

Final Report

Case Study on Gender and Empowerment through WASH



Esther de Jong

Rabeya Sultana

31-8-2015

Acknowledgements

We would like to thank all those that have assisted us in this study, and who have all contributed in their own way to this final report.

First of all we thank SLOPB and DORP for their support with arranging all the logistics necessary for conducting this study, without their interest in the further development of the cases this study would not have been possible. We highly appreciate that Mr. Shaikh Md. Zunaed Ali, Executive Director of SLOPB and Mr. Mohammad Zobair Hasan, Chief Research, Evaluation & Monitoring, made time available in their busy schedules for fruitful and interesting discussions about SLOPB and DORP and the work they do.

We thank Mr. Delwar Hossain, Programme Manager and Mr. Saiful Islam, Project Officer of SLOPB office Bauphal for accompanying us on our field visit to Bauphal and Dashmina. We also thank Mr. Md. Amir Khasro, Programme Coordinator Campaign and Advocacy and Mr. Partha S K, Programme Coordinator M&E Health village: WASH Monitoring Perspective, of DORP for accompanying us to all our visits in Barguna and Fakirhat. Our joint travel from Patuakhali to Khulna has been an experience we will not forget soon, with the high water of Cyclone Komen, and the resulting problems at the ferry ghat.

The staff of the field offices of DORP in Barguna and Fakirhat as well as the fieldworkers of SLOPB in Patuakhali we thank for organising the meetings with the women and others in the field. We also thank them sharing their ideas and work in discussions with us and the time they have made available to do so.

Bashar, our driver, we would like to thank for driving us safely to all our destinations even though the roads were not always that good, and the continuous rain hampered our travel.

We would like to thank Sara Ahrari, Senior Programme Officer WASH of Simavi and Joke Muylwijk, Programme Coordinator of GWAPB, for their continuous support in conducting this study and their valuable feedback.

We want to thank Alok Majumder, Country Coordinator, WASH Alliance Bangladesh for organising the feed-back meeting and all those present for their valuable comments and suggestions for further improvement of the report.

And of course, last but not least we are very grateful to Noorjahan, Nayanessa, Jahanara, Dalim, Ritu and the members of the Ward Health Development Committee of ward 1, Betagi Sankipur. They have received us with great hospitality, came to meet us even though their houses and fields were flooded by the incessant rain, and answered all our questions with great patience and good humour. We are impressed by their warmth and strength and feel privileged to have met them. We hope that this study will serve to show how remarkable these women are.

Esther de Jong

Rabeya Sultana

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Abbreviations

CHDG	Community Health Development Group
DORP	Development Organization of Rural Poor
DTW	Deep Tube Well
ED	Executive Director
EKN	Embassy of the Kingdom of the Netherlands
GWA	Gender and Water Alliance
GWAPB	Gender and Water Programme in Bangladesh
HVWMP	Health Village WASH Monitoring Perspective
PHM	Peoples Health Movement
PME	Participatory Monitoring and Evaluation
SAPNA	Social Assistance Programme for Non-Asseters
SFG	Small Farmers Group
SLOPB	Stichting Land Ontwikkelings Project Bangladesh
SRHR	Sexual and Reproductive Health and Rights
UHDC	Union Health Development Committee
UP	Union Parishad
WASH	Water Sanitation and Hygiene
WHDC	Ward Health Development Committee
WUG	Water User Group

Introduction and background

It is often assumed that participation and representation of women in Water Sanitation and Hygiene (WASH) committees will lead to their empowerment. Therefore, in order to get a better insight into “How” participation in the WASH committees can lead to empowerment of women, Simavi¹ and the Gender and Water Alliance² decided to do a study to get a better insight on “If”, “How” and “Why” women’s empowerment has taken place as a result of participation in the WASH committee or other WASH interventions.

While the WASH Alliance³ in Bangladesh has been very successful in forming many WASH committees with an impressive number of female members, only a few members have shown signs of leadership and seem to get a recognizable voice in their community and in relation to the government authorities. Simavis partners DORP (Development Organisation of Rural Poor) and SLOPB (Stichting Land Ontwikkelings Project Bangladesh) identified six cases from their implementation area where they believe empowerment of women has been fostered through participation in WASH committees and other WASH interventions.

The Gender and Water Programme in Bangladesh (GWAPB)⁴ has the expertise to assess empowerment of women in WASH interventions, and is knowledgeable on the specific context of Bangladesh. Apart from that the cases would provide good information for the further work with the Embassy of the Netherlands (EKN) supported programmes.

The six cases provided by SLOPB and DORP were further developed through a study with the following objectives:

1. To make an independent and qualitative assessment for each of the identified cases, the tools and methods used in the WASH intervention and other socio-economic /cultural issues, and to identify the critical/key success factors for empowerment of the person presented in the case, what is the most significant change which is experienced by themselves, their families, their communities, etc. and how that relates to empowerment;
2. Determine the reasons for the observed performances and results of objective 1 and draw necessary lessons learnt; it is in particular important to understand why the intervention had the

¹ Simavi is a development organisation which realises structural improvement to the health conditions of people in marginalised communities in Africa and Asia. Simavi concentrates its efforts in the two areas of Water, Sanitation and Hygiene (WASH) and in Sexual and Reproductive Health and Rights (SRHR), as these are vital for people to be able to lead a healthy life.

² The Gender and Water Alliance is an international organisation which aims to promote women’s and men’s equitable access to and management of safe and adequate water, for domestic supply, sanitation, food security and environmental sustainability. GWA believes that equitable access to and control over water is a basic right for all, as well as a critical factor in promoting poverty eradication and sustainability.

³ Simavi is the lead organisation of the Dutch WASH Alliance (DWA), under MFS II-subsidy financed by Dutch government, which is a cooperation of 6 Dutch co-financing organisations working in the field of Water, Sanitation and Hygiene (WASH). The WASH alliance programme is being implemented over the period of 2011-2015. The Dutch WASH Alliance collaborates with Northern and Southern partners to achieve increased and sustained access to and use of safe water and sanitation services and improved hygiene practices for women and marginalized groups in eight countries in Africa and Asia, including Bangladesh

⁴ The purpose of the GWAPB is to support water programmes co-financed by the Embassy of the Kingdom of the Netherlands (EKN), civil society groups, water professionals, and government organisations in Bangladesh to adopt and implement a gender mainstreaming strategy in their water related policies and practices, in order to achieve measurable and positive impact on the lives of poor women and men

specific effect on the case being studied and not or less on other participants in the same intervention, to better understand the extent to which this would also apply in other settings;

3. Recommend adjustment and fine-tuning of the future interventions in order to implement effective approaches to realize empowerment of women, in particular through WASH interventions including indicators to measure them.
4. Documentation of the cases, including the best practices and lessons learnt from the study clearly indicating the (source of) information supporting the conclusions.

This report describes the findings of the study. It starts with the definition of the concept of empowerment that was used in analysing the cases, it continues with the methodology of the study, followed by the description of the 6 different cases. After that a comparative analysis is made and the report finishes with some recommendations.

What is Empowerment?

Empowerment is a process of change enabling people to make choices and transform these into desired actions and results. In doing so, people, not just women, are taking control of their own lives, improving their own position, setting their own agenda, gaining skills, developing confidence in themselves, solving problems and developing self-sufficiency. It refers to increasing the economic, social, political, physical strength of any individual or entity.

Therefore when assessing the level of empowerment we look at the four elements of empowerment

1. Physical empowerment:

The right to decide about one's sexuality, to decide about the number of children and spacing between them, right to proper healthcare, right to clean water, sanitation facilities and dignity, access to proper menstrual management, the ability to resist violence, the right to safety and security (for example not to be harassed or, worse, raped during nightly sanitary visits), having rest - particularly during pregnancy and menstruation period, physical mobility, family planning methods/use of contraceptive, choice of food, etc.

2. Economic empowerment:

Right to choose one's education, same income for same work, right to work that one enjoys, right to decide about spending benefits and income, access to relevant resources. Sometimes women have access to income but have no control over it, for e.g. handing over salaries to husband, son, brother or mother in law. Economic empowerment leads to equal access to and control of means of production and ultimately, to economic independence.

3. Political empowerment

The right to organize one self, the right to take part in democratic processes and to influence wider development efforts: to be allowed to vote and to be voted, to take active part in Water User Associations (WUA), Small Farmers Groups (SFG), to participate at the decision making levels (Executive Committee of the SFG, etc.), to be confident in getting extension services from the local level nation building departments like Directorate of Agricultural Extension office, to be a member of the Union Parishad, etc. It leads to a political say and the creation of a power base in a self-determined direction.

4 Socio-cultural Empowerment:

Social empowerment means a positive self-image, social status, how does the society see you? Right to education, is your voice heard? And does your opinion matter? It leads to the right to one's own independent identity and a sense of self-respect.

All the four elements of empowerment are interrelated and together they indicate the degree of empowerment of an individual or group. It is important to realise that these four aspects of empowerment should not be seen as empowering in isolation. So, for example, just being educated (socio-economic empowerment) on its own does not mean a woman is empowered, if her husband does not allow her to work after marriage. Groups and individuals (not only women) who are on the lower side of the hierarchy, empower themselves if they are convinced, and if they are able.

Methodology used

The basis of this study are the six cases identified by DORP and SLOPB. Through review of relevant documents and a field visit of 11 days these have been elaborated and analysed.

The documents reviewed were provided by SLOPB and DORP and pertained to their projects to give an understanding of their work and how the women of the case studies were involved.

The field visits were used for focus group discussions, structured individual interviews with the women presented in the case study, discussions with the staff of the field offices of SLOPB and DORP, as well as discussion with ED of SLOPB and chief research, evaluation & monitoring of DORP, and programme staff of DORP and SLOPB. We also had the opportunity to attend the general assembly meeting of the Mother's Parliament which is described in the case of Ritu Sardar. (see annex I for a detailed programme of the field visit)

The field visit took place during monsoon and was hampered by cyclone Komen. The incessant rain caused flooding and waterlogging in all areas of our field visit. For that reason it was not possible to have a focus group discussion in Bauphal, as homes were flooded and the women could not leave for a meeting. Furthermore we could not travel two days due to the security-warning for the cyclone Komen. Therefore we stayed 1 day longer in Pathuakali than planned.

As staff accompanying us in Barguna and Fakirhat had other obligations we had to compress our visit to Barguna into two days, instead of three as originally envisaged. However this has not affected the gathering of information.

The draft report was shared in a meeting with staff of SLOPB, DORP, GWAPB and partners of the WASH Alliance, where it was discussed and received feedback from the participants. Comments on the draft were also received from Simavi, The Netherlands and GWA secretariat. The relevant comments and suggestions have been used to improve the draft report and have been incorporated into this final report as much as possible.

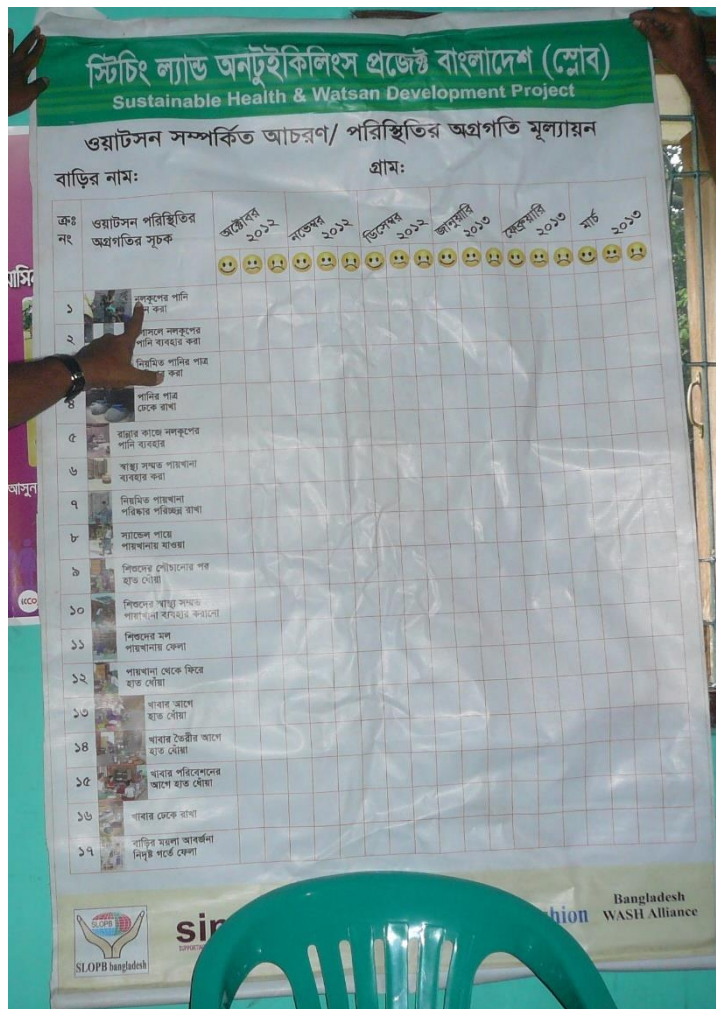
The cases

Description of the programme of SLOPB

Stichting Land Ontwikkelings Project Bangladesh (SLOPB) started its work in Bangladesh in 1995. The founder Mr. Motaleb Weijters was born in Bangladesh, and later adopted by Dutch parents. He returned to Bangladesh after 17 years with his Dutch partner Ms. Ingrid Weijters to find his biological parents and found them to originate from Dhulia, Bauphal in Pathuakali district. When seeing the poverty of his maternal area, he and his partner started SLOPB with the aim to assist in the development of the area.

Since 2008 SLOPB ran a Health and Sanitation project funded by Simavi which ran until 2011. A second phase was implemented from June 2011 until May 2014, which has been extended for 15 more months until October 2015.

The second phase of the project ran in 20 Unions of 8 Upazilas in three Districts, who all had their own fieldworker assigned. But 21 fieldworkers were appointed, so if one of the fieldworkers was ill or had to take maternity leave, she could be replaced easily. This has proven to be very beneficial for the continuity of the project.



Participatory Monitoring tool for application of new knowledge on WASH

Through these CHDGs the awareness on health and hygiene of the volunteers as well as other interested villagers, was raised. Every month a court-yard meeting would take place where topics regarding to health and sanitation were discussed. They would cover one subject at the time, and included topics like handwashing, sanitation, menstrual hygiene,

In the health and sanitation project villagers were organised in Community Health Development Groups (CHDG), comprising of 10 men and 15 women. In every ward 3 of these groups would be formed. As a baseline, SLOPB together with the villagers at ward level made a social map. This map indicated the geographical area, and it depicted relevant information like: places used for open defecation, which houses had access to clean and safe water, which houses did have access to sanitation, and which ones did not.

The CHDGs consisted of volunteers, who were recruited by explaining the project in a village meeting, and asking who was interested in becoming a volunteer. SLOPB tried to ensure that especially women in vulnerable positions would come forward (e.g. widows) for these functions, and if more volunteers came forward than needed, the villagers would decide on who to select.

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safe water, family planning, ante-natal care, post-natal care, cooking demonstration for under 5 children's mothers, maintenance of water points, balanced diets, etc. Especially women were interested in coming to these meetings and discuss these topics as they are mostly involved in these kind of activities.

In the meetings monitoring took place if the knowledge gained in previous meetings was applied. On a big poster, every person present had to indicate if they were practising the new habit (e.g. handwashing), if they would do it sometimes or not at all. Due to the fact that people live close to each other it was not possible for villagers to pretend they were doing better than they actually were.

Another way of monitoring the application of knowledge gained was household visits made by the fieldworkers of SLOPB. The field workers selected were all female so they would have no limitation to enter the house and talk to women. They would talk to the women and men present if they were putting the new knowledge into practise, take note and answer any question that would arise. SLOPB stimulated the fieldworkers to go and live in the Union Parishad that was their designated work area, to gain trust of the local people and have personal knowledge of the local circumstances. In this way SLOPB managed to monitor if the monthly meetings moved beyond raising awareness, into actual practice.

At ward level Ward Health Development Committees (WHDC) were formed which had representatives of the CHDG. At Union level a Union Health Development Committee (UHDC) was formed with again representatives from the WHDC, who would have access to the Union WASH-committee. The idea behind this is that issues that play at local level in the CHDG, can be put on the agenda at ward level in the WHDC, who in their turn can bring up issues of importance at the Union Parishad level in the UHDC. In their turn they would put the issues on the agenda of the Union WASH-committee, ensuring a bottom-up approach. Apart from a contribution of 20 Taka for refreshments and 50 Taka for travel costs (if applicable), the volunteers do not get any remuneration for their work.

The WHDC consist of 1 village doctor, 1 teacher, 1 traditional birth attendant, 1 Union Parishad representative and 6 women volunteers, who are representatives of the CHDGs in the ward. A task of the volunteers at this level was to support SLOPB-staff e.g. in organisation of meetings and assisting in the court-yard meetings.

Therefore the volunteers were trained on health and hygiene issues for 3 days, and also the birth attendant received a 3 day training related to her profession. The birth attendant also received an umbrella, slippers and tool-kit for use during deliveries with amongst others: scissors, sharp knife, string to tie the umbilical cord, gloves, torch light, soap, liquid soap, stainless steel bowls, cotton, bandages, a bottle of Dettol, towel, etc. for safe delivery.

In the first phase of the project, the members of the WHDC were also stimulated to save some money and put it in a bank account. When the amount was sufficiently high, a revolving fund would start, where group members would take a loan and pay it back with interest.

Another task of these committees was to make an inventory of families that did not have access to a toilet or safe drinking water. To assess the hygiene situation and availability of drinking water, the volunteers needed to conduct house-to-house visits. SLOPB promoted that volunteers as well as the president of the WHDC would be women, as women are the main water managers at household level and it is more socially acceptable for women than for men to enter a house, talk to women and look at the toilet.

On the basis of the aforementioned inventory, toilets and Deep Tube Wells (DTW) were constructed. Toilets were constructed at household level without any contribution being required of the users in the years between 2008 and 2011, as this was government policy at that time.

For the placing of the DTW, SLOPB organised the 20-25 households which the DTW would serve in a Water Users Group (WUG). This group had to decide amongst themselves on the site where the DTW would be placed, but SLOPB tried to ensure that vulnerable people would have easy access (e.g. disabled people). Before the DTW was placed, the WUG needed to come up with the joint contribution to the costs. In principle every household was expected to contribute the same amount of money, but instances are known where arrangements were made amongst the contributing households for those that could not afford the complete amount.

In the first two phases of the project the contribution to the costs of the DTW was 20% of the cost, totalling 12,000 Taka (depending on the price of a DTW at the time). The original plan was that 50% of this amount would be used as a contribution to the purchase of the DTW, and 50% would be kept available for repair and maintenance. Unfortunately, due to some miscommunication with the donor, they only covered 80% of the costs which was supposed to be 90%, so the total contribution of the WUG had to be used for purchase of the DTW, and no money was reserved for maintenance costs. SLOPB did try to motivate the WUGs to have a savings group for future maintenance in the first phase of the project, but was not very successful in doing so.

In the last extension (current phase) the contribution of the WUG to the DTW has been raised to 72% of the costs. 10% is indeed used for the purchase of the DTW, 10% is set aside in a bank-account of the WUG for repair and maintenance, but 52% will go into a revolving fund, which will be managed by SLOPB. This approach is known as the WASH Social Business Model. After ending of the project SLOPB will use this revolving fund to continue implementing activities and report these to the donor as well, so they can support in the follow-up of the project.

After the placement of the DTW, 2 men and 2 women are selected from the WUG to be trained in repair and maintenance of the DTW, and given a set of tools to be able to do so. It turns out that it is mainly the women doing the small repairs as the men do not want to come for minor works. Repair costs are borne by the households which are served by the DTW. For the groups of the first two phases of the project, money is collected on an ad-hoc basis by the members of the WUG as no reservations were made for the maintenance of the DTW.

The cases described below all concern the period of the first and second phase of the Health and Sanitation Project, which ended in May 2014. Because the project has phased-out there is no funding available for activities with the groups of the Health and Sanitation Project. It is not possible for SLOPB to allocate time of staff for activities that are not part of a current project, as SLOPB will need to show to donors that staff and travel-costs are spent on the activities the donor is financing. Monitoring or follow-up of the different groups is not part of a current project, so therefore SLOPB-staff has not been in touch with the different groups since the phase-out of the project, due to financial and personnel constraints.

“I was not born as a leader, I used the opportunities that were given to me”

The case of Noorjahan Begum

Noorjahan is 60 years old and lives in Nowmala Union of Bauphal Upazila. She is married to Makbul Hossain a farmer of 70 years old. She got married when she was 13 years old, and was educated up till class 8. She got her first child after 2 years of marriage. Now she has 3 daughters and 1 son, which all have attended school. Her oldest daughter is educated to class 11/12, her second daughter to class 8, her son until class 11/12, and the youngest daughter is still in school. They all studied with the help of other family members her aunts and her parents contributed financially to their education.

Due to the age of her husband they stopped farming and they do not own any land. They have less than 1800 square feet around their homestead which is not enough to grow vegetables. Noorjahan is a traditional birth attendant, and she gets some income from that. If she attends a birth at a poor family she does not ask for a fee, “I never take any cash or goods from poor families for my services as birth attendant as I am committed to it”. Her oldest son is the driver of a three-wheeler in Dhaka and earns about 10,000 Taka per month. He sends her money regularly, about 1,000-2,000 Taka per month.

She has got her own tube well 20 years ago, but now it is often broken, which brings a lot of costs for repairs.

Noorjahan’s husband is deaf, which makes it difficult for him to interact with other people. Because of that Noorjahan had to take on all responsibilities and within the household she takes many important decisions. For example she decided together with her husband whom her daughters would marry.

Noorjahan started to work as a volunteer for SLOPB in 1997, “when SLOPB came to this area some gentlemen proposed my name as volunteer as people knew about my leadership task at family level”. As it was long ago, she does not recall who those men were. In the last tenure of the Health & Sanitation project (2008-2010) she was selected as a volunteer to support the project staff of SLOPB. She became a member of the Ward Health Development Committee (WHDC) and because of that she received 3 days training on health and hygiene. Being a birth attendant she also received a three day training related to her profession. After this training she got an umbrella, kit-box, and slippers to assist her in her work as birth attendant. As she is the president of the WHDC, SLOPB also provided her with a locker to keep the notebooks from their meetings. For every meeting she would receive 20 Taka for tea, and when she needed to travel to attend a meeting she would get 50 Taka as a compensation for the travel costs.

As part of her activities as a volunteer she conducted home visits to identify who had no safe drinking water and no toilet. She herself could not join the SLOPB programme for deep tube wells (DTW) as she already had one in her home, even though it required a lot of repairs. The list she compiled of those without access to drinking water and sanitation was used to provide people with toilets, and the placement of DTW.



SLOPB suggested her to start a credit group with the money the group members received for attending the meetings. So she convinced the members to deposit their money received for attending meetings, into a bank account and once the amount was sufficient, they started to give loans to the members of the group.

She also became a Union Health Development Committee member. In this position she was actively assisting in the selection of new DTW sites, inviting pregnant mothers and other villagers to attend the satellite clinic and organizing mothers for the growth monitoring sessions which was organized by SLOPB as H&S project activity to support the local people.

Noorjahan estimates that it spends 5-7 afternoons a month for the voluntary work for SLOPB.

Noorjahan has received recognition as a trained birth attendant, which has gained her respect and trust of the local people, as they know she can assist in birth in a qualified manner. She also likes to share this knowledge with others, "I have developed the skills of 3-4 women in birth attendance, so they can serve the local people if I am not available".

Due to her active attitude and the voluntary work she has done for SLOPB she has gained in social status. "My biggest reward for the work I have done is the positive acceptance of the people. They consider me a staff member of SLOPB, even though I am only working for them as a volunteer".

Because of the active work as a volunteer Noorjahan became very well-known and popular with the local people. Because of that, during the last Union Parishad elections (last tier of the local government structure of Bangladesh), they nominated her as a potential candidate for one of the seats reserved for women in the Union Parishad. She won the elections with a 1204 votes, 44 more than her runner-up, and now is the women UP-member for ward numbers 7, 8, and 9. She is very happy that she can play a stronger role than before within the authority. This helps her to serve people in improving their situation, which she enjoys to do as "my biggest remuneration is the love from my villagers".

She recognises that her experience as a volunteer built her confidence and made her a competent public representative. She attributes this to her name being forwarded to SLOPB in 1997 due to her personal situation "my marriage offered me a leadership position".

In the extension period of the Health and Sanitation Project SLOPB has shifted its focus to new interventions in Nowmala Union, and because of that no more regular meetings take place of the WHDG. This has led the members of the group to stop their credit group activities. Noorjahan is well aware of the budget available at the Union Parishad for WASH interventions and also has the authority and right to use it to the benefit of the people in her Union. Even though she would like SLOPB to continue the programme as there are still a huge number of requests for latrines and DTW in the village. However she also notes that the contribution of 72% SLOPB is now asking is too much, the poor cannot afford such a contribution. Otherwise she hopes that the programme will be replicated to all rural communities as it helps women to come forward.



Interviewing Noorjahan

When villagers join hands, institutions respond to their demands

The case of the Ward Health Development Committee of ward 1 Betagi Sankipur Union under Dasmina Upazila.

The Ward Health Development Committee (WHDC) of Ward number 1 of Betagi Sankipur Union under Dasmina Upazila consists of 13 members; 9 women, 4 men. One male teacher, one imam, one birth attendant, one male village doctor, 8 female volunteers, and 1 male volunteer. All members in the group have the same tasks and responsibilities, irrespective if they are female or male. For example the male volunteer also gives cooking classes to explain about healthy food preparation. He explains: "I never felt shy to demonstrate cooking classes as I feel it helps to save lives" He also added that "people laughed at me at the beginning but I was not worried about my position".



When setting up the WHDC, SLOPB made a proposal which people in the ward should participate in this committee. This proposal was agreed upon by the volunteers themselves as well as the other inhabitants of the ward. The president of the committee was elected by the committee members. At the start of the project all members of the WHDC got a three day training on Health and Sanitation and the traditional birth attendant got an extra three-day professional training. After finishing the training she got a kit, umbrella and sandals to perform her work.

As part of the project activities a budget tracking workshop was held, and through this workshop the WHDC came to know that the Union Parishad (UP) has resources to support in WASH-facilities. The WHDC discussed this in their meeting and decided to mobilize these resources for their ward. Following that decision, the members went door-to-door to compile a list of poor and marginalized households living in the area but without sufficient resources to install a latrine and without access to safe drinking water. The list was presented in WHDG meeting and finalized for further processing. They presented the list to SLOPB and the Union Health Development Committee (UHDC) meeting for further discussion and follow-up actions. One of the members of the group says: "An Individual voice can easily be ignored but we were together for our demand and we placed it boldly". Considering its importance the UHDC agreed to mobilize local resources from the Union Parishad. Since the Union Parishad Chairman is the chairperson of the UHDC, it was quite easy to make this a priority of the Union Parishad. The Union Parishad then approached the WHDC to reassess their list and screen it for who was really in need of a toilet. The UP Chairman discussed the issue with the other UP members and has successfully managed to make 100 latrines (Ring Slabs/direct pit latrine: a latrine which consists of a three rings deep pit, with a slab placed over it) available for the poor people living in the area. On the basis of the newly screened list provided by the WHDC, the toilets were provided and places for tube wells were selected. The UP also asked the WHDC to assist them during the process of implementation and construction of the facilities.

The toilets are provided per household. The deep tube well (DTW) has to be shared by 20-25 households. The WHDC assisted in the site selection by inviting all families that would share the DTW and discuss on where the best place would be. In doing so they tried to please everybody, but that was not always possible. In the first phase the contribution for the DTW was 8000 Taka per pump, in the second phase it was 12.000 Taka. Although every family was expected to contribute the same amount, for some poor families this was difficult. In those cases the future users of the DTW made arrangements amongst themselves, for example by prepaying a part for a family that would repay later. "Sometimes poor household could not pay for the tube well cost, so we pay on their behalf. The household can pay us by 12 month instalment, and in many cases we did not even take it back."

From the households sharing the DTW, 2 men and 2 women were selected for training on repair and maintenance. The women are more involved in the maintenance than men, one of them mentions "we know more than men know about water, sanitation , hygiene. When the tube well gives trouble , men are out of home. So we repair it. Knowledge is empowerment". The costs for repairs are shared amongst the 20-25 households, but no saving mechanism is in place. Even if the costs for repair would be high, the committee members think that everybody will contribute, as everybody is now committed to safe water.

Not only did the WHDC identify who needed a toilet or access to a DTW, they also checked if the beneficiaries were actually using the facilities. Due to their active attitude the members of the WHDC have a meeting with this WASH standing committee at UP level every month.



Discussing with the members of the WHDC

The volunteers sacrifice their leisure time for 2-3 days a week to do their work for SLOPB and the WHDC, in which they meet with villagers, have their meetings and do house-visits. For the WHDC meetings SLOPB would give them 20 Taka for refreshments and 50 Taka for travel costs if they had to attend a meeting elsewhere. This money was saved by the group members to start a revolving fund. The money was deposited on a bank account, and used to give group members loans. Loans were only provided if the treasurer, secretary and president signed for it. The treasurer received 1000 Taka per month as a compensation for her work.

As a result of all the work of the WHDC the health of the people living in the ward has significantly increased. "There are far less diseases like diarrhoea due to the improved hygiene. We spend less money on doctors-bills and we are happier because we are healthier". "Before we did not dare to gather leafy vegetables because of the open defecation. Now this has stopped, we collect and prepare them as we know that they can now be eaten safely". The traditional birth attendant shares "child mortality has gone down now I have received training. I have benefitted a lot from this training, because it gave me confidence and people trust me now I have been trained."

The members of the committee are proud that due to their efforts the health situation has improved. They are also proud that they were able to prevent a few early marriages and of the increased respect the local people have for them. As the villagers trust the members of the WHDC, they come to them

for advise, not only on health issues but also on other topics. To have a connection to the WHDC is perceived as beneficial.

The esteem for women has grown, also for women that are not a member of the WHDC. There is no objection to women being in leadership positions and their opinion is taken seriously. The head of the school mention "women played an important role in maintenance of the tube well as well as in awareness raining among villagers. They are well accepted now, why not? They are doing good work for the locality" . The president of the WHDC got elected as UP member as a result of her activities for the committee.

Now SLOPB has phased out its activities in ward number 1 of Betagi Sankipur Union, the WHDC has stopped the monthly meetings. Because of that the savings group and micro-credit scheme was discontinued, and the participants took back the share they had invested. But as they all live close together, they still meet informally and discuss matters on an ad-hoc basis.

They also still have a monthly meeting with the UP, In those meetings the birth attendant presents figures on how many children are born, how many malnourished etc. They also continue in submitting a list to the UP every year for new latrines and DTWs for those who do not have access to drinking water and sanitation. Furthermore they continue home visits to identify who is eligible to go to the satellite clinics for supplementary food for children under five year old. Yet, they would like SLOPB to continue with some funding for the meetings and with the provision of DTWs like before.

The peoples' champion who believes that "confidence comes from accomplishments"

The case of Nayanessa Begum

Ms Nayanessa Begum lives in Alipura Union of Dasmina Upazila, and is 62 years old. At the age of 13 Nayanessa got married to Abdul Mannan who is now 70 years old. Her husband used to be a "Habilder" (petty military officer) in the army and because of that they were stationed in many different places in the country, like Sunamjong, Jessore, and Comilla. After his retirement they returned to the area her husband originated from.

Nayanessa has 3 daughters and one son, who all have been educated.

The oldest daughter studied till class 9, the second daughter till class seven, her son studied to higher secondary level and her youngest daughter is still studying at graduation level. Nayanessa herself studied until class 5. Her household consists of 5 family members being her husband, herself, her youngest daughter, her son and his wife.

As her husband got a national award called "Valiant/Courageous person" for his contribution in the liberation war, he receives an income of 5000 Taka /month. Her son works at the local Power Development Board, he gets 27.000 Taka/month. When Nayanessa stayed in the towns in the military quarters, with her husband she was not allowed to earn any type of income due to government regulations, but now her husband is retired she started to keep hens. Furthermore the family has 3 gardens, one with seasonal fruits, one for vegetables, and one for trees, as well as a fish pond. They also have a big paddy field which they cultivate with hired labourers.

When SLOPB started the programme in Alipura Union, women from SLOPB went door to door to invite people to a meeting. In the meeting they explained about SLOPB and the founder. This story impressed the women so much that they became volunteers. They felt that if somebody from the Netherlands would come back to Bangladesh to help them and their village, they should also work for their village. They are very self-motivated and every village in the union has some volunteers for the programme. Nayanessa was very active in supporting the project staff of SLOPB in carrying out their activities. As a result she became involved in the Ward Health Development Committee (WHDC). All members of the WHDC received a 3 day training on health and sanitation. After that the members went house-to-house to make an inventory on who had no access to a toilet or safe drinking water. They presented the list to SLOPB and the Union Parishad to apply for toilets and Deep Tube Wells (DTW). On the basis of those list families got a toilet from the Union Parishad or could join the DTW-programme of SLOPB. Every DTW constructed served 20-25 households in the first and second phase of the project. Nayanessa was very active in supporting the families in appropriate site selection for the DTW. She was also very active in organizing satellite clinics and motivating pregnant mothers for antenatal check-up, as she feels proud to teach families about health issues.



The WHDC elected Nayanessa to be their president, because they all like Nayanessa. Nayanessa herself thinks she was elected because of her friendly and harmonious attitude. Because of her interest and active participation Nayanessa was also selected for representing the WHDC in the Union Health Development Commission.

The traditional birth attendant that is part of the WHDC has received specific professional training as well, and since then she gets more recognition as a trained attendant. When a birth is difficult she can now refer to the hospital in an early stage, so there is less child mortality. The kit-box she received is very helpful, and she has an own phone-number (not shared with others) that she gives to the family members of pregnant women, so they can call her in case of complications. She says " I feel more confident since I have received the training. People know that I have a safe kit box and thus they can depend on me. I prepare list of "to-be mothers" and give them my mobile /cell number."



The WHDC presided by Nayanessa

During our interview she received calls on her phone of a mother who was about to deliver.

The volunteers in the WHDC spend 2-3 hours a day on the voluntary work, and each one reaches out to about 25 households. They receive some financial support of around 50 Taka as

transportation costs for attending the monthly meeting, but that was not the reason for the volunteers to join. The biggest reward they have is the changes that took place in their village.

The WHDC also started a saving group, depositing the 50 Taka they received in a bank-account and giving loans to each other once the amount was sufficient.

The biggest change caused by the project is that now everybody has a toilet, which has led to the abandonment of open defecation. Due to the court-yard sessions on health and sanitation there is no more diarrhoea and health has increased in the village in general. Furthermore the interest for education has increased and early marriages do not take place anymore.

All the volunteers of the WHDC agree that their social status has increased. Villagers come to ask them for advise, not only on health issues. One of them shares "As meetings on health and sanitation took place in a public place and non-group members got the information easily, this also helped other women. Because of the new knowledge they gained, which they applied in their own household their husbands and in-laws recognised their value and they got to respect their wife and daughter-in-law more. This has improved the status of women in general and has also decreased violence against women."

Before the project started Nayanessa never went out of the house as she obeyed purdah (religious rules). When the project started her husband stimulated her to become active as a volunteer. The fact that she was so active made her husband feel proud of her. This did not change her position within the family much as her husband always consulted her in decision making in their household, "As my husband was busy with office work and out all day long, I had to take all the decisions. He never disagreed from my point of view on education, health and our daughter's wedding. Rather I got his full-hearted support and encouragement".

Nayanessa expresses that her being a Union Parishad (UP) member now is strongly linked to the SLOPB project. As part of her work for SLOPB Nayanessa went door-to-door and visit people's homes. Due to all her efforts and hard work Nayanessa became very well-known and popular. So when election time for the Union Parishad came, the villagers proposed she would run for a seat reserved for women. Nayanessa said "As we came back to village after staying for many years in towns, and we were dressed well, had a clean homestead and were more knowledgeable than others, everyone considered me a good person to become their leader. They thought I can represent them in a different platform and I can move easily on a daily basis as I have family support". She was convinced to run for the seat and she got elected as a representative for ward numbers 1, 2 and 3 with a difference of 450 votes to her runner-up. During election time she did not have to spend money on campaigning, as the villagers who nominated her paid for that, "I never engaged in an election campaign as the villagers did that for me". When she was elected as a UP member she received a training on her task as a UP member. She now deals with many more tasks than only WASH, like the allocation of safety net allowances for example. As she knows many local people she has a large network, which helps her do this work properly. In the UP she is listened to and taken seriously, and in general female leadership has become accepted thanks to the project.

Her constituency is pressing Nayanessa to stand as a candidate for the next UP elections, due in 6 months, which she will do. Due to her limited education, she does not feel confident enough to try for a higher position, like for a non-reserved seat, or chair of the UP.

Since SLOPB has stopped its activities in Alipura union due to the phase out of the project, the WHDC does not have regular meetings anymore, but the members still continue to do house-visits to monitor and advise on hygiene and sanitation issues. The saving-group was stopped when the programme phased out.

Description of the programme of DORP

Development Organization of the Rural Poor (DORP) started its work in Bangladesh in 1987. DORP's areas of expertise include health, education, human rights, agriculture, resettlement and WASH. Advocacy through engaging media, climate change, gender, people's empowerment and training are dealt with as cross-cutting issues. Currently DORP is active in over 3000 villages of 54 Upazilas under 20 districts.

In 2006 DORP became a member of the Peoples Health Movement (PHM). In 2007 PHM members agreed to follow the same approach in Barguna and the Health Village approach was adopted. This is composed of the following 5 thematic areas: (i) Community Governance, (ii) Public health, (iii) Primary health Care, (iv) Human Rights, and (v) Disaster management, and covers 22 different topics. In 2006 this approach won the 'Chancellor's Award for Community Engagement' from the University of South Australia. Apart, DORP has received "The 2013 Water for Life UN-WATER Best Practice" Award on the Health village Concept.

Accordingly the Health Village WASH Monitoring Perspective (HVVMP) started in 2011 as a trial project in 6 Upazilas distributed over the different geographical areas of Bangladesh, in every Upazila 1 union was selected. In 2014 it was scaled up to a total of 24 Unions (18 new ones) so at least 50% of the unions in each of the six Upazilas were covered.

The HVVMP is a process of involving local people in WASH Budget Monitoring (tracking) at Upazila and lower levels in Bangladesh. The project works through five approaches, covering diverse activities each year. The approaches used are: (i) Social Mobilization (ii) Lobby and Advocacy (iii) WASH Monitoring (iv) WASH Budget Monitoring and (v) Capacity Strengthening. The project initiatives aims to use the capacity of Civil Society for raising their voice as right holders and Local Government as duty bearers. The Union Parishads (the lowest administrative unit in Bangladesh), work through "standing committees" which are responsible for implementing policies at Union level. Each Union Parishad has 13 standing committees. The standing Committee consists of 9 members: 5-7 are elected by the UP, 1 or 2 are experts on the topic (WASH, Health, Education etc.). 1/3 of the committee should be women. DORP mobilised local people to monitor the budget and progress of both the health and WASH

standing committees. In this way DORP strives to reduce the "disconnect" between macro (Policy formulation) and micro level (implementation at for example union level).

By involving the local people in the particular areas of water, sanitation and health issues, the Health Village WASH Monitoring Perspective played a significant role in budget tracking of local government institutes. Villagers are asked to demand a 20% increase of the WASH annual development budget under Union Parishad. Because of this



Poster explaining the importance of WASH Budget Monitoring

transparency and accountability of the local government has increased significantly, and also the available WASH-budget has increased.

The HVWMP includes three pillars (i) Health Village (ii) WASH Budget Monitoring Club and (iii) Mother's Parliament; which are all inextricably linked to each other in improving the social position and situation of the local people.

The WASH Budget Monitoring Club is based at the level of Upazila Parishad, organised by DORP and is composed of members which already have a standing within the Upazila, as they have to be taken seriously by the politicians. The WASH Budget Monitoring Club members have regular exchanges with the Health Village Groups and the Union level standing committee. It is responsible for all horizontal and vertical level advocacy for increasing and implementation of WASH-budget, as well as for the health and maternity allowance for poor individuals and households.

The Mothers' Parliament is organised at Union-level and every ward is represented. It consists of a speaker, 2 deputy speakers and 6 members, who serve as vocal points. Every month on day 1 or 2, they organise a ward-level meeting to assess the problem of mothers receiving maternity benefit. Another task of the Mother's Parliament is to make a list of pregnant women and give it to the UP, to inform them about who will be asking for maternity benefits. Every six months they organise a general assembly at Union level (one in June/July and one in December /January).

In the general assembly meeting we attended the Union Parishad Chairman chaired the session, the Upazila Chairman was invited as the Chief Guest, and the engineer of the Department of Public Health and Engineering, and the District Family Planning Officer were invited as special guests. Also all women of the mothers' clubs were invited and could attend the meeting as observers. The session was facilitated by field-staff of DORP and organised as a national parliament session. DORP staff helped in explaining how the proceedings would be and started with a muslim prayer and a chant from the Vedas.

After that the speaker of the Mothers' Parliament opened the session and asked one of the Deputy Speakers to read out the minutes of the last meeting. After the minutes were read, including the decisions and action points, the Speaker explained about the progress made so far. Then all other vocal points were given 2 minutes to speak on their topic. As the area had flooded many of the speakers pointed out the problems related to that. The vocal point for WASH stated that "a huge numbers of toilets have been damaged due to water lodging, and poor family may not be able to reinstall new toilets soon,

খাতের নাম	পরবর্তী বছরের বাজেট ২০১৫-২০১৬	চলতি বছরের বাজেট ২০১৪-২০১৫	খাতের নাম	পরবর্তী বছরের বাজেট ২০১৫-২০১৬	চলতি বছরের বাজেট ২০১৪-২০১৫
প্রারম্ভিক জের			সংস্থাপন ব্যয়		
হাতে নগদ	২২০৮		সেয়ারদান ও জন্মস্বত্ব বন্দাদি	৩,৩৫,০০০	১,৫৫,৭০০
ব্যয়কে জমা	৮,৫৫,৮৪৪		শ্রমিকসহী-কর্মকর্তাদের বেতনভর	২,৭৫,০০২	২,৯১,৪৫৬
মোট প্রারম্ভিক জের	৮,৫৭,০৬৪		কর আদায় ব্যয়	৬৯,৮৪৪	২৪,৪৪৮
প্রাপ্তি			প্রিন্টিং এবং ক্রিপশারী	৬০,০০০	৩৪,৮৭০
কর আদায়	৬,২৮,৮৪৪	২০,০৫২০	ডাক ও তার	২৫,০০০	২৫,০০০
পরিদর্শক লাইসেন্স শেডিং চিহ্ন	২৫,০০০	১০,৮০০	বিদ্যুৎ বিল	২৪,০০০	২৯,১৩৮
ইকরা বাবদ প্রাপ্তি			অফিস সঞ্চালন	৩৫,০০০	১৬,০০০
গোয়ালিক যানবাহনের লাইসেন্স	৫০,০০০		অন্যান্য ব্যয়	২,২৭,১৪৩	২০,২২৩
সংশোধিত প্রাপ্তি			উন্নয়ন মূলক ব্যয়		
সংস্থাপন কার্য পরামর্শ দান	৪,০০,৭০২	৪,৪৭,৫৫৬	কৃষি প্রকল্প	২,৫০,০০০	২,৫০,০০০
স্বাস্থ্য মন্ত্রণালয় ১০%	৫,০০,০০০	৪,৫২,৫০০	শাস্ত্র ও পরিদর্শন	৩,৫০,০০০	২,৭০,০০০
পরিদর্শক সফরী-কর্মকর্তাদের	২৩,০০,০০০	২২,৫৫,০০০	বায়ু নির্মাণ ও যোগান	২৪,০০,০০০	২৪,০০,০০০
কলিকি রসিদ-২ ব্যয় (পৌরসভা)	১৪,০০,০০০	২৩,৫৫,২৭০	পূর্বা নির্মাণ ও যোগান	৫০,০০০	
অন্যান্য প্রাপ্তি	২,৬১,২০২	২৪,৩৪৮	শিক্ষা কর্মসূচী	৩,০০,০০০	২৫০,০০০
মোট প্রাপ্তি	৪,৫৭,০৬৪	৩,৭১,৬৩৮	মোট ও খান	৬৭,০০০	৫৫,০০০
			অন্যান্য	২,০,০০০	২৪,৩৪৮
			মোট ব্যয়	৪,৫৭,০৬৪	৩,৭১,৬৩৮
			সমাপনী জের	৪,৫৭,০৬৪	

Wash Budget of Union Parishad painted on the wall for all to see

so I am requesting the Union Parishad Chairman to sanction the need for specific toilets for villagers. We the mother parliament have prepared the list of those in need and are ready to submit it after the general assembly”.

The vocal person for Education mentioned that “due to heavy rainfall and water lodging the road connecting the school with the playground has been severely affected. Therefore I am requesting the Upazila and Union parishad Chairman to reconstruct the road.” The vocal person for Health, Nutrition and Family Planning in her turn said “water borne diseases have increased due to water lodging and women and children are the primary ones that suffer from it. So I am requesting for more medicine to be allocated to this area.” The vocal person for savings and fundraising mentioned that “due to water lodging, there is less work available and as a result poor people are surviving only on their little savings. Therefore I am requesting the UP to allocate more budget for cash for work schemes so that poor people can get employment opportunities and live a better life”.

Then the high-level guest were invited to react to the issues addressed by the Mothers’ Parliament. The DPHE engineer informed the women present that he could make available 25 latrines for common use as soon as the waters had subsided, and that he would ask for more from his department. The family planning representative informed the women about which medication was available where and how to get it. The Upazila Parishad Chairman stated “I take note of all those problems and I will bring this issue up to the Upazila Nirbahi Officer so that he can issue an office order to solve those problems with high priority”. Lastly the UP Chairman mentioned “I have attended all general assemblies organized by the Mothers’ Parliament as I feel they are working like my third hand.” He furthermore added “I will take the list from the Mothers’ Parliament of people that has suffered most, so that they will get priority in cash for work schemes.” Subsequently to these reactions of the guests, the meeting was adjourned for lunch provided to those present by DORP. After lunch the meeting was resumed with an open space where the observers were given a chance to ask questions.

So the Mother’s Parliament doesn’t limit itself to getting maternity benefit from UP only, but they are also dealing with issues related to health, education, savings and livelihood, governance etc.

An inspiring path maker for future women activists

The case of Jahanara Begum



Jahanara is 58 years old and lives in Khajuratala village of Gourichonna Union of Barguna district. She was born in a strict Muslim family and her paternal grandfather, father and uncle performed Hajj. Jahanara got married when she was in Higher Secondary level, but continued her education. When she was pregnant with her second son, she had to do her gradation exam, but did not pass. She then did not return to college. Her husband, Mr. Abdur Rob, is 70 years old, a retired school teacher and very supportive of her work. He used to take care of their two sons after school hours, so Jahanara could go out to do her work. "Woman can succeed if they got support from their husband for example to continue their education after marriage; so I take the opportunity to talk to men and present myself as an example so that they can do the same for their wife."

Her family is well educated. Jahanara's elder son is principle officer to a Bank at Barisal and the youngest is family planning inspector of Gourichonna Union. Her elder daughter-in-law is officer at the Bangladesh Customs at Barisal. The younger daughter-in-law has a daughter of two and half years old and is studying for Master in Arts (MA). Being a retired Government Officer, both Jahanara and her husband have savings. Both of them performed Hajj to Mecca in 2014. They have a brick house at the centre of the upazila, which is well furnished with modern facilities like electric fans, television, refrigerator, mobile phone, sofa set, etc.

When Jahanara started her career in 1976 as a Family Welfare Visitor, she had to make door-to-door visits and she met with a lot of resistance by men not wanting her to enter the house; as from religious conviction they considered it incorrect that a woman would be working in reproductive health. Jahanara has no problem with speaking in public as she was used to do so as a family worker. In her duty as Family Welfare Visitor she worked with married women only, especially with respect to birth control. After office hours she helped women within and beyond her working area as a traditional birth attendant and gained the respect and trust of the local people.

She agreed with the objective of DORP, so she volunteered for the programme when DORP started working in the area. After being a volunteer for a considerable time DORP asked Jahanara to be part of the Wash Budget Monitoring Club. The Wash Budget Monitoring Club (WBMC) at Upazila-level where Jahanara belongs to, has 15 members. In the beginning 30% were women and 70% were men, now there are 2 women and 13 men. DORP first screened who would be suitable to become a member, because the members of this club need to have some education and also some status as they would need to work with Upazila politicians. After DORP had selected Jahanara she was accepted by the villagers especially by the women for this post.

Jahanara is regularly participating in the WASH Budget Monitoring club meeting, bringing village and union level problems at the Upazila level. Since Jahanara joined the WBMC in 2007, she got a wider scope than before. Now she also works with school girls on menstrual hygiene and sanitation. It was DORP that took her to these schools to talk to girls, and she notices that the girls also take the message home and share it with their mothers and other family members. "Girls at school are now healthier because of the information and awareness on menstrual hygiene and sanitary napkin. They will be the leaders of the future. I feel proud that I am part of the process of developing the future leaders".



President of the forum of school girls trained by Jahanara

Through her work for the WBMC she realised the importance of a family health centre, so she started lobbying and advocacy for her constituency by meeting high officials at their offices. She furthermore submitted petitions to Upazila high officials to get approval for a family health clinic in her union and she even submitted a written application to the Dhaka Head Office with the same aim. In 2008 she managed to get the family health clinic established. It is of very high quality and won a prize for safe deliveries three years in a row. Jahanara considers this her biggest achievement, which without her work for the WBMC she would not have managed to obtain.

Water logging is a big problem in the area and she was consulted by DORP as a representative of the women in the UP to give her inputs to a development budget and plan of Union Parishad. Recently she was able to influence Union Parishad to allocate BDT 3 Lac and 10 Thousand for constructing of a new drainage system from LGSP (Local Government Support Program) budget to address the mentioned problem. She feels more confident since then that "if real demand can be placed with justification and evidence to the right person and right time, the positive response must come." Jahanara's self-satisfaction also includes her now being able to effectively communicate with local service providers and authority i.e. DPHE, and government departments at ministry level in Dhaka.

She also managed to mobilize maternity benefit from the UP and Upazila level for the area she lives and works in. This is 350 taka per month for 2 years and for a maximum of 2 children and given to poor people. She receives visitors regularly and in turn she visit other homes due to her previous profession and the current profession of her youngest son. This is how she gets her feedback from the women she is to represent.

Now Jahanara wears multiple hats and thus she introduced herself as "retired Family Welfare Visitor of the Government, a trained and traditional birth attendant, a volunteer of DORP programme, member of the Wash Budget Monitoring Club and speaker for school based hygiene promotion sessions on menstrual hygiene and sanitation". Before Jahanara was part of the WBMC the Union Parishad an Upazila Parishad would only ask her opinion on family planning issues. Now she is invited by UP and Upazila Parishad also on other topics as they value her opinion more in general. She also travels to Dhaka to meet people at ministerial departments and speaks regularly at pre-budget, post-budget, open-budget meetings and public hearing sessions at Union and Upazila level.

The biggest challenge for her work is the amount of time government procedures take. She has applied for some latrines to be installed in the market place, but she needs to get approval of the minister before they can be placed. Another obstacle was that in the beginning the official meetings at Upazila level used to be late, but over time this has changed and now they are earlier in the day. She sometimes has a meeting at Upazila Parishad and after that she still needs to help with a delivery.

Jahanara sees a bright future as there will be no more open defecation and there are sufficient Deep Tube Wells. She is convinced that all women will get educated and that the whole area will change. She is also happy that in June government declared that all schools are expected to have separate toilets for girls. That will be very helpful in increasing school attendance by girls. She also would like the vaccination programme to start from schools, as she is convinced that more girls will be reached. She believes that the local people of Gourichanna union especially women are on the right path to claim for rights from duty bearers. They are confident to carry forward the steps even without the support of DORP.

She advises NGOs like DORP to stimulate leadership of local women, "NGOs like DORP should come with more coaching and mentoring meetings for women so that their leadership skills will be enhanced. This should be done by other women that serve as a role model, so other women have somebody to build on and follow." Her son adds "my mother is a role model for other women in the village, and I really feel proud of her". Jahanara takes her position as a role model seriously and she is mentoring other women "I am stimulating six other young women who have a position in family health planning to talk about broader topics as well. I hope that one day they will follow my footsteps".

“Changes come once you take the first step”

The case of Dalim Begum

Dalim is 45 years old and studied until class 5. She is married to Md. Yunus Mollah who is 55 years old. He used to be a business man who would trade vegetables in the local market. Last year he suffered a heart-attack which rendered him completely paralysed. She is landless and the homestead is built on government Kash land. Due to the sudden illness of her husband they have no income, and her brothers help her to survive. She wants to start a business like her husband, but now she is still suffering the trauma of the change.

She has 3 daughters and 1 son. The oldest daughter is 26 years old and has studied till class 8, the second daughter is 21 and studied till class 7, the third one is 13 years and is still in school in class 8, the son is 8 years old and in class 2. The first and second daughter got married already.



Dalim used to be a housewife and suffered of lack of water. Safe drinking water is scarce in this area and in the beginning there were only 4 Tube wells. Like other families, her children suffered from waterborne diseases and skin scabies. The villagers normally spread out kitchen waste here and there, practised open defecation and suffered a lot of water borne disease all year round. Dalim still remembers that they did not collect and eat green leafy vegetables on that time from open field, due to the pollution. They had to spend up to half of their house-hold income for health purposes, less than 15 years ago.

DORP started their work in this area in 2007 with a limited hardware programme. When DORP came to the village looking for people to start the Health Village Group, Dalim thought “why not me?” She got active and started to mobilise people to become a member in the Health Village Group. They started discussions in a monthly meeting on health and sanitation and WASH. She also used the knowledge she gained through the court-yard sessions to motivate others to join, but “it was not easy to motivate people to change attitude”. Other women in the village were also interested to have a Tube well and they became members of the Health Village Group. The members of the group are poor and marginalised and they found the work of DORP useful, especially the activities related to WASH like: toilet construction, DTW and solid waste management.

Together with DORP they requested the Union Parishad (UP) for toilets and Deep Tubewells (DTW). When the latrines were built they were not constructed free of cost, the installation costs had to be paid by every family which was 750 Taka. These costs were paid by contributing 25 Taka per month as instalment basis. After these costs had been covered the group did not continue saving for a revolving fund or alike.

Up to 2011 the Health Village Group had only 15 members, but in 2013 this increased to 25 members. Dalim acknowledges that some families who originally joined the group have migrated to towns for

work, and have left the group. But there are new families who join the Health Village Group every year. In the court-yard sessions, there are minimal 50 participants per meeting, as also non-group members join to get the information that is distributed. According to the group members Dalim is president because "we found her more intelligent than us, more educated and most important she can go and attend meetings regularly. She has the leadership capacity to gather us in one place for our well-beings".



Meeting with the Health Village Group chaired by Dalim

For the group meetings they keep a register where everybody attending the meeting signs for their presence and decisions are noted down. There is a check-list available of topics the meeting should deal with, which is used to structure the meeting. Because the group members all live close together they can check easily if the learnings are practiced. They remind each other to apply the new knowledge (peer pressure). Furthermore they also lead by example. They have learned to bury their waste instead of throwing it in the open. One of the women mentioned that because she is doing

that, her neighbour (who is not part of the group) also has started to use this practice, as she is now ashamed to throw waste in the open.

Apart from with WASH and Health the group also deals with girls education, the prevention of early marriage and violence against women. They have also started a small enterprise for making sanitary napkins from local materials selling them at low cost. Dalim is confident that this enterprise will bring physical and economical change for women of her area. The positive changes encourages her to do more for the villagers. Dalim said that "it's time to pay back to my villagers who shown their respect and trust in me".

At the beginning the work for the Health Village Group would take Dalim one day per week, apart from the meetings and trainings organised by DORP. She does not count the meetings with the local people as work, because the people live close to each other it is easy to talk and visit them.

A lot of things have changed since the project started: On group member mentions "before me and my family did not use slippers to go to the toilet, but now I keep a specific pair available and we use a separate block of soap at the toilet". A young mother with a baby girl adds: "look at my baby, how healthy she is, it was not like that before. Most of the children from 1-5 years old suffered from diarrhoea as we used to drink water from a pond which was not safe. Now we have safe water from a deep tube well and kitchen waste not thrown out in the open anymore but buried, so there is less waste lying around". Another women adds "we can now consult the health office in case of health problems which was not the practice before".

Because they gained knowledge on WASH and hygiene the group also gained access to the UP. Dalim is well aware about the task of the Union Parishad. She knows where to go and how to approach them to address existing problems, by submitting them to the UP along with submitting a petition to the

DPHE. Dalim realised that knowledge is power, and slowly got used to talking to people, mobilising them at village and union level, and speaking in public. Now she also speaks in the UP meetings. As representative of the Health Village she also speaks to the pre-budget, open budget, and post-budget meetings.

Dalim and her group members said that “we are not afraid anymore to go to the UP and talk to them. Before we did not know what was a budget, but now we know the exact figures for this year. This has made the UP very transparent.”

Many of the Health Village Group members share that “we go to the UP by motorcycle and nobody has a problem with it.” The male member of the groups adds “the women protect us (villagers) from disaster as they are well trained on disaster management, so why would we have a problem with them sitting at the back of a motorcycle, driven by a man?”

Dalim would have liked to stand for elections at UP-level but due to the situation of her husband she cannot do so. However she is regularly invited to the Union WASH standing committee, where she speaks on behalf of her Health Village Group. She is supporting other women to take the leadership for future endeavours.

“Sometimes struggle makes you strong”

The case of Ritu Sardar



Ritu Sardar is 23 years old and got married 6 years back as a student in class 8. Her father passed away when she was very young and therefore she could not finish her education. Her husband is Ajit Sardar, he is 30 years old and works as agricultural daily labourer. He earns 250 Taka per day. They have a son of 4.5 years old, name Arjit who did not start school yet, but Ritu supports him to write the alphabet and rhymes which he might need in his Kinder Garden class.

Ritu was a landless poor, she came from an area where they suffered land and soil erosion every year. It was difficult to find a job in the new place when they migrated. When she just lived in Dahar Moubhog Village, her husband did not want her to go out of the house much, as they were strangers. First they build a tiny temporary

house on the government Kash land. The tube well water in this area is extremely salty and it burns the tongue all the time. Like others, she used to drink unsafe water from ponds which are used for everything like bathing (including cattle), washing and other household needs.

Ritu was worried about how to survive with dignity. After she dropped out from school, she had learned tailoring from neighbours. She decided to lease a sewing machine for 100 Taka per month, and after paying the lease she managed to earn about 500 Taka per month. Now it is less as she has no electricity so she cannot work at night. By sewing she saved money and was able to buy a cow for 8000 Taka. In almost two years, she raised it and managed to sell it for 40,000 taka. She continued this business and managed to save 200,000 Taka over the last 3 years. She used this to buy 5 decimal land and registered it in her own name. She now has her own house there and she grows vegetables and sells them at the market. She owns 2 cows, one dairy-cow which gives 2 litres milk a day, which she also sells. The other cow she rears to sell it for upcoming EID. She also has 15 hens and 4 ducks.

DORP started with the Health Village group at Fakirhat in 2011 and in 2012 with the Mothers clubs and Mothers' Parliament (MP). They prepared a list of mothers receiving maternity benefit from the UP, but this list did not cover all mothers that were entitled to it. This was because of lack of awareness at the side of both mothers and UP. Then DORP started the mothers' club at ward-level to ensure that all those entitled to the benefit would indeed get it. New mothers come in and join the mothers clubs at ward level, "old" mothers can still stay on even after they have stopped receiving maternity benefit. (2 years, for maximum 2 children)

To decide who would be the members of the Mother's Parliament, DORP facilitated a meeting and asked who wanted to be a speaker and who wanted to be a deputy speaker. For the speaker position there were 3 candidates, for the deputy speaker, 4 candidates who had nominated themselves. DORP

followed the same procedure as with national elections and every candidate got a symbol. They campaigned and gave the election procedure a festive mode and then elected 3 positions only. The other 6 positions for the vocal points (thematic areas) were not elected but selected. Care was taken that every ward and every mothers' club had 1 representative in the Mothers' Parliament. In a big meeting these posts were assigned in consultation with all present. The 6 thematic areas are: (i) Health, Nutrition and Family Planning (ii) Education (iii) WASH (iv) Livelihood (v) Savings and Fundraising (vi) Transparency, Good Governance and Accountability.

Apart from organising a biannual general assembly and making an inventory of pregnant women, the Mothers' Parliament also prepared an inventory of the need for toilets and tube wells, organized day long fair on WASH at Union Parishad where they presented themselves together with others involved in WASH to high officials.

In 2013 the speaker and 1 deputy speaker had to re-elect again as previous persons could not give adequate time. So new elections for these positions were organised by the Mothers' Parliament.

Ritu got involved in the Mothers' Parliament when DORP organised a meeting in her village. She passed by and as she was new at that time she decided to attend the meeting. She expressed her opinion on lack of safe drinking water so well, that the DORP staff asked her to join a meeting the next day at Upazila Parishad and express her opinion in the same way. This she did. Then when DORP started working in the area she joined the mothers' club.

Ritu used to go to any meeting there was, if she was invited or not. She would take her son and show him to those present and said that he was so unhealthy due to the lack of safe drinking water. She would also say that like her son, there were many more whom she and her son represented.

Ritu shared that in the first general assembly of the Mothers' Parliament the DPHE official promised a Pond Sand Filter (PSF) for the union and mentioned about the government pond in their village. The parliament followed up when they thought implementation took too long. In the second general assembly this was the only topic on the agenda, the other topics were covered under "miscellaneous". Ritu mentioned that she walked to visit the Union Parishad at least twice in a week, as well as to the DPHE office, the Family Welfare Centre, and the Upazila Parishad to exert pressure on them. Her believe was "if I knock the door properly, once somebody will open the door from inside and I am in".

All Ritu's efforts paid off and after more than 3 years the Pond Sand Filter has been installed and is functioning. Considering the huge demand for water, the Mother's Parliament organised a management committee for its maintenance: 15 women who live close to the pond. Ritu is the treasurer of the group as well as the caretaker for the PSF and when the tap broke down she ensured it was repaired. Ritu also made an effort to motivate villagers who did not use the PSF, to do so. She went



The pond sand filter Ritu struggled so hard for

house-to-house to tell them about the importance of safe drinking water. Ritu really made an effort for WASH, which makes her very special.



Meeting with the members of the Mothers' Parliament

The Mothers' Parliament has also fought for medicine and with success. The health of pregnant women has now improved. When Ritu realised that pressure worked, she did a household survey on who did not have a latrine to present it to the UP and demand for toilets. Ritu said "she loves to fight on behalf of others and we don't want to be vulnerable anymore".

Ritu could see enormous changes in the attitude and behaviour level of the villagers: all wanted a healthy and good environment in the village and

they are trying. Diarrhoea has stopped and kids are in good health. Women are speaking out in meetings, and submit written requests and feel more confident. They also noticed that men are willing to spend money on toilets, which they were not willing to do before.

Social acceptance of the women has increased a lot. People point out the houses of the focal points and speakers. The houses are now referred to by the women themselves, not as "the wife of..."

For Ritu also her personal life has improved a lot. Her husband did not love her and used to tell her she was not beautiful because of her nose, and would sometimes threaten to divorce her. But now, since she has managed to raise such an income and her work for the Mothers' Parliament she has earned the love of her husband. She got encouragement from her husband and in-laws to stand for UP election.

Ritu has a strong vision to drive for holistic development. She wants to join the SAPNA programme (Social Assistance Programme for Non-Asseters). She said in next UP budget she will propose for "One family, one house, one cow and one income generation scheme". Ritu along with the women see it as their prime responsibility to transfer their work to the younger generations, they have paved the way and want the next generation to benefit from it.

When asked why Ritu thinks she was successful in her mission she answered "they (DORP) did not come to me, I came to them" and she finishes with a smile on her face "sometimes struggle makes you strong".

Success factors for empowerment

First we will assess if empowerment has taken place, by analysing the level of progress in the four elements of empowerment. To get a better idea of why some women were able to empower themselves and others less, we will compare the differences between Noorjahan, the members of the WHDC of ward 1, Nayanessa, Jahanara, Dalim and Ritu, with the other women in the project. From that analysis we will derive the success factors for empowerment.

Physical empowerment

In all of the six cases studied, physical empowerment has increased. In every case the women mention the improved health due to construction of latrines, access to safe drinking water and training on health and sanitation issues. This health improvement goes beyond the individual level of the women part of the case study, but extends through-out their villages or wards. The decrease of diarrhoea in the village as a whole, as well as the abandonment of open defaecation, is mentioned by all. In the cases of Noorjahan, the members of the WHDC of ward 1 and of Nayanessa, the traditional birth attendants received training decreasing child mortality. The members of WHDC of ward 1, Nayanessa, Jahanara, and Dalim all mention the prevention of some early marriages, which shows that this part of physical empowerment is increasing in importance. Also the decrease in violence against women is mentioned by Dalim and Nayanessa as a result of the WASH intervention.

Special mention should be made of the programme DORP is running for school girls and in which Jahanara is active. The sessions she gives on menstrual hygiene and sanitation have increased the physical empowerment of the girls enormously. They are now aware of what menstruation is and how to deal with it. They have managed to convince their parents that they need not skip school when it is their period, and also have shared their new knowledge with their mothers and other family members. The girls feel confident to discuss the topic amongst each other as well as with the female teachers, and are very happy with the relatively cheap sanitary pads that are produced by the group of women Dalim is representing. According to the head master of the school, school attendance at his school has increased by 60% due to this programme.

So the WASH interventions have certainly contributed to the physical empowerment of women in the cases presented. It seems that physical empowerment has increased in general and that the five women we studied did not become more physically empowered than the other women that benefitted from the interventions.

Economic empowerment

When we asked programme and field staff members of SLOPB and DORP for their definition of empowerment, they mentioned aspects of the social-cultural, physical and political empowerment arenas, but not economic empowerment. In a few cases their perception reflects that economic empowerment is important, but they did not consider it as a part of the empowerment concept. The ED of SLOPB and the chief research, evaluation & monitoring of DORP do mention aspects of economic empowerment. But as they are less involved in the day to day running of the projects and programmes, it might explain why DORP and SLOPB did not include economic empowerment as a programme priority or as an intervention.

SLOPB provides the women with a small allowance for participation in meetings and trainings (20 Taka for tea) and some travel allowance if travel was needed of 50 Taka. DORP did not provide any allowances and travel has to be borne by the women themselves.

The time spend on the activities for the project by the women ranges from 4 to 21 hours per week. This is unpaid work and many do not consider it like work either. "Everybody lives close by so I do not

even count it as work”, they also indicate that it is their “leisure time” they are using to do the work for the projects. Considering the time spent and the financial compensation they receive for it, the rate of return is very low. This is a situation which might not be sustainable. For example, Dalim mentioned “as my husband is not earning now, I feel the need to count my minutes and hours”.

In the first phase, the members of the SLOPB WHDC were also stimulated to save some money and put it in a bank account. When the amount was sufficiently high, a revolving fund would start, where group members would take a loan and pay it back with interest. But when SLOPB did not continue its work with the groups, the meetings became irregular and because of that the groups stopped their credit group activities. This shows that without assistance from outsiders, the women do not have enough trust and confidence to continue this activity. Therefore this has not led to economic empowerment.

The recent initiatives of DORP enterprise development on sanitary napkin might be the start of economic empowerment of women but it may require a lot of promotional activities, as now the napkins are only sold in one school. Over the last 3 months 250 packets were produced but only 35-40 packets have been sold.

Ritu has earned the love and attention from her husband and in-laws because of her financial contribution to the family. But this she has managed by her own initiatives and not as part of the projects activities.

The Mother’s Parliament members express that asking money from their husband is not respectful for them anymore. They want to earn their own income “we want to be working mothers”.

Some economic empowerment has taken place because as a result of the improved WASH facilities, water borne diseases have decreased in all cases, especially diarrhoea. This has resulted in women having to spend less time on caring for the sick and in less money being spent on doctors’ bills.

Concluding it can be said that economic empowerment did increase slightly due to the health benefits, but that to obtain this a lot of time had to be invested by the women, which is not compensated financially and not even regarded as an investment by themselves. The other initiatives regarding economic empowerment are relatively recent (the production of sanitary napkins) or were abandoned (revolving fund), so in this respect economic empowerment did not take place (yet). The positive note is that DORP has already given emphasis to activities related to “economic development” for the Mother’s Parliament and Health Village Groups in the financial year 2015-2016.

Political empowerment

In all of the six cases studied, political empowerment has increased. In every case the individual woman responded and the group mentions the increase in visible participation at different levels. Several fora have been established where women actively participate like, the Community Health Development Groups (CHDG), Ward Health Development Committees (WHDC), Union Health Development Committee (UHDC), Health Village committee, Budget Monitoring Club, Water Users Groups and Mother’s Parliament. In these committees the president, secretary and treasurer positions, as well as the “vocal persons” in the Mothers’ Parliament and focal persons for development of thematic areas are led by women at village and union level.

Women are confidently and actively participating at decision making levels (Executive Committee), to ensure services from the local level representatives of national departments like DPHE, Upazila and Union Parishad, Schools, Family, Health and Welfare services, Agricultural Extension Office. Besides, they are the member representative from their constituency at different Standing Committees of the Union Parishads and effectively participate in decision-making to influence development efforts. In SLOPB working areas, the members of WHDC Noorjahan and Nayanessa managed to become elected as Union Parishad members due to their activities in the committee and for WASH interventions.

In DORP interventions, Jahanara, Dalim and Ritu exercised their right to organize other women, they took part in democratic processes of being elected and selected in a leading position. Jahanara is well known as speaker at the Upazila level WASH Budget Monitoring Club, and in the pre-budget, open-budget and post-budget public hearing meetings where stakeholders of different level participate. She submitted written applications and travelled to Dhaka to influence the government at Ministry level about a Family Health Clinic as well as about the drainage scheme budget for her union. DORP is running school hygiene sessions with girls from class 6-10 in which Jahanara is active as speaker. The president of the School Girls club also has become very vocal and confident to talk on the constraints the girls face with respect to WASH in schools at Union and Upazila level open budget meeting, representing all students. Although Dalim, could not make herself electable as a UP member, she has been invited by UP for consultation and to talk in different fora for several years now.

Ritu did not even wait for the invitation to the meetings at Union and Upazila Parishad, rather she walks miles and attends the meeting every month. The members of the Mother's Parliament wanted to change the Speaker and Deputy Speaker position after two years, and they organized elections for these seats themselves. They enjoyed the right to vote and to be voted, and their achievements through their biannual General Assembly, proves their political empowerment.

In the meeting with the members of the Union Parishad of Gourichanna Union (who all know Dalim and Jahanara very well), they all agreed that the women in the UP were taken very seriously. The two women members present started laughing when we asked if they were taken seriously by the men in the UP and answered "we have become their boss!", which the men present agreed to in good spirit.

Socio-cultural empowerment

In all cases it is very clear that both the self-confidence of the women as well as the esteem for them by others has increased a lot. Noorjahan acknowledges that the activities as a volunteer and the knowledge gained through the different training workshops have increased her self-confidence. She is proud of the acknowledgement she gets from others for her work and the trust they have in her. This is reflected by the fact she was chosen as a Union Parishad member in the last elections. The positive acceptance of the local people she considers the greatest reward of her work as a volunteer.

Also the members of the WHDC of ward 1 are recognised for their work in the project. They are proud to mention that they have become important advisors in their ward, not only on health and sanitation issues (which was the focus of the project) but also on other matters. This has increased their self-esteem as well. They feel proud of the improved health situation in the ward that has been realised due to their activities.

Nayanessa has become well known and highly appreciate by the local people. That she was asked to stand for elections at Union Parishad level is a reflection of this. Her husband is proud of her and supports her in her activities as she is so active and has achieved a lot. Nayanessa feels proud to be teaching others on health issues and the changes she, together with the others in the WHDC have been able to achieve in the health situation in her ward.

Jahanara was already a well-known person in the Union due to her profession as a Family Welfare Visitor and her work as a birth attendant. But the WASH Budget Monitoring Club gave her a bigger platform to work for improvement of health in her Upazila. She is especially proud of the family welfare clinic she managed to establish and which won an award three years in a row for safe deliveries. She also receives recognition from the officials in the Upazila as her opinion is respected in general and she is invited to advise them not only on the family planning health topics she used to work on, but on a broader range of issues.

Dalim is well respected by the villagers and the decision makers of the Union Parishad. She is invited to attend their meetings as they value her inputs. In the Health Village Group she is well liked, and not only she, also the other women active in the group have earned the respect of their fellow-villagers.

Dalim feels respected and her self-confidence has increased in the years she has been active in the Health Village Group.

The biggest increase in socio-cultural empowerment can be observed in the case of Ritu. Being a newcomer in the village, a lower cast Hindu woman and still very young, without any income or assets she had no social recognition whatsoever, but due to her hard work and dedication to getting safe drinking water for the local people she has become well respected. People greet her when she passes by, they point out her house as the house where she lives (not her husband) and she does not need to stand in line for taking water at the Pond Sand Filter as the ones waiting want her to skip the queue. She also has gained the respect of her husband and in-laws with her activities for income generation and WASH facilities, up to such a level that they are now supporting her to stand for the UP elections. Because of all the credit she gets for her work, Ritu's self-esteem has also grown, she feels that she managed to earn the love of her husband and feels better now he respects her.

Like with the element of physical empowerment, socio-cultural empowerment has also increased for women that were not part of the case study. Due to the activities of the women in the committees, they have created an environment where women's leadership is now more socially accepted, benefitting all women. Women are more respected in general as they have shown to have important knowledge and to be able to achieve important changes benefitting the lives of local people.

Summarising it can be stated without a doubt that in all cases the WASH interventions and the membership of a committee has increased the social-cultural empowerment of women in all cases.

Enabling factors for empowerment

When looking at the four elements of empowerment, the WASH interventions of SLOPB and DORP have been instrumental in increasing physical, political and socio-cultural empowerment of women. Less progress can be seen in the part of economic empowerment.

Nonetheless, all cases show that it was the motivation, dedication and hard work of the women themselves that led to their empowerment, the WASH-committee or intervention was a means to an end. They all were in a position that they could make use of the opportunity offered, and compared to other women in their surroundings they had a relative advantage.

Noorjahan was used to making decisions within the household already due to the hearing problem of her husband. She was already known as a traditional birth-attendant, which was the reason why somebody provided her name to SLOPB as a potential volunteer. She took the opportunity, even whilst she could have chosen activities instead that would pay better.

The volunteers in the WHDC of ward 1, were preselected by SLOPB as they already were considered to be active in their Community Health Development Group. By attending extra training they were given the tools to further develop their potential and take a leading role.

Nayanessa had the support of her husband who encouraged her to become a volunteer, and sufficient time to spend on voluntary work. Apart from that she is economically relatively well-off compared to the other members in the WDHC.

Jahanara was already in a rather privileged position, as she is well educated and comes from a well-respected family. That was exactly the reason why DORP selected her to be part of the Wash Budget Monitoring Club.

Until the health problems of her husband, Dalim had the advantage that her mobility was higher than that of other women and that the family income was sufficient. Also her education was higher than that of other women, and she is very talented according to the DORP field-staff.

Ritu is the only one of the women that did not have a comparative advantage compared to other women, on the contrary. Her perseverance and attitude seem the only determining factors for her empowerment.

Therefore, from these limited number of cases it appears that the most determining factor for empowerment is the attitude of the woman (or man) herself (himself). Programmes and projects can provide opportunities that women can use to empower themselves, but if the opportunities are not used the project or programme cannot ensure empowerment. From the above analysis the following factors have influenced the possibility of the women to take the opportunity offered:

- Motivation, determination and willingness to work hard without direct (financial) benefit to the woman herself
- Education
- Encouragement by husband and relatives to be active
- Social status within society (good family, profession)
- Financial situation
- Mobility
- Talent & leadership skills

As these are all aspects that are related to the individual situation of the women, projects or development interventions can hardly influence these. But the project or programme can provide an enabling environment. In the cases we have studied this has happened in several ways:

1. Targeting women specifically to become involved in WASH-interventions.

This strategy has been very helpful for empowering the women in the project/programme area in general. It gave them the opportunity to come forward and show their knowledge and skills with respect to WASH. As they are the ones managing water at household level, and take care of the sick, they could share and address their problems, but also apply their newly gained skills easily. This has provided opportunities for many women in the area and has contributed to their general empowerment.

2. Providing knowledge and information on health, sanitation and rights through several techniques: court-yard sessions, training workshops, posters, leaflets and banners, exposure visits.

The increase of knowledge on health and sanitation of the women in the interventions has especially been helpful for their physical empowerment. By using Participatory Monitoring Tools the women were encouraged to really put the new knowledge into practice (amongst others by peer pressure), which has led to improved health throughout the villages and unions addressed. This has further lead to economic empowerment due to less medical costs.

The increased knowledge on rights has also helped to increase the political empowerment of the women as well as the men in targeted areas. They are now involved in demanding their rights at Union level through the pre-budget, open-budget and post-budget meetings, and the Union Parishad offices have become centres of lively activities.

3. Providing a platform to discuss and share this knowledge with others and advocate and claim rights.

The platforms that were provided (Health Village Group, Ward Health Development Committee, Union Health Development Committee, Wash Budget Monitoring Club and the Mothers' Parliament) gave some women the opportunity to further empower themselves. As described above, in these platforms it were the women that already had a relative advantage over other women, that could take to opportunity to further empower themselves. Especially for their political and socio-cultural empowerment, these platforms have proven to be beneficial. On the

other hand the time investments to be made for participating in these platforms has proven to be considerable, and is without compensation. This might explain why this cannot be done by every woman.

4. Providing mentoring and coaching on how to claim rights.

This has been an essential part of the enabling activities. Without the guidance of SLOPB and DORP on how to claim rights, the women in the case studies could not have managed to do so. Just providing the knowledge and information on WASH budgets or health and sanitation is not enough as many women did not have any experience in claiming rights. By showing them the way, helping them in preparing speeches, by training them in speaking in public and by facilitating meetings, the women have been able to empower politically and claim their rights. From the cases we have seen this is also the factor that needs to be critically looked at from a sustainability point of view. Even though the Village Health Groups and the Mothers' Parliament are convinced they can manage without DORP, we are not so sure about this. The level of education of the women involved might become limiting when addressing Union Parishad members, and without the help of DORP to organise pre-budget, open-budget and post-budget meetings we are not sure that the Union Parishad will be able to manage that.

5. Providing tool-kit for birth attendants, Deep Tube Wells at a low cost, tools for repair and maintenance of DTW, files and register notebooks, and box for safeguarding the registers.

These facilitating provisions have been helpful, but in themselves have not contributed much to the empowerment of the women in this study. But for those in the process of empowerment they have been very helpful. The tool-kit for the birth-attendants has helped them to do their job better and increase their status, but only because they were trained in how to use these tool-kits. The provision of DTWs at low costs has been every helpful to organise women in decision making on WASH, but if no specific effort had been made to involve women, the DTWs would not have contributed to their empowerment. So these measures are helpful in the empowerment process, but will not guarantee empowerment taking place.

6. Creating an enabling environment to claim rights, and assist in building linkages.

These activities have also proven to be important for the empowerment process of the women targeted by DORP and SLOPB. By ensuring that the Union Parishad and standing committees were willing to engage with the members of the different platforms created, it was possible to claim rights. By showing the benefit to the stakeholders of listening to the women (and men) claiming their rights, they could achieve something. Without this willing attitude their demands would have fallen on deaf ears.

Also the importance of linking the grass-roots level with Union and Upazila level should not be underestimated. This gave some women the opportunity to (further) develop their leadership skills and increase their political empowerment, and because of that their socio-cultural empowerment.

Conclusions and Recommendations

For all the cases we have studied we have been able to assess that as a result of women participating in WASH committees and WASH interventions, empowerment did take place, especially in increasing physical, political and socio-cultural empowerment of women. Less progress can be seen in the part of economic empowerment.

We also found that for the women that were able to empower themselves more than other women, this participation in the WASH-committee or intervention was a means to an end, and that it was ultimately the motivation, dedication and hard work of the women themselves that led to their empowerment. Apart from Ritu, these women were comparatively advantaged to make use of the opportunity offered. The factors we have determined as beneficial to be able to make use of this opportunity were: motivation, determination and willingness to work hard without direct (financial) benefit to the woman herself, education, encouragement by husband and relatives to be active, social status within society (good family, profession), financial situation, mobility and talent & leadership skills.

These factors can hardly be influenced by project or programme interventions, but interventions can provide an enabling environment for empowerment. In the cases we studied, the targeting of women, and the provision of knowledge and information have been helpful in the empowerment of many women within the target areas. The provision of platforms, the mentoring and coaching and the creation of an enabling environment have been beneficial for the further empowerment of the 5 women that managed to empower themselves more than the other women in the projects.

Keeping in mind that WASH-interventions and participation of women in WASH-committees should be considered a means to an end, we would like to recommend the following:

- As mentioned in the previous paragraph, except for Ritu the women that managed to empower themselves more than others, already had some point of advantage. When selecting members for the Wash Budget Monitoring Club, DORP consciously applied criteria of whom could join, giving an already relatively empowered woman an opportunity to empower herself further. It could be an idea for SLOPB and DORP to assess the level of empowerment of the women in leadership positions at the beginning of the project or programme as well as at the end. Based on our findings these should include: level of education, support of husband and relatives to become active, social status within society (good family, profession), financial situation, degree of mobility, and talent and leadership skills. By targeting women that are in a slightly advanced position to take up the leadership in platforms created by projects and programmes, they will be able to empower themselves further and can manage to increase the respect for women and their capacities in general.
- As the four elements of empowerment (physical, economic, political, socio-cultural) are interrelated they influence each other and one cannot be achieved without the other, it is important to look at all four aspects in any WASH-intervention. Not all elements need to be addressed in every programme all the time, but it is important to assess which element is the limiting factor and develop specific activities to strengthen that element. Tools can be developed for assessing the limiting factor and Participatory Monitoring and Evaluation can be used to monitor progress. Also capacity of staff should be built in analysing activities from a gender and empowerment perspective and in the use of these tools and PME.
- In all cases a project-approach was used, implying a limited amount of time and resources available to achieve results. In the case of SLOPB the project had ended which meant the end of the support of SLOPB to the committees (CDHG, WDHC, UDHC). Even though empowerment did certainly take place, the participants stopped their monthly meetings and stopped their saving activities. From the view of sustainability, not all results will become nought but some good opportunities for further empowerment are lost. Therefore, for future projects it would be recommended to

develop an exit strategy together with the local people, how to ensure the results obtained and continue without external support.

- At an individual level the women that have been able to empower themselves, should be encouraged to care for one or more successors. This could also serve as an indicator: number of successors mentored.
- As empowerment processes take time, which may not be possible to achieve in a sustained way in the project-period of only a few years, especially if empowerment is not the main objective. If possible SLOPB and DORP should look for possibilities to continue the empowerment process either by internal resource mobilisation or linking to external programmes and opportunities.

Glossary

Community Health Development Group (CHDG) is a village level platform of volunteers organised by SLOPB, comprising of 10 men and 15 women. Special attention has been paid to ensure that women in vulnerable positions would come forward (e.g. widows). In every ward 3 of these groups are formed to identify gaps and raise awareness among villagers by the CHDG on health, hygiene, sanitation menstrual hygiene, safe water, family planning, ante-natal care, post-natal care, cooking demonstration for under 5 children's mothers, maintenance of water points, balanced diets, etc. through monthly courtyard meetings.

Economic empowerment refers to the right to choose one's education, same income for same work, right to work that one enjoys, right to decide about spending benefits and income, access to relevant resources. Economic empowerment leads to equal access to and control of means of production and ultimately, to economic independence.

Empowerment is a process of change enabling people to make choices and transform these into desired actions and results. It refers to increasing the economic, social, political, physical strength of any individual or entity.

Health Village WASH Monitoring Perspective (HVWMP) is a process of involving local people in WASH Budget Monitoring (tracking) at Upazila and lower levels in Bangladesh. The project works through five approaches, covering diverse activities each year. It started in 2011 for two years at Barguna and Fakirhat as a pilot project in 6 Upazilas in 1 union per Upazila. In 2014 it was scaled up to a total of 24 Unions (18 new ones).

Mothers Parliament (MP) is a platform organized by DORP in 2011 as a pilot. It is organized at Union-level and every ward is represented. The platform consists of 9 women, of which 1 is the speaker and 2 are deputy speaker, the rest are members. Every member is a vocal point for one of the following thematic areas: (i) Health, Nutrition and Family Planning (ii) Education (iii) WASH (iv) Livelihood (v) Savings and Fundraising (vi) Transparency, Good Governance and Accountability. Parliament members are elected out of the women that get maternity benefit. Every month they organise a ward-level meeting to assess the problem of mothers receiving maternity benefit. Every six months they organise a general assembly at Union level, which is organised like a national parliament session. All stakeholders and high level officials are invited as guest. The officials are invited to speak, but women outside of the Parliament are only allowed to observe the meeting.

Participatory Monitoring and Evaluation (PME) gives emphasis on participatory approaches towards development. It has been recognized that monitoring and evaluation should be done by active participation of primary stakeholders and it offers new ways of assessing and learning from change.

Peoples Health Movement (PHM) is an approach adopted by DORP to bringing together grassroots health activists, civil society organizations and academic institutions to works on various programmes and activities and is committed to Comprehensive Primary Health Care and addressing the Social, Environmental and Economic agendas related with Health.

Physical empowerment refers to the right to control one's own body, the right to decide about one's sexuality, to decide about the number of children and spacing between them, right to proper healthcare, right to clean water, sanitation facilities and dignity, access to proper menstrual

management, the ability to resist violence, the right to safety and security, having rest - particularly during pregnancy and menstruation period, physical mobility, family planning methods/use of contraceptive, choice of food, etc.

Political empowerment refers to the right to organize one self, the right to take part in democratic processes and to influence wider development efforts: to be allowed to vote and to be voted. It leads to a political say and the creation of a power base in a self-determined direction.

Social Assistance Programme for Non-Asseters (SAPNA) is a safety net programme with five types of simultaneous support for those who are receiving maternity allowance. The SAPNA model was piloted in three Upazilas in the coastal district of Laxmipur by DORP in January 2009 to eradicate poverty from the country. In June 2010, it provided the SAPNA package to 450 mothers, selected by the government authorities. After successful completion of the first phase, AECID provided support for a second phase, which allowed the project to expand to two additional Upazilas - Kaliganj of Gazipur district and Chatkhil of Noakhali district.

Socio-cultural Empowerment means a positive self-image, social status, how does the society see you? Right to education, is your voice heard? And does your opinion matter? It leads to the right to one's own independent identity and a sense of self-respect.

Union Health Development Committee (UHDC) is a Union level platform organised by SLOPB, who have access to the Union Parishad level WASH-committee. It is formed by representatives from the WHDC and they are responsible for putting important issues playing at ward level on the agenda of the Union Parishad level, ensuring a bottom-up approach.

Ward Health Development Committee (WHDC) is a ward level platform formed by the representatives of the CHDG. The WHDC consist of 1 village doctor, 1 teacher, 1 traditional birth attendant, 1 Union Parishad representative and 6 women volunteers, who are representatives of the CHDGs in the ward. A task of the volunteers at this level was to support SLOPB-staff e.g. in organization of meetings and assisting in the court-yard meetings.

Water User Group (WUG) is a village level platform formed by 20-25 households who are living close to the DTW including vulnerable people would need easy access (e.g. disabled people). WUG is responsible for deciding where the DTW would be placed as well as for its maintenace.

Annex 1: Programme of field visit

Date	Place	Activity
27 July 2015		Travel from Dhaka to Patuakhali
		Meeting with Mr. Shaikh Md. Zunaed Ali, Executive Director, SLOPB Bangladesh
28 July 2015	Bauphal	Meeting and discussion with Mr. Shaikh Md. Zunaed Ali, Executive Director, SLOPB Bangladesh, and office staff of SLOPB office Bauphal: Mr. Deluar Hossain, programme manager and Mr. Saiful Islam, project officer.
		Interview with Noorjahan Begum of Nowmala Union
		Focus group discussion with the Ward Health Development Committee could not take place due to rain.
29 July 2015	Dashmina	Focus group discussion with 9 members of the Ward Development Committee of ward 1, Betagi Sankipur Union.
		Focus group discussion with 7 members of the Ward Health Development Committee, of which Nayanessa Begum is president
		Individual interview with Nayanessa Begum of Alipur Union
30 July 2015	Patuakhali	Due to cyclone warning no travel possible, work on report
		Meeting and discussion with Mr. Shaikh Md. Zunaed Ali, Executive Director, SLOPB Bangladesh
31 July 2015	Patuakhali	Due to high waterlevel in river, travel to Barguna not possible, work on report
1 August 2015	Barguna	Focus group discussion with 14 members of the Village Health Club of East Khajur Tola village, of which Dalim Begum is president
		Individual interview with Dalim Begum, of East Khajur Tola Village under no. 2 Gourichanna Union
		Individual interview with Jhanara Begum, of Khajurtala Village under no. 2 Gourichanna Union
		Meeting and Discussion with Mr. Md. Amir Khasro, Programme Coordinator (Campaign and Advocacy) and Mr. Partha S K, Programme Coordinator (M&E) Health village: WASH Monitoring Perspective, of DORP
2 August 2015	Barguna	Meeting with Mr. Thapan Chandra Mistry, head of Lakurtala Sonar Bangla High School.
		Discussion with the girls of the girls forum of Lakurtala Sonar Bangla High School
		Focus group discussion with 7 members of the Union Parishad of Gourichanna Union
		Meeting with programme staff of DORP field office Barguna. Discussion with Mr. Abdul Mannan, Upazila Coordinator, Mr. Jahangir Alam, Community campaigner, Ms. Moriom Akter, Community facilitator and Mr. Salauddin, Community support officer
		Travel from Barguna to Khulna

Date	Place	Activity
3 August 2015		Discussion with Mr. Md. Amir Khasro, Programme Coordinator (Campaign and Advocacy) and Mr. Partha S K, Programme Coordinator (M&E) Health village: WASH Monitoring Perspective, of DORP
4 August 2015	Fakirhat	Focus group discussion with all 9 members of the Mother Parliament of Nalda Moubhog Union
		Individual interview with Ritu Sardar, of Dahar Moubhog Village under ward 2 of Nalda Moubhog Union
		Visit to Pond Sand Filter
		Meeting and discussion with staff of DORP field-office Fakirhat: Mr. Humayun Kabir, Upazila coordinator, Mr. Anwar Hussain, Community Campaigner, Mr. Shohag, Community Support Officer and Ms. Salma, Union facilitator
5 August 2015	Fakirhat	Attendance of general assembly of the Mother's Parliament
		Brief discussion with DPHE engineer about the Pond Sand Filter and Mothers Parliament
6 August 2015		Travel from Khulna to Dhaka

Annex II: Photos



Meeting at SLOPB field office



Meeting at DORP office Barguna



Meeting at DORP office Fakirhat



1 Meeting with Union Parishad of Gourichanna Union



Sign at the Pond Sand Filter acknowledging the work of the Mothers' Parliament



Meeting with the head of Lakurtala Sonar Bangla High School

General Assembly of Mothers' Parliament

