

Paper title: A case study on Community Management in Water Supply in Bangladesh"

Abstract

This paper is prepared on behalf of the LGSU, HYSAWA Project, which is a component of the GoB-Danida Water Supply & Sanitation Sector Support Programme – II (2006-2011). The objective of the assignment was to document the existing good practices of community management in water supply along with lessons learned from the field.

The overall goal of the HYSAWA project is related to poverty reduction of poor rural communities where availability and accessibility of safe water is limited. The specific objectives are to improve hygiene behaviour and practices, promote community-led total sanitation, increase coverage of safe water supply and empower local government institutions.

Working with the community through the development of Community Development Forum (CDF) is the key strategy adopted in the implementation of the HYSAWA project. The strategy has a vision to develop community people's capacity to takeover the responsibilities of planning, cost sharing, O&M and mainstreaming of community schemes. Therefore, strategy focused on a goal for underserved and un-served population's participation in CDF meeting and including them in all phases of the project activities. The project mechanism mobilises community people and their continuous participation through CDF activities. The CDF is the active change agent and has played a key role for the effective implementation of project activities. The CDF has clearly defined roles and responsibilities to enable community participation in a real sense. Furthermore, to ensure better participation, Community Facilitators (CF), Union Facilitators (UF) and Community Organizers (CO) played key roles in the functioning of CDF. A series of guidelines and manuals were provided by the Project to guide and assist the CDF in carrying out its tasks.

The methodology for the good practices study included secondary data collection, study of HYSAWA project implementation manuals, CDF records, meeting reports and related literature of other organizations in Bangladesh. In addition, a one month field work, covering seven districts of HYSAWA project sites, was conducted.

The study finds a number of key good practices involving community people's right to access of safe water, active participation in CDF activities, Operation & Maintenance (O&M), and vulnerable people's empowerment concerns. The study also reveal that the community-based participatory approach has led to their empowerment. The community consultation strategies used in project development and implementation, such as CDF meetings and mobilization of people created an enabling environment for an effective and meaningful participation. One of the key lessons learned from the project is that easy access to safe drinking water is a single most factor for improving the social and economic life of rural women in Bangladesh.

The strong commitment, active participation and quality leadership of the community members has contributed to the successful implementation of the HYSAWA project in a short time.

1. Background

1.1 HYSAWA Project Context

The HYSAWA Project is part of the Water Supply and Sanitation (WSS) Component under WSSPS II (2006-2011), and consists of the Local Government Support Unit (LGSU) and the HYSAWA Fund. The LGSU provides capacity building support to Local Government Institutions (LGI) for implementation of hygiene, sanitation and water services. The HYSAWA Fund is established as a financial institution under the Companies Act, 1994 which, on application, can provide funding to eligible Union Parishads (UPs) for the implementation of hygiene, sanitation and water services. The HYSAWA project activities are carried out through an effective and extensive community participation. The UPs covered in the HYSAWA project supported by LGSU are in the districts of Rajshahi, Chapai Nawabganj, Naogaon, Barisal, Pirojpur, Jharkati, Feni, Laxmipur and Noakhali.

The central approach followed by the HYSAWA project to stimulate community participation and to ensure community ownership of water supply and sanitation projects is the establishment and functioning of Community Development Forums (CDF). Therefore, the approach projected that CDFs are able to take the lead role for accessing and managing safe water supply with the help of partner NGOs (PNGOs) and gradually PNGOs will be phased out by CDFs. Moreover, it was thought that the community people will be able to take over the operation and maintenance (O&M) functions including monitoring of behavioral changes, using hygienic latrines and continuing with proper hygiene practices.

The main objective of the HYSAWA project is to develop and demonstrate sustainable hygiene, sanitation and water supply service delivery through local governments and in consultation with local people. The immediate objectives are:

- To improve hygiene behaviour/ practices
- To promote community-led total sanitation
- To increase coverage of safe water supply services
- To strengthen the capacity of Government, Local Government Institutions (LGIs) and non-government stakeholders at all levels to play the roles required to achieve the above three immediate objectives.
- To promote greater devolution of administrative and financial authority to local government institutions in regard to hygiene, sanitation and water supply.

1.2 Introduction

A good practices study was carried out to document the existing good practices of community management in water supply along with lessons learned from the field.

This good practice report is prepared on the basis of information through a series of participatory discussions with a wide range of respondents that included CDF Chairpersons, CDF members, UP Chairperson, members, female & male community members, school

teachers, farmers, poor day laborer, UP female & male members, PNGO workers, SO staff members, and LGSU.

2. Literature review

A literature review was conducted aimed to understand the good practices of community management in the area of water supply in Bangladesh. Study of some of the NGOs supported projects reveal that success of any project depends on the degree of community participation in all stages of a project.

2.1 Conceptual views of Community Management

Community management evolved from the concept of community participation that gained universal acceptance during the 1980's International Drinking Water Supply and Sanitation Decade (IDWSSD). By the end of the IDWSSD, community participation within rural water projects had evolved to encompass this third level of involvement, including granting communities control over operations, maintenance and cost sharing (Lockwood, 2004). This also marked an important institutional policy change in international development towards basing the provision of services on *demand*, rather than the conventional supply driven model, and complemented efforts to create ownership of development processes on the part of local communities (Nicol, 2000).

Over the past three decades, experience has shown that water and sanitation activities are most effective and sustainable when they adopt a participatory approach, including to:

- (1) act in response to genuine demand,
- (2) build capacity for operation and maintenance and sharing of costs,
- (3) involve community members directly in all key decisions,
- (4) cultivate a sense of communal ownership of the project, and
- (5) use suitable technology that can be maintained at the community level.

"If we accept that communities exist, then it becomes meaningful to talk of them owning and sharing things and then to speak of the equity with which these are owned or shared. Equity includes both a sense of equality and a sense of being entitled to a share in ownership. Equity is crucial to community management. It implies that, although communities are diverse, everyone in the community should profit in the same manner from a water supply system. It accepts that communities must mean more than rich getting together to buy themselves an expensive water supply system. To deal with this view of community means to acknowledge diversity" (Schouten and Moriarty, 2003:55).

In practice, community management, like community participation, means diverse things depending on the level of decision-making power given to the community people. Community management has been defined as being "about communities making strategic decisions: what level of service they want, how they want to pay for it, where they want it. The community people will be involved in day-to-day operation and maintenance, in collecting money from users and in buying spare parts. The ultimate goal of community management of is not to maximize participation of users, but to optimize participation in order to achieve sustainability through human development (Narayan, 1993).

"Community management is about power and control" (Schouten and Moriarty, 2003). Access to safe water through community management has got peak priority in developing countries like Bangladesh. It was revealed through HYSAWA project that to meet community needs to be

trained and to become empowered to manage their own water systems, including O&M, monitoring of water quality and water points.

2.2 Community Management in the context of the Topic

By character every individual is influenced by family members, friends, peers, neighbours, teachers, political leaders and the group he/she joins. Therefore, these are valuable and more important available resources that should be used to encourage people to develop positive behaviours. The community management approach in water supply is considered as one of the good strategies for achieving sustainability in matters of hygiene, and sanitation and safe water drinking practices for the poor community.

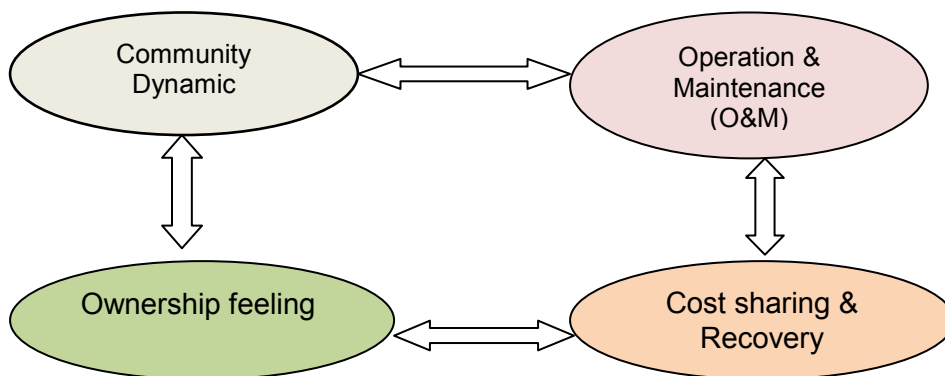
Hence, communities need to be empowered to take over the planning, operation & maintenance and management of safe water supply and to work with local partners and local governments. The

documents review of HYSAWA project indicates that the specific objectives and over all design of the project activities will remain unchanged during implementation. Good project implementation planning can contribute to good project outcomes.

Good project implementation planning was following:

- Sub Manual 4 (CDF), Project Implementation Manual (PIM)
- Sub manual 5 (Union Parishad), PIM
- Sub manual 8 (Support Organisations), PIM
- Sub manual 9 (Partner NGOs), PIM

Concrete framework of significant elements for effective Community Management



The communities are not homogenous. An important concept is successful community management of rural water supply is the understanding that communities are complex, non homogeneous compositions (Schouten and Moriarty, 2003). Therefore, community management approach for HYSAWA project is considered as one of the good strategies for achieving sustainability in water supply for un-served, under served poor and women. In this project community management is defined as a situation in which a self motivated group of people take the responsibility, obtain ownership feeling and carry out control on operation, management and maintenance of a service benefitting members. The approach is anticipated that CDF will take the lead role for safe water supply with the help of Union Parishad, Partner NGOs and Support Organisation. As soon as PNGO/SO will be phased out, community people will be able for operation and maintenance (O&M) functioning which includes monitoring of

behavioral changes, healthy latrine use and taking corrective hygiene actions, daily monitoring of water point cleaning & water quality and collecting user contributions for O&M of the facilities.

2.3 Role of Government of Bangladesh

The inclusion of Water and Sanitation as one of the components of the Bangladesh Poverty Reduction Strategy is a significant recognition of the critical importance the Government has assigned to the sector as a means of poverty reduction. This has encouraged the main the Governments strategy and mobilizes technical and financial assistance to support the MDGs for the water and sanitation sector. The Government of Bangladesh is committed to ensure access to safe water drinking and sanitation for all. There are from a variety of documents that the sector instigated and implemented including National Policy for Safe Water Supply and Sanitation 1998, National Arsenic Mitigation Policy 2004, National Sanitation Strategy 2005, Pro Poor strategy for Water and Sanitation Sector in Bangladesh 2005 (PSU 2009). According to BDHS the population using improved water in Bangladesh is 97 percent (BDHS 2007)

In the light of above mentioned contexts many International organizations and donor countries have been funding water sector in Bangladesh since independence in 1971, more recently adopting the approach of participatory management as proposed by the Dublin Conference. The access of water in rural areas is insufficient and inadequate despite several management approaches applied to improve access, and the currently adopted approach of involving the community (DFID, 2004).

2.4 Initiative by NGOS and the Private Sector

WaterAid's *Global Strategy 2009-2015* revealed an understanding of citizenship which includes both liberal and civic republican aspects, stating that WaterAid will help the poor "to demand their rights to water, hygiene and sanitation services", "to influence the services' delivery" and "to take responsibility for developing and maintaining [the services]" (WaterAid, 2009). Similarly, WaterAid's Citizens' Action approach supports citizens in claiming their rights to water and sanitation services, typically through collective action by communities to lobby service providers (WaterAid, 2006a, 2008b). The approach of 'citizen engagement' through "capacity building and grassroots advocacy to stimulate community participation in decision making" is also stated in WaterAid's country strategy for Bangladesh (WaterAid, 2010).

VERC has been implementing Water and Sanitation program and CLTS approach. The community consultation and organizing strategies used in project development and implementation, such as mass meetings and house-to-house visits to consult and mobilize women and men, created an enabling environment that provided key openings and mechanisms for community's participation (VERC Annual Report 2009).

The NGO Forum for Drinking Water Supply and Sanitation has been implementing the Community-managed Water and Sanitation Programme through Village Development Committee (VDC) in Bangladesh. Moreover, "NGO-Forum believed that Community Management can be ensured under the leadership of VDC and local allies through whom NGO-Forum decentralizes the implementation of several of its programmes" (Annual Report 2009). NGO-Forum ensuring community participation from various class of community people. For

instance the UP members, WATSAN members, Local elites, school teachers, farmers, van drivers, house wives and children.

The KAP (Knowledge, Attitude and Practice) study of NGO Forum's findings revealed that the WatSan knowledge of these villages has been improved significantly. On an average 70.8% people have come to know the causes of diarrhoeal diseases and consequences of drinking unsafe water and are being mobilized under the Project. As a result the incidences of diarrhoeal diseases have been reduced noticeably.

Numerous intervention studies revealed that good quality knowledge about hygiene, sanitation and safe water are inextricably linked with human development. In Bangladesh, diarrhoea is the fourth major leading cause of child mortality. The primary reason behind this achievement is extensive health and hygiene education, enhanced knowledge and practice related to ORS, use of safe water and sanitation practices by the people (SACOSAN-III).

Community Lead Total sanitation was developed by Dr Kamal Kar (Social and Participatory Development Consultant from India) with Village Education Resource Centre (VERC), and Water Aid in Bangladesh. The idea of total sanitation emphasizes community participation, in the real sense of the term. Thus, CLTS involves helping village inhabitants to identify the fact that defecating in open areas is a problem and a dangerous behaviour, thereby creating the “demand” for suitably adapted sanitation equipment (Kamal Kar 2003).

By the turn of the millennium a new approach “Community Lead Total Sanitation approach” was identified as a key to communities opening their eyes towards hygienic practice and responsive of the aftermaths of their sanitary behaviours (Howes *et al*, 2008). CLTS principles were adapted and applied in Bangladesh by three different NGOs: Plan Bangladesh, VERC and the Decentralized Total Sanitation for Sustainable Development (Dishari) project managed by the Dhaka Ahsania Mission (DAM). Dishari project had begun its journey in September 2004 with the aim to develop Upazilla based total sanitation model steered by Union Parishad and with the participation of local departments of the government, NGOs and the communities in three districts of Dhaka Division and three districts of Rajshahi division. Interventions project implemented an important tool of community mobilization that hypnotized can modify human attitude and behavior. The targeted community was mobilized through an ignition process by the trained Ward Taskforce Members in the community segments and adopted mass awareness program to cover entire community living in the targeted project areas. Several PRA activities for community mobilization in village level were conducted (www.ahsaniamission.org.bd).

To ensure sustainable community participation, NGO-Forum has been promoting the CLTS approach in the context of the Union based total sanitation movement in Bangladesh. “CLTS represents a paradigm shift with huge potential for poor people in rural areas (Mohiuddin *et al*, 2004).”

The CLTS approach has now become recognised as being particularly efficient and total community sanitation has been taken up by many local and international NGOs as well as even governments in other countries, mainly in Asia and Africa (IDS 2007). However, CLTS experiences proved that communities were able to identify the accepted behaviour and helped others to understand the problems connected with defecating in the open.

HYSAWA project approach of CLTS is based on the following principles:

- Community members will lead to eliminate open defecation
- No subsidy for latrine construction, community people will contribute by themselves
- Involvement of Local leaders, elites, and UP office
- Mobilisation of human and local environmental resources
- Use of participatory research methods to identify problems and solution

3. Description of the study

Based on the HYSAWA project documents and other literature review the good practice study based on field work was undertaken. The most important purpose of the good practice study is

to share the community people's lessons from their experiences of community management in water supply and determine the indicators of sustainable behavior of community people.

3.1 Design of the Good Practice Study

Selection of study location and samples

The Good Practice study was carried out in twenty one CDF in fourteen Unions of the seven districts in Barisal, Feni and Rajshahi region (see annex study location). A two step purposive sampling approach was followed to get the comprehensively information to assess their level of participation and involvement in the project. First, a purposive study sample list was prepared by the district project officer in three regions. After that a primary field visit was done by the consultant to validate the good CDF list. The Consultant visited several CDFs at the union level in Godagari Upazila under Rajshahi district. Through transect walk exercise; consultant walked through the selected CDFs and observed the level of participation, and practices of community management approach at the community and HH level. Moreover, discussed with the other social elite and poor people of the community, individual household members and observed environmental and domestic hygienic condition. To look also into other performances criteria other than just output used five indicators to identify of CDF which had performed better on these indicators during the field trip. Indicators are presenting in following table:

Table-1: Study location and Number wise CDF selected

SL	District	Upazilla	Unions	No. of CDF
01	Barisal	1.Babuganj	Chandpasha	1 CDF
		2.Hizla	Guabaria	2 CDF
02	Pirujpur	Sriramkathi	8# Sriramkathi	1 CDF
03	Jalokathi	Jalokathi Sadar	Nabagram	1 CDF
04	Feni	Dagonbhuiya	1# Sindurpur	1 CDF
05	Noakhali	1.Senbag	1. Kabilpur	1 CDF
			2. Arjuntola	1 CDF
06	Rajshahi	1.Godagari	1. Shapur*	1 CDF*
			2. Bodolkot	1 CDF
06	Rajshahi	1.Godagari	1. 1# Godagari	2 CDF**
			2. Matikata	2 CDF
			3. Basudebpur	3 CDF**
06	Rajshahi	2.Tanore	Soronjai	2 CDF
07	Naogoan	Patnitola	Krishnapur	1 CDF

*1 CDF was cancelled due to bad practice in Shapur .
**2 CDF not having tube-well yet. Total 21 CDF

Table-:2 Indicators used to Good Practice study sample

#	Indicators	Description
01	Performance of participation	level of participation: decision making, during project design, situation analysis, proposal planning, and implementation
02	Performance of O&M during the project phase	-Have properly trained technicians who are capable of making repairs -availability of local supply of spare parts -clearly defined rules of operation
03	Performance of cost sharing and managing finances within the community	-Ability and willingness to pay -Transparency, knowing where money is kept and how money is spent - method of funds collection
04	Performance in increasing of hygiene & sanitation coverage (CLTS) during the project	level of progress in access to sanitary toilets during the project years preceding
05	The relative increase of behaviour changes	Level of progress in personal & domestic hygiene, hand washing with soap, wearing sandal, using safe water for HH activities and drinking etc.
06	Access of hardcore population	poor households in each CDF which have access safe water, and installed a sanitary toilet

Study methods and tools

Information on the community management approaches and field findings were collected through the following research methods and tools (see Annex for the list & No of respondents)

Table 3: methods, tools and interviewee

	Data collection tools and field work procedure	Whom to talk
➤ Documents review (HYSAWA project & other literature review)		CDF members & water users (male & female)
➤ Record checking	❖ Checklist	-UP chairman
➤ Transect walk	❖ Guideline	-UP members (male & female)
➤ In-depth interview	❖ Structured questionnaire	School teachers, religious leaders, senior citizens, upazilla Engr. Social elites, Water users, hardcore poor, CDF members
➤ FGD	❖ Camera	--SO/PNGO staff at upazilla/union level
➤ Key Informant Interview		-School teachers
➤ House-Hold Survey		-Hujur, senior citizen
		-Social leaders
		-Day laborer

4. Field Findings

Community management is an effective discipline for managing any social initiatives. Thus, the study of community management in water supply is an innovative documentation process that combined the good practices and lessons learned from the community members. This good practice examples on the community management in water supply below, demonstrates how the HYSAWA project activities have been practiced by the community members.

4.1 Essentials of Good Practices

Community Management aspects

Community management has become an important strategy to the development of the poor communities; because it represents an attempt to mobilize and guide the motivation of the people to undertake and sustain development activities. Without strong group or leaders experienced in the management of development, communities have no means of translating their needs into effective decision making. The resulting of empowerment of the people is able to stimulate the existing leadership and will eventually spark further development efforts.

Level of Participation during CDF Formation

The CDFs were the main mechanism through which community people were mobilized to participate in project activities. The setting up of the CDF was an extensive participatory process that required several visits to the CDF each day by the CFs, COs, UCs and UP members. Direct observation revealed that all CDF's members were selected by the community people and for the community members. Selection process followed the HYSAWA project's TOR and all executive members were selected from the general council. Among them three women members were in the EC. There was huge evidence that all CDFs were very active and well organised in terms of documentation process and project implementations. For communities where the CDF is the primary actor the process followed two major steps:

Box 1: Participatory Process of CDF formation

<p>STEP 1: CDF Development Process</p> <p>During the CDF establishment several issues were taken into account. For instance, community members conducted project's baseline study, social mapping, wealth ranking exercise and activities plan. Moreover, they thought about the availability of the CDF members for O&M, willingness to pay contribution and maintenance funding, involvement of hardcore poor, vulnerable women, older men and commitments to grant water point for construction issues etc. were preferred.</p>	<p>STEP 2: Community Development Forum</p> <p>1) Creation of "CDF" (group formation) commencing community people and water users. CDF documents showed that community people willingly participated in the planning and decision process, tube-well construction, supervision of construction, and serve as the interface between the contractor and the community members.</p> <p>2) With the constant guidance from CDF, Community Organisers (CO), Community Facilitators (CF) was able to launch a formal Community Development Forum (CDF). This committee is composed of a minimum of 8 people:</p>
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Table 4: Structure of the CDF

Executive Council of the CDF	No person
1. Chairman	1
2. Vice-Chairman	1
3. secretary	1
4. cashier	1
5. Executive members	4

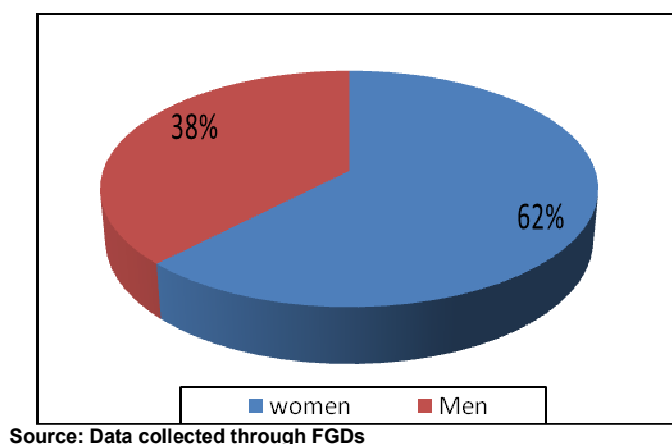
Table 5: Activities of the CDF

<ul style="list-style-type: none"> ➤ Arranged monthly meeting (at least once) ➤ All members were present at the meeting ➤ Carry out baseline survey and social mapping ➤ Involved hard-core poor, women and children at the meeting ➤ Took an active initiative to reduce open latrine (CLTS) ➤ Prepared sub-proposal ➤ Motivating and monitoring to change hygienic behaviours ➤ Collected contribution money and currently collecting repairing fee ➤ monitored hardware activities ➤ networking with UPs, SOs/PNGOs partners ➤ Prepared work plan ➤ Writing monthly progress report 	<p style="text-align: center;">Documents Found at CDF</p> <ul style="list-style-type: none"> ❖ CDF registration book ❖ Meeting regulation book ❖ Social map ❖ Descriptions of PRA tool ❖ Wealth ranking register book ❖ Hand wash registration book ❖ HH based sanitary register book ❖ Yearly work plan ❖ Note book to keep the record of tube-well's materials ❖ Editing book (birth & deaths at the community)
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Participation in Scheme Development

Direct observation, FGDs, KI interviews revealed that an effective community management means the utmost level of community participation in all phases of the project. All respondent agreed that community members' participation was so strong and played active role in decision making, planning, designing, and implementation of the HYSWA project. All community members were spontaneously motivated and worked for the betterment of their members. Out of 21 CDF (from 3 regions), 19 CDF had have the 100 percent active participation. That was especially noticeable in the contrast between 2 CDF who were still lacking in term of for their participation and management, such as the one in Chatkhil, Noakhali and another one in Hizla, Barisal.

Figure 1: Women & men agreed that they attended at CDF meetings.



It was observed that not only CDF members but also water users had been actively attending the monthly meeting, sanitation latrine coverage, and court yard meeting over the past few years. Some exception found about male members. Some male members were day laborer and were busy but their wives attended the meetings and followed all decisions regarding tube-well, safe water drinking and hygienic promotion activities.

Active people lead active communities

It has been said that active people can lead an active community. Documents review at CDF level revealed following achievements:

Table 6: CDF achievements (monthly meeting arranged, HH wise tube-well & CLTS coverage)

SL	District	Upazilla	Unions	Name of CDF	Meeting arranged (from May 05' 09 to Nov/Dec' 10)	Total HH (using Tube-well)	CLTS coverage (perceived)
01	Barisal	1.Babuganj	Chandpasha	Talukderpara CDF# 02	18	44/3	90%
		2.Hizla	1. Guabaria	CDF # 401	17	26/1	60%
				CDF # 502 (Bastipara)	18	64/2	75%
02	Pirujpur	Sriramkathi	8# Sriramkathi	Vhirmkathi CDF	18	65/3	100%
03	Jalokathi	Jalokathi Sadar	Nabagram	Talukdar Marketpara CDF#103	19	84/3	80%
04	Feni	Dagonbhuiya	1# Sindurpur	CDF #03	18	87/7	40#
05	Noakhali	1.Senbag	1. Kabilpur	CDF # 35	17	78/2	70%
			2. Arjuntola	CDF # 06	19	14/1	70%
		2.Chatkhil	Bodolkot	CDF # 02	20	13/1	65%
06	Rajshahi	1.Godagari	1. 1# Godagari	CDF# 103 (Aai Hai Dhoppera)	14	75/2	45%
				CDF# 201	14	32 (not yet TW)	30%
			2. Matikata	CDF# 302 (chowduar)	12	102/4	50%
				CDF# 402 (Pirujpur-Thakurbari)	22	128/7	75%
			3. Basudebpur	CDF# 1 (kabutorpara)	13	12/1	45%
				CDF#301 (Kashimpur)	18	93/2	100%
		CDF# 105 (Uttor Baliaghat)		18	82/3	90%	
2.Tanore	Soronjai	CDF#15 (Dorghapara) CDF (Shazi dyingpara)	28	84/9	N/A		
			24	52/3			
07	Naogoan	Patnitola	Krishnapur	Paniura club samitee CDF	30	50/7	85%

Box 2: Good examples of community participation

At Sriramkathi, Nazirpur, Pirujpur, the CDF chairman Mr. Jagadish Halder said “ all CDF members, water users actively participated during the process of scheme development through the social mapping exercise. We under took baseline survey and identified the number of hardcore poor households, unhealthy sanitary latrine, and existing facilities of water. Then we have decided how much tube-well were needed and priority (who will get first). According to people’s demand and necessity we have developed the scheme and finalised the proposal. Without there active participation it was not possible to implement all those activities by the CDF members, UP members and NGOs.”



Female CDF chairman

CDF chairman Mrs, Matuara, said, “CDF members and water users had active participation during the process of scheme development planning, tube-well installation, operation and maintenance, hygiene, sanitation and safe water drinking related activities. Moreover, we took decisions through several group discussions in the monthly meetings and courtyard meetings as at when necessary. Specially, women were very active and helped me a lot.”

In Nabagram village, Jalokathi sadar, CDF chairman said “we arranged special meeting before tube-well installation and discussed with the social map, base line information and O&M. We identified who need most the tube-well and involved them. We paid onsite visit to the planned place for tube-well installation for verification. Before that we defined our necessary task and responsibility, like, who, what and whom. Some were responsible to monitor contractors and some were responsible for materials checking. Strong commitment was particularly evident in all those CDF.”

Nineteen CDF Chairmen said: “We might start motivating the all community members in the villages and we emphasized to work with un-served and under served population because the project is not about the water but also hygiene and healthy sanitation. Poor people and men didn’t see the importance of it. Thus, we tried to involve poor and women as well. Because women are collecting and caring of children and they needed to know the importance of safe water. It was the women who were motivated and participated. However, all members knew the technical aspects with pipes, tube-well point construction, etc. They monitored this and told us the problems. Without active community participation no scheme could be developed and implementing.”

4.2 Factors contributing to effective Community Management

Box3: Good examples of Community Leaderships

A) Quality of leadership and social cohesion

The leadership approach of CDF chairman differ than the UP leadership or traditional leadership in rural Bangladesh. The CDF leaderships are activity as promoters of safe water service and playing a crucial role to coverage the healthy sanitary latrine for their community members. Strong community leadership, or continues involvement of a charming individual, helps to maintain community interest and commitment through the implementation phase and in the longer-term problem-solving processes necessary to keep systems in good working order.

“Serving humanity is serving God” (Jibe prem kore jei jon, sei jon sebiche Iswar)



CDF # 8 under Sriramkathi village, Nazirpur, Pirujpur: Mr. Jagadish Halder a Hindu believer is 65 years old and a retired primary school teacher. He expressed his philosophy of life that “serving mankind is serving God” as we are all parts of one human family in this world. One must serve the society in one own ways and means depends on one’s needs and most importantly we should utilise properly our resources for hardcore poor.” He served the society as a teacher for 25 years and at the same time he has been involved with many social activities in his area. He took initiative to remove all open latrine and serves for not only his CDF but also monitoring other CDF’s activities.’ He said “I always try to make people understand that Ignorance is like death, Knowledge is Life, because the real life exists of gaining knowledge to reach one’s ultimate goal of life. Without a qualitative change in life, can not people advance towards the goal of life.”

“We had no CDF, no unity before (amader kono CDF chhilo na, ekota-o chhilo agey)”

Mithu Babu, Village: Chowduar, Matikata union, Godagar,i Rajshahi

Mithu Babu, 80 years old, indegious community member, described his experences like” I am so old but CDF members are inviting me to attend the meeting s. I am so happy to get the tube-well near at my home. Before this tube-well our daughters, wives had to manage water from others tube-well and that was far way. I enjoyed warm water during this winter. Moroever, he maintioned that they had many diseases before CDF activites like diarrhoea, dicentry but now those diseases really decreasing. As he is old and staying all the time at home, he is cleaning and monitoring the water point eachday.



“UP office ekhon amake sooman kore” (I am now honored by the UP office)



CDF Chairman Sri Ankur Roy,from Ai-Hai village (indegenuous group CDF# 103), WARD # 1, Godagari union said: “I get opprtunity to devlop my leadership and work for my own population through the CDF process. I now can go to UP chairman easily and he respect me as CDF chairman. I am changed a lot egarding hygiene activities and vists to all households, latrines and ask them to follow do me. I am now honored by the UP office.” All members are helpful and listening to him. Some are listening but some not. Because, they are not aware yet and do not understand their benefit. However, we have 2 tubewell and I heard that UP office gives tube-well registration and we got registration by providing 51 TK. We will get free maintanance service by the UP’s tube-well mechanic for our tubewell. We shared the registration fee.”

B) Strategy to enhance community participation



Direct observation revealed that PRA was an effective tool to mobilize the community people. Social mapping, a common PRA tool, mostly used in all regions for wealth ranking focused in un-served and undeserved, water and sanitation situation. Though this process community people defined their needs, and set the level of participation and cost.

In the village Sindurpur, Feni, the CDF Chairman, members and water users agreed that community members along with UP members, PNGOs participation allowed them to collaboratively carry out a number of activities, the tools and methods in the program cycle, including the social mapping exercise.”

Figure 3: Social Map

“UP chairman of Arjuntola, Senbag, said “The PRA approach used in HYSAWA project was to increase community people’s participation in the context of water supply which later we may use in other social activities. Currently we are practicing the same which we followed during scheme development. All community members are paying all maintenance cost to buy parts of tube-well.”

In another village of Soronjai, (Tanore, Rajshai) KI told that active community participation was the key catalyst to get the tube well as per their needs and demand. Moreover, all female participants told that they were involved in drawing the social map, wealth ranking exercise and baseline survey.

UP chairman, Krishnapur, Patnitola, said: “I am really happy to see that my people are able to think about and identify what their needs. I wonder to see while they prepare the social map and analyze their socio-economic position. They identified who is the poorest of the poor in the community. I also learn so many things through this PRA exercise. Moreover, they are having their own tube wells through HYSAWA project and learning about personal hygiene, healthy sanitation, and safe water to drink. Now they know how to keep them well. I also learn many things from HYSAWA project and try to follow.”

4.2.1 Women’s Participation

Direct observation found that the adequate representation of women was taken into granted. Since, the HYSAEA project focuses on water supply, hygiene and sanitation, women are often consider their own and interested in, they are became important sources of individual identity. Some female respondents shared their views:

Box 4: Good examples of women's participation



We are no more silent

They said “we went to the meetings and expressed our problems related water. We are greatly benefited through these CDF meetings and curious to monitor “what everybody is doing” to prove good practices. Before we have collected water from far way and it consumed time and energy. But now we are enjoying water in front of our house that takes only few minutes (3 to 5 min.). Nowadays, we have plenty of time and we can use qualitative times for our child caring, IGA activities and other household activities.” Mostly women were the decision makers regarding the suitable place for tube-well installation:



a female participant pointing the place of the tube-well on the social map



“Female Union Facilitator”

Chandpasha union, Babujanj, Barisal

Mrs. Shanaz Begum, 42 years old, a widow has been working as UF with UP office under HYSAWA project for 2 years. Her husband died in 2003 and left 4 daughters. At that time her husband's working place was in Chittagong and she lived there. After her husband's death she came back to her father's home. She started to fight with her life. She completed B.Ed and worked for 4 years as a school teacher with a local school. But salary was not regular but she needs money to feed her 4 daughters. At that time she saw the HYSAWA project's advertisement at local photo copy shop. She applied and UP chairman, female members and other local leaders considered her as vulnerable. She said “I am now so happy. I was in deep sea after my husband's death...! HYSAWA project changed my social-economic position and my life. Through this CF's work, I was able to continue my daughters' education. I also bought 3 swing machines, one for me and 2 for my daughters for IGA purpose. ” Moreover, she said that she is not only working as CF but also working for the people in the community, “ I follow all hygienic behaviour and practices. Also giving advices to my community people to follow those for their better life.”

“sobai ekk-sathej kaj kori, somman pai” (Working together & people are respecting me)

Kumarpara CDF, Vilalge:Uttor Baliaghat, WARD # 5, Basudebpur, Godagari, Rajshai

Mrs. Shefali Rani, 32 years old, CDF member and a widow for 15 years. While her daughter was 1 year old, she was widow and back to her parents home. When she got married when she was only 14 years old. She passed primary level (class 5). She works as a potter with her brothers. Now she is feeling an important person as a CDF member. She said “nowadays, all community members are thinking about the benefits of safe water, hygiene and healthy sanitation and doing themselves. Before, I've not seen such behaviour in my community. Also I am happy that people are considering me an important member. I am involved with the CDF from the beginning of the project. Before I had suffering from diarrhoea but nowadays it's less, so I can work everyday.”





**“manusher jonno kaj kore bhalo shomoy katai, nijere gurruttopurno mone hoy”
(Passing my effective time for the people and feeling important)**

Mrs. Baishakhi Roy, 50 years old an indigenous widow. She is an active CDF member who works at the field as day laborer. Her husband died 20 years ago and only son left her. She told: *I had not been able to pay my contribution money but I took loan form other members. Later I paid them. They did that with their pleasure for having a tube-well. Because, we all were sufferer, we spends one to two hours in collecting water. Am participating all meetings and implementing all those advices from other members. I also am giving instruction how to implement hygienic habits. Now people are changing and wearing sandal when goes to latrine, washing hands with soap and drinking and working with tube-well water. As a widow I had no value but now people respects me as a CDF member.*

An indigenous widow,1 # Godagari union.

4.2.2 Children and Older population Participation

Box 6: Good examples

Good practices:

“Sharing Water and sharing Responsibility”

An indeginous grand ma taking care of her grandsons because her daughter in-law was in the FGD meeting with me. She also said that whenever she (in-law) went to the CDF meeting she take cares of her grandsons. She said, my daughter-in-law is a member and she is doing her good for ensuring the safe water and implementing all those necessary hygienic practices at home.



“OraW community, Village: Chowduari,Matikata, Godagari, Rajshahi



CDF # 6, Batakandi Moddhopara, Arjuntola Mothers (CDF members, water users) brings their kids during meeting in Arjuntola union, Senbag, Noakhali.

We bring our children at the meeting to teach them about higiene,healthy sanitation and safe water drinking. We tought them how & why to wash hand with soap. Now they are using sandle for going to latrine, washing hand before & after eat, and drnking tube-well’s water. We cant observe all the times our kids, so, if the understand the importants of the acitivities then they will follow themselves.

“ We learned how to wash both hands” (amra 2 haat dhua shikhechhi)

A school girl showing handwashing process during FGD meeting at Basudebpur union, Godagari, Rajshahi
A total of 80 children provided information about hand washing, personal hygiene, proper sanitation and the importance of safe water drinking. All the children said that they learned from their school session and also CDFs during CDF meeting along with their mothers. They said that they are practicing also in their daily life.

CDF 401, WARD # 4, Village: Kabutorpara



mothers brought their children at Basudebpur union, Godagari, Rajshahi.

CDF 105, WARD # 5, Village: Uttor Baliaghat

The CDF activities had a strong focus on community people's participation through all phases of the HYSAWA project activities. For instance, scheme development preparation, problem solving, proposal planning, designing, tender submission, implementation, monitoring, operation and maintenance (O&M). The CDF chairman and other members were present in all phases of the scheme development. They played an active role in implementing community lead latrine construction program, hygiene promotion and in the safe water drinking program.

4.3 The role of UP, SOs and PNGOs

Study revealed that UP Chairmen, members were highly involved and committed in project implementation. For example, UP Chairman in Nabagram, Sriramkathi, Babugonj, Arjuntola, Dagonbhuiya, Basudebpur, Godagari and Krishnapur all of them showed very strong commitment which contributed to smooth project implementation, including received and processed scheme for consultation, fund request to HYSAWA FMO, and directed CDF for collect community people's contribution.

Box 7: Good examples of UP chairs



UP Chairman, Nabagram

UP Chairman, Nabagram, Jalokathi Said “HYSAWA project is an excellent example of community people’s participation. I did not do any thing; everything was done by the people and for the people. My people are benefited, so, am happy. I tried my good from my side and now people will manage their responsibility.

UP Chairman in Arjuntala, Senbag, Noakhali said “I had a dream to become a Chairman and how to provide my service for the poor people. HYSAWA project gave me that opportunity and utilize that opportunity by proving tube-well to the poorest of poor.”



UP Chairman, Arjuntola



An interview session with UP chairman, Soronjai

UP Chairman, Soronjai, Tanore, said “I am very happy that my people are conscious and united through CDF system. In my area, which is called Barendra Area is known to all as acute water crisis area during summer. In this situation HYSAWA’s initiative was like a dream for my people. Nowadays, my people are drinking safe water and feeling great.

Study also found that SOs, and PNGOs provided the suggestion and training to CDF members, CFs, care takers, to take greater responsibility for the development of the projects scheme, baseline survey, social mapping, wealth ranking, construction supervision and maintenance of the tube-well for their better interest. An exception was found in Krishnapur Upazilla. There was no PNGOs contribution and only SOs has been working along with CFs and UP chairmen.

Quality during implementation:

The specific objectives of the HYSAWA project have been followed by the UPs, SOs and PNGOs. They have been following the Project Implementation Manuals. The ability and willingness of UP offices to provide funding to PNGOs in timely manner and proposals submission from the community members was important factors for soothing implementation and target complementation of HYSAWA project

4.4 Operation and Maintenance (O&M)

Continued and efficient operation and maintenance (O&M) is an important issue for ensuring the long-run sustainability of the benefits of HYSAWA activities. Thus, the effective O&M by the community members included (i) contributions in 20% cash for middle & poor income and 10% cash for hardcore poor people (ii) CDF in place, and (iii) following the “user pays” principle at present.

Direct observation found that the O&M strategies were pre-determined factors, to facilitate community members to take the responsibilities of O&M and manage the water service effectively. However, most CDF chairmen said that the amount of maintenance cost is petite and all poor households have been sharing their O&M costs willingly.

All CDF chairmen, members and water users agreed that the early establishment and activities of CDFs and software fostered greater beneficiary participation, resulting in stronger sense of ownership and willingness to accept responsibilities of community members. They told “we were fully aware, authorized and empowered to operate and maintain the water system in our own way.” They took decisions through discussion with community people who were not CDF members but water user. All are contributing repairing fee as and when necessary. Out of 21 CDF (in 3 regions) 19 CDF are collecting five taka from each HH monthly for future tube-well maintenance. CDF chairman collecting money at the meeting and depositing to CDF account at the Bank.

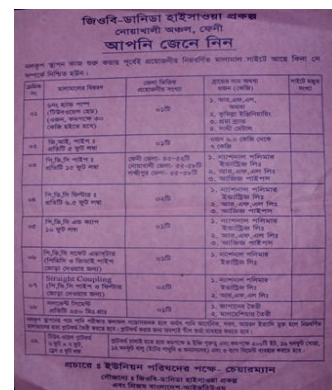
Findings from KII (teachers & local elites) respondents said that “now community members are able to manage all aspects of the tube-well services including operation and maintenance. They are now capable to manage other issues, like building sanitary latrine, stopping open defecation, providing hygiene education at HH level, even stopping dowry and early marriages at the community level.”

All most all FGD respondents replied that now they are capable what to do and what not. They can decide instantly and able to take the responsibilities in overall O&M of the tube-well. Moreover, they are fully aware and monitored households to increase the level of personal hygiene, healthy sanitation and safe water practices for their community members. One CDF chairman provide an example “my CDF was established 2 years back and we enjoyed full involvement in decision making through active participation. In edition, we acquire authority over and seize the control on operation and maintenance (O&M) of a service benefitting our members. we are collecting 5 TK from each household each month for O&M. ”

A good initiative was taken to aware community people how to monitor tube-well materials and hardware activities. The leaflet was distributed before tube-well installation among all CDF chairmen, members and other community members to increase their monitoring capacity. The leaflet was published by the UP chairman on behalf of the UP office in Noakhali region.

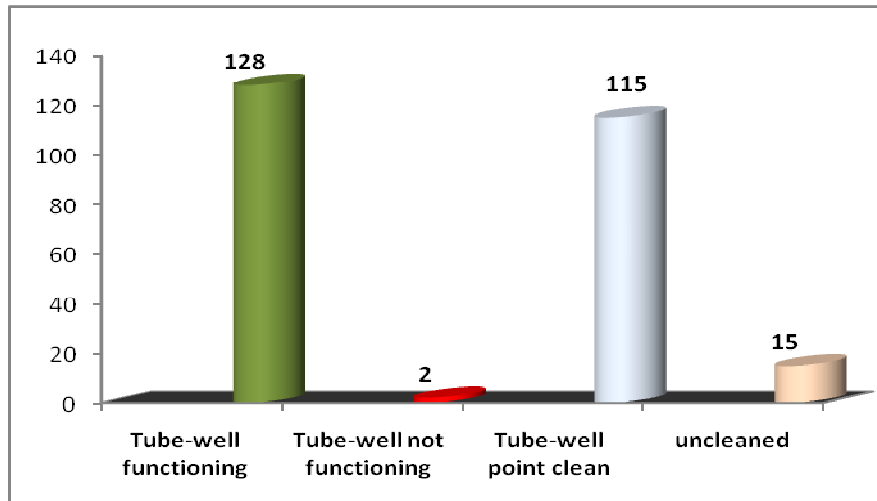
Leaflet contents information:

1. Tube-well head with brand name (1: at least 30 KG weight)
2. Quantities of PVC & GI pipes and brand
3. PVC filter (2)
4. PVC add cap (1)
5. Quantities of straight coupling (2)
6. Cement with brand name (1)
7. Measurement of tube-well platform



*Source: UC, Senbag, Noakhali

Fig 2: Good O&M practices



Two caretakers were selected and trained to provide technical support to keep tube-well functioning at each union. This strategy has been proved very effective and productive. Direct observation found that out of 130 (tube-wells) 128 were functioning and cleaning everyday. Two tube-wells were not functioning for one week at Soronjai, Tanore Upazila. The reason behind that one tube-well mechanic was sick and another went for social visit. Thus, community members are collecting water from nearest tube-well under the same scheme. All FGD respondents informed that they have the mobile number of tube-well mechanics and whenever tube-well is out of order they are calling them. The most significant finding is that community caretakers training yet to start but community people take cares of their tube-wells with heartfelt feelings.




Photo: “Tube-well mechanic training program arranged by the District Support Organisation.”

Cost sharing practice

Willingness and ability to pay is attached to ownership of the tube-well. Community members' feeling is that they own and is responsible for the tube-well. A "CF" from Noakhali said "it took a lot of time to convince community people that they should take-up ownership of the tube-well by contribution of the money."

Findings through CDF documents, FGDs and in-depth interviews found that community people especially hardcore poor people willingly contributed money for having their own tube-well. At present they are collecting money from the each HH for maintenance their tube-well.



A good practice example of cost sharing letter. This letter was sent to CDF chairman from the UP Chairman of Chandpasha union, Babujanj, Barisal.

The letter illustrated that the contribution money for hardcore poor is 10 percent and 20 percent for other categories. Like, poor, and middle class (according to socio-economic position). Thus, hardcore poor paid 555 TK and 1110 TK by poor, middle class.

"People's ability to operate tube-well and maintenance water service for the daily basis is not only associated with the money but strong commitment and willingness," said a CDF chairman in Godagari union. Moreover, he added "to improvement of people's commitment and capability is mostly important and it will need long time and effort."

All FGD participants said: "Currently we are practicing the same theory which we followed during scheme development. All community members are paying the all maintenance cost to buy parts of the tube-well. Some hardcore poor were not able to contribute for the tube-well and took loan from others."

In this regard some hardcore respondents replied: "we got loan from others for having our own tube-well! We are happy now. According to respondents all are paying maintenance bills for buying bucket and leather."

Out come of the good O&M:

- Up keep and repairing of the tube-wells
- Community members are able to decide when help is necessary and when to call tube-well mechanic
- Ongoing monitoring system is performing
- Collecting user fees
- Enforcing CDF regulation to close the open defecation

4.5 CLTS movement through CDF

The most important activities of CDFs were to motivate and increase the number of healthy latrine at the household level. All most all CDF has been increasing the numbers of healthy sanitary latrine at HH level. The initiative was possible through the strategy of CDF monthly meeting and active participation of the community members. During meeting members were asked to helping each other and solving many social problems. Thus, members were giving each other advices not only on the issues of domestic & personal hygiene, sanitary latrine setup and safe water drinking matters but also how to built healthy sanitary latrine. That makes it easier for community members to show their weak spots, teaching and learning together at the "**public space**" (in BD culture people are feeling ashamed for their unwanted behaviour in the lead of mass people).

Box8: Good CLTS examples

Good practice example:

Some hardcore poor people were sharing their bad experiences of unhealthy sanitary latrine at CDF meeting. Then other solvent members thought that they needed healthy sanitary latrine, and finally we have built some sanitary latrine for the poorest HH. CDF Chairmen said that "we would like to build a set of common practices in our community." In some areas of Noakhali & Rajshahi CDF chairmen made it mandatory to close open defecation and formalize guidelines and standards for healthy environment. Thus, the number of sanitary latrine is increasing and people are wearing sandal too. Also found water pot and soap at the front of latrines.



Photos of newly constructed healthy latrine through CLTS and keeping water in front of latrine

Hygiene Practices

The HYSAWA project clearly noted that an effective hygienic and behaviour change activities should be developed through interactive planning approach. All communes were the primary careers and helped to identify the most water related health risk issues. The information was provided to the TCDO to develop training materials. Mostly visual materials were used to train the community people to address the issue. Secondary data though CDF records found that a series of the courtyard meetings arranged to promote health and hygiene issues to change traditional behavioural practices. Health and hygiene promotion activities also promoted amongst the children during special sessions at schools. Especially, courtyard meetings were arranged with the women members to promote health and hygiene behaviours. Direct observation found three types of hygienic behaviour those are practicing: i) domestic hygiene, ii) personal hygiene and iii) environmental hygiene.

Box 9: Good examples of HH hygienic practices at HH level



“The Kitchen: beauty of clay & water” an indigenous teen age girl wiping the kitchen & floor

Women are actively involved with the tube-well. It is the women who know how important water is. Now they are happy and enjoying their fullest. *Most community members and water user said: “HYSAWA tube-well improving their healthy sanitation practice. Before they had water crisis, so, were not able to clean latrine. Now they are using safe water for cleaning latrine everyday. We are free from water related disease, such as, diarrhea, skin diseases. That is engendered our money and time savings that we have been using for productive purposes and enhance health and productivity, resulting in significant poverty reduction.”*



Using tube-well water for all HH activities, cleaning nails, bathing in Patnitola, Naogoan.

Good example of safe water drinking

“tube-well ekhon moWr daktar (Tube-well is serving as my Doctor)”

CDF # 401, WARD # 4, Talukderpara Basti, Guabaria, Hizla

Mrs. Fatema is a housewife and 24 years old. She and her husband working as craftsman. She is a CDF member and did not miss even a meeting. She said “before I had diarrhea frequently and I lost not only money but also my working time. I could not work for 6 to 10 days each month but now I do not have any diarrhea.” She also calculated her last treatment cost during her illness. The treatment cost was 1200 TK (including Dr. medicine, & transport).

She said: I am happy with our tube-well. Before we had to go a rich-man’s home for collecting water and waited for hour. Because, they did not open their main gate. So, we felt insulting. Now we have our own tube-well and we all are giving our thanks to HYSAWA project. The tube-well working as my doctor. I now spending more time weaving basket and earning money for my family members.



5. Observation Findings

1. Access: Level of service achieved	Before	After
Percentage access (24 hrs of service)	Had no tube-well	100%
Age of the scheme (average 12 months)		
Participation of poor women	N/A	100%
Ownership feeling	No	100%
Satisfaction of users	No	100%
Management capacity of the committee	No	100%
Technical capacity within the community	No	85%
2. For water supplies:		
- average and maximum distances to water points - consumption patterns: like dependence on other sources of water; individual storage; river, canal during rainy season.	300 (average) meter Pukur, Canal & River	10 to 30 meter (HYSAWA Tube-well)
3. Reliability		
Number of days per year water is unavailable because equipment failure or other reasons.	Depended on other's	All tube-well functioning
4 Water Quality		
-quality of the water	Unsafe	Safe
5. Financial sustainability		
Community Contribution of user charges to: Willingness to pay	NO	Paid
O&M costs (Use of funds)	No	Paid
Renewal of equipment	No	Paying
6 Environmental sustainability		
Number of days per month water is unavailable because of hydrological or any other conditions -Protection and preservation of the water source and water point -Wastewater management -Environmental sanitation Sanitation situation (percentage of household with latrine, percentage of hygienic latrines)	yes had No idea *	No Yes Yes using Increasing
7. Affordability		
-Percentage of household consuming water from community water supply system	N/A	100%
-Percentage of HH who are paying for the water	N/A	100%
8. Institutional factors		
-Technical assistance -Monitoring and follow-up -Relationship with the CO,CF and UP members	N/A	Yes Do Good
9. hygienic aspect (Preventative)		
-Domestic hygiene and personal hygiene -hygienic state of latrines	No idea	Good Healthy
10. knowledge aspect of water born diseases		
-Evolution of the incidence of waterborne diseases during the last [1] years...	High	extremely decreasing

6. Benefits of community management

a. Economic benefits

The community people described how they have been benefiting through the HYSAWA project. Particularly, the women described how their income raising opportunities have been improving: They now have more time to take caring of children, managing HH activities easily, take care for poultry, weaving baskets, and sewing more clothes. The men appreciated that they can work more hours in the fields, thus increasing their incomes. This has enabled them to save and access good physical & mental health to expand their income generating activities.

A school teacher in Rajshahi region said: “certainly HYSAWA project was specially formulated through extensive consultation with local communities, representatives of women, religious minorities, indigenous people, hardcore people and other beneficiaries to discuss concerns about the impacts of community management. Since community participation was emphasized in proposal design, tube-well implementation, and O&M that show the way to achievement of comprehensible socio-economic benefits of the community members. A big example is all CF, UF and some CO were employed by HYSAWA project who are from local community.”

Improved accesses to adequate quantities of safe water have result in:

- Time savings (for women and young girls who carry water to the household)
- Greater production of home gardening
- Improved child care
- Strengthened economic activities (food preparation, cow/pig breeding, cultivation, handicrafts, working at the field)
- Girls and children are attending school more regularly

Moreover, all the CF, CO and caretakers described how the HYSAWA project was an opportunity to develop their future career and additional income generating source by providing their service;

Box 10: Good example of income generating

“Ekta sujug amar jibon change kore dise” (an opportunity changed my life)

Village: Nabagram, Jalokathi Sadar, Jalokathi

Tubewell mechanic Farid Akon, 40 years old and an eligible bachoular is now a well-known in the Jalokathi sadar for his tube-well servicing (caretaker). He got training on tube-well reparing and instalation through HYSAWA project. He is an easy going, honest and religious person. Also a very kind human and all the times he is trying to do something for others. His occupation was a day labourer. Thus, his income was irregular and sometimes he had no money to eat. HYSAWA project gave him the opportunity and he was selected as male care-taker by the UP chairman of 3# Nabgra union. He got some money from the HYSAWA training and a tools box. Also he got a certificate after completing the training. After that training he started his new life as a tube-well care taker.



Mr. Farid Akon’s service is not only available in Jalokathi Sadar but also for whole Jalokathi district. He has distributed some hand-note and cell No as a tube-well care taker to contact him for the service. Thus, people can call him very easily. Farid Akon is now very happy with his life as a caretaker. He said “an opportunity changed my life.”

Farid Akon’s Cell No: 0173-0199095 & 0171-2736606

b. Health benefits

The FGD findings revealed that the health status of the communities' peoples has been improving as a result of better access to clean and safe water. Women spoke of reduced incidence of water related diseases, such as diarrhoea, dysentery, and skin disease, as well as cold, typhoid and fever etc. Access to clean water also has been improving women's personal hygiene. There are also added financial savings as a result of the decrease in moneys spent on medicines and treatment.

Findings through direct observation revealed that the cleaning condition of water point and healthy sanitation behaviour under the HYSAWA project has been helping to improve the environmental situation. Moreover, waste water of the tube-well is collecting and using for home gardening purposes.

Direct observation revealed that determinants of improved health status are following:

- Availability of safe water to drink
- More frequent bathing and hand washing
- More frequent laundering of clothes
- Improved domestic cleanliness and household sanitation practices
- Prevention of fecal contamination of household environment

In addition, HH survey also revealed that better utilization of safe water, hygienic practices and healthy sanitation facility improving people's health status through:

- . Decreasing of water-borne diseases (diarrhoea, dysentery)
- . Decreasing of water-washed diseases (skin infections related to lack of cleanliness)
- . decreasing of water-based disease vectors (Arsenic, malaria, dengue)
- . Reducing of illnesses among under 5 children at home.

c. Social benefits

Based on the study findings the following elements identified to some point in community management:

- Controlling of the CDF system
- O&M of the CDF system
- Ownership feeling of the tube-well
- Women with a tube-well are not waiting for water at rich men's home
- Children are taking bath before attending school
- Young girls have proper and private latrines during menses
- Women with a household latrine do not have to defecate in the fields
- Women with a household tube-well are secured from any social violence.

6. Key Learning

- . *Dynamic community participation (particularly women) during scheme development which have developed a sense of ownership by the community*

- . *Strengthening in CDF management of schemes which have created accountability around the scheme*
- . *Improving willingness to pay that increases the share of the community to cover operation and maintenance cost*
- . *Trained tube-well mechanics are managing the schemes which results in scheme functional easily*
- . *The CLTS system is low cost as the community uses local materials to construct latrines and they also use their creativity to design the structure*
- . *regular management tasks performing by the CDF Chairmen as part of O&M*
- . *continual efforts towards hygiene and behavior change motivation for households and social gathering of community activities are going on*
- . *Protecting of the water source and cleaning water points by the community members*
- . *Improving environmental sanitation situation*

7. Sustainability and Impact

- ✓ Strong commitment and motivation of community members are the keys for managing community needs and demands. Thus, they are fully ready to take over the responsibility;
- ✓ Easy operation and Maintenance helped ensure long run sustainability;
- ✓ CDF adopted user pays principle;
- ✓ Positive impacts on intended beneficiaries, particularly poor and women;
- ✓ Developing people's capacity to manage internal/political conflicts and individual interest;
- ✓ The CDF structure is permanent (water users, members may come and go, but the committee will remain);
- ✓ The CDF was capable to reduce the risk taken by each individual member and UP;
- ✓ Water users had a better mechanism for expressing their demands and their concerns.

8. Conclusion and Recommendation

Water is life. Thus, acute water crisis have created a strong demand for deep tube-well water supply in NW and Costal belt region. Community people learned that from their past water crisis days and thus, they are aware of the realistic needs assessment of the resources needed to keep the water system functioning. On the other hand, regular caretaker visits will help to solve tube-well related problems. Thus, there is a need to find out the good practical strategy to utilise local CFs, COs and caretakers' skills to assist CDF members in future. Further study may under take by HYSAWA-LGSU on "women participation in HYSAWA project: economic, socio-cultural benefits" to estimate the value of the time saved by women in fetching water."

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