Total
Kusthia	68	510	578
Magura	39	496	535
Natore	57	548	605
Nilphamari	31	394	425
Grand Total	**195**	**1948**	**2143**

Education status:

Row Labels	Class_5	Class_8	Doesn't know how to read and write	Graduation or above	HSC	SSC	Grand Total
Kusthia	202	31	315	5	3	22	578
Magura	171	121	191	9	6	37	535
Natore	377	104	72	5	18	29	605
Nilphamari	142	22	240	3	6	12	425
Grand Total	**892**	**278**	**818**	**22**	**33**	**100**	**2143**

Water collection in Dry season:

Row Labels	Less than 30m-100 feet	More than 1km	Water point in the house	Within 500m	Grand Total
Kusthia	127		446	5	578
Magura	142		382	11	535
Natore	37	1	565	2	605
Nilphamari	50		373	2	425
Grand Total	**356**	**1**	**1766**	**20**	**2143**

Water Collector:

Row Labels	Both	Female_member	Male_member	Grand Total
Kusthia	20	557	1	578
Magura	499	35	1	535
Natore	589	12	4	605
Nilphamari	171	251	3	425
Grand Total	**1279**	**855**	**9**	**2143**

Do you purify drinking water:

Row Labels	No	Yes	Grand Total
Kusthia	574	4	578
Magura	167	368	535
Natore	484	121	605
Nilphamari	404	21	425
Grand Total	**1629**	**514**	**2143**

Do you have any problem in drinking water collection:

Row Labels	No	Yes	Grand Total
Kusthia	504	74	578
Magura	399	136	535
Natore	571	34	605
Nilphamari	408	17	425
Grand Total	**1882**	**261**	**2143**

Store drinking water separately:

Row Labels	No	Yes	Grand Total
Kusthia	240	338	578
Magura	45	490	535
Natore	354	251	605
Nilphamari	248	177	425
Grand Total	**887**	**1256**	**2143**

Clean water storage pot:

Row Labels	No	Yes	Grand Total
Kusthia	4	334	338
Magura	18	472	490
Natore	119	134	253
Nilphamari	4	173	177
Grand Total	**145**	**1113**	**1258**

Have latrine of your own:

Row Labels	No	Yes	Grand To-tal
Kusthia	32	546	578
Magura	31	504	535
Natore	42	561	603
Nilphamari	95	329	424
Grand Total	**200**	**1940**	**2140**

Frequency of cleaning toilet:

Row Labels	Do_not_clean	Everyday	Once_in_a_month	Once_in_a_week	Twice_in_a_week	Grand Total
Kusthia	11	12	63	433	59	578
Magura	16	7	63	404	45	535
Natore	9	14	223	328	31	605
Nilphamari	5	22	38	223	137	425
Grand Total	**41**	**55**	**387**	**1388**	**272**	**2143**

Satisfaction about the latrine:

Row Labels	No	Yes	Grand Total
Kusthia	133	445	578
Magura	36	499	535
Natore	34	571	605
Nilphamari	270	155	425
Grand Total	**473**	**1670**	**2143**

Why the latrine is a benefit:

Latrine is convenient:

Row Labels	No	Yes	Grand Total
Kusthia	458	120	578
Magura	521	16	537
Natore	568	38	606
Nilphamari	194	231	425
Grand Total	**1741**	**405**	**2146**

Latrine is private:

Row Labels	No	Yes	Grand Total
Kusthia	226	352	578
Magura	414	123	537
Natore	24	582	606
Nilphamari	414	11	425
Grand Total	**1078**	**1068**	**2146**

Increase of social status:

Row Labels	No	Yes	Grand Total
Kusthia	514	64	578
Magura	501	36	537
Natore	547	59	606
Nilphamari	359	66	425
Grand Total	**1921**	**225**	**2146**

Reduce diseases and health gain:

Row Labels	No	Yes	Grand Total
Kusthia	215	363	578
Magura	23	514	537
Natore	602	4	606
Nilphamari	412	13	425
Grand Total	**1252**	**894**	**2146**

Keeps environment clean:

Row Labels	No	Yes	Grand Total
Kusthia	311	267	578
Magura	372	165	537
Natore	594	12	606
Nilphamari	37	388	425
Grand Total	**1314**	**832**	**2146**

Dumping of household waste:

Specific Pit

Row Labels	No	Yes	Grand Total
Kusthia	405	173	578
Magura	528	9	537
Natore	507	99	606
Nilphamari	423	2	425
Grand Total	**1863**	**283**	**2146**

Throw into the bush:

Row Labels	No	Yes	Grand Total
Kusthia	458	120	578
Magura	527	10	537
Natore	446	160	606
Nilphamari	425		425
Grand Total	**1856**	**290**	**2146**

Burn it:

Row Labels	No	Yes	Grand Total
Kusthia	479	99	578
Magura	405	132	537
Natore	514	92	606
Nilphamari	423	2	425
Grand Total	**1821**	**325**	**2146**

Composting:

Row Labels	No	Yes	Grand Total
Kusthia	547	31	578
Magura	54	483	537
Natore	301	305	606
Nilphamari	409	16	425
Grand Total	**1311**	**835**	**2146**

Throw in the pond/canal:

Row Labels	No	Yes	Grand Total
Kusthia	186	392	578
Magura	507	30	537
Natore	509	97	606
Nilphamari	425		425
Grand Total	**1627**	**519**	**2146**

Recycling the waste:

Row Labels	No	Yes	Grand Total
Kusthia	562	16	578
Magura	536	1	537
Natore	606		606
Nilphamari	424	1	425
Grand Total	**2128**	**18**	**2146**

Do not do anything:

Row Labels	No	Yes	Grand Total
Kusthia	571	7	578
Magura	535	2	537
Natore	606		606
Nilphamari	399	26	425
Grand Total	**2111**	**35**	**2146**

Wash hand regularly with soap:

Row Labels	No	Yes	Grand Total
Kusthia	36	542	578
Magura	8	527	535
Natore		605	605
Nilphamari	11	414	425
Grand Total	**55**	**2088**	**2143**

Name of district * Anyone suffering from diarrhoea Crosstabulation

District	Anyone suffered from diarrhoea				Total
	No (frequency)	%	Yes (frequency)	%	
Kusthia	486	84.08	**92**	**15.92**	578
Magura	493	92.15	**42**	**7.85**	535
Natore	592	97.69	**14**	**2.31**	606
Nilpham	387	91.06	**38**	**8.94**	425
Total	**1962**	**91.3**	**186**	**8.7**	**2148**

Data on Baseline Survey in all four districts

(re-arranged and re-calculated based on data entry by Md. Sazzad Ansari, September 2015 – data for 14 villages; data for 1 village could not be found)

1. Gender status

District	Male	Female
Kustia	217	168
Magura	452	18
Natore	558	36
Nilphamary	246	35
Total	**1473**	**257**

2. Educational background

District	Literate	Illiterate	Primary	Secondary	Higher second-ary	Above
Kustia	7	175	47	170	1	0
Magura	0	218	122	95	27	8
Natore	22	246	202	101	17	6
Nilphamary	92	180	4	5	0	0
Total	**121**	**819**	**375**	**371**	**45**	**14**

3. Distance for collecting drinking water in dry season

District	3. Tube well in the house	Less than 30 m	Over 500 m	1-1.5 km	2 km	3 km	Over 3 km
Kustia	0	237	83	72	0	0	0
Magura	290	157	23	0	0	0	0
Natore	84	304	150	2	41	13	0
Nilphamary	183	52	44	0	0	0	0
Total	**557**	**750**	**300**	**74**	**41**	**13**	**0**

4. Water Collector

District	Male	Female	5-10 yrs	11-18 yrs	Adults	Purchase from water vendor
Kustia	0	0	0	0	237	237
Magura	0	470	0	0	470	0
Natore	27	508	3	3	588	0
Nilphamary	3	219	0	0	279	0
Total	**30**	**1197**	**3**	**3**	**1574**	**237**

5. Need of water treatment

District	5. Yes	No
Kustia	155	237
Magura	0	470
Natore	8	591
Nilphamary	10	270
Total	**173**	**1568**

6. Any other problem in collecting drinking water

District	6. Yes	No
Kustia	231	161
Magura	49	469
Natore	182	402
Nilphamary	77	202
Total	**539**	**1234**

7. Water stored separately for drinking water and other purposes

District	7. No	Yes
Kustia	47	345
Magura	374	96
Natore	172	422
Nilphamary	117	162
Total	**710**	**1025**

8. Cleaning of water container

District	No	Yes
Kustia	154	238
Magura	0	470
Natore	19	575
Nilphamary	5	274
Total	**178**	**1557**

9. Having latrine

District	Yes	No
Kustia	59	332
Magura	386	84
Natore	462	132
Nilphamary	99	180
Total	**1006**	**728**

10. Frequency of cleaning of household latrine

District	Daily	Once a week	Once a month	Once 3 months or above	Not cleaned at all	Others
Kustia	74	113	27	0	1	0
Magura	0	117	219	50	0	0
Natore	23	155	222	13	20	30
Nilphamary	0	66	24	0	9	10
Total	**97**	**451**	**492**	**63**	**30**	**40**

11. Household satisfaction about the latrine

District	Happy with the existing latrine	Yes	No
Kustia	132	1	115
Magura	0	266	120
Natore	0	187	275
Nilphamary	0	56	43
Total	**132**	**510**	**553**

12. People defecate where?

District	Latrine in house	Communal latrine	Bush	Other
Kustia	178	73	81	0
Magura	261	182	27	0
Natore	433	77	55	32
Nilphamary	153	77	49	19
Total	**1025**	**409**	**212**	**51**

13. Household perception on benefits of use of latrines?

District	Less time to walk to defecate	More privacy	Increase in status	Decrease in diar-rhoea
Kustia	190	1	202	0
Magura	1	92	17	360
Natore	120	92	239	143
Nilphamary	51	94	141	37
Total	**362**	**279**	**599**	**540**

14. Method of disposal of waste

District	14. Refuse pit	Bush	Burn	Bury	Other
Kustia	225	1	154	12	108
Magura	0	451	0	19	0
Natore	50	520	16	6	2
Nilphamary	58	189	14	6	58
Total	**333**	**1161**	**184**	**43**	**168**

15. Household practice of washing hands

District	Before eating	Before cooking	After defecation	Other
Kustia	29	255	0	0
Magura	426	0	44	0
Natore	563	75	99	15
Nilphamary	247	111	123	2
Total	**1265**	**441**	**266**	**17**

16. Materials used for hand washing

District	Water only	Soap	Ash	Other
Kustia	7	179	190	9
Magura	1	421	48	0
Natore	63	235	294	4
Nilphamary	114	25	264	46
Total	**185**	**860**	**796**	**59**

STATISTICAL SIGNIFICANCE CALCULATED THROUGH CHI TEST

WATER SOURCE

KUSTHIA	water source <30 m			water source >30 m			*Marginal Row Totals*	
Baseline	237	(327.34)	[24.93]	155	(64.66)	[126.22]	392	
Endline	573	(482.66)	[16.91]	5	(95.34)	[85.6]	578	
Marginal Column Totals	810			160			970	(Grand Total)

The Chi-square statistic is 253.6638. The P value is 0. This result is significant at p < 0.05.

MAGURA	water source < 30 m			water source > 30 m			*Marginal Row Totals*	
baseline	447	(454.1)	[0.11]	23	(15.9)	[3.17]	470	
endline	524	(516.9)	[0.1]	11	(18.1)	[2.78]	535	
Marginal Column Totals	971			34			1005	(Grand Total)

The Chi-square statistic is 6.1632. The P value is 0.013044. This result is significant at p < 0.05.

NATORE	water source < 30 m			water source > 30 m			*Marginal Row Totals*	
baseline	388	(490.46)	[21.4]	206	(103.54)	[101.39]	594	
endline	602	(499.54)	[21.01]	3	(105.46)	[99.54]	605	
Marginal Column Totals	990			209			1199	(Grand Total)

The Chi-square statistic is 243.3504. The P value is 0. This result is significant at p < 0.05.

NILPHAMARI	water source < 30 m			water source > 30 m			*Marginal Row Totals*	
baseline	235	(260.77)	[2.55]	44	(18.23)	[36.43]	279	
endline	423	(397.23)	[1.67]	2	(27.77)	[23.91]	425	
Marginal Column Totals	658			46			704	(Grand Total)

The Chi-square statistic is 64.5604. The P value is 0. This result is significant at p < 0.05.

LATRINES

KUSTHIA	access to private latrine	no access to private latrine	*Marginal Row Totals*
baseline	59 (244.12) [140.38]	332 (146.88) [233.33]	391
endline	546 (360.88) [94.96]	32 (217.12) [157.84]	578
Marginal Column Totals	605	364	969 (Grand Total)

The Chi-square statistic is 626.5126. The P value is 0. This result is significant at p < 0.05.

MAGURA	access to private latrine	no access to private latrine	*Marginal Row Totals*
baseline	386 (416.22) [2.19]	84 (53.78) [16.98]	470
endline	504 (473.78) [1.93]	31 (61.22) [14.92]	535
Marginal Column Totals	890	115	1005 (Grand Total)

The Chi-square statistic is 36.0177. The P value is 0. This result is significant at p < 0.05.

NATORE	access to private latrine	no access to private latrine	*Marginal Row Totals*
baseline	462 (507.65) [4.11]	132 (86.35) [24.14]	594
endline	561 (515.35) [4.04]	42 (87.65) [23.78]	603
Marginal Column Totals	1023	174	1197 (Grand Total)

The Chi-square statistic is 56.0679. The P value is 0. This result is significant at p < 0.05.

	access to private latrine	no access to private latrine	*Marginal Row Totals*
baseline	99 (169.86) [29.56]	180 (109.14) [46.01]	279
endline	329 (258.14) [19.45]	95 (165.86) [30.27]	424
Marginal Column Totals	428	275	703 (Grand Total)

The Chi-square statistic is 125.2937. The P value is 0. This result is significant at p < 0.05.

WASTE DISPOSAL

KUSTHIA	rufuse pit or compost	Other	*Marginal Row Totals*
baseline	225 (191.69) [5.79]	275 (308.31) [3.6]	500
endline	204 (237.31) [4.68]	415 (381.69) [2.91]	619
Marginal Column Totals	429	690	1119 (Grand Total)

The Chi-square statistic is 16.9706. The P value is 3.8E-05. This result is significant at p < 0.05.

MAGURA	Category 1	Category 2	*Marginal Row Totals*
baseline	0 (203.38) [203.38]	470 (266.62) [155.13]	470
endline	492 (288.62) [143.31]	175 (378.38) [109.32]	667
Marginal Column Totals	492	645	1137 (Grand Total)

The Chi-square statistic is 611.136. The P value is 0. This result is significant at p < 0.05.

NATORE	Category 1	Category 2	*Marginal Row Totals*
baseline	50 (200.2) [112.69]	544 (393.8) [57.29]	594
endline	404 (253.8) [88.9]	349 (499.2) [45.19]	753
Marginal Column Totals	454	893	1347 (Grand Total)

The Chi-square statistic is 304.0761. The P value is 0. This result is significant at p < 0.05.

USING SOAP

ALL	Using soap	Use other or not	*Marginal Row Totals*
baseline	860 (1385.41) [199.26]	1040 (514.59) [536.45]	1900
endline	2088 (1562.59) [176.66]	55 (580.41) [475.62]	2143
Marginal Column Totals	2948	1095	4043 (Grand Total)

The Chi-square statistic is 1387.9869. The P value is 0. This result is significant at p < 0.05.

DIARRHOEA

Kusthia	yes			no			*Marginal Row Totals*	
baseline	46	(55.4)	[1.6]	339	(329.6)	[0.27]	385	
endline	92	(82.6)	[1.07]	482	(491.4)	[0.18]	574	
Marginal Column Totals	138			821			959	(Grand Total)

The Chi-square statistic is 3.1135. The P value is 0.077645. This result is *not* significant at p < 0.05.

Magura	Category 1			Category 2			*Marginal Row Totals*	
Group 1	99	(65.94)	[16.57]	371	(404.06)	[2.7]	470	
Group 2	42	(75.06)	[14.56]	493	(459.94)	[2.38]	535	
Marginal Column Totals	141			864			1005	(Grand Total)

The Chi-square statistic is 36.2169. The P value is 0. This result is significant at p < 0.05.

Natore	Category 1			Category 2			*Marginal Row Totals*	
Group 1	214	(112.86)	[90.64]	380	(481.14)	[21.26]	594	
Group 2	14	(115.14)	[88.84]	592	(490.86)	[20.84]	606	
Marginal Column Totals	228			972			1200	(Grand Total)

The Chi-square statistic is 221.5794. The P value is 0. This result is significant at p < 0.05.

Nilphamari	Category 1			Category 2			*Marginal Row Totals*	
Group 1	79	(46.57)	[22.59]	202	(234.43)	[4.49]	281	
Group 2	38	(70.43)	[14.93]	387	(354.57)	[2.97]	425	
Marginal Column Totals	117			589			706	(Grand Total)

The Chi-square statistic is 44.9744. The P value is 0. This result is significant at p < 0.05.

ALL	Category 1			Category 2			*Marginal Row Totals*	
Group 1	438	(278.37)	[91.54]	1292	(1451.63)	[17.55]	1730	
Group 2	186	(345.63)	[73.73]	1962	(1802.37)	[14.14]	2148	
Marginal Column Totals	624			3254			3878	(Grand Total)

The Chi-square statistic is 196.9556. The P value is 0. This result is significant at p < 0.05.

LITERACY

ALL	illiterate			literate			*Marginal Row Totals*	
baseline	819	(734.71)	[9.67]	926	(1010.29)	[7.03]	1745	
endline	818	(902.29)	[7.87]	1325	(1240.71)	[5.73]	2143	
Marginal Column Totals	1637			2251			3888	(Grand Total)

The Chi-square statistic is 30.3009. The P value is 0. This result is significant at p < 0.05.

GENDER	**Male**			**Female**			***Marginal Row Totals***	
baseline	1473	(1528.1)	[1.99]	257	(201.9)	[15.04]	1730	
endline	1948	(1892.9)	[1.6]	195	(250.1)	[12.14]	2143	
Marginal Column Totals	3421			452			3873	(Grand Total)

The Chi-square statistic is 30.7667. The P value is 0. This result is significant at p < 0.05.

ALL (Need to) purify water	**yes**			**no**			***Marginal Row Totals***	
baseline	173	(307.95)	[59.14]	1568	(1433.05)	[12.71]	1741	
endline	514	(379.05)	[48.04]	1629	(1763.95)	[10.32]	2143	
Marginal Column Totals	687			3197			3884	(Grand Total)

The Chi-square statistic is 130.2103. The P value is 0. This result is significant at p < 0.05.

Cleaning latrine daily/once a week	**Yes**			**No**			***Marginal Row Totals***	
baseline	1103	(1108.44)	[0.03]	30	(24.56)	[1.21]	1133	
endline	2102	(2096.56)	[0.01]	41	(46.44)	[0.64]	2143	
Marginal Column Totals	3205			71			3276	(Grand Total)

The Chi-square statistic is 1.8865. The P value is 0.169601. This result is *not* significant at p < 0.05.

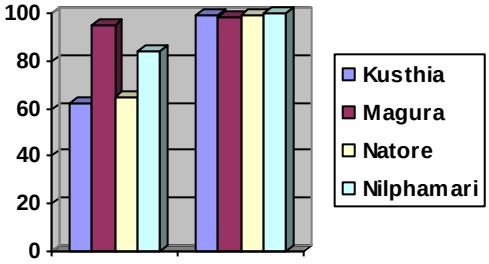
Cleaning latrine

ALL	**Clean at least once/month**			**Less or not**			***Marginal Row Totals***	
baseline	1040	(1086.66)	[2]	93	(46.34)	[46.97]	1133	
endline	2102	(2055.34)	[1.06]	41	(87.66)	[24.83]	2143	
Marginal Column Totals	3142			134			3276	(Grand Total)

The Chi-square statistic is 74.8668. The P value is 0. This result is significant at p < 0.05.

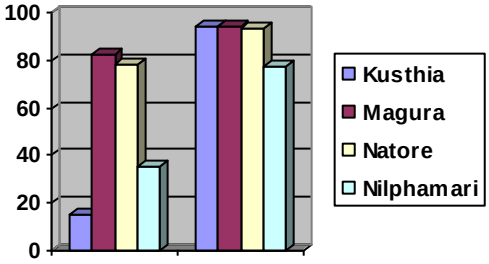
Annex E: District-level Indicators

Aim: all have a drinking water source within 30 m	0 year %	5 Year %	Chi² p =
Kusthia	62	99	0.000
Magura	95	98	0.013
Natore	65	99	0.000
Nilphamari	84	100	0.000
All	**76**	**99**	<0.05



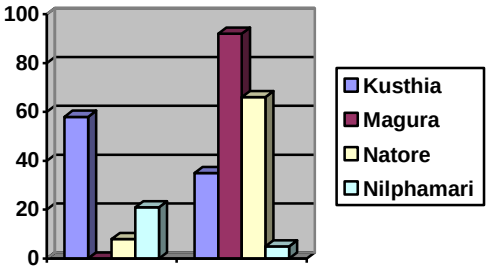
☺*Comment:*
The aim has been fully realized. Significant changes are seen in all districts at 95% confidence (p=<0.05).

Aim: All have access to a private latrine	0 year %	5 Year %	Chi² p =
Kusthia	15	94	0.000
Magura	82	94	0.000
Natore	78	93	0.000
Nilphamari	35	78	0.000
All	**58**	**91**	<0.05



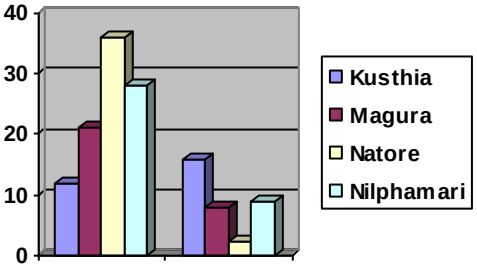
☺*Comment:* The aim has actually been realized for nearly all as private latrines are used by multiple families living together. Significant changes are seen in all districts at 95% confidence (p=<0.05).

Aim: All households use pit or compost waste	0 year pit %	5 Year both %	Chi² p =
Kusthia	58	35	3.8-05
Magura	0	92	0.000
Natore	8	66	0.000
Nilphamari	21	5	---
All	**19**	**52**	<0.05



😐*Comment:*
The realization of the aim seems only been achieved in Magura and Natore. Survey data for Nilphamari is considered invalid (18 pit or compost while during qualitative assessment it was observed that all households did compost their household waste).

Diarrhoea past 3 months (baseline) or past year	0 year %	5 Year %	Chi² p =
Kusthia	12	16	0.085
Magura	21	8	0.000
Natore	36	2.3	0.000
Nilphamari	28	9	0.000
All	**24**	**9**	0.000



☺*Comment:*
Except for Kusthia a significant reduction in diarrhoea

Annex D: FIELD ASSESSMENT REPORT
QUALITATIVE ASSESSMENT LOOK BACK STUDY CDI 2015

Introduction
As part of the Look Back Study a one-week field visit was planned to four project communities to assess the current WASH conditions and general needs at past and present time. Three of the four communities were selected purposely and one ad random (see table).

District	Community	Selection criteria
Magura	Bagdunga	Arsenic filters provided
Kushtia	Cheuria	Urban slum
Nilpharami	Baishpukur	River erosion affected
Kushtia	Nouda Khadimpur	Ad random selected out of remaining 3 communes in Kushtia and Natore

Three methods were used to get information, namely 1) Focus Group Discussions (FGD) with BDRCS volunteers and community staff, and with beneficiaries (youth and heads of households); 2) Key Informant Interviews (KII) with local (in)formal leaders like president of the Community Project Committee (CPC), imam and others; and observations of household conditions through transect walks and visiting families.

Field Visits
The four person team visited the first two communities together to align approaches and facilitation techniques for the FGD, KII and observations. The last two communities were visited each by a two-person unit – Kushtia's Chewrya village by Mrs. Selina Chan with Mr. Shakhawat Hossain; and Nilphamari's Baishpukur village by Mr. John Vijghen with Mr. Sazzad Ansari.

The schedule of visits was prepared in advance and arranged by the district BRCS Unit officers.

Date	District	Community	Team	Activities
13-14 Sep '15	Magura	Bagdanga	All	Visit BDRCS Unit Office FGD Volunteers, FGD Youth, FGD Beneficiaries, KII, Transect house visits
15-16 Sep '15	Kusthia	Noude Khadimpur	All	Visit BDRCS Unit Office FGD Volunteers, FGD Youth, FGD Beneficiaries, KII, Transect house visits
17 Sep '15	Kushtia	Chewrya	Selina + Shakhawat	FGD Volunteers, FGD Beneficiaries, KII, Transect house visits Briefing Sec BDRCS Visit BDRCS Unit Office
18 Sep 2015	Nilpharami	Baishpukur	John + Sazzad	Visit BDRCS Unit Office FGD Volunteers, KII, Transect house visits Briefing Sec BDRCS

Documents Collected
Distribution documents relating to WASH were collected from the BDRCS Unit offices.

Cooperation
The Unit Local Officer (ULO), Youth Leader and Community Organisers in each location joined the team during the field visits and were very helpful in arranging FGD and providing background information.

20 September 2015,
John Vijghen LBS Consultant