

# **Final Evaluation Report of Slum-based Citizen Action Network (SCAN) Project**

**Conducted by**  
**Resource Integration Centre (RIC) and**  
**Solidarites International (SI)**

**Supported by**  
**European Union**

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**Date of Submission:**

**June 27, 2021**



## Table of Contents

<b>Chapter One: Introduction</b> .....	3
<b>1.1. Background of the Project:</b> .....	3
<b>1.2. Rationale of the Study</b> .....	3
<b>1.3. Objective of the study</b> .....	4
<b>Chapter Two: Evaluation Methodology</b> .....	5
<b>2.1. Evaluation Design</b> .....	5
<b>2.2. Sample Size and Technique</b> .....	6
<b>2.3. Data Collection</b> .....	6
<b>2.4. Data Management and Analysis</b> .....	8
<b>2.5. Quality Control, Analysis and Reporting</b> .....	9
<b>2.6. Ethical and COVID 19 Consideration</b> .....	9
<b>2.7. Survey Implementation</b> .....	10
<b>2.8. Challenges and Limitations</b> .....	10
<b>Chapter Three: Situation Analysis</b> .....	11
<b>3.1 Progress against expected results:</b> .....	11
<b>Output 1:</b> .....	11
<b>Output 2:</b> .....	13
<b>Output 3:</b> .....	14
<b>Output 4:</b> .....	14
<b>3.2 Progress against the key outcome indicators:</b> .....	15
<b>3.2.1 Water Supply at Household</b> .....	15
<b>3.2.2 Water Safety</b> .....	16
<b>3.2.3 Sanitation Facilities at Household</b> .....	17
<b>3.2.4 Bathing Arrangement at Household</b> .....	17
<b>3.2.5 Hand-washing Facility and Practice at Household</b> .....	18
<b>3.2.6 Food Hygiene</b> .....	19
<b>3.2.7 Knowledge and hygiene practice at the household level</b> .....	19
<b>3.2.8 Drainage/Sewerage System</b> .....	20
<b>3.2.9 Waste Management</b> .....	21
<b>3.2.10 Participation in Community Activity and Awareness for Hand-washing, MHM &amp; Food Hygiene</b> .....	22
<b>3.2.11 SCAN Project's Hardware Intervention</b> .....	23
<b>3.3 Progress against impact indicator</b> .....	25
<b>Chapter Four: Analysis of opportunities for future programming</b> .....	26

<b>Chapter Five: Key Findings</b> .....	28
<b>5.1 Lessons Learned</b> .....	28
<b>5.2 Identification of best practices</b> .....	29
<b>Chapter Six: Conclusions and recommendations</b> .....	31
<b>6.1 Conclusion</b> .....	31
<b>6.2 Recommendation</b> .....	31

### List of tables

Table 1: Source of drinking water.....	16
Table 2: Emission of feces from the latrines in the project locations (% of HH) .....	17
Table 3: Condition of latrines used by surveyed households .....	17
Table 4: Knowledge about critical times of hand washing.....	18
Table 5: Hand-washing Practice at Proper time of necessary Occasions.....	19
Table 6: Food hygiene behavior maintained by households.....	19
Table 7: Status of waste disposal in the surveyed communities (% of HH).....	21
Table 8: Participation of household members in community activity and awareness.....	22
Table 9: Brief Description of hardware interventions by SCAN project.....	24

### List of Figures

Figure 1: Households with access to adequate water throughout the year.....	16
Figure 2: Knowledge about critical times of hand washing.....	18
Figure 3: Participation by households in community awareness session HH coverage (%).....	20
Figure 4: The household waste disposal system.....	21
Figure 5: Participation of household members in community activity and awareness.....	23

### Annexures

1. Updated Logical Framework
2. Profile of Study Participants
3. Survey Questionnaire
4. FGD Questionnaire
5. KII Questionnaire

## Acronyms

BCC	Behavior Change Communication
BDT	Bangladeshi Taka
COVID	Coronavirus Disease
CSO	Civil Society Organization
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
DWASA	Dhaka Water Supply and Sewerage Authority
ER	Expected Result
EU	European Union
FGD	Focus Group Discussion
HDRC	Human Development Research Centre
HH	Household
HQ	Head Quarter
IEC	Information Education Communication
JDC	Junior Dakhil Certificate
JSC	Junior School Certificate
KII	Key Informant Interview
LA	Local Authorities
MHM	Menstrual Hygiene Management
NASaF	Nagorik Adhiker Sangrakkhan Forum
NGO	Non-Government Organization
PSC	Primary School Certificate
RIC	Resource Integration Centre
SCAN	Slum-based Citizen Action Network
SI	Solidarités International
SP	Service Providers
SPSS	Statistical Package for the Social Sciences
SSC	Secondary School Certificate
SWOT	Strengths, Weaknesses, Opportunities, and Threats
USD	United States Dollar
UV	Ultraviolet
WASA	Water Supply and Sewerage Authority
WASH	Water, Sanitation, and Hygiene
WM	Waste Management

## Executive Summary

The Slum-based Citizen Action Network (SCAN) project has been implemented in 10 slums and low-income settlement areas under 8 wards of Dhaka North City Corporation (DNCC) and Dhaka South City Corporation (DSCC) to realize the rights to effective Water, Sanitation & Hygiene (WASH) and Waste Management (WM) services through engaging CSOs. This project was financed by the European Union (EU) and run by the Resource Integration Centre (RIC) as lead partner and Solidarités International (SI) as co-partner.

The Final evaluation focuses on assessing project results and impact against the outcomes and indicators specified in the log-frame by making a situational analysis with regard to the outcome, outputs, and partnership strategy as well as an analysis of opportunities for future programming and make recommendations for follow-up.

A mixed method of quantitative and qualitative study was employed. The information was collected with a cross sectional data collection technique. The primary data for quantitative approach was collected by face-to-face interview with a structured questionnaire from the respondents. Qualitative study was conducted through 8 Focus Group Discussion (FGD) and 13 Key Informant Interview (KII). Besides, meetings with RIC and SI have provided important insights and in-depth understanding of the project.

As far as the project expected results are concerned, the study found that Slum-based 20 CSOs (10 youth groups and 10 women groups) and 8 wards based CSOs that are known as `Nagorik Adhiker Sangrakkhan Forum (NASaF)` have been formed and are functional for engaging in negotiations with local authorities (LAs) and service providers (SPs). The CSOs were able to raise their voice in various forums. Through these activities, they have setup relationships with service providers and local authority (LAs). One of the key achievements of the project has been to build linkage between LAs and urban poor to get service through establishing Help-desk at Ward Councillor offices. The project set some service boxes as an extended service of Ward Councillor near to the community that were far from the Ward Councillor's office, so that slum dwellers and other citizens can easily drop their applications on various issues. Poor people, older persons, disabled people, women can seek service avoiding crowd and with reduced transportation cost by using these service boxes instigated by the project. Youth engagement in project and social activities has been significant. They arranged various activities on hygiene practice, proper waste disposal, keeping social harmony, demonstration, etc. Most of the youth (79%) and women (86%) in the community have been participating in activities related to WASH and Waste management.

The beneficiary survey revealed that household access to water was adequate. On average, the households have access to water for 16 hours. 68% of the surveyed households have access to adequate water throughout the year compared to 2.44% during the baseline. Regarding sanitation, access to hygienic latrines in the community has increased compared to baseline: 32% of the HHs is using hygienic latrines. 40.9% of the surveyed households use bathing facilities renovated/installed by the SCAN project. The knowledge of critical times of hand-washing has improved since baseline. As high as 82% of respondents reported that they always wash their hands with soap after defecation. Most of the households in the community (96%) are aware of a waste management system. 75.2 % of the households dispose of their waste through a rickshaw-van based primary collection system. There was no particular data during the starting of the project. The

drainage system in some of the targeted areas has also improved as a result of covering the drainage with slabs.

Like other projects, SCAN was impacted by the outbreak of COVID-19 in year 2020 and till the end of the project in June 2021. The advocacy-related activities including roundtable meetings, press conferences, and central CSO events on pro-poor issues have been hindered and postponed to finally be cancelled due to the different waves and lockdown at the end of the program. The budget for these actions has been reallocated for the hardware intervention.

The evaluation proposes some sustainability directions for the project. CSOs functionality beyond the project timeline is still a major challenge. It is recommended that these CSOs be further institutionalised by obtaining a registration that would ensure the accountability of CSO members. With regard to hardware and software interventions the project's sustainability will depend on ownership of the interventions among the beneficiary households. A sustainable community-based platform will help retain community cleanliness through an appropriate waste management system, cleaning drains and sewers.. The project also sees the opportunity to scale-up or replicate more functional governance mechanisms in a sustainable way by the formalisation of the help desk as a formal practice where the ward councillors will be hearing the local issues from the most underprivileged community to provide solution involving the service providers. Beside that the activation of the zonal level coordination among the service providers, duty bearers and local authorities could allow establishing a more efficient governance mechanism in a sustainable manner.

# Chapter One: Introduction

## 1.1. Background of the Project:

*Slum-based Citizen Action Network (SCAN)* project has been implemented for 42 months covering 10 slums and low-income settlement areas under 8 wards of Dhaka North City Corporation (DNCC) and Dhaka South City Corporation (DSCC). The project is funded by the European Union (EU) and implemented by Resource Integration Centre (RIC) as lead applicant and Solidarités International (SI) as co applicant.

The goal of the project is to strengthen the existing mechanism of local governance through a more participatory mechanism along with local authority, service providers, duty bearers as well as the CSOs (different types and different levels) and the targeted beneficiaries towards sustainability to an effective Water, Sanitation & Hygiene (WASH) and Waste Management (WM) services through functionalizing 29 Civil Society Organizations (CSOs) at different tiers. These CSOs advocate with Ward Councilors (LAs), Dhaka WASA (DWASA), DNCC, and DSCC to improve WASH and WM services to the direct and indirect beneficiaries. The project aims at developing the capacity of CSOs to solve their water, sanitation, and hygiene (WASH) and Waste Management (WM) related problems by themselves, through structuring Civil Society Organizations (CSO) and therefore engage in negotiations with local authorities (LA) and service providers (SP).

The overall objective of the project is “To enhance CSOs (Civil Society Organization) contributions to realizing the rights to effective Water Sanitation & Hygiene (WASH) and Waste Management (WM) services of slum dwellers and marginalized groups in Dhaka City” and the specific objective is: “To build the capacity of CSOs in slum areas of Dhaka City to advocate and act for access to basic rights of WASH and Waste Management, and participate in local governance through collaboration with Local Authorities and the establishment of strong formal linkage systems between them”. The final beneficiaries of the project are 60,000 dwellers of 10 slums and low-income settlement areas of 8 wards in Dhaka city. The project formed 3 types of CSOs i) slum-based CSO ii) ward CSO and iii) central CSO to advocate for improvement of WASH and WM services in selected slum and low-income settlement areas of Dhaka city to the concerned Authority. In total 29 CSOs, 8 Ward Councilor offices (Local Authority), Dhaka WASA (DWASA), Dhaka North City Corporation (DNCC) and Dhaka South City Corporation (DSCC) are the project stakeholders. The project locations include six slums in Mirpur-Pallobi area under Dhaka North City Corporation (DNCC) and four slums in Hazaribag-Lalbagh area under Dhaka South City Corporation (DSCC).

## 1.2. Rationale of the Study

According to the Grant Contract, a final evaluation was planned to understand project progress compared to baseline. This final evaluation makes the project achievements visible to its key stakeholders by analyzing and verifying monitoring data collected throughout the project’s life cycle as well as assesses project results and impact against the outcomes and indicators specified in the log-frame.

### **1.3. Objective of the study**

#### **General objective:**

The evaluation has assessed the project results: firstly, whether CSOs established in the slums are more vibrant and the evaluation shows how their capabilities have increased significantly, secondly, the evaluation demonstrates how these CSOs have been able to become active actors in improving the management of WASH and WM in slums; thirdly, it highlights how formal connections have been initiated through joint decision-making, joint action, joint declaration and joint policy-making.

#### **Specific objectives:**

This Final Evaluation specifically assesses the project's:

- Relevance: the extent to which the objectives were consistent with beneficiaries' needs and priorities
- Effectiveness: the extent to which the targeted project objectives were achieved (or are expected to be achieved)
- Efficiency: how economically resources/inputs were converted into results
- Sustainability: the extent to which the benefits are likely to continue after the project
- Impact: the long-term effects produced by the project (directly, indirectly, intended and unintended).



# Chapter Two: Evaluation Methodology

## 2.1. Evaluation Design

A mixed method of quantitative and qualitative study was employed. The information was collected with a cross sectional data collection technique. The primary data for quantitative approach was collected by face-to-face interview with a structured questionnaire from the respondents. Qualitative study was conducted through Focus Group Discussion (FGD) and Key Informant Interview (KII).

Along with the primary data collection, the study team reviewed all the relevant documents for this project i.e. project proposals, baseline survey report, mid-term evaluation report, project approach documents, project Annual Reports, workshop/ training reports etc. for background information.

The evaluation was designed to focus on two dimensions of the project; firstly, towards community level to assess the changes/ improvements of WASH and Waste Management situation and secondly, towards key stakeholders (CSOs) for their proper integration and participation in the community centered activities. A situation analysis was done with regard to the outcome, outputs, and partnership strategy comparing the key findings with baseline and mid-term evaluation.

### Study Area Coverage

The study area covered entire project locations:

#### A. Dhaka North City Corporation (DNCC):

Six slums in Mirpur-Pallobi area –

- 1) Gudaraghat-Shahparan, ward#02,
- 2) 10/D road slum, ward#03,
- 3) Kolabagan (Baoniabadh area), ward#05,
- 4) Robidaspara ((Baoniabadh area), ward#05,
- 5) Chalantika, ward#06 and
- 6) Jheelpar, ward#07.

#### B. Dhaka South City Corporation (DSCC):

Four slums in Hazaribag-Lalbagh area-

- 1) Vagolpur(Jelepara), ward#22,
- 2) VagolpurKumartuli-Chanpur, ward#22,
- 3) Shaheednagar, ward#24 and
- 4) LalbaghHrishopara, ward#25.

### Target Groups for the final evaluation

- Direct Beneficiaries (Slum Dwellers and Marginalised Group)
- Slum-based CSO members
- Ward CSO members
- Central CSO members
- Ward Councillors
- Resource Integration Centre (RIC)-SCAN Project Officials
- SOLIDARITÉS INTERNATIONALE (SI)-SCAN Project Officials

- Dhaka WASA (DWASA) Officials
- Dhaka North City Corporation (DNCC) Officials and
- Dhaka South City Corporation (DSCC) Officials

## 2.2. Sample Size and Technique

The target group of the project consisted of 60,000 (sixty thousand) dwellers of the selected slums and low-income settlement areas, and all people of those wards who are indirectly benefitting from the project.

Using the Yamane (1967:886) formula for sample size determination for finite population

$$n = \frac{N}{1+N(e)^2} = \frac{60000}{1+60000(0.05)^2} = 397.35$$

For study convenience the sample was set to 400. Where n is the sample size, N is the population = 60000, and e is the level of precision =0.05. Sample households were selected from the project location using a systematic random sampling technique.

## 2.3. Data Collection

### Data Collection Tools Development and finalization

The study team developed the survey tool/structured questionnaire, shared and received feedback from RIC for finalization of the survey tool. The Field Enumerators and Field Supervisor were employed to carry out the field test of the questionnaire. For this sample test, around 10 households were considered. Feedback from FEs on questionnaires, skip logic, interview duration, language, etc. was collected for correction. The dummy data was analyzed quickly to check the requirement of tabular analysis. Finally, feedback from RIC was considered to finalize the tools.

### Data Collection Methods

**Project document analysis:** For the purpose of the final evaluation, the following project documents were collected and analyzed by the evaluation team;

- Progress reports submitted to EU (2018, 2019, 2020)
- Revised Logical Framework
- Revised Monitoring and Evaluation Framework
- Policy Gap Analysis Report
- Final Slum Selection Report
- Baseline Report
- Need assessment of WASH and Waste Management
- Project Description
- Report on Water Quality test
- List of Hardware support provided.
- Mid-term evaluation report

### Questionnaire Survey:

No	Slum Name	Ward No	Quantity	City Corporation
1	Shaheednagar	24	110	DSCC
2	East Reshipara	24	43	DSCC
3	Vagolpur	22	62	DSCC
4	Gudaraghat-Shahparan	2	51	DNCC
5	Chalantika	6	52	DNCC
6	10/D road slum	3	46	DNCC
7	Kolabagan	5	27	DNCC
8	Jheelpar Slum	7	12	DNCC
		<b>Total</b>	<b>403</b>	

In accordance with the final evaluation's general and specific project objectives, a questionnaire survey was conducted with a semi-structured questionnaire among the selected beneficiaries. A team of Field Enumerators were employed for this purpose. The

respondent number for each slum was set proportionally to each slum population.

**Focus Group Discussion:** The evaluation team conducted 8 focus group discussion (FGD) with the members from Slum-based Civil Society Organizations (CSOs) who are members of the community as well. FGDs explored the community's CSO activities, community development due to project activities, community attitude towards project implementation, changes/developments achieved, challenges, and way forwards. Semi-structured discussion guidelines were prepared for the FGDs. Trained facilitators and note-takers conducted the FGDs. There was low participation of male member and this was probably due to their engagement to different profession during the time of FGDs. Below is the list of conducted FGDs:

No	FGDS	Location	Participants	
			M	F
<b>DSCC</b>				
1	Lalbagh Hrishipara slum Women Committee members	25 No. ward, Hrishipara slum DSCC	0	12
2	Shaheed nagar slum Women Committee members	24 No. ward, Shaheed nagar slum, DSCC	0	8
3	22,24,25 No Ward NASaF Members	Project office of DSCC	4	2
4	22 no Ward Youth committee members	Project office of DSCC	1	5
<b>DNCC</b>				
5	Gudaraghat-Shahparan slum, Youth Committee members	2 No. ward, Gudaraghat-Shahparan slum, DNCC	3	5
6	2,3,5,6 & 7 Ward NASaF committee members	Project office, Mirpur DNCC	7	4
7	Kolabagan slum Women Committee members	5 No. ward, Kalabagan slum, DNCC	0	13
8	7 No. ward, Jheelpar slum Women Committee members, DNCC	Jheelpar slum, DNCC	0	12

**Key Informant Interviews:** After reviewing and analyzing the project documents, interviews were organized with key project stakeholders (Ward CSO, Central CSO, LA, DWASA, DNCC, and DSCC). A total of 13 KIIs were conducted for the evaluation. Separate checklists were prepared for each type of key informants. Key informants were interviewed at their preferred time and location. Below is the list of KII organized by the Evaluation team;

No	KII	Location	Participants	
			M	F
<b>DSCC</b>				
1	Engr. Md. Firoj Alam, Executive Engineer, Dhaka WASA MODS Zone-2, DSCC	WASA Office	1	0
2	Md. Kamal Hossain, CI, DSCC	24 No ward DSCC office	1	0
3	Sultan Hossain Bipul, Local Elite, 25 no ward, DSCC	25 No ward, DSCC	1	0
4	Selina, Local Elite, 24 No Ward, DSCC	24 No Ward Councilor Office	0	1
5	Dilip Kumar Rajbongshi, 22 No ward Local Elite, DSCC	24 No Ward Councilor Office	1	0
6	Mokaddes Hossain Jahid, Councilor 24 No Ward	Over phone	1	0
<b>DNCC</b>				
7	Mr. Abu Sayed Chowdhury Panna (Secretary), 05 No ward, DNCC	05 No ward Councilor Office	1	0
8	Ms. Hasina Akther (ward no. 2), Local Elite, DNCC	Project office, Mirpur, DNCC	0	1
9	Mr. Liakat Ali and Ms. Selima (ward no. 3), Local Elite, DNCC	Project office, Mirpur, DNCC	1	0
10	Mr. Nazimuddin (ward no. 5), Local Elite, DNCC	Project office, Mirpur, DNCC	1	0
11	Mr. Golam Hossain (ward no. 6), Local Elite, DNCC	Project office, Mirpur, DNCC	1	0
12	Mr. Habibul Islam, Sub Divisional Engineer, MODS Zone-10, DWASA	Over Phone	1	0
13	Anwar Hossain, C.I, DNCC Zone-2	DNCC Office, Zone - 2	1	0

## 2.4. Data Management and Analysis

The overall data management (data entry, editing and analysis) was performed by an efficient team under the direct supervision and monitoring of the Team Leader. The collected data was first compiled in an excel sheet. Qualitative information was analyzed adopting content analysis. The qualitative information and quantitative data analysis were performed separately, and their findings were synthesized.

Both descriptive and inferential statistical tools and techniques were employed to analyze the data. The study used SPSS for data management and analysis. The study used several descriptive and inferential statistical tools and techniques to analyze the data.

All the indicators of Baseline Survey were analyzed considering the socioeconomic condition of the respondents to explore whether there was any significant change on the socioeconomic status. The data and information of FGDs and KIIs was transcribed, analyzed and presented in tabular form using standard format.

## **2.5. Quality Control, Analysis and Reporting**

A well-trained fieldwork team was employed and sent to the project localities for collecting data and information. A 2 days long residential orientation for the Field Enumerators and Field Supervisor was organized through both in house orientation and repeated practice sessions through role-plays followed by field practice in areas outside the selected sample areas. The training included development of training materials and manuals for all persons involved in the field work. Through training, the field team was equipped with the technique to ask the questions in an appropriate manner.

The questionnaire and the checklists were designed to cover maximum but relevant and useful information and data for the study. The Supervisor randomly did re-interviews in some sample units to check and validate the already collected data by Field Enumerators. The fieldwork was performed following the approved Standard Operating Procedures (SOPs), which was prepared taking into consideration the COVID-19 situation.

An expert team was assigned full time to ensure a quality database by checking non-statistical errors such as missing data, any observable errors, inconsistencies in the database, etc. Such checking took place in parallel of the data collection period. Cross validation of the data and information was performed in order to enhance the quality of the results. The final evaluation report was verified by a reporting expert.

## **2.6. Ethical and COVID 19 Consideration**

The study team maintained high confidentiality for sharing collected data/information with any stakeholder at every stage of the study. Regarding the safety of the shared information from the target groups, the study team took verbal consent from adult respondents to participate in the interview, prior to approaching respondents for a detailed interview. In order to facilitate proper understanding of the respondents, the consent form/statement was read out interview was performed only with interviewee who had agreed to it.

Regarding confidentiality, all the team members ensured the information the respondents provided during the interviews was kept strictly confidential and was used only for the purpose of this evaluation. Even, study dataset and report were shared with the agreed authorities/stakeholders only.

Following the COVID 19 safety measures, the Study team not only followed those for themselves but also ensured that the target people (including FGD and KII) and the stakeholders would respect

them while communicating with them face to face. Where appropriate, the team arranged the required COVID 19 safety kits (face masks, hand sanitizers) during the face to face communication with the target groups. In addition, the study team followed the COVID 19 safety measures in their travel to and from the selected study locations.

While communicating face-to-face with the targeted people; especially during FGDs and individual data collection, the team strictly followed respectful and local culture friendly approach. Where appropriate the Research Assistant and the Field Supervisors communicates in the respondent friendly language when collecting detailed information.

## **2.7. Survey Implementation**

The questionnaire was developed by the expert from Optimus Consultancy Firm by May 25, 2021. Field personnel were sent to the field upon completion of the necessary logistic arrangement, including COVID-19 safety measures (for both the team members and respondents) and other preparatory activities. A field team of 3 field enumerators and one supervisor completed the data/information collection. The field data collection took place between May 26 and May 29, 2021. The structured survey adopted paper-based data collection (on average, the structured questionnaire survey took 26 minutes), and the qualitative information was collected and paper-based scripts prepared. Data compilation was done by May 31, 2021. Then an expert team was engaged in data analysis and interpretation and final report were prepared.

## **2.8. Challenges and Limitations**

- Political and other engagement of Ward Councillor; accessing to them for the purpose of KII was not so easy as they were busy with their schedule
- Some government officials of DWASA, DSCC and DNCC were unavailable during the time of KII
- COVID-19 restrictions and context made it difficult for the Field Enumerators to closely engage in any verbal communication

# Chapter Three: Situation Analysis

## 3.1 Progress against expected results:

The specific objective of the SCAN project is “To build the capacity of CSOs in slum areas of Dhaka City to advocate and act for access to basic rights of WASH and Waste Management, and participate in local governance through collaboration with Local Authorities and the establishment of strong formal linkage systems between them” which is built on four expected results. The final evaluation focuses on picking up the changes in terms of project achievements through a critical situation analysis by putting these four outputs in retrospection.

### **Output 1:**

**CSOs are active in assessing their community's needs and advocating with LAs for the provision of services improving access to the basic WASH and environmental rights.**

The study found that a total of 20 CSOs (10 Youth CSOs and 10 Women CSOs) were formed and functional in the targeted ten low-income settlements. Another 8 Ward CSOs are active in 8 Wards: Ward No. 2, 3, 5, 6, 7 of DNCC and 22, 24, and 25 of DSCC and a Central CSO known as Nagorik Adhiker Sangrakkhan Forum (NASaF). These CSOs are mobilizing the community people of low-income settlements through a community organization platform named Civil Society Organization (CSO) to establish efficient as well as effective governance in a sustainable condition to remove policy barriers, enhance policy enforcement and activate the mechanism to engage LA to own and be accountable to ensure the services.

Youth CSO, which has 20 members, routinely organized the monthly meeting. Youth CSOs maintain an attendance register for the members. Youth CSO maintains close relations with Ward CSO and Ward Councilor Office. Youth CSOs were trained on hand washing, safe drinking water, using hygienic latrines by the SCAN project through rigorous training and used these acquired knowledge for community sensitization. Women CSO comprising of 20 women members routinely organized the monthly meeting. Women CSOs maintain an attendance register for the member. Women CSO maintains close relations with Ward CSO and Ward Councilor Office. Under SCAN, 10 youth and 10 women slum CSO groups received trainings on WASH/WM/Good governance, overall these trainings have made them well informed as well as aware to raise or articulate issues related to slum WASH and WM issues with local Authorities.

Ward CSO in every targeted ward (total 8 wards) comprising of 20-45 representatives from Youth and Women CSO and community leaders routinely organized the monthly meeting. Ward CSO maintains an attendance register for the members. Ward CSO maintains close relations with Central CSO, Ward Councilor Office, City Corporation, and Dhaka WASA. Ward CSOs facilitated quarterly coordination meetings with WASH related government agencies and NGOs to synchronize WASH and WM interventions at the ward level. The ward councilors led the proceedings of the meetings. CSOs were actively involved in a need assessment of WASH and Waste Management (WM) in selected ten slums of both DSCC and DNCC conducted under the SCAN project.

There is a registered Central CSO. It is not a new platform but rather a revived platform of RIC. The total members of a Central CSO are 51. Representatives from Ward CSOs, along with socially reputed citizens, are Central CSO. Central CSO routinely organized the bi-monthly meeting. Members of the Central CSO prepared a meeting resolution after every meeting. The Central CSO organized public hearing to facilitate community meetings with local authorities and policymakers. Ward CSO maintains close relations with City Corporations, Dhaka WASA, and other relevant government agencies. For ward and central CSOs, as in-depth trainings had conducted, which has enabled Ward and Central CSOs to visit and share the WASH & WM issues with higher level of decision makers – like ward councilor, Mayor and Zone chief of DNCC & DSCC, DWASA Engineers.

Central and Ward CSO organized public hearings that were attended by officials from two City Corporations, Dhaka WASA, and community representatives. Youth CSOs, Women CSOs, and Ward CSOs conducted a series of meetings, dialogue with ward councilors, city corporations, and Dhaka WASA on WASH issues.

CSOs are found to work in coordination with NGOs, LAs and service providers to negotiate their rights with regard to WASH and waste management. The central CSO links the local issues to the national level to make effective implementation of the policies, planning, and efficient resources allocation through advocacy, movement, mass campaign at the central level on WASH and WM issues. In this regard, central CSO organized a mass event with the cooperation of Ward Councilor of ward # 22, 24, and 25 (DSCC) in 2019 to raise the demand of the slum dwellers on waste management issues to the Mayor of DSCC, the waste department of DSCC, service providers at zone level and all local authorities.

Some results have been achieved through this process. The water quality and quantity status of 10 slums was inspected for advocacy and negotiation with LAs and SPs. In 2019, 457 water samples were collected from the WASA pipeline, reservoir, and underground reservoir in 10 slums. The test result showed the presence of E. coli in 31% of samples and fecal coliforms in 38% of samples and 8 tested results showed a high level of iron presence. The test result was shared with CSO members and LAs. As a result, the CSO members started to use water purification tablets, boil water, clean water reservoir. In some cases, they placed a demand to repair or install new pipelines. The CSO members were able to share the test results' findings and encourage neighbors to drink clean water.

Concerned department of DNCC and DSCC are spraying repellent regularly to control mosquito at slum areas. The Ward Councilor removed seven illegal waste dumping spots of ward no. 22, and ward no. 25 of DSCC. Communicating with the Zone Executive Officer, Zone-2, DNCC, 15 disconnected street lights of ward no. 5, have been reconnected. It benefited approximately 3000 people in that area. Wholesale fruits market committee of Vagalpur, ward no.22, DSCC is now cleaning the market premises and disposing the waste properly. The dwellers of 1<sup>st</sup> lane of Shaheednagar (Moulavi Bari) slum of ward no. 24, DSCC are cleaning road on their own initiatives. The water crisis has been reduced at Gudaraghat-Shaparan and Robidaspara slums of ward no. 2 & 5 of DNCC and DWASA MODS Zone-2 has repaired sewerage line of Hrishipara slum, ward no. 25, DSCC.

Some of Youth and Women CSOs firmly stated that they would continue to work for the community interests and they would use their learning from the SCAN project for the advancement



of the communities (ref- MTE report December 2020). The project created a bottom-up leadership tier to empower and scale up the community voices and representation notably with Youth and Women CSO at the slum level, Ward CSOs at the ward level, and Central CSO at the city and national levels.

The advocacy-related activities planned for 2020 (roundtable meetings, learning sharing workshop and press conferences, and central CSO events on pro-poor issues) have been hindered due to the COVID-19 pandemic. However, the budget for these activities was later used for hardware intervention.

## **Output 2:**

### **LAs are more willing and proactive in engaging with slum communities and marginalized groups to increase access to basic rights to WASH services and a clean environment.**

CSOs organized and participated in various activities such as human chain, rally, cleaning demonstration and memorandum submission to raise demand of slum dwellers. Members of youth and women's CSOs based in low-income neighbourhoods informed that billboards, message boards, stickers were circulated among the targeted urban poor community. A study on existing policy gaps analysis entitled, "Pro-Poor Policy Brief on Wash and Waste Management" identifies the gaps of existing policy and service delivery mechanism of Dhaka WASA and DNCC & DSCC and recommends a pro-poor policy brief." As per the annual reports, with the assistance of the DSCC Zone-3, CSOs have removed the waste dumping spot of Vagalpur Beribandh area adjacent to the slum of Vagalpur and round-the-clock monitoring is being carried out to prevent people from dumping waste on that area. After the submission of the memorandum on "demanding removal of iron from Vagalpur water pump" in Hazaribagh area of DSCC, ward no. 22, DWASA MODS Zone-2 has installed a deeper pump there.

Mobilized by Youth and Women CSO members, dwellers of the low-income settlement of Kolabagan submitted a memorandum to the Waste Management Department of DNCC to stop waste disposal in the adjacent water bodies of Kolabagan low-income settlement. Focus group discussion with Youth CSO of Kolabagan revealed that community sensitization from the SCAN project vitally contributed to community mobilization to collectively raise their voice.

Ward Councilors informed that the SCAN project officials maintained need-based correspondences with them and CSO members regularly visit their offices to tell about community concerns (KII with Councilors of Ward No. 2, Ward No. 7, DNCC and Councilors of Ward No. 22, 24 and 25, DSCC). Ward Councilors also informed that the SCAN project provided trolley vans for waste collections, sanitation chambers, and water reservoirs. Councilors of DSCC of Ward No. 22, 24, and 25 confirmed that CSOs and officials invited them to the SCAN project to participate in project events. Ward Councilors participated in the SCAN project events as representatives of City Corporation and elected community representatives. DSCC Councilor of Ward No. 24 confirmed that the SCAN project's awareness messages among the urban poor have proven to be effective. Councilors of Ward 22 and 24 also confirmed that they used to meet project officials and CSO members of the SCAN project. Councilor of Ward No. 25 emphasized strengthening the monitoring mechanism.

### **Output 3:**

#### **Formal linkage mechanisms allowing communication and negotiation between communities, CSOs, and LAs are firmly established.**

Formal linkages mechanisms have been ensured by the project forming Help Desks at 8 Ward councilor offices in DNCC and DSCC with a view to facilitating ward councilor meetings with community people from low-income settlements. Youth, Women and Ward CSO members discussed community issues, including WASH and waste management concerns. Youth and Women CSO members in every project's low-income settlement jointly conducted the social audit for mapping community problems particularly related to WASH and waste management. Service box installed in all ward counselor offices will help poor people to save transport cost and time, and also help the older and disable persons to avoid crowds to get service from the Ward Councilor office. On the other hand, it will help to keep privacy of women and others for any confidential and family issues. Focus group discussions revealed that people are quite aware of this box and its applicability. President and Vice President of the Central CSO confirmed that they organized a series of public hearings that were attended by low-income settlement CSO members representing the urban poor and marginalized community and ward councilor, Dhaka WASA DNCC, and DSCC officials. Slum dwellers have been able to raise their problems to concerned Ward Councilor by using service boxes. The concerned Ward Councilor is committed to solve the problems quickly. Ward Councilors have solved problems related to family matter, water, waste management, and harassment of children and women by the illegal drug users. After submission of social audit report a chlorine gas pipeline (device for cleaning water) was set up by DWASA MODS Zone-2 for supplying clean water to the Vagalpur and kumartuli-Chanpur slums of ward no.22 of DSCC. Councilor offices of different wards were more responsible than ever to provide services to low-income people, such as birth certificate, citizenship certificate, death certificate, character certificate, old age allowance and disability allowance etc. Besides, ward coordination meeting with the service providers is held to make the service providers accountable to provide timely and quality services.

### **Output 4:**

#### **Through the activities, access to effective WASH and Waste Management system is increased in targeted communities**

Youth and Women CSO members have organized mass hygiene campaigns in their low-income settlements to sensitize community people. Youth and Women CSO members applied their learning from the "Hygiene Promotion Strategy Workshops." Women CSO members in the Dhaka South City Corporation confirmed that they organized street drama and rally on household and community hygiene and cleanliness. Youth and Women CSOs led by the Ward CSO observed days like World Water Day on 22 March, the World Environmental Day on 5 June, the sanitation month on October, and Global Hand Washing Day on 15 October. Members of Youth, Women, and Ward CSOs organized community meetings, cultural activities, and rally as a part of celebrating those days. They usually invited local authority, particularly Ward Councilor, to inaugurate the event and give a chief guest speech. CSO members of low-income settlements adopted a community advocacy approach to address community concerns, including WASH and waste management. Youth and Women CSOs are involved in installing and repairing water collection points and sanitation chambers to implement the WASH and Waste Management schemes. In collaboration

with City Corporations, Central CSO organized several rallies and meetings to sensitize the City Corporations' elected and executive officials.

Ward-level CSOs are the main vehicle of communication and necessary linkages. They lead the process of maintaining communication with ward councilors, Dhaka WASA officials, and Dhaka City Corporation officials (North and South). Youth and Women CSOs captured the community voices and demands and subsequently ward CSO members placed those concerns and needs to ward councilors and service providers like Dhaka WASA and City Corporation authority (Dhaka North and Dhaka South).

In respect of effectiveness of the collaboration, Jheelpar CSO member stated that they regularly maintained communication with the ward councilor. She also said, "We contacted the ward councilor and arranged the drainage system for our settlement."

CSO member during FGD discussion stated that the SCAN project officials help them connect with Dhaka WASA officials. The SCAN project arranged a water supply connection from Dhaka WASA. Community people are getting access to effective WASH and Waste Management systems. Slum dwellers have developed the habit of always washing their hands with soap after defecation. Slum dwellers treat water before drinking mostly by boiling. They are using bathing facilities renovated by the SCAN project. Dwellers have access to sufficient water throughout the year. They have access to a hygienic latrine. They dispose their waste through a rickshaw-van based primary collection system. Van service providers are taking subsidies charge Tk. 20-30 from poorest slum dwellers, as decided by the concerned Ward Councilors.

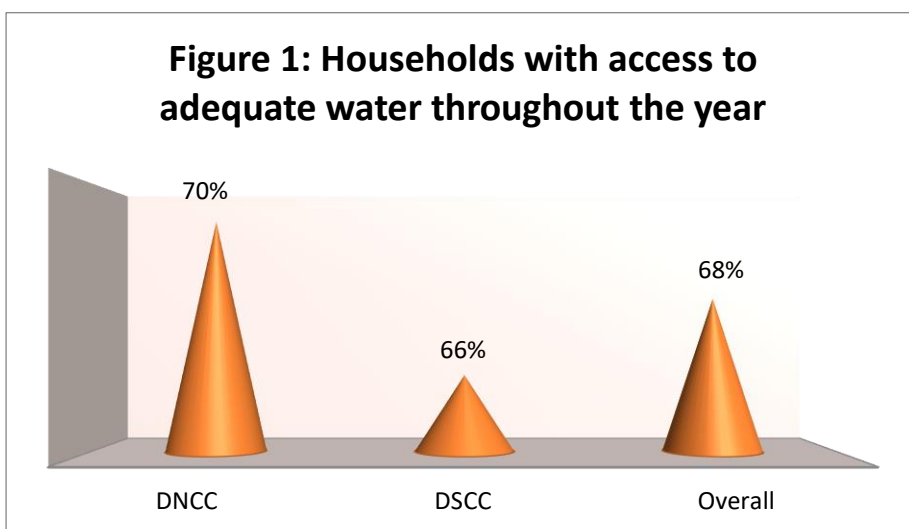
## **3.2 Progress against the key outcome indicators:**

Besides, the four outputs the evaluation study also tried to assess the project achievements in terms of its outcome indicators;

### **3.2.1 Water Supply at Household**

The study found that 68% of surveyed households have access to water for their daily uses. Findings indicate that most of the connections in DNCC (94%) were through Dhaka Water Supply Authority (DWASA), but a little more than three-fifths (63.7%) of the connection in DSCC was through DWASA.

According to survey, people practice with regard to water treatment has been increased. Previously, the issue of water treatment was almost nonexistent among the community; however, project awareness campaigns contributed to water treatment practices among the community people. This has been accelerated by water quality tests and dissemination of water quality testing results to community. Final evaluation data indicate that 65.5 percent of households treat water before drinking. The main use methodology for water purifications are boiling (74.5%), sedimentation (22.4%) and water filters (17.9%). 86% of the project beneficiaries are satisfied with changes brought by the project and they believe that SCAN project activities have brought positive changes in the community regarding water access and quality of water.



Focus group discussion with Youth and Women CSO members confirmed that DWASA water supply to ten income-settlements is now adequately met the water needs. However, wastage of water

was a concern in all low-income settlements; however, the final evaluation found a change in this regard as people are quite aware than before. CSO members of FGD areas claimed that their community sensitization regarding reduction of unnecessary wasting water has helped in this regard.

In respect of source of water, 46% of the households have access to water through pipeline in to the houses. In this regard, the scenario is quite identical with the findings of mid-term evaluation.

Table1: Source of drinking water

Source of water	DNCC	DSCC	Overall
Tube well	0.9	25.4	9.7
Water lift through motors	5.6	10	7.5
Pipeline into room/ supply water into the house without a reservoir	70.1	8	46.1
Pipeline into room/ supply water into the house with a reservoir	4.3	16	10
Pipeline into neighbor's house without a reservoir	0.4	0.6	1.5
Piped in the community	18.7	40	25.2

### 3.2.2 Water Safety

The respondent shows good level of awareness regarding water purification before consumption. Their responses in FGDs suggest that there has been a change of attitude towards the treatment/purification of water before drinking. However, the storage and preservation of drinking water is not yet up to the mark; only 30% of the respondents responded positively in this regard and 75% of the households store drinking water on the floor. The respondents showed some concern over water purification options as they only practice water boiling which is not effective against some contamination like iron concentration.

Focus group discussion with Youth and Women CSO members also indicated that the community people are quite knowledgeable regarding safe water and they are translating their knowledge in practice. The main barriers for water purification were lack of time and limited access for burners. Considering those, UV water filter distributed by the project has come to a great help to the people. Dissemination of knowledge among the community people on the water safety plan and water purification methods has been effective in bringing positive changes.

### 3.2.3 Sanitation Facilities at Household

Through feedback and observation of the study it reveals that the access to brick-built latrines in the community has increased compared to baseline, so did the access to a hygienic latrine. According to baseline data only 9.9% of the households in DNCC and 5.4% in DSCC used hygienic latrines whereas almost 35% of the respondents in the final survey confirmed that they are now using hygienic latrines. However, uses of hygienic latrine don't justify the improvement of sanitation condition in the crowded settlements as long as emission of feces is rightly managed. In that consideration, 32% of the HHs is using hygienic latrines.

Table 2: Emission of feces from the latrines in the project locations (% of HH)

Emission of feces from the latrine	DNCC	DSCC	Overall
To open space (river/canal/pond) (unhygienic latrine)	23.9	2.3	16.8
To septic hole/specific hole (hygienic latrine)	9.9	7.5	8.5
To sewerage system through pipe(hygienic latrine)	8.5	42.3	24.3
To a drain(unhygienic latrine; the drains are not appropriately covered)	57.7	47.9	50.4

It is worth mentioning the construction/rehabilitation of latrines planned under this project wasn't aimed at fully satisfying the needs (no sufficient budget available), it was to initiate an advocacy movement for better sanitation. Regarding the cleanliness of the shared latrines the participants mentioned about O&M committees that are in charge of cleaning and maintenance of the sanitation facilities. The respondents affirmed that more than 60% of the shared latrines are cleaned on a regular basis.

Table 3: Condition of latrines used by surveyed households

Status of latrine	DNCC	DSCC	Overall
Excreta has come outside and spread out (unclean/unhygienic latrine)	30.2	40.9	35.5
Insects can enter into the latrine pit (unclean/unhygienic latrine)	35.4	12.3	27.9
Bad smell emits from the latrine (unclean/unhygienic latrine)	75.0	57.4	65.2
Running water available (clean latrine)	40.3	55.1	47.6
Soap available (clean latrine)	35.3	40.4	33.1

The final survey also reveals some improvement of latrine condition comparing the findings of Mid-term evaluation findings. Running water and soap is reported available in 48% and 33% of cases. Considering all these issues, the final evaluation marks some improvement in terms of sanitation facilities. Most positively, the use of open and hanging toilet is reduced. Respondents stated that a continuous community-based mass campaign has help change the behavior of people with regard to sanitation.

### 3.2.4 Bathing Arrangement at Household

The final survey shows a good achievement with regard to bathing arrangement at households as 40.9 % of the surveyed households use bathing facilities constructed by the SCAN project while

the baseline finding showed that only 6% of the households have access to segregated bathing facilities and there was not at all any bathing facility available in many of the households.

Focus group discussions with Youth and Women CSO members revealed the separate bathing facilities is very few in target low-income settlements and there is a need for separate bathing cubical for women and adolescent girls. Separate bathing cubical with menstrual hygiene management facilities were also mentioned during the discussion.

### 3.2.5 Hand-washing Facility and Practice at Household

The respondents showed a good level of understanding while asking about hand-washing. In fact, it is evident that this hand-washing practice has been rigorously promoted, discussed and recapped all through the project. The respondents were well aware of critical time of hand washing as 85% of the respondents claimed that they got messages of hand-washing from the project and 90.5% confirmed that they participated in hand-washing demonstrations conducted by the project. They also reported that they translated their knowledge into day to day activities following the proper rules of hand-washing.

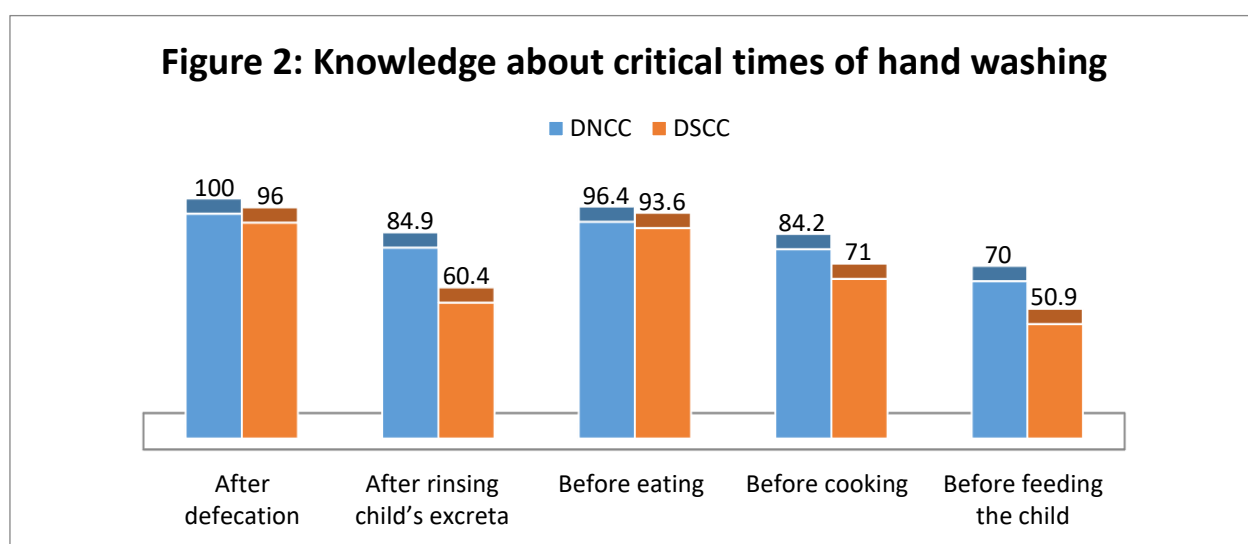


Table 4: Knowledge about critical times of hand washing

Critical times of hand washing	DNCC	DSCC	Overall
After defecation	100.0	96.0	98.5
After rinsing child's excreta	84.9	60.4	75.1
Before eating	96.4	93.6	95.9
Before cooking	84.2	71.0	81.4
Before feeding the child	70.0	50.9	65.0

The responses regarding the hand-washing practices as household levels shows encouraging trends as no people were found who will not wash hand after defecation. 82% of survey population said that they always wash their hands with soap after defecation and as well as nearly 75.7% claimed they wash hands before eating (baseline data not available). The reported practice of hand-washing shows a positive trend for both DNCC and DSCC.

Table 5: Hand-washing Practice at Proper time of necessary Occasions

Critical times of hand washing	Frequency	DNCC	DSCC	Overall
After defecation	Never	0.0	0.0	0.0
	Sometimes	15.0	7.4	8.3
	Often	11.9	4.6	9.1
	Always	72.4	88.0	82.2
Before eating	Never	0.7	0.0	0.4
	Sometimes	29.4	5.1	11.7
	Often	18.3	12.6	12.2
	Always	51.6	82.3	75.7

In spite of this encouraging data, survey revealed that almost 70% of the households don't have specific hand-washing station. The project promoted hand washing practice by keeping hand-washing arrangement inside latrines installed under this project.

### 3.2.6 Food Hygiene

As a part of hygienic practices, the SCAN project considered food hygiene behaviors and mobilized the community in this regard. Survey data show satisfactory achievement in this regard and finds that nearly 93% of the households maintain food hygiene behavior.

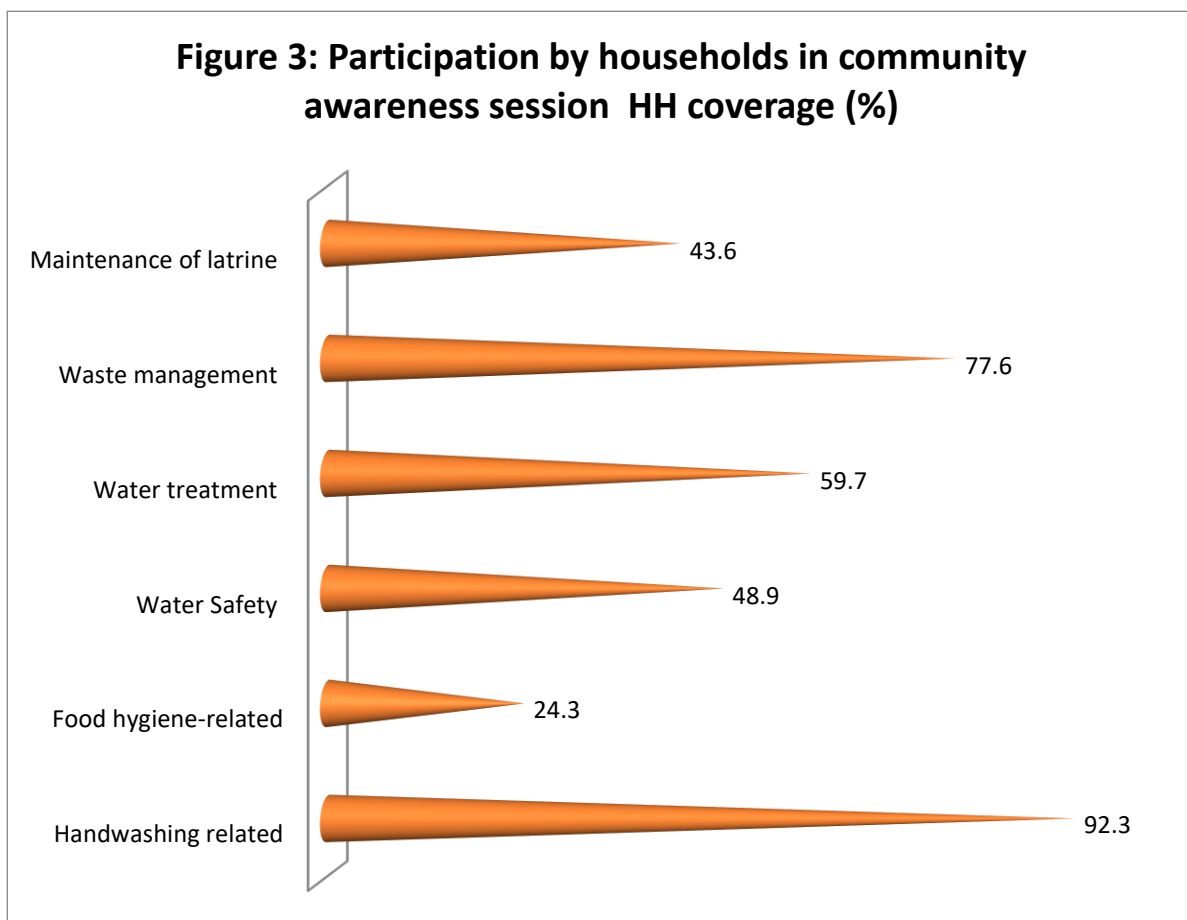
Table 6: Food hygiene behavior maintained by households

Food hygiene behavior	DNCC	DSCC	Overall
Food items stored in a hygienic (free of dust, web, etc.) place	93.2	90.0	93.2
Utensils used for cooking, cleaned with safe water before cooking	92.1	94.3	92.9
Maintain hand-washing practice with water and soap before and after using kitchen utensils	94.7	98.3	97.3
Food items appropriately cleaned before cooking	98.9	100.0	99.3
Wash hands before serving cooked food	95.7	98.3	94.2

### 3.2.7 Knowledge and hygiene practice at the household level

Focus group discussion with Youth CSO and Women CSO members endorsed the success of community sensitization regarding WASH. Because of vigorous community sensitization there is effective hand-washing practices. During the restriction of COVID-19 the project utilized the online based platform which is highly appreciated by the participants. The project took measures considering the COVID context and distributed washing/cleaning materials at doorsteps. Community people became knowledgeable as SCAN project disseminated messages and this is reflected in their practice and attitude. Women CSO members in Kumartoli stated that community meetings and consultations effectively contributed to the improvement of knowledge, attitude, and practices related to WASH and WM.

The respondents showed high level of awareness regarding COVID-19 symptoms and necessary protective measures as 81% of the members expressed that they received messages on COVID-19 from SCAN project activities.



### 3.2.8 Drainage/Sewerage System

As a part of the Waste Management system, the project concentrated on clogging and overflowing of drainage system in some of the low-income settlements. As a result of the improvement of waste disposal practices in the community there is some improvement in terms of less clogging in the drain. However, there are limited remarkable changes in drainage system comparing to baseline status. The social audit on waste management included the issue of drain cleanliness.

Some positive examples came out from focus group discussions with the Youth and Women CSO members. The SCAN project provided slabs to cover drainage in Hrishipara which improved the drainage system. The CSO members of Vagolpur Kumartuli-Chandpur of DSCC planned to monitor and supervise drains (the cleaning activity was irregular), roads, and waste cleaning activities by the city corporation. After cleaning the drains, the slabs on the drains of Vagolpur Kumartuli-Chandpur slum were repaired through the SCAN project.

FGD revealed that because of the less throwing waste into drains contributed to the improvement of drainage system in the slums.



### 3.2.9 Waste Management

For effective waste management the project provided hardware support and launched awareness campaigns with a view to developing overall WM system. The effective management of solid waste is one of the prime focuses of the project.

The survey indicates a higher rate regarding community knowledge level as 96% households are aware of a WM system. According the finding of baseline there was an absence of proper water management system as most of the households disposed their waste in front of their houses, roads and in ponds whereas the final evaluation found that 75.2 % of the households dispose of their waste through a rickshaw-van-based primary collection system (baseline report suggests there was waste collection using rickshaw van in 26.2% HH in DNCC and 41.5% HHs in DSCC). Also, data indicate that the waste is collected on a daily basis from the households, contributing to the effective WM system.

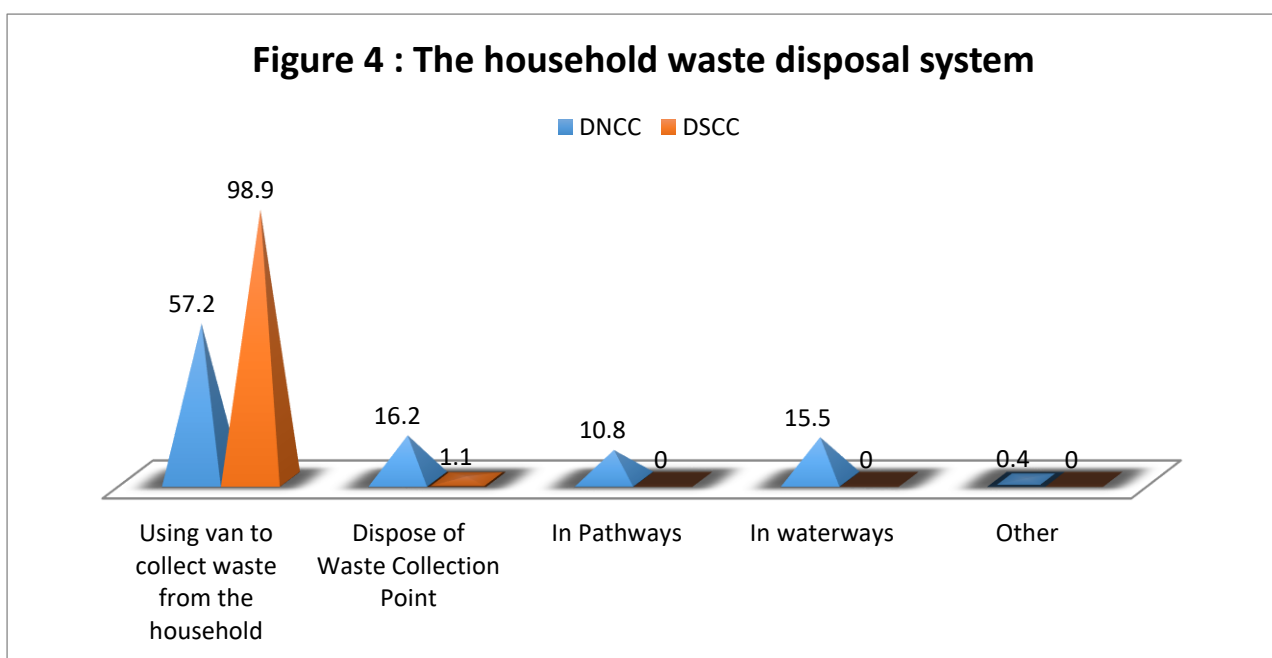


Table 7: Status of waste disposal in the surveyed communities (% of HH)

Indicators	Response	DNCC	DSCC	Overall
Knowledge about the waste management	Yes	99.6	87.1	96.0
	No	0.4	12.9	4.0
Storage of solid waste in the household	External Bin		5.0	1.7
	HH Bin		16.3	20.4
	Bag		69.8	42.0
	Drum		6.1	37.1
	Other		0.7	1.9
The household waste disposal system	Using van to collect waste from the household		57.2	98.9

	Dispose of Waste	16.2	1.1	10.4
	Collection Point			
	In Pathways	10.8	0.0	4.7
	In waterways	15.5	0.0	9.5
	Other	0.4	0.0	0.2
Frequency solid waste collection from household	Daily	93.5	60.6	80.8
	Every two-three days	6.1	39.4	19.0
	Never collect	0.4		0.2

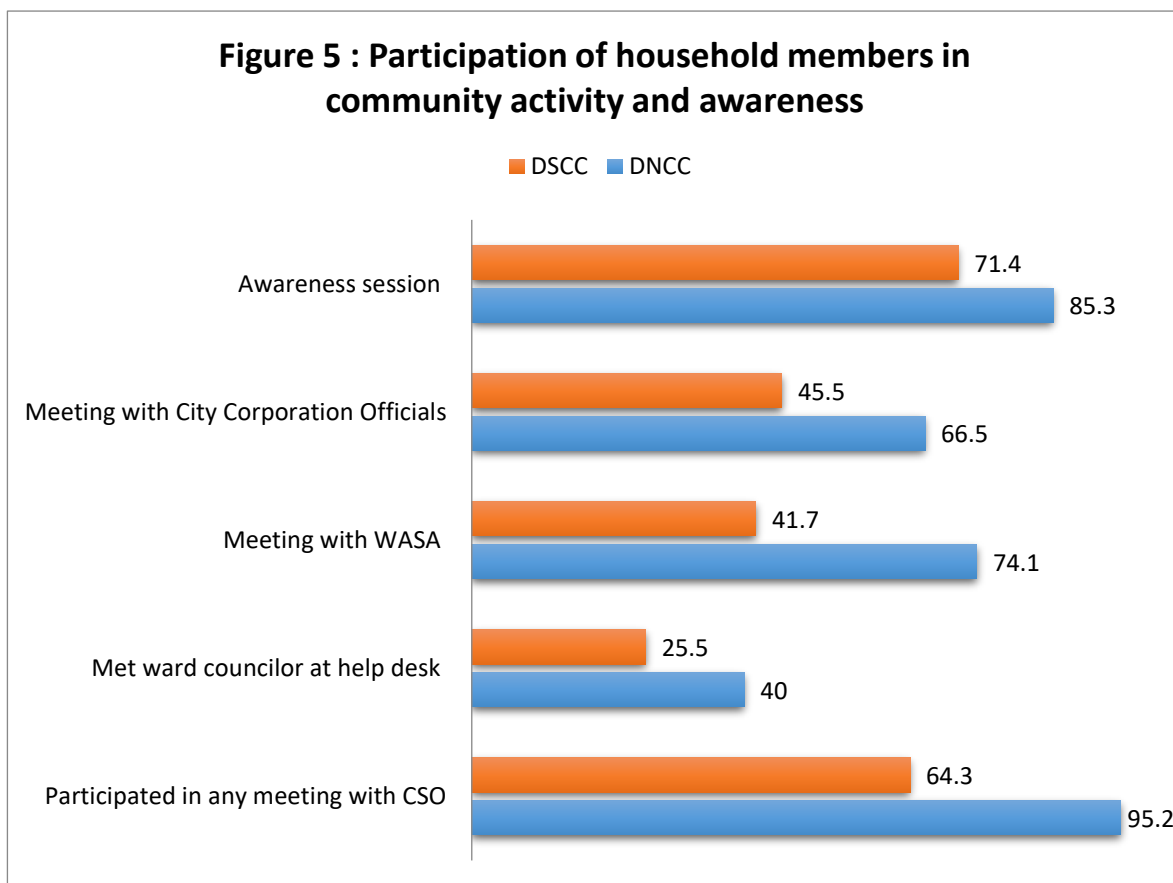
Focus group discussion with Youth and Women CSO members revealed that most urban poor is now keeping household wastes in a bin or poly-bag to dispose them in the waste collection van services. There are still a few people who dump wastes here and there, focus group discussants added. Youth and Women CSO members revealed that waste collection van service providers collect BDT 50 to 100 per household per month for service and CSO adapted the prices depending on the financial vulnerability of each HH. Focus group participants mentioned that if the service is subsidized for the urban poor, there will be more spontaneous participation.

### 3.2.10 Participation in Community Activity and Awareness for Hand-washing, MHM & Food Hygiene

SCAN project focused on empowering the community to raise their voices and place their needs and aspiration to local authority. To meet this goal the project vigorously invested in community mobilization and tried to ensure their participation community activities and awareness campaign. The survey showed that almost 80% of households participated in meeting with CSOs whereas 56% of the household members joined a meeting held at the community level with City Corporation officials and 60% joined meeting held at the community level with WASA. The rate of participation is quite as expected though survey data suggested lower rate in DSCC comparing to DNCC.

Table 8: Participation of household members in community activity and awareness

Status of Participation	DNCC	DSCC	Overall
Participated in any meeting with CSO	95.2	64.3	79.7
Met ward councilor at help desk	40	25.5	32.8
Joined meeting held at the community level with WASA	74.1	41.7	60
Joined meeting held at the community level with City Corporation Officials	66.5	45.5	56
Participated in awareness session concerned with WASH management arranged by SCAN	85.3	71.4	79.9



According to the respondent the increase in community participation is due to the Youth and Women CSOs formed by the SCAN project. The findings of beneficiary survey and FGD suggest that most of the youth and women in the community are participating in activities related to WASH and Waste management.

### 3.2.11 SCAN Project's Hardware Intervention

A total of 59 WASH schemes have been implemented in the target area under SCAN project. Community awareness regarding the repairing and maintenance of the installed/renovated WASH facilities is enhanced. A maintenance mechanism has been introduced so that the installed/renovated WASH facilities remain sustainable for longer.

These WASH schemes were taken according to the demand and prioritization of the concerned CSOs. Every year a social mapping and survey had been conducted leading by CSOs and depending on the survey outcome it was decided whether to renovate or newly install latrine/bathing spaces. For the O&M of these WASH schemes a management committee was formed comprising 5-7 members from users and CSOs. The project invested in creating a sense of ownership among the community people through repeated consultation. Focus Group Discussion also ratifies community ownership in O&M of these installed devices.

For new installations there was challenge of land ownership /leasing land and for identifying most appropriate locations. There was pressure from the Local powerful people for selecting the site and their vendor, but the involvement of all stakeholders helped to solve the problem.

Table 9: Brief Description of hardware interventions by SCAN project –

Name of technology	Total No	Beneficiaries			Location	Identification & Comments
		Male	Female	Total		
UV filter 50L/hour	4	512	638	1150	Shahidnagar, Kalabagan	Shahidnagar=3 ( HH 40, School children 700 Kalabagan 1= 250 school students
UV Water treatment plant (500 L/hr)	2	1045	1205	2550	Shahidnagar, Vagolpur	Shahidnagar 1=160 HH and Vagolpur 1=350 HH
Water point/reservoir/platform repairing/renovation	6	1330	1375	2705	10/D, KumartulyChhanpur, VagolpurJalepara	Kumartuli-1( HH 160) Vagolpur -2 (HH 350) 10/D=3,HH 31
New Latrine Installation (1 , 3 & 6 Chamber)	7	125	225	350	VagolpurJalepara, Hrishipara, Kumartuly, Jhilper	VagolpurJalepara 2 (HH 12) Hrishipara 2 (HH 12) Kumartuli 2 (HH 16) Jhilper 1(HH 30)( 6 chambers)
Community Latrine renovation (2, 4 & 12 chambers)	9	565	580	1145	Shahidnagar, Vagolpur, Hrishipara, Kumartuly, Gudarahat, Shahporan	Shahidnagar-2 (HH 160) Vagolpur-1(HH 6) Kumartuli-1 (HH 6) Hrishipara 1=5 HH Gudarahat- Sahaporan=4 (HH 52)
Community latrine renovation (1, 2 & 4 chambers) with bathing cubicles and footpath repairing in-front of latrine	28	900	955	1855	Shahidnagar, Vagolpur-Jelepara, Hrishipara-Kumartuly, Chalantika, Kalabagan, Robidas Para Gudarahat-Sahaporan	Shahidnagar-4 (50 HH) Vagolpur Jalepara-4 (HH 25) Hrishipara-4 (HH 20) Kumartuli-1 (HH 8) Chalantika-8 (HH 130) Kalabagan- 1 (HH 10) Robidaspara-1 (HH 20) Gudarahat-Sahporan-5 (HH 108)
School Hand-washing Device	2	350	450	800	Kalabagan, Shahidnagar	Kalabagan-1 (250 School student) Shahidnagar 1=550 school students
Drain renovation	1	185	215	400	10/D	10/D-1(Population 400)
<b>Total WASH schemes</b>	<b>59</b>	<b>5012</b>	<b>5643</b>	<b>10955</b>		

Some advocacy activities of the SCAN project was postponed due to the COVID-19 context induced bottleneck. The budget of these activities was reallocated for the hardware intervention in the target areas.

### **3.3 Progress against impact indicator**

The SCAN project focuses on most common form of two water-borne diseases i.e. diarrhea and skin diseases along with other vector-borne diseases associated with water. The impact indicators was set forth targeting the reduction in these diseases incidences. The final survey found that the DSCC has a higher prevalence rate of these diseases comparing the cases of DNCC. According to the FGD participants (Youth and Women CSO members) this is due to the higher level of iron contamination in water. Moreover, it was observed that water collection process is not completely hygienic due to the lack of attention which causes contamination by germs in the water resulting in vulnerability to diarrhea.

The study found that, overall 50% of the households experienced at least one episode of diarrhea or skin diseases during previous year (considering one year recall period) and the prevalence of diarrhea and skin diseases among the surveyed population is 7.2% and 8.5% respectively. Though in 92% of the cases the respondents sought medical services, 75% of the cases they received services from traditional source which is from pharmacies not any qualified medical practitioner. The respondents mentioned Chikungunya, Dengue, Malaria, and Typhus as vector-borne diseases and only 2% of households confirmed suffering from these vector-borne diseases in the preceding year of the survey. COVID-19 infection was repeatedly reported but not medically affirmed.

According to the Focus Group Discussion, because of below standard water and polluted water due to weak supply connection water-borne diseases were common for the dwellers in the past. However, this scenario improved because of several WASH NGOs projects like the RIC-SI SCAN project. They mentioned about water quality testing by SCAN project as well as the DWASA initiatives for water supply connection and quality of water. Dwellers of the low-income areas noticed the remarkable progress in water flow and quality from the DWASA connection. Youth and Women CSO members from all targeted low-income settlements stated that the mass awareness campaign help sensitize the community regarding water purification. 65% of the households reported that they attended awareness sessions on water treatment.

Instead of the progress made, some CSO members in DSCC expressed their concern regarding high concentration of iron in the water. Youth and Women CSO members of the DSCC recommended continuing water quality testing and arranging a larger UV water filtering plant, as the water contains more iron and leaks in the primary water supply periodically produce polluted water.

## Chapter Four: Analysis of opportunities for future programming

The CSOs need more capacity building and nursing to remain functional and proactively influence the governance process in sustainable way. The coordination gap of the City Corporation mechanism needed to be addressed and strong coordination needs to take place as well as policy enforcement is also an issue of future consideration. Beside that access to the ward councilor office to place their problems and needs for the low-income people at the slums is to some extent still a barrier.

From the evaluation, it is found that the project aimed to build the capacity of local CSOs to facilitate the basic rights of WASH and WM for the most underprivileged community of the Dhaka City Corporation by enhancing their access to the local authority. However, gaining access and raising voice is only the first step of sustainable governance. Youth and Women CSOs and the Ward CSOs' organizational capacity and leadership enhancement are required to push forward the community advocacy with WASH and WM service provider from local level including Dhaka North City Corporation (DNCC), Dhaka South City Corporation (DSCC), and Dhaka WASA. Through CSOs at the settlement level, ward level, and city level, a community-driven advocacy approach must attain sustainable WASH and WM access for the low-income settlements' dwellers. Youth and Women CSOs' role needs to be expanded at the community level and municipality level to strengthen community ownership and understand the importance of WASH rights for improved urban lives.

Based on the findings and recommendations future focus needs to be given on sustainable establishment of governance enhancing access of the low income people to the ward level authority through formalizing the Help Desk and activating the Zone level coordination which is not effective at present at Dhaka City Corporation and thus ensure active voice of the community people through CSOs engagement into the governance and participatory decision making process. Systematic mechanism (engaging CSOs) for advocacy to minimize the policy barriers and above all the City Corporation will ensure sustainable services by the duty bearers.

There is further scope for CSOs contributions to governance and development:

- raising local voice
- engaging into planning through a participatory process at different levels from Ward Councillors to City Corporation
- facilitating the coordination between the duty bearers and City Corporation
- engaging civil society for advocacy towards transparent and accountable governance
- Policy modification and enforcement.

The initial capacity building initiatives need more nursing to the governance level so the CSOs can contribute to facilitate sustainable issues towards the different tire of City Corporation and actively take part in the decision making process. The lack of access of the low-income slum people needs to be formalized with the ward level tire of City Corporation which is still a big gap and needed to be systemized into the governance mechanism.

There is a Central CSO 'Nagorik Adhiker Sangrakkhan Forum (NASaF)' formed for City level. It is practically not a new platform rather a revived platform through this project. Representatives from Ward CSOs, along with socially reputed citizens and slum CSOs representative are member of Central CSO. Central CSO routinely organized the bi-monthly meeting. Central CSO organized public hearing to facilitate community meetings with City Corporation and policymakers. Ward CSOs maintain close relations with City Corporations, DWASA, and other relevant government agencies and this is happening for target slums and low-income areas. But at the Zone level of DSCC and DNCC the coordination mechanism is not yet functional where the all duty bearers along this the representative of the Ward level should participate to make proper planning jointly in a participatory way.

The central CSO needs to link the local issues to the national level to make effective implementation of the policies, planning, and efficient resources allocation through advocacy, movement, mass campaign at the central level on WASH and WM issues. All of this needs more attention to enhance policy influence.

## Chapter Five: Key Findings

It was suggested in the baseline survey findings that people living in urban low-income settlements were among the most vulnerable to health and hygiene-related risks due to inadequate access to WASH services and most low-income settlements used hanging toilets. The final evaluation indicates gradual changes in overall scenario due to the WASH continuous interventions from SCAN project in collaboration with City Corporations. SCAN project contributed to increase WASH access of settlement dwellers of 10 low-income settlements. SCAN project used advocacy approach along with service facilities development (both constructing and repairing).

Focus group discussions with the Youth CSOs and Women CSOs from DNCC confirmed that there are adequate sanitation facilities in low-income settlements. Youth CSOs and Women CSOs from Dhaka South City Corporation claimed that there is still need of sanitation facilities in their slums. A Women CSO member of the Kumartuli Chandpur said, "8 households of 42 members used two-chamber new sanitation facility provided from the SCAN project. Another two-chamber sanitation facility repaired from the SCAN project which is used by the 5 households of 32 members." Women CSO members of 10/D and Jheelpar low-income settlements expressed their content by mentioning 6 chambers latrines built under this project. The knowledge, attitude and practices of slum people on hygiene are mixed across different wards. Though there is demand for water, willingness to pay of specific income groups is very low. That means, they need the subsidy in water connection. Youth and Women CSO members stated that they are continuously trying to sensitize community people about the importance of using hygienic sanitation. Focus group participants from both DNCC and DSCC confirmed that the RIC-SI SCAN project constructed new sanitation facilities and repaired many sanitation facilities that were out of order. Besides, Youth and Women CSO members informed that SCAN project officials maintain liaison with ward councilors and two city corporations to promote WASH rights of the low-income settlement dwellers. Youth and Women CSO stated that ward councilors are helpful, and at least they listen to community concerns. Youth and Women CSO leaders informed that DWASA officials listen to their complaints and take necessary action accordingly.

### 5.1 Lessons Learned

The final evaluation has identified some key learning points of the SCAN project which are enumerated below;

- The SCAN project has undertaken a combined approach of rights-based community advocacy and need-based hardware assistance to the marginalized and deprived part of Dhaka's urban poor. The project is successful in the establishment of a "liaison mechanism" between the urban poor and the LA notably through Help-desk and ward level coordination meeting with service provider. Alongside, mass campaign has moved the urban poor community of 10 low-income settlements to engage directly in citizen action for WASH and WM rights. This reinforces the fact that community led citizen action is quite effective to address any community problem.
- The SCAN project created a bottom-up leadership tier to empower the community voices and representation: Youth and Women CSOs at the settlement level, Ward CSOs at the area level, and Central CSO at the city and national levels. Besides, the ward Councillor Office was targeted as a base. This process creates a downward accountability mechanism



as well as effective monitoring mechanism to ensure quality of water, grievance redress and proper management of fecal waste in slums.

## **5.2 Identification of best practices**

- **Improved WASH practices**

Community people of targeted ten low-income settlements are demonstrating notable improvement in terms of WASH practices.

With regard to water community people are mobilized towards water purification before consumption. The Youth and Women CSO members continues to sensitize the people regarding water purification and this results in positive outcome in water consumption behavior of the community. Through community initiative, the capacity of water sources has also increased. Previously, one filter could purify 500 liter of drinking water. Today, thanks to the project, and now because of project 5000 liter of drinking water are filtered per hour.

The sanitation scenario gradually changed through SCAN project intervention. Previously, most low-income settlements used hanging toilets and now people have access to sanitary latrines as the SCAN project undertook a number of renovations, repairs, and installation of WASH facilities (latrines, water points, water filters/purifiers, bathing facilities, and hand-washing points).

Regarding hygiene, community people of 10 low-income settlements are demonstrating practical knowledge regarding hand-washing. The findings of the focus group discussion and beneficiary survey indicates a fair level of public awareness and practice of hand washing before taking food and after defecation. The outbreak of COVID-19 pandemic also accelerates this good practice of hard washing among target community.

- **Local authority- community linkage mechanism**

The community has a functional linkage with local authority by the spontaneous participation of Youth, Women and Ward CSO members through Help Desk established in 8 ward councilor offices. These Help desks are now playing pivotal role in maintaining the linkage as it creates the scope of raising the community needs to local authority and acts as a platform of discussion and dialogue for possible solution. Help desk meeting is held at least once a month (sometimes more) at the convenience of the Ward Councilor. Councilor offices of different wards were more responsible than ever to provide services to low-income people, such as birth certificate, citizenship certificate, death certificate, character certificate, old age allowance and disability allowance etc.

- **Public demand acquisition**

The SCAN project is able to set-up an effective mechanism of acquiring public demands through service boxes installed in target 8 ward councilor offices. The target people now have access to services from Ward Councilor offices without facing any hurdles. This process is quite efficient for them as it saves the expenses of travelling to distant places and most importantly they are getting services at the time of need. These service boxes are quite responsive to the cases of women, older and disabled people. Moreover, these service boxes strictly maintain the privacy of women as well as the anonymity of vulnerable.

- **Household Waste Composting**

An innovation of the project is the introduction of alternative waste management in Gudaraghat-Shaparan slum by producing compost from household's waste. Some slum dwellers have started cultivating vegetables by using their produced compost. The reason for household waste composting is the inaccessibility of van for collecting waste as these areas are very low (7-8 feet).

- **Public Recognition at national level**

The talk show organized at the end of the project has allowed to steer a public movement regarding WASH and waste management need in the slum areas across the country especially in urban areas. The talk show was broadcast in national TV channel with key professionals and public figures in DSCC and DNCC. The civil society has acknowledged the need and praised the Help desk approach at ward councilor level. They suggested for scaling-up or replication of the project in other areas with similar settings.

# Chapter Six: Conclusions and recommendations

## 6.1 Conclusion

The SCAN project through its implementation of 42 months has been able to create a rippling effect in the target slums and low income settlements of DSCC and DNCC in terms of its improvement in the field of Water, Sanitation and Waste Management.

CSOs formed by the project are skilled and quite proactive to identify and assess community's needs. These CSOs are now advocating with LAs for the provision of services improving access to the basic WASH and environmental rights. The SCAN project was able to introduce a WASH and Waste Management system in targeted communities which was almost nonexistent in the past. There is now established formal linkage between communities, CSOs, and LAs. Through various activities the community has set-up relationship with concerned service providers (DNCC, DSCC and DWASA).

## 6.2 Recommendation

- Focus group discussions with Youth and Women CSOs confirmed that members do not know what will happen to their CSO because they are not registered. Focus group discussions with Youth and Women CSO members revealed most of the members are aware of their roles and responsibilities and know what to do after project exits. Few members still need some capacity building. However, some Youth and Women CSOs firmly stated that they would continue to work for the community interests. The number of Youth and Women CSO members from both Dhaka North City Corporation and Dhaka South City Corporation confirmed that they would use their learning from the SCAN project to improve their communities. Registering CSOs with authorities such as Cooperatives or Department of Social Work is recommended for the sustainability of the project
- Several Youth and Women CSO members stated that they are hopeful that the Help Desk will sustain and be endorsed by ward councillors. The Help Desk sustainability is mostly dependent on the willingness of ward councillors and community demands and inter-dependency of these two actors. The relationship with local authorities (ward councillors) has been strengthened to a notable extent by the project and priority should be given to sustain this effective relationship in future.
- Community sensitization and ownership are the key determinants to ensure sustainability of the project results. Community dialogues should continue. It will help develop a sense of ownership among users of the hardware provided by the project. Alongside, the community should be further mobilized so that they apply the knowledge that they acquired from this project in order to change their attitude and adopt them in daily life practice. It is recommended that the community awareness on water purification before consumption should be strengthened further. Long term community campaign should be in place to increase and ensure community use of waste collection van service. Other than the above issues, community should be sensitized about the negative consequence of unofficial water connection and water wasting, the importance of water quality testing and disseminate

explanation of water quality test report and gender-inclusive WASH rights. Through the sensitization process, a sense of ownership will grow in the community which will sustain the project results in the long run.

- Considering the frequent changes in local authority, it is recommended to put more focus on strengthened sensitization of DNCC and DSCC on a continual basis which will ensure the accountability from their side. DNCC and DSCC should be sensitized to continue waste collection van services for the low-income settlements and explore subsidization options to reduce the service users' tariff for urban poor dwellers. DNCC and DSCC should carry on repairing and constructing drainage considering the landscape of the low-income settlements and influence the community to engage in the maintenance of drainage and sewerage connections. A memorandum of understanding between City Corporations and Ward CSOs should be put in place to create a sustainable platform for WASH and WM improvements.
- A network among all Youth, Women, and Ward CSOs should be developed for citywide urban poor WASH rights promotion.

# Annex

## Annex 1: Updated logical framework

INDICATOR	Type of indicator	Expanded Indicator Definition (where required)	Target	Baseline	Mid-term	Final Evaluation
<b>Overall OBJECTIVE 1: To enhance CSOs contributions to realizing the rights to effective WASH and Waste Management (WM) services of slum dwellers and marginalized groups for sustainable health in Dhaka City.</b>						
<b>A) % of the overall diarrhoea and skin diseases status of the targeted slum improved</b>						
A1) The incident rate of diarrhoeal diseases decreased 5% from baseline value by end of the project	Impact	This indicator reflects the percentage of respondents that had experienced diarrhea in the previous year. (Based on baseline methodology)	34.75%	39.75% dwellers get sick on account of diarrhea	7.6% dwellers get sick on account of diarrhea	7.2% dwellers get sick on account of diarrhea
A2) The incident rate of skin disease decreased from 9.27% to 5% by end of the project	Impact	This indicator reflects the percentage of respondents that had experienced skin diseases in the previous year. (Based on baseline methodology)	4.27%	9.27% dwellers get sick on account of skin disease	9.9% dwellers get sick on account of skin diseases	8.5% dwellers get sick on account of skin diseases
<b>B) % increase of slum population receiving adequate WASH and WM service</b>						
B1) Water supply has increased	Impact	This indicator measures the % respondents that report that they "get adequate water throughout the year". (Based on baseline methodology)	10% increase from baseline	2.44% dwellers get adequate water throughout the year	85% dwellers access to adequate water throughout the year	68% dwellers access to adequate water throughout the year
B2) Population using a hygienic latrine has increased	Impact	NA	10% increase from baseline	82.37% dwellers use unhygienic latrine (17.63% using hygienic latrines)	20.1% dwellers have access to a hygienic latrine	32% dwellers have access to a hygienic latrine

B3) Dwellers have access to segregated bathing facilities	Impact		15%	93.84% dwellers do not have access to segregated bathing facilities (6.16% have access)	35% dwellers have access to a segregated bathing facility	40.9% dwellers have access to a segregated bathing facility
B4.1) Households manage waste through primary collection system (rickshaw van)	Impact	NA	50%	33.84% household managed waste through primary collection system (rickshaw van)	70.2% households manage waste through primary collection system (rickshaw van)	75.2% households manage waste through primary collection system (rickshaw van)
B4.2) Slums and/or low-income areas are integrated in waste management mechanism	Impact	NA	2	NA	1	2
<b>c) % of dwellers experiencing a reduction of water borne diseases through practicing personal hygiene with promotion of nutritional value</b>						
Households' health condition improved by decreasing water and vector borne diseases	Impact	This indicator measures the % of HHs in which members became sick from water and vector borne diseases in the previous year	10%	c1) 87.36% surveyed households get sick on account of water and vector borne diseases	2 percent of the households reported that at least one household member was diagnosed with vector-borne diseases	2% of surveyed households get sick on account of water and vector borne diseases
Households are washing hands with soap after defecation	Impact	NA	10%	c2) 44.45% households washing hand using soap after defecation	70.4% HHs wash hands with soap after defecation	82% HHs wash hands with soap after defecation

Households are washing hands before taking meal	Impact	NA	10%	c3) 29.85 households washing hand using soap before taking meal	54.7% HHs always wash hands with soap before taking meal	75.7% HHs always wash hands with soap before taking meal
<b>SPECIFIC OBJECTIVE (Outcome): To build the capacity of CSOs in slum areas of Dhaka City to advocate and act for access to basic rights of WASH and Waste Management, and participate in local governance through collaboration with Local Authorities and the establishment of strong formal linkage systems between them</b>						
<b># of youth, women and ward level CSOs are formed, capacitated and effectively functioning by end of second year</b>		NA	28	NA	28	28
Youth CSOs at slum-level are capacitated to communicate with LAs and service providers	Outcome		10	NA	10	10
Women CSOs at slum-level are capacitated to communicate with LAs and service providers	Outcome		10	NA	10	10
Ward-Level CSOs are capacitated to communicate with LAs and service providers	Outcome		8	NA	8	8
Number of CSOs conducting monthly meetings		NA	28	NA	28	28
Youth CSOs at slum-level have performed needs assessments, conduct social audits and have been involved in awareness campaigns on WASH and WM issues	Outcome	NA	10	19% youth have role in community activities	79% youth are involved in community activities	
Women CSOs at slum-level have performed needs assessments, conduct social audits and have been involved in awareness	Outcome	NA	10	8% women have role/ involvement to advocate for access to basic services	86% women are involved in community activities	



campaigns on WASH and WM issues						
Ward-Level CSOs have performed needs assessments, conduct social audits and have been involved in awareness campaigns on WASH and WM issues	Outcome	NA	8	NA	8	8
# of CSOs receiving WASH and Waste Management training		NA	28	NA	28	28
# of CSOs involved in WASH and Waste Management Needs Assessment			28	NA	28	28
# of CSOs involved in WASH and Waste Management Mid-Term Survey			28	NA	28	28
# of CSOs involved in WASH and Waste Management Final Survey			28	NA	0	28
<b>RESULT 1: CSOs are active in assessing their community's needs and advocating with LAs for the provision of services improving access to the basic WASH and environmental rights.</b>						
<b>Indicator 1.1: # of Community needs are identified and LA are activated for solution</b>						
Community needs are identified	Output		30	NA	30	30
Community needs are addressed by LAs in collaboration with CSOs	Output		20	NA	20	20
Indicator 1.2: # sharing events and process with the relevant DNCC, DSCC and DWASA office		This indicator reflects the number of round table, talk shows, public hearings, social audits, workshops and dialogues with relevant stockholders conducted to promote provision of services		NA		
# of quarterly meetings held with CSOs, service providers and local authorities				NA		

<b>RESULT 2: LAs are more willing and proactive in engaging with slum communities and marginalised groups to increase access to basic rights to WASH services and a clean environment.</b>						
Indicator 2.1: # of demand from CSOs are supported and uplifted by LA to the proper authority or service provider		This indicator reflects the number of demands that are supported by LA to solve WASH and waste management-related problems	20	NA	20	20
Indicator 2.2: # development initiative taken in a participatory manner along with community, CSOs, Service providers as well as LA		This indicator reflects the number of initiatives that are designed and implemented through combined efforts	8	NA	8	8
<b>RESULT 3: Formal linkage mechanisms allowing communication and negotiation between communities, CSOs and LAs are firmly established.</b>						
Indicator 3.1: # of 'Help desk' provision at ward councilor offices initiated targeting poor and marginalized communities	Output	This indicator reflects the number of "help desks" initiated at the respective Ward Councilor Office	8	NA	8	8
Indicator 3.2: # of public intervention with the policy makers, CSO, LA and Service providers	Output	This indicator reflects the number of public hearings conducted with the increased participation of poor and marginalized part of the community, CSOs, LAs and Service providers	7	NA	2	2
<b>RESULT 4: Through the activities, access to effective WASH and Waste Management systems is increased in targeted communities.</b>						
Indicator 4.1: Community led mechanism with the participation of male and female initiated at slum and low income settlement areas for effective WASH and waste management	Output	This indicator reflects the number of community-led initiatives taken which focus on WASH and Waste Management	20 (10 per slum)	NA	20	20

## Annex 2:

### Profile of study participants

#### Household Demography (Size, Sex, Age, Challenged people)

**Household Size:** The average household size among the beneficiary households is 4.1 person per household. The average size of beneficiary households in DNCC is 4.3, which is a little higher compared to DSCC (3.9). Most of the households in the surveyed areas are of 2-3 members.

**Gender ratio:** Gender ratio is considered as the number of males per 100 females. According to data, there are 97 males per 100 females in the surveyed low-income settlements, which coincide with the national estimates.

**Age of the household members:** The median age of household members lies between 10-25 years (33% of the household members), indicating the people in the target area are those who are going to be the leading group of the workforce in the next five years. In contrast, the population aged 65 or more is only 4.3 %. The proportion of school-going children (5-16 years) among the household members are 24.1 %.

**Household Head:** Though the female population is greater in households, only 17.7 % are household heads.

**People with Challenges:** Among the surveyed household members, 2.1 % face recognized disability or inability. Around half of such household members do have at least a physical disability or inability (1 % of household members).

Table 1: Summary of demographic indicators of the household members

Demographic Indicator	Status in the working area of SCAN		
	Project		
	DNCC	DSCC	Overall
Average HH size	4.3	3.9	4.1
Sex ratio	96.0	97.7	96.6
10-15 aged population (% of HH members)	64.0	31.3	33.0
65+ aged population (% of HH members)	4.6	3.8	4.3
5-16 aged population (% of HH members)	25.2	25.5	24.1
Female-headed households (% of HH heads)	19.8	14.3	17.7
Household members with disability or inability (% of HH members)	1.9	2.5	2.1

## Educational Status

Overall, 25% of the household members belong to the school going category. Survey findings suggest that overall; 86 % of the school-going children were enrolled before the COVID-19 pandemic. However, the continuation of education was challenging during COVID-19. There is an indication of possible dropout. The education of household members aged 15 years and above indicates that only 8.2 % of them completed grade ten (equivalent to SSC certification) while nearly one-third of them cannot read or write. The average year of education if household members aged 15 and over is only 2.1 years.

Table 2: Educational status of the household members aged 15+ years

Education Status	Status in the working area of SCAN Project		
	DNCC	DSCC	Overall
Cannot read or write	33.9	29.6	32.3
Only Could Write	5.3	2.2	4.2
Below PSC (grade I-IV)	26.0	30.0	27.4
PSC (grade V pass)	15.8	17.2	16.3
JSC/JDC (grade VIII pass)	11.8	11.3	11.6
SSC (grade X pass)	2.9	3.5	3.1
Higher than SSC	4.3	6.2	5.1

The education by status among household heads is even less. Almost two-fifths of the household heads cannot read or write, while only 6.0 % completed grade ten.

## Occupation Status

Most of the households members are skilled or unskilled labor to earn their livelihood who are surveyed (15 years and above). This scenario is similar in DNCC and DSCC. 22.5 % of household members are unskilled labor, while around 7 % across the groups are skilled labor. Around 11 % of household members are unemployed/ elderly/incapable of working.

Table 3: Household members aged 15 years and above by primary occupation

Type of occupation	DNCC	DSCC	Overall
Unskilled laborer	22.4	22.6	22.5
Skilled laborer	5.5	5.6	6.9
Small business	7.0	6.6	6.8
Government or private Service	7.2	8.9	8.2
Agriculture	0.5	0.5	0.5
Homemaker	28.2	30	28.0
Student	16.1	16.6	16.2
Unemployed/old/incapable to work	13.1	9.2	10.9

The occupation of household heads shows little different distribution. Though unskilled labor remains the leading occupation, it is closely followed up by small business (20.8%), and almost none of the household head is unemployed.

### Household Income

The average monthly income of the surveyed households is BDT 15,383 (equivalent to USD 181). However, the mode monthly income—which indicates the average income of a significant portion of the households—is equivalent to BDT 12,000 (USD 141) among the households. The national average household monthly income of Bangladesh for the urban areas is BDT 22,600 (Source: Household Income and Expenditure Survey 2016), which admittedly is much higher than the average income of the households surveyed under this study. It is to note that the average number of income earners in a household is only 1.7 out of 4.1 household members.

### Household Expenditure

The average monthly expenditure of the surveyed households is BDT 13,589 (USD 160). The median monthly expenditure—which indicates the average expenditure of a significant portion of the households—is equivalent to BDT 10,800 (USD 127). The national average household monthly expenditure for the urban areas is BDT 19,697 (Source: Household Income and Expenditure Survey 2016), which admittedly is much higher than the average expenditure of the households surveyed. The average monthly expenditure constitutes 88.3% of their monthly income.

### Water, Sanitation, and Hygiene (WASH) Expenditure

WASH expenditure constitutes only 4% of total household expenditure which is 450 taka. It is noticeable that the WASH expenditure reported by households in DNCC is more than two-fold compared to households in DSCC.

Table 4: Monthly WASH Expenditure by households

WASH Expenditure type	Amount in BDT		
	DNCC	DSCC	Overall
Water	137.9	226.5	172.1
Sanitation	25.9	45.3	9.5
Hygiene	165.2	378.8	247.7
Waste Management	22.4	65.3	39.0
<b>Total WASH Expenditure</b>	<b>331.4</b>	<b>685.9</b>	<b>450.4</b>

## Annex 3:

# Final Evaluation

## Questionnaire

### Slum-based Citizen Action Network (SCAN) Project

#### A. Basic Information:

1. Name of the respondents: \_\_\_\_\_

2. Address:

Slum \_\_\_\_\_, Ward \_\_\_\_\_, City Corporation \_\_\_\_\_

3. Respondent's occupation: \_\_\_\_\_

[Code: Rickshaw/van puller 1, Garments worker 2, Transport worker 3, Construction worker 4, Small business 5, Hawker 6, Domestic worker 7, Service 8, Day labourer 9, Factory worker 10, Other 11 (specify)]

4. Respondent's age (in number): \_\_\_\_\_

5. Respondent's sex: \_\_\_\_\_

[Code: Female 1, Male 2, Transgender 3, Others 4]

6. Respondent's education: \_\_\_\_\_

[Code: No formal education 1, Can sign 2, Do not complete primary education 3, Complete primary education 4, junior level 5, SSC 6, HSC and above 7, Other 8 (specify)]

7. Relationship with Household Head: \_\_\_\_\_

[Code: Self 1, Wife 2, Husband 3, Daughter 4, Son 5, Father 6, Mother 7, Other 8 (specify)]

8. Occupation of the Household Head: \_\_\_\_\_

[Code: Rickshaw/van puller 1, Garments worker 2, Transport worker 3, Construction worker 4, Small business 5, Hawker 6, Domestic worker 7, Service 8, Day laborer 9, Factory worker 10, Other 11 (specify)]

9. Type of household: \_\_\_\_\_

[Code: Nuclear 1, Joint 2, Extended 3]

10. Total Household member (in number): \_\_\_\_\_

11. Any member with disability in the family: \_\_\_\_\_

[Code: Yes 1, No 2] if yes, the number: \_\_\_\_\_

12. Any member with chronic illness (diabetics, asthma, gastric, ulcer, paralyzed, gynecological etc.) in the family:

[Code: Yes 1, No 2] if yes, the number: \_\_\_\_\_

### B. Housing, Water, Sanitation and waste management Status of the Household

SL.	Questions	Code
1	Status of residence?	Own 1 Rented 2
2	Source of potable water	Tap water 1 Tube well 2 Pond 3 Other 4 (specify)
2.1	Ownership pattern of the source of potable water	Own 1 Neighbor 2 Community 3 Other 4 (specify)
3	Is there any water point in your locality?	Yes 1 No 2
3.1	If yes, number of water points	
4	Number of household collect water from each water point	
5	Do you get water throughout the year?	Yes 1 No 2
5.1	If yes , level of satisfaction concerning quantity of the potable water	Satisfactory 1 Moderate satisfactory 2 Not satisfactory 3 Poor 4 Very Poor 5 Other 6 (specify)
6	Quality of the potable water	Water looks transparent/clear 1, No bad smell in water 2, Whether the colour of water is normal 3, All of the above 4, Other 5 (specify)
6.1	Level of satisfaction concerning quality of the potable water	Satisfactory 1 Moderate satisfactory 2 Not satisfactory 3 Poor 4 Very Poor 5 Other 6 (specify)
6.2	Distance of potable water source from household (meter/kilometer)	
6.3	Do you face in queue in collecting water?	Yes 1 No 2
6.4	How much time you require to collect water?	Less than 10 minutes 1, More than 10 minutes 2, 30 minutes 3, More than 30 minutes 4, 60 minutes 5, More than 60 minutes 6, Other (specify)
6.5	Who usually collect water?	Female adult member 1, Male adult member 2, Girl child 3, Boy child 4, Other (specify)
6.6	Do you have to pay for getting potable water?	Yes 1 No 2
6.7	If yes, how much you pay?	

6.8	Mode of payment	Monthly 1, Weekly 2, Daily 3, Other (specify)
7	Was water tested before?	Yes 1 No 2
7.1	If yes, by whom?	NGO 1, Govt. 2, Others 3
8	Do you treat the water before drinking?	Yes 1 No 2
8.1	If yes how do you treat the water?	Boiling 1, Tablet 2, Chlorine Powder 3, Water Purifier 4, Other 5 (specify)
8.2	What do you use for reserve water?	Water tank 1, Bucket 2, Bottle 3, Local Drum 4, Using lid 5, Other 6 (specify)
9	Status of visiting official from WASA in your slums	Yes 1 No 2
9.1	If yes, how frequently they visit?	Monthly 1, Quarterly 2, No specific time 3, Other 4 (specify)
9.2	If yes, reason of visiting slums	
9.3	If yes, what sorts of services you receive?	
10	Pattern of using latrine	Own 1, Shared 2, Community own 3, Other 4 (specify)
10.1	Type of latrine	Sanitary 1, Pit 2, Open 3, Other 4 (Specify)
11	Is there any separate chambers for male and female users in Community latrine?	Yes 1 No 2
11.1	If you use shared/ community latrine, number of household using one chamber of latrine?	
12.	Pattern of bath facilities	Own 1 Shared 2 Community own 3 Other 4 (specify)
12.1	If bath facilities are shared or common, is it separated for male and female users?	Yes 1 No 2
12.2	If bath facilities are shared or common, do women/girls have any feelings of insecurity to use it?	Yes 1 No 2
13	Do you have any solid waste management system?	Yes 1 No 2
13.1	Who is collecting waste?	City Corporation 1,



		Private service 2, Community initiatives 3, Own arrangement 4 Other 5 (specify)
13.2	How much you have to pay for the solid waste management service (in BDT)	
13.3	Mode of payment	Daily 1 Weekly 2 Monthly 3 Other 4 (specify)
14	Status of visiting official from DNCC/DSCC in your slums	Yes 1 No 2
14.1	If yes, how frequently they visit?	Monthly 1 Quarterly 2 No specific time 3 Other 4 (specify)
14.2	If yes, reason of visiting slums	
14.3	If yes, what sorts of services you receive?	

### C. Level of awareness concerning water, sanitation and waste management

SL.	Questions	Code
1	Status of information on water borne diseases that might attack after drinking unsafe water?	Yes 1 No 2
1.1	If yes, what sorts of water borne diseases might attack after drinking unsafe water?	Diarrheal Dysentery 2 Cholera 3 Typhoid 4 Skin diseases 5 Other 6 (specify)
2	Do you know when you should wash hand by using soap	Yes 1 No 2
2.1	If yes, when you should wash your hand by using soap?	Before taking meal 1, After taking meal 2, After using toilet 3, During food preparation and before serving food 4, Before feeding children 5, Above all cases 6 , Other 7 (specify)
3	Do you know the features of hygienic latrine?	Yes 1 No 2
3.1	If yes, what are the features of hygienic latrine?	No odour in latrine 1, Latrine is well fenced 2, Latrine remain clean 3, Other 4 (specify)
4	What is the importance of using hygiene latrine?	Possible to maintain a healthy living 1, Every member of the household remains healthy 2, Social status and position is likely to be improved 3, House and surrounding is likely to be decent 4,

		Other 5 (specify)
5	How solid waste in slum should be managed	Using van to collect waste 1, Household wastes should be piled in certain place 2, Other 3(specify)
6	What is the importance of solid waste management?	Slum remain clean 1, No odor in the slum areas2, Reduce the prevalence of diseases in locality 3, Overall environment of the slum is likely to improve 4, Other 5 (specify)
6.1	How frequent you dispose your HH waste?	Daily 1 Weekly 2 Twice in a week 3 Others 4
7	Do you have fecal sludge management system in your slum?	Yes 1 No 2
7.1	If yes, who manage it?	By own self 1 By City Corporation 2 By Private service 3 Other 4 (specify)

#### **D. Food and Nutrition security status of household**

<b>SL.</b>	<b>Questions</b>	<b>Code</b>
1	How many times the members of household take food in a day?	Thrice 1 Twice 2 Once 3 Other 4 (specify)
2	Total number of food deficient days	
3	Status of taking animal-derived proteins	Yes 1 No 2
3.1	If yes, how many times	Everyday 1 Once in a week 2 Once in a month 3 Other (specify)
4	Status of taking vegetables and fruits	Yes 1 No 2
4.1	If yes, If yes, how many times	Everyday 1 Once in a week 2 Once in a month 3 Other 4 (specify)
5	Do you know exclusive breast feeding practice	Yes 1 No 2
5.1	If yes, what is exclusive breast feeding practice?	Solely Breast feeding up to six months 1, Breast feeding together with other foods up to six months 2, Breast feeding together with other food up to twenty four months 3
6	Is there any separate food arrangement for infant (six months old) in the household?	Yes 1 No 2

6.1	If yes, what sorts of separate food arrangement for children in the household?	
7	Is there any separate food arrangement for pregnant women (if any) in the household?	Yes 1 No 2

#### E. Health status of household

SL.	Questions	Code
1	In the last year, were there any health problems in your household that made someone unable to work or go to school for one week or more?	Yes 1 No 2
1.1	If yes, who was affected?	Household head 1, Other adult member of the household 2, Child member of the household 3, Other 4 (specify)
1.2	If yes, what was the disease?	Fever 1 Diarrhoea 2 Cough 3 Other 4 (specify)
2	Did the member of the household seek treatment for this health problem?	Yes 1 No 2
2.1	If yes, where did they first seek treatment for this health problem?	Drug seller 1, Private Doctor 2, Health Centre 4, Public hospital 5, Kabiraz 6, Homeopath 7, NGO doctor 8, Other 9 (specify)

#### F. Status of Youth in community based actions

SL.	Questions	Code
7.1	According to who is youth	18-25 1 Don't know 2 Other (specify)
7.2	Is there any role of youth in community based activities	Yes 1 No 2
7.2.1	If yes, in what sort of activities youth get involved?	
7.2.2	Do young girls involved in any community based activities?	Yes 1 No 2
7.3	Whether youths can raise their voice in the community?	Yes 1 No 2
7.4	What sorts of challenge young girls face in engaging community activities?	Sexual harassment 1, Child marriage 2, Discouragement from family 3, Discouragement from community 4, Feeling shy 5, Other 6 (specify)
7.5	What sorts of challenge young boys face in engaging community activities?	Sexual harassment 1, Child marriage 2, Discouragement from family 3, Discouragement from community 4, Feeling shy 5, Other 6 (specify)

## **Annex 4:**

# **Focus Group Discussion (FGD) Questionnaire:**

**Name of the Area/Slum:**

**Group: Women CSO/Youth CSO**

1. Do you participate in your group meetings? When is the meeting organized?
2. What is your function as the group member?
3. Have you taken WASH and Waste management training? If yes; what have you learned from there?
4. What sorts of problems have you identified/assessed in your area in the field of WASH and Waste management? What have you done for the solutions?
5. Do you have any connection/linkages with City Corporation? If yes; what works have you done in collaboration with City Corporation?
6. Have you worked with ward council?
7. From where do the people of your locality collect water? What this condition and arrangement of drinking water?
8. How is the condition of latrine and waste management in your locality? Are you satisfied with the current situation?
9. What is level of public awareness regarding food, nutrition, WASH and waste management of your locality?
10. If the project is phased out, do you continue to work for the group? Why?

## **Annex 5:**

### **Key Informant Interview (KII) Questionnaire:**

1. Name:
2. Designation:
3. Institution:
4. Are you aware of SCAN Project?
5. Have you ever participated in any activities of SCAN project? What type of activities?
6. What is opinion regarding the WASH and waste management of slum areas of your locality?
7. What should be done to improve the condition of WASH and waste management of slum areas of your locality?
8. If any issue is raised by the CSOs of your areas, will you consider that with due importance?
9. What is your assessment of SCAN project?
10. Do you have any suggestion for the future of SCAN project?