IMPACT ASSESSMENT

Building Resilience in Slum Settlements in Dhaka, Bangladesh, A Multi-sectoral Approach to Capacity Building – Phase I to V

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TABLE OF CONTENTS

ACRONYM(S) **4**

EXECUTIVE SUMMARY **5**

1. CONTEXT AND BACKGROUND **15**

1.1. INTRODUCTION TO HABITAT FOR HUMANITY INTERNATIONAL 15
1.2. INTRODUCTION TO THE PROJECT 15
1.2.1. Project objectives *15*
1.2.2. Project timeframe and locations *16*
1.3. OBJECTIVES OF THE ASSESSMENT 16
1.4. SCOPE AND FOCUS OF THE ASSESSMENT 16
1.5. KEY QUESTIONS TO BE ADDRESSED 17

2. METHODOLOGY **17**

2.1. QUANTITATIVE APPROACH 17
2.1.1. Sample calculation and sample size *17*
2.1.2. Distribution of calculated sample *18*
2.2. QUALITATIVE APPROACH 18
2.3. DESK REVIEW 19
2.4. KEY CONSIDERATIONS FOR CONDUCTING THE ASSESSMENT 19

3. FINDINGS AND ANALYSES (PHASE V) **19**

3.1. DEMOGRAPHIC PROFILE OF THE RESPONDENTS 19
3.2. SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS 20
3.2.1. Key profession and income range *20*
3.2.2. Trend of family income *20*
3.2.3. Access to financial services *21*
3.2.4. Access to social security services *21*
3.3 HOUSEHOLD INFRASTRUCTURE 22
3.3.1. Ownership and construction of house *22*
3.3.2. Access to water *22*
3.3.3. Access to latrine *22*
3.3.4. Gender considerations in relation to access to water and sanitation *22*
3.4. HFHI-B'S INFRASTRUCTURE SUPPORT 23
3.5. KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) 24
3.5.1. Knowledge on hygiene practices *24*
3.5.2. Knowledge on access and use of safe water *24*
3.5.3. Knowledge on critical times of handwashing *25*
3.5.4. Knowledge on environmental sanitation *26*
3.5.5. Source of knowledge *26*
3.5.6. Existing hygiene practices *26*
3.5.7. Physical illness and access to health services *26*
3.6. COMMUNITY PARTICIPATION 26
3.7. CHILD RIGHTS 28
3.8. TOWARDS A SUSTAINABLE APPROACH 28

4. REFLECTION ON OVERALL IMPACT OF THE PROJECT **29**

4.1. EVOLUTION OF THE PROJECT BY PHASE 29
4.2. ACHIEVEMENT OF PLANNED OUTPUT AND OUTCOME 30
4.3. THE COLLABORATIVE APPROACH 30
4.4. EFFECTIVENESS OF THE PROJECT 31

4.4.1. Advancing gender equality *31*
4.4.2. Advancing disability inclusion *31*
4.4.3. Advancing environmental sustainability *32*
4.5. Efficiency of Program Implementation 33
4.6. Changes and Improvements 33
4.7. Status of CWCs 35
4.8. Key Challenges and Strategies to Overcome 36
4.9. Limitations to Address Major Challenges 37
4.10. Major Facilitating Factors 37
4.11. The Urban INGO Forum 38
4.12. Gap Analysis 39
5. LESSONS LEARNT **39**
6. RECOMMENDATION AND CONCLUSION **40**
ANNEX-1: SURVEY QUESTIONNAIRE **42**
ANNEX-2: DISCUSSION GUIDELINES, INTERVIEW CHECKLISTS **48**
A-2.1. FGD with Adult Fe/male 48
A-2.2. FGD with CWCs 48
A-2.3. FGD with Urban INGO forum 49
A-2.4. KII with Slum Development Officer 50
A-2.5. IDI with Project Coordinator, HFHI-B 50
ANNEX-3: QUALITATIVE SESSION DETAILS **52**

Acronym(s)

(Organized in order of appearance in this report)

HFHI	: Habitat for Humanity International
HFHI-B	: Habitat for Humanity International – Bangladesh
WASH	: Water, Sanitation and Hygiene
NGO	: Non-government Organization
CDP	: Community Development Plan
INGO	: International Non-government Organization
ToR	: Terms of Reference
CBO	: Community Based Organization
CWC	: Community Wash Committee
PLA	: Participatory Learning and Action
FGD	: Focus Group Discussion
KII	: Key Informant Interview
IDI	: In-depth Interview
COVID-19	: Corona Virus Disease 2019
DSS	: Department of Social Services
MoSW	: Ministry of Social Welfare
GoB	: Government of Bangladesh
GPS	: Government Primary School
NID	: National Identity Card
BDT	: Bangladesh Taka
USD	: United States Dollar
CI	: Corrugated Iron
D-WASA	: Dhaka Water Supply and Sewerage Authority
DSK	: Dushtha Sasthya Kendra
KAP	: Knowledge, Attitude and Practice
UNCRC	: United Nation’s Convention on the Right of the Children
PA	: Public Announcement
IEC	: Information, Education and Communication
DNCC	: Dhaka North City Corporation

Executive Summary

Context and Background

Habitat for Humanity International (HFHI) is a non-profit organization dedicated to eliminating substandard housing and homelessness worldwide established in 1976. HFHI's vision 'a world where everyone has a decent place to live' and mission is to promote sustainable development and adequate housing for all, by working in partnership with local people and organizations regardless of caste, race, ethnicity or religion. HFHI's program gives low-income people a unique opportunity to improve their lives. At present HFHI is active in more than 70 countries around the world and Bangladesh is one of those countries.

Since 2012, with the support of Habitat Australia, HFHI-B has been implementing urban slum renewal projects to build resilient urban slum settlements in Mirpur of Dhaka. This program uses a resilience framework to conduct a vulnerability assessment with the community, and through meetings, resident feedback and survey, prepare long-term Community Development Plans (CDP). Subsequently, a range of infrastructure interventions and trainings are provided to increase the resilience of people living in slums. The project also supported the regular convening of the Urban INGO Forum, which provides a valuable opportunity for INGOs to share knowledge and learning on their urban work.

After the successful implementation of the 4 phases, assessment of the activities under phase V was intended. Additionally, an overall impact assessment measuring high-level changes in the lives of target populations throughout the implementation of all phases (I-V) was planned to be conducted.

Methodology

The assessment had a quantitative survey component, where sample size for the survey was determined using statistical formula that gave representative number of sample. The formula used 95% confidence interval, value of p at 0.5 and an acceptable error, 'e', at 5%. The calculated sample size for the survey came to 380 households from all project locations. Given the impact assessment was largely focused on assessing the impact of Phase V, the questionnaire survey was administered only at Shohidbug slum, where the phase V of the project was implemented. Out of the calculated 380 samples, 50% (190 households) was brought under the coverage of questionnaire survey from Shohidbug slum.

The remaining 50% of the calculated sample (190 households) was covered under the qualitative approach for the impact assessment. For qualitative information collection, Participatory Learning and Action (PLA) methods and tools were used. Information was also gathered from the stakeholders through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and In-Depth Interviews (IDIs).

Desk-based review was another key activity undertaken during the assessment. Documents reviewed included but were not limited to project documents by phase, situation assessment reports, periodic monitoring reports, phase completion reports, documentation on lessons learnt developed by HFHI-B and its partner NGOs, community development plans and briefing notes on Urban Dialogues.

Demographic Profile of the Respondents

The questionnaire survey was conducted with a total of 194 slum dwellers (68% female, 32% male) from the Shohidbag slum. Majority of the respondents (54%) belong to 19-35 years age group and 10% were youth and children. All respondents were Muslims by religion and 88%

of them were married. More than three-fourth (76%) of the respondents had been living in the Shohidbag slum for over five (5) years. The survey data revealed that the standard household size ranged from four (4) to six (6) members, with 73% responses.

The survey brought 27 households (14% of the total sample), where at least one person has either physical or mental or both types of difficulties. The most common type of difficulty was hearing difficulty even after using hearing aid (48%), followed by difficulty in seeing even after using eyeglasses (37%) and difficulty in walking and/or climbing steps (26%). Approximately half of these households (48%) receives disability allowance for different government agencies.

Almost half of all respondents (47%) has no education, while slightly more than a quarter (27%) of the respondents finished up to primary level of education. Almost all respondents (95%) have some form of identity document, i.e. birth registration certificate (93% of respondents with identity documents) and only 2% had national identity card (NID). The food vulnerability seems relatively high at the slums, i.e. almost one-third (31%) of the respondents referring to having difficulty in managing three (3) meals a day.

Socio-economic Profile of the Respondents

The key profession the slum dwellers are involved in is to work as day labors and pulling vans/rickshaws, with 21% responses for each. This was followed by being involved in skilled labor, i.e. welding, masonry, tailoring, etc. (14%) and running business (13%). Average monthly income of the households ranges from BDT 7,501 to BDT 15,000, as was mentioned by 57% respondents. According to more than half of the respondents (58%), their family income did not increase over the last one year. A total of 21% respondents feel that their income rather decreased slightly. Almost similar responses were received for change in their level of income over last two years. COVID-19 was the key reason behind such change (49%), followed by death of income earning member of the household (41%).

Almost none of the respondents have any savings, i.e. as claimed by 91% respondents. Majority (62%) do not borrow either. Among all respondents, 27% mentioned that they have borrowed money from non-government organizations (NGOs), who are offering easy access to loan with relatively flexible terms and conditions. Coverage of government driven social security services at the slums were found to be inadequate, with almost half of the respondents (49%) claiming to receive no support. Another half (49%) mentioned that they received food support during COVID-19, but could not strongly claim if it came from government channels or from privately run initiatives.

Household Infrastructure

Most of the houses at the slum were built of CI sheet or tin (89%), with the remaining 11% built using brick or cement but tinned roof. In terms of ownership of the houses dwellers are currently living in, 39% lives in their own house and 56% are tenants. The remaining 5% respondents live in shared space.

According to the 81% respondents, the main source of water is Dhaka Water Supply and Sewerage Authority (D-WASA). The remaining 19% mentioned that they fetch water from tube wells. At different accessible locations, tube wells were installed by different NGOs, mostly by HFHI-B (61% respondents, who mentioned tube well as water source), for collecting water from reservoirs connected to D-WASA's pipeline. The water reservoirs were constructed by HFHI-B. As is understood, all water sources, including the tube well are communal facility and is accessed by everyone. One-third (75%) of all respondents mentioned that they are aware about the safety of water source. According to their opinion, the safety test was either done by themselves (10%), or by authorized government agencies (7%), although most

respondents (91%) mentioned that it is much of a common knowledge, i.e. word-to-mouth information by the community people.

Almost all respondents (93%) are currently accessing *pukka* latrines, which are actually sanitary latrines established by different NGOs working at the slum. According to 87% respondents, these latrines are installed by HFHI-B, while another 10% mentioned about World Vision as providers of the latrines. Similar to that of water sources, the latrines are also communal facilities, accessed by households living within the proximity of the latrines. Most latrines are two-chambered latrines, with separate chambers for female and male. According to 96% respondents, the overall cleanliness and hygiene status of the latrines are good. Almost all respondents (98%) have clear knowledge about the distance between latrine and nearby water sources, and it was observed that in most cases (76%) the distance is less than ten (10) meters.

Gender considerations in relation to access to water and sanitation

It was observed that except for a very few cases, both latrines and bathing places are easily accessible by both female and male, as was opined by 99% respondents. However, concern remains about the privacy of female while bathing, as there are still a large portion of the slum, where private bathing chambers are not available and women have to bath out in the open. There are issues related to 'rush hour', i.e. during the morning office-hours and during mid-day, which is typically the bathing time.

HFHI-B's Infrastructure Support

The contribution of HFHI-B in terms of providing infrastructure support was highly lauded by the slum dwellers at Shohidbag. When they were asked about the type of infrastructure support HFHI-B extended, communal latrines (79%), communal bathing space (76%), concrete walkway (53%) drainage facility (49%) and waste bins (40%) came up very strongly. The respondents' opinion was validated by physical observation and through secondary data collected from HFHI-B. The FGDs and KIIs also highlighted HFHI-B's sincere efforts to ensure resilience of the slum dwellers. The discussants and informants unanimously agreed about the high quality of the materials used by HFHI-B for building all infrastructures at their slum. The physical presence of HFHI-B officials at the project locations and the infrastructure backs up the opinion received from the beneficiaries.

Knowledge, Attitude and Practice (KAP)

In terms of respondents' knowledge on hygiene practices, 90% mentioned that they are aware that they have to wash their hands regularly with soap before and after eating. Another 76% mentioned that they know that washing hands regularly with soap every time after defecation is important. In terms of knowledge on access and use of safe water, 86% of the respondents mentioned that use of tube well or safe source of water for drinking and cooking is important. 67% respondents are aware that for washing and bathing, it is advisable to avoid use of pond or unclean water. Among the most common critical times of handwashing, as was opined by the respondents, were: i) after using latrine (94%), ii) before, during and after preparing food (79%), iii) before and after eating food (69%), iv) after touching garbage (32%) and v) before and after caring for someone at home, who is sick with vomiting and diarrhea (31%). Beneficiaries' knowledge on environmental sanitation was found reasonably well. Among all respondents, 90% mentioned about maintaining cleanliness of households and surrounding, 66% mentioned about maintaining cleanliness of drainage systems and adjacent footpaths.

As revealed by the survey data, 97% respondents attributed their knowledge and awareness to the efforts of HFHI-B project activities. This largely reflects the contribution of HFHI-B and the project it implemented at Shohidbag slum.

In terms of existing hygiene practices by the respondents, 86% mentioned that they keep soap or ash inside or near the latrine for handwashing. Another 79% mentioned that they make water available inside or nearby the latrine. Maintaining overall cleanliness and hygienic appearance of the latrines (55%) and using safe water for drinking and cooking (64%) was also among the top practices ensures by the respondents.

Physical illness and access to health services

More than half of the respondents (51%) suffered from some kind of disease over the past six (6) months from when the survey was conducted. The most common disease was fever (38%), followed by diarrhea (29%), jaundice (10%) and dysentery (8%). All of these disease could be linked to relatively poor quality of existing water-sanitation-hygiene (WASH) facilities at the slum. The illness of the beneficiaries, in most cases (37%), were for short period of time, i.e. less than a week. However, in some cases (35%) the illness lasted for more than fifteen (15) days. In terms of accessing treatment for the diseases, 33% respondents go to government hospitals, 26% depend on home-base remedies and 23% simply go to a local pharmacy and buy medicine from there.

Community Participation

Participation of the respondents at different community level activities was found low. More than half of the respondents (54%) mentioned that they do not participate in any of the community level activities. Only 40% respondents were found participating in awareness raising campaigns, mostly run by different NGOs, who are either currently operating or previously operated at the slum. Among all respondents, 30% have membership with the community WASH committee (CWC).

Of all these respondents, who were previously and are currently members of the CWC, 78% received different types of training through the CWC. All trainings were organized with support from different NGOs, who worked at the slum at different timelines. HFHI-B was highly mentioned by the respondents with 89% responses, followed by World Vision (15%). Among those who received the training, 85% consider that they were able to apply their knowledge in practice very well.

Child Rights

Respondents' overall knowledge about child rights, child protection and child safeguarding was found relatively weak. Only 37% respondents mentioned that they are aware about child rights, while only 6% mentioned that they heard about United Nation's Convention on the Rights of the Children (UNCRC). Child rights are comprised of four (4) key areas: i) survival rights, ii) development rights, iii) protection rights, and iv) participation rights. When asked about what exactly they understand about child rights, 51%, 32%, 60% and 40% respondents could mentioned about the rights respectively.

Though 89% respondents claimed to know the legal minimum age of marriage of children in Bangladesh, only 37% could mention the legal minimum age of marriage for boys (21 years) correctly. In comparison, significantly higher percentage (77%) could mention the legal minimum age of marriage for girls (21 years) correctly. Less than half of the respondents (46%) mentioned that they are aware about organizations and/or authorities, who fight against child marriage and the most common type of organization as mentioned by them was the NGOs with 89% responses. Even though there are several organizations and/or authorities active in fighting child marriage, 93% respondents mentioned that they could not stop child marriage cases.

Approximately half of the respondents (47%) have children, who are involved in income generating activities, which in most cases could be considered as hazardous and falls under child labor. The most common types of work children are involved in include: domestic support (22%), van/rickshaw/auto driver (18%), petty trade/hawking (17%), day labor (15%) and at industries/factories (13%).

Towards A Sustainable Approach

Observation during the assessment, coupled with engagement of community people and CWC leaders/members in implementation of the project activities, gave a sense that overall resource mobilization for the project worked in a cost-effective way. The approach to engage community at all stages of project implementation enabled the CWC and other slum dwellers in providing more meaningful input in achieving the intended results of the project. 'Networking and connectivity for a purpose' helped them to make linkages at different levels. The CWCs are considered as a recognized community platform and the CWC members/leaders are well acknowledged by the fellow community people.

The improved ability of the CWC, as well as of the community people, to think critically and to identify the key development issues that need to be addressed through collaboration with GOs/NGOs are expected to sustain at a level without any project support. The CWCs are found to strongly protecting their respective slums from unwanted political influences and this made them unique in their approach. Increased social relationship was noted as one of the key sustainability elements of the project. The CWCs were found willing to cooperate with relevant stakeholders in order to survive and prosper.

Evolution of the Project by Phase

The urban project, implemented in multiple phases, capitalized on the lessons learnt from respective previous phases and the project goals were adapted and aligned based on the learnings. The pilot phase (phase I) was implemented with a goal to know the urban challenges that are faced by other development partners and the community. Looking at that, interventions were designed to increase in household level capacity and subsequently identifying potential ways to make the slum dwellers resilient. The learnings from phase I enabled the project team to build upon the subsequent phases. Project goal was adapted to the situational needs by: i) focusing on building community capacity through their active involvement in vulnerability assessment, CDP development and capacitating the CWCs to participate in the implementation process; ii) emphasizing on raising community level awareness; iii) increasing resilience of the community people; iv) fostering sound relationships between service providers and slum dwellers to ensure cooperation in providing and maintaining required public services; and v) facilitating overall infrastructure development.

Achievement of Planned Output and Outcome

All four (4) phases of the project after the pilot phase was able to achieve the planned output and outcome without major deviation. The phase wise evaluation reports indicated achievement of all planned activities. For example, during phase II, a total of 56 trainings were provided to CWC against a planned number of thirty (30). The same phase had a plan of organizing two (2) dialogues through using the Urban INGO Forum platform and a total of three (3) such dialogues could be held. During phase III, the Urban INGO Forum met eleven (11) times, whereas the plan was to have nine (9) meetings. Besides, a total of six (6) facilities were constructed against planned number of three (3).

The Collaborative Approach

At the Beguntila slum, when HFHI-B initiated the project, they forged strategic collaboration

with World Vision Bangladesh, who actually facilitated formation of the CWC. A joint need assessment was done at the beginning of the phase. This was the case for Takerbari and Kurmitola slums as well. Considering that the CWCs play a key role in implementing any NGO projects at the slums, forging the strategic collaboration with World Vision Bangladesh was highly appreciated by the CWCs and other slum dwellers.

Advancing gender equality

HFHI-B facilitated women leadership and their increased involvement in the development process. This enabled the women to work side-by-side with men and to take leadership roles in community level activities. Each of the CWC at all slums covered under the project had strong women participation (approximately 80% CWC membership positions were held by women), including in leadership positions. Three (3) of the five (5) CWCs from Beguntila, Kurmitola, Shohidbag, Takerbari and West Duaripara had women as the president. Such active women engagement enabled the women to get necessary exposure to negotiate and advocate for facilitating women-friendly interventions through such projects.

One example of this could be establishment of communal bathing places with separate chambers for women and men, even though lack of space is considered as a key challenge to construct the same. This initiative was led by women, who identified the necessity of having infrastructure that allow not only women, but also young girls to access the latrines and bathing spaces with certain level of privacy.

Advancing disability inclusion

It was observed that the differently abled people are actively participating in the discussions and giving valuable opinion to the assessment team. It was to their opinion that they also contribute towards all development activities that are carried out within their respective slums by providing critical opinions to different project interventions. The project could develop a sense of belongingness among the differently abled people. When asked how they access the latrines and water sources, the discussants mentioned that someone from the respective families generally has accompany them, as most infrastructure are not accessible by the differently abled people. The bathing spaces newly constructed under HFHI-B supported project at Shohidbag slum was found having wheelchair accessible entrance.

Advancing environmental sustainability

None of the project activities were found to be having adverse impact on the environment. The materials for construction of different infrastructure were procured keeping environmental guidelines. Waste bins were placed at different points of the slums with reasonable gaps in between, enabling the residents to dispose wastes without much hassle. The construction of concrete paved pathways, drainage facilities, bathhouses and communal latrines including septic tank reduced the environmental hazard to a considerable extent. Numbers of training were provided to the beneficiaries on waste disposal and waste management. At West Duaripara slum, the disposed waste was found being used to make compost fertilizer, which was witnessed during transect walk.

Efficiency of Program Implementation

It was observed that the implementation approach largely focused on ‘collaboration’, ‘awareness raising and capacity building’ and ‘infrastructure support’. The resulting changes were observed at individual, household and community level. This transformation created a larger spillover effect at higher scale with the resources invested for the socio-economic resilience of the beneficiaries.

Changes and Improvements

One key change the project was expected to bring was change in the overall infrastructure available for the slum dwellers for accessing safe water and sanitation. The transect walk conducted during the impact assessment exercise clearly demonstrated changes like cleanliness of surroundings, well maintained drainage facility, concrete paved pathways, well built and well maintained communal latrines and communal bathing space. The project beneficiaries expressed high level of satisfaction with the HFHI-B supported activities.

The level of awareness and consciousness among the adolescents, regardless of their sex, was found strong in terms of personal hygiene and cause of water borne diseases. Almost all participating adolescents (95% of 16 girls and 3 boys) in the quantitative survey could mention at least two (2) key messages related to hygiene practice, use of safe water, critical times of handwashing and environmental sanitation. While validating such responses through qualitative sessions organized specifically with adolescent participants, similar responses were found. During the quantitative survey, around 80% of the adolescents also claimed to have ensured day-to-day hygiene practices. This awareness was attributed to the awareness raising campaigns and sessions conducted by HFHI-B officials under the project.

High level of awareness on child marriage was observed among the adolescents and adult beneficiaries of the project locations. Children were found passing on information about child marriage cases to the assessment team when they visited the slums, averting the adults' attention. The adolescent discussants of the qualitative sessions opined that the rate of child marriage increased during COVID-19, which the adults disagreed to. Another aspect to such situation is the high exposure of young people to social media, which made online interaction convenient for them, i.e. through chat, video calls, etc.

Status of CWCs

All CWCs at West Duaripara, Beguntila, Takerbari and Kurmitola slums were still found active, even the HFHI-B project initiatives ended several years back. Similarly the CWC at the Shohidbag slum was found taking active role in facilitating all activities related to impact assessment. The community people were also found to trust the CWCs, not only in terms of overall development of their communities but also in case of their personal/family matters. Discussants at CWC meetings mentioned that their efforts towards the communities are voluntary and they are driven by the fact that any positive change at the community will also have a positive impact at individual household level as well. They maintain a very strong liaison with the elected CBO at the slum and also have a strong relationship with concerned authorities and other stakeholders.

Key Challenges and Strategies to Overcome

All slums under the project coverage are temporary settlements. All physical facilities, i.e. gas, electricity, water, etc., at the slums, thus, have no legal foundation. Both the authorities and NGOs working with the slum dwellers are well aware of this, yet continuous development interventions are ongoing at the slums. It is of utmost importance that appropriate advocacy is conducted with concerned authorities for a sustainable solution to this problem.

The lockdown to contain spread of COVID-19 significantly interrupted implementation of phase V activities at Shohidbag slum. A vulnerability assessment was done at the slum before the pandemic hit Bangladesh. During COVID-19 lockdown, HFHI-B officials maintained regular communication remotely to aware beneficiaries on prevailing situation via CWC and have arranged for distribution of 400 IEC materials with COVID-19 massage and 140 hygiene kit to the existing female CWC members.

Making required space available in a rather congested urban slum setup for construction of planned infrastructure was a key challenge. It was due to the relentless effort of the project officials and CWCs, who participated in series of negotiation meetings with the landowners and other dwellers that made construction possible. In some cases, example of involving the Ward Commissioners was cited by the discussants to resolve stalemate situations. Ensuring quality of the infrastructure was another challenge, which was dealt strategically by giving the overall authority of procurement, monitoring and supervision in the hands of the concerned CWCs. Necessary training and capacity building support on related issues were extended under the project interventions.

Ensuring overall cleanliness of the infrastructure, which were built for common use and had no agreed upon maintenance guideline was also a challenge. With CWCs having access to limited resources to ensure maintenance, in discussion with HFHI-B officials, a contributory mechanism was introduced. The users of the communal facilities were charged with a monthly toll at a minimum rate, which enabled the CWCs to ensure maintenance of all facilities, including overall waste management system.

Limitations to Address Major Challenges

For several of the earlier phases of the project, due to unrest caused out of political conflict during parliamentary elections, movement of project officials were restricted. This resulted in deference and/or cancellation of project activities. Project officials had to work during weekends to recover from the damage.

Negotiation with concerned officials at D-WASA to establish water connection at slums was a major problem faced by both the implementing NGOs and CWCs. Frequent visits to the respective field offices and through liaison with local government representatives brought solution to the situation. The slum dwellers are vulnerable to the constant threat of losing their current place of living. Slums are built on two types of land: i) public (khas) land, and ii) private (occupied) land. The slum dwellers are at the mercy of the government and policymakers, as slums are not officially recognized by the authorities as a living place.

Major Facilitating Factors

HFHI-B has methodically looked back at the previous phases to capture key learning before taking up a new phase, which enabled all concerned parties to capitalize on building a relationship that is based on trust and mutual respect. The vulnerability assessment and CDP development exercises were able to create ownership of not only the CWC members, but also the community people, about the project activities. A strong relationship was also built with the City Corporation and concerned personnel at the key offices. This enabled the project to implement the planned activities in a more conducive manner.

The Urban INGO Forum

The Urban INGO Forum was established in 2014, initiated and patronized by HFHI-B. Since then, the Forum held six (6) urban dialogues. Currently, a total of twenty (20) INGOs are member of this forum. They key objective of establishing this Forum was to create a platform to integrate the developmental activities at the urban slums and also to avoid overlapping of such activities. However, one key challenge for the Forum is not having any legal identity. To create a more lasting impact and to ensure effective advocacy with concerned government, non-government, regional and international organizations, having a legal identity may be considered as useful. The Forum may also consider coopting national level NGOs as members, thus getting increased acceptability among the development stakeholders and also getting recognized as national level advocate of social change.

Gap Analysis

Across all project locations, growing population was highlighted as a key factor towards having a sustainable and resilient living conditions. This is resulting in further need of development interventions to be taken up at the slums. The discussants of the qualitative sessions highlighted some of the areas that need to be addressed through structured intervention of development activities. With increasing population comes the issue of increasing waste for disposal. Scattered disposal of wastes, some of which are insoluble, is causing waterlogging, which makes the slum dwellers suffer badly from water borne diseases, unlivable condition during heavy rainfall and in case of flooding. The need for building a well-designed drainage system, connected to the mainstream sewerage line is felt dearly by the discussants. The growing population also is resulting in congestion of access to existing latrines and bathing spaces. According to the discussants, people are found to wait in long queues, specifically during office hours and during mid-day (the typical bathing time), at the latrines. Women face difficulty in terms of maintaining privacy while bathing. Construction of additional latrines and bathing spaces may help getting this issue resolved.

Lessons Learnt

Collaboration between INGOs has demonstrated as good practice of solidarity. It enabled increased coverage through sharing of resources and getting participation of more beneficiaries. Giving responsibility to CWCs for carrying out monitoring and supervision of construction work tremendously contributed towards building capacity of community people, especially of the women.

Transparent sharing of details of construction of different structures was a bold step, which developed a trustworthy relation between beneficiaries and implementing organization. As a result, the CWCs were found actively functioning and ready to be at the disposal of HFHI-B, when needed. Participatory approach towards project implementation created a bondage among community people and the implementing organization.

The process of CDP development ensured having a sense of ownership among the slum dwellers, as the process enabled them to reflect on their stories of suffering and ways forward to mitigate those. Cross visits and joint sharing of lessons learnt among CWCs from different slums under the project facilitated exchange of views, opinions and experience and enabled all CWCs to build on diverse perspectives. Regular coordination meetings, on a quarterly basis, are organized, which is considered as a platform for knowledge sharing.

Recommendation and Conclusion

HFHI-B may consider incorporating the factor of long-term sustainability of the CWCs, thus the project activities, if there is a next phase of the project. Specifically the CWCs at Duaripara and Beguntila slums seemed to have reached a certain level of maturity, from where they started thinking about identifying mechanisms to operate on their own, without any external support. Any project with construction component can reach immediate outcome. However, making it sustainable, thus reaching impact of project interventions, requires time and regular follow-up. The urban project of HFHI-B has shown promises of long-term sustainability, which needs careful nurturing.

Ensuring broader coverage also play a key role in achieving intended results from such projects. At West Duaripara slum, only 1500 households were brought under project coverage, which is approximately one-fifth of the total number of households (i.e. 8,500) at that slum. The West Duaripara CWC raised the concern that the feeling of vulnerability among the left out population may cause potential threat of social crime, i.e. communal violence to exercise right to access to facilities.

Addressing development issues sporadically at the slums may not give expected result. Using the Urban INGO Forum platform, HFHI-B may come up with a comprehensive development project involving all stakeholders. The Urban INGO Forum was able to establish a credible stakes in urban development activities and is recognized as the advocacy platform for “The City We Need”. The forum required to be formalized coopting some national organizations as its member.

1. Context and Background[1]

1.1. Introduction to Habitat for Humanity International

Habitat for Humanity International (HFHI) is a non-profit organization dedicated to eliminating substandard housing and homelessness worldwide established in 1976. HFHI's vision 'a world where everyone has a decent place to live' and mission is to promote sustainable development and adequate housing for all, by working in partnership with local people and organizations regardless of caste, race, ethnicity or religion. HFHI's program gives low-income people a unique opportunity to improve their lives. At present HFHI is active in more than 70 countries around the world and Bangladesh is one of those countries.

Habitat for Humanity International - Bangladesh (HFHI-B) was established in 1999. HFHI-B implements its housing and WASH projects both directly in communities as well as through local partners. Taking a holistic approach to development, HFHI-B works closely with communities, volunteers, partner organizations, NGOs and government agencies. To date, HFHI-B has served more than 13,000 families through its housing and WASH programs, and more than 80,000 individuals through training on topics related to housing, WASH, climate adaptation and urban resilience.

1.2. Introduction to the Project

Since 2012, with the support of Habitat Australia, HFHI-B has been implementing urban slum renewal projects to build resilient urban slum settlements in Mirpur of Dhaka. The project already implemented four phases in four different slums and currently at the end of phase V, which ends in June 2022. This program uses a resilience framework to conduct a vulnerability assessment with the community, and through meetings, resident feedback and survey, prepare long-term Community Development Plans (CDP). Subsequently, a range of infrastructure interventions and trainings are provided to increase the resilience of people living in slums. The project also supported the regular convening of the Urban INGO Forum, which provides a valuable opportunity for INGOs to share knowledge and learning on their urban work. An annual Urban Dialogue was supported, providing a forum for interaction with a wider range of stakeholders including academia and government to progress the agenda of the Urban INGO Forum.

After the successful implementation of the 4 phases, assessment of the activities under phase V was intended. Additionally, an overall impact assessment measuring high-level changes in the lives of target populations throughout the implementation of all phases (I-V) was planned to be conducted. This combined objective aimed at generating evidence on two levels: specific to phase V and following the individual assessments that were undertaken after each phase was completed, and cumulatively through the unique interventions implemented in all phases. The project has served a total of 36443 slum communities (20196 direct beneficiaries and 16247 indirect beneficiaries) from phase I to V whereas total 34941 was targeted beneficiaries (17956 direct beneficiaries and 16985 indirect beneficiaries).

1.2.1. Project objectives

Project objectives	Phases
To increase the capacity of HFHI-B and other civil society actors in Dhaka to plan and implement urban slum upgrade projects using an urban resilient framework	Phase I
To build the capacity of urban slum dwellers in one selected settlement to	Phase I

[1] This section of the technical proposal is taken from the terms of reference (ToR)

identify local vulnerabilities and articulate their development priorities using an urban resilience framework	
To sustainably improve in the living conditions of one urban slum settlement in Dhaka	Phase I
To increase the resilience of urban slum communities in Dhaka through the improvement of housing and community infrastructure, and construction and sanitation practices	Phase II
To increase the capacity of slum community leadership and committees to manage sustainable development of their settlements	Phase II
To foster sound relationships between service providers and urban slum communities to ensure cooperation in providing and maintaining required public services in an effort to transform the community into a well-organized, safe and healthy settlement	Phase II
To foster sound relationships between service providers and urban slum communities to ensure cooperation in providing and maintaining basic essential services	Phase III, IV & V
To increase community resilience through: improved access to, and ongoing use and maintenance of water, sanitation and drainage facilities; and increased capacity on disaster preparedness	Phase III, IV & V

1.2.2. Project timeframe and locations

Phases	Timeframe	Project Locations
Phase – I	July 2012 – June 2013	Talab Camp
Phase – II	January 2014 – December 2015	Beguntila Slum and Takerbari Slum
Phase – III	January 2016 – December 2017	West Duaripara Slum
Phase – IV	January 2018 – December 2019	Kurmitola (Rajur Bosti) Slum
Phase – V	January 2020 – June 2022	Shohidbug Slum

1.3. Objectives of the Assessment

The overall objective of this assessment was to assess the impact of phase V and overall impact of the Dhaka project phases I to V.

The specific objectives were to:

1. Analyze the changes brought by the project interventions in all five phases including the cross cutting issues, i.e. gender equality, disability inclusion and environmental sustainability outcomes;
2. Assess the development/evolution of the project from phase I to phase IV;
3. Identify challenges, barriers, and limitations that were encountered and how these were managed;
4. Identify lessons and make recommendations for the design and implementation of future projects.

1.4. Scope and Focus of the Assessment

The scope and focus of the impact assessment were:

- The intervention do the right things and respond the identified needs properly;
- The intervention is fit with other interventions in the country or sector i.e., interventions of same organizations, other organizations, government etc.;
- The impacts and changes that happened in the project intervention aligned with expected outcomes;
- The implementation process for achieving the expected results at the impact, outcome, and output levels;

- Efficiency of program implementation;
- The sustainability strengths of CBOs and CWC;
- The changes in the lives of beneficiaries and communities considering resilience and WASH activities.

1.5. KEY QUESTIONS TO BE ADDRESSED

Objectives	Key Question(s)
Objective I): Analyze the changes brought by the project interventions in all five phases including the cross cutting issues- gender equality, disability inclusion and environmental sustainability outcomes	• What significant changes and improvements have the beneficiaries/communities experienced since the start of the project until the present? • To what extent did the project intervention influence the changes and improvements experienced by the beneficiaries/communities? • To what extent did the project achieve its planned outputs and outcomes? • How do we measure the effectiveness of the project to advance gender equality, disability inclusion and environmental sustainability outcomes?
Objective II): Identify challenges, barriers, and limitations that were encountered	• What were the major challenges/hindering factors during the project implementation? How did the project overcome those? • What were the major limitations to address the major challenges during project implementation? • What were the major facilitating factors during the project implementation? How did the project take advantage of them?
Objective IV): Identify lessons and make recommendations for the design and implementation of future projects	• What were the good practices and lessons from the project? • How were cross-cutting issues addressed by the project e.g., gender, disability, community engagement/participation, and environmental sustainability? • What recommendations could be made to further improve project design, implementation, and adaptation?

2. Methodology

2.1. QUANTITATIVE APPROACH

2.1.1. Sample calculation and sample size

The most reliable sampling method for conducting a social research is *'to specify the precision of estimation desired and then to determine the sample size necessary to insure it'.* This approach is more conventional and capable of giving an accurate mathematical solution, thus it is considered as the most reliable technique of determining 'n'. To estimate the unknown parameter with a certain degree of precision, the confidence interval needs to be set at a certain width. In general, 95% confidence interval is usually used for calculating sample size based on normal distribution. To calculate the most conservative sample size (n), so that it will be the maximum and the sample will yield at least the desired precision, value of p was considered at 0.5. For calculating the desired sample size, an acceptable error, '*e*', at 5% was considered. Following was the sampling formula that was used to calculate the sample size for the questionnaire survey under the assessment:

$$n = \frac{z^2 p(1-p)N}{e^2(N-1) + z^2\, p\,(1-p)}$$

Where,

- n = Sample size
- z = Standard variate at a given confidence level, i.e. 95%
- p = 0.5
- N = Population size
- e = Margin of error = 5%

Applying the above formula, the calculated sample size for the survey came to 380 households from all project locations.

2.1.2. Distribution of calculated sample

Given the impact assessment was largely focused on assessing the impact of Phase V and also considering that the slum dwellers tend to be highly mobile, the questionnaire survey was administered only at Shohidbug slum, where the phase V of the project was implemented. Out of the calculated 380 samples, 50% (190 households) was brought under the coverage of questionnaire survey from Shohidbug slum. HFHI-B provided the list of beneficiaries that were covered under Phase V, i.e. at the Shohidbug slum, from which the intended respondents of the questionnaire survey was randomly selected.

The survey questionnaire is attached in **Annex-1**.

2.2. Qualitative Approach

The remaining 50% of the calculated sample (190 households) was covered under the qualitative approach for the impact assessment. For qualitative information collection, Participatory Learning and Action (PLA) methods and tools were used. Information was also gathered from the stakeholders through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and In-Depth Interviews (IDIs). Discussion guidelines for the FGDs and KIIs were developed in consultation with concerned HFHI-B officials. The following table provides a list of different PLA tools that were used during the assessment:

Method/Tools	Respondent Groups	Remarks
Ladder Game	Adolescents/youth mixed group of girls and boys	To determine changes in the eyes of adolescents/youth
Resource Mapping	Adult female/male	To list down the resources built out of project interventions and compare to the prior project situation
Preference Ranking	CBO (community groups)	Need versus received support, quality of intervention and changes happened
Spider Net	Staff of local (partner) NGOs	To determine degree of achievement, challenge/barrier faced, mitigation strategies
VENN diagram	Adult female/male	To depict key institutions, organizations and individuals and their relationship with the local community or others, challenges faced, gap remaining
FGD	CBO (community groups)	To identify the achievements out of project intervention, their role, gap remaining
KII	• Project staff (both from HFHI-B and partner NGO) • Representatives from Urban INGO Forum	
IDI	• Ward Commissioner • Slum Development Officer	

The key stakeholders of the project were identified and validated in consultation with concerned HFHI-B officials. Each of these stakeholders were consulted to capture necessary information and data to support the impact assessment.

The draft discussion guidelines from the FGDs, interview checklists for KIIs and IDIs and process flow of other PLA tools are provided in **Annex-2**. The number of PLA sessions and other discussions, and the number of participants engaged in these sessions are added in **Annex-3**.

2.3. Desk Review

For the project impact assessment evaluation, desk-based review was one of the key activities. A thorough literature review and analyses of available resources was conducted to support the overall exercise. Documents reviewed included but were not limited to project documents by phase, situation assessment reports, periodic monitoring reports, phase completion reports, documentation on lessons learnt developed by HFHI-B and its partner NGOs, community development plans and briefing notes on Urban Dialogues.

Data and information were collected on relevant topics from the available secondary sources, i.e. data made available by concerned government agencies, data from reports produced under similar projects implemented and/or under implementation by HFHI-B and other similar organizations.

2.4. Key Considerations for Conducting The Assessment

The following key considerations guided the overall assessment:

- inclusive approach to ensure participation of persons with disability was undertaken;
- respective policies, i.e. Child Safeguarding, Do No Harm and Gender Policy were upheld;
- set guidelines and/or policies of HFHI-B were complied with;
- research ethics for involving girls and boys were complied with;
- COVID-19 safety protocol was followed at all stages of the assessment.

3. Findings and Analyses (Phase V)

3.1. Demographic Profile of the Respondents

The questionnaire survey was conducted with a total of 194 slum dwellers from the Shohidbag slum, where the phase V of the project was implemented. Among them, 68% (n = 132) were female and 32% (n = 62) were male. Majority of the respondents (54%) belong to 19-35 years age group. Under the survey, 10% youth and children respondents were also covered. This enabled the survey to benefit from the perspective of young people in terms of the benefits reaped from the project activities and in identification of possible challenges and limitations of implementing such project and achieving the project goal.

All respondents were found to be Muslims by religion and 88% of them were found married. More than three-fourth (76%) of the respondents had been living in the Shohidbag slum for over five (5) years. The survey data revealed that the standard household size ranged from four (4) to six (6) members, with 73% responses.

Careful attempt to include households with members with physical/mental difficulties was given while conducting the questionnaire survey. The survey brought 27 such households

(14% of the total sample) under coverage, where at least one person has either physical or mental or both types of difficulties. The most common type of difficulty was hearing difficulty even after using hearing aid (48%), followed by difficulty in seeing even after using eyeglasses (37%) and difficulty in walking and/or climbing steps (26%). Approximately half of these households (48%) receives disability allowance, given by the concerned government office, i.e. Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW) of the Government of Bangladesh (GoB).

Almost half of all respondents (47%) has no education, as was revealed by the survey data. Slightly more than a quarter (27%) of the respondents finished up to primary level of education. In Bangladesh, primary education is free of cost for everyone attending government primary schools (GPS), thus having such low rate of academic qualification may indicate slum dwellers' struggle with access to education. It could also be due to lack of willingness to attend schools, while they could rather start working to earn a relatively decent livelihood.

Almost all respondents (95%) have some form of identity document, provided by concerned authorities. The most prominent identity document revealed by the survey data was birth registration certificate (93% of respondents with identity documents). While for all adult people in Bangladesh, having a national identity card (NID) is a prerequisite to access services, it was rather concerning to see that most adult respondents do not have NIDs. This not only limits their access to services, but also creates a scope for them to be involved in unlawful activities, i.e. drug peddling, petty crime, for which the slums are well known of. The Urban INGO Forum may capitalize on taking to opportunity to advocate with the concerned authorities to ensure issuance of NIDs to applicable people, which may contribute towards establishing more prudent social environment at the urban slums.

The food vulnerability seems relatively high at the slums, i.e. almost one-third (31%) of the respondents referring to having difficulty in managing three (3) meals a day. While this could be due to the lasting impact of COVID-19 pandemic, which limited the working opportunities for the slum dwellers, it is to be taken into consideration that such vulnerability may prompt the slum dwellers to get involved in unlawful activities to earn some extra bread.

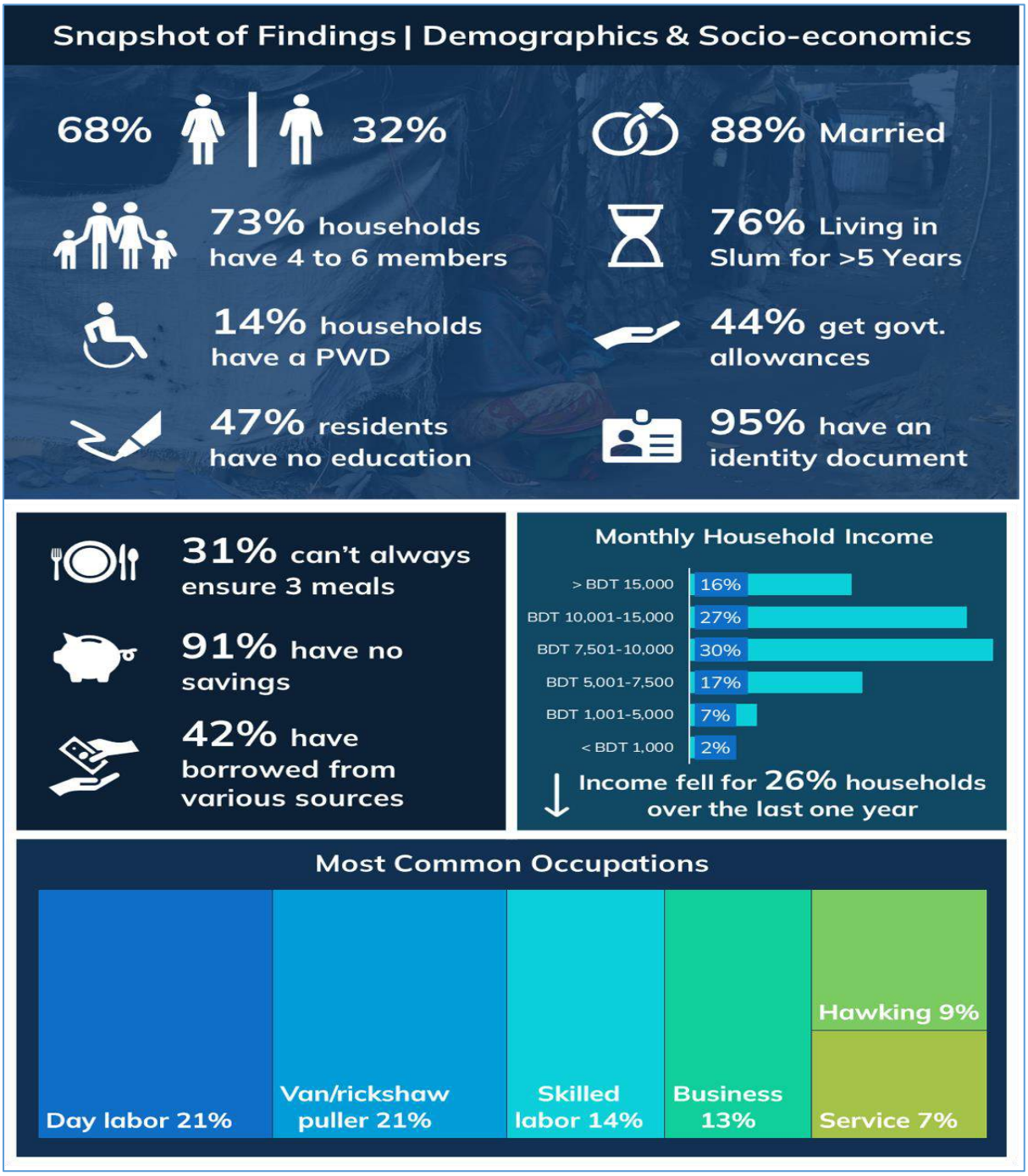
3.2. Socio-economic Profile of the Respondents

3.2.1. Key profession and income range

The key profession the slum dwellers are involved in is to work as day labors and pulling vans/rickshaws, with 21% responses for each. This was followed by being involved in skilled labor, i.e. welding, masonry, tailoring, etc. (14%) and running business (13%). Average monthly income of the households ranges from BDT 7,501 to BDT 15,000 (USD 80 to USD 160), as was mentioned by 57% respondents.

3.2.2. Trend of family income

According to more than half of the respondents (58%), their family income did not increase over the last one year. A total of 21% respondents feel that their income rather decreased slightly. While many could not mention any specific reasons behind such change in their income level, 24% attributed this to the impact of COVID-19 pandemic, with another 13% mentioning that they fell sick. The respondents were asked to reflect on the change in their level of income over last two years. Responses received were similar in nature, with 51% mentioning no change in income level and 23% claiming to have slightly lower income than before. Here again, COVID-19 was the key reason (49%), followed by death of income earning member of the household (41%), caused out of COVID-19 infection.



3.2.3. Access to financial services

Almost none of the respondents have any savings, i.e. as claimed by 91% respondents. Majority (62%) do not borrow either. This may indicate towards the harsh reality that the slum dwellers live on hand-to-mouth basis. They fall vulnerable if they miss a day of work, which leave them with no or limited access to food and other basic needs. Among all respondents, 27% mentioned that they have borrowed money from non-government organizations (NGOs), who are offering easy access to loan with relatively flexible terms and conditions.

3.2.4. Access to social security services

Coverage of government driven social security services at the slums were found to be inadequate, with almost half of the respondents (49%) claiming to receive no support. Another

half (49%) mentioned that they received food support during COVID-19, but could not strongly claim if it came from government channels or from privately run initiatives.

3.3 HOUSEHOLD INFRASTRUCTURE

3.3.1. Ownership and construction of house

Most of the houses at the slum were built of corrugated iron (CI) sheet or tin (89%), with the remaining 11% built using brick or cement but tinned roof. In terms of ownership of the houses dwellers are currently living in, 39% lives in their own house and 56% are tenants. The remaining 5% respondents live in shared space.

3.3.2. Access to water

According to the 81% respondents, the main source of water is Dhaka Water Supply and Sewerage Authority (D-WASA). The remaining 19% mentioned that they fetch water from tube wells. It is to be noted that at the Shohidbag slum, there are at least six (6) water reservoirs, which are connected to the D-WASA supply line. At different accessible locations, tube wells were installed by different NGOs, mostly by HFHI-B (61% respondents, who mentioned tube well as water source), for collecting water from these reservoirs. The water reservoirs were constructed by HFHI-B. An NGO named Dushtha Sasthya Kendra (DSK) supported the slum by acquiring the D-WASA connection. As is understood, all water sources, including the tube well are communal facility and is accessed by everyone.

One-third (75%) of all respondents mentioned that they are aware about the safety of water source. According to their opinion, the safety test was either done by themselves (10%), or by authorized government agencies (7%), although most respondents (91%) mentioned that it is much of a common knowledge, i.e. word-to-mouth information by the community people.

3.3.3. Access to latrine

The baseline study conducted at the beginning of phase V revealed that 27% households did not have any access to latrines and approximately one-third of the surveyed households (29%) were accessing latrines with ring slab, without any water seal. The quantitative survey of the impact assessment revealed that almost all respondents (93%) are currently accessing pukka latrines, which are actually sanitary latrines established by different NGOs working at the slum in different timelines. According to 87% respondents, these latrines are installed by HFHI-B, while another 10% mentioned about World Vision as providers of the latrines. Similar to that of water sources, the latrines are also communal facilities, accessed by households living within the proximity of the latrines. Most latrines are two-chambered latrines, with separate chambers for female and male. Thus, the responsibility to ensure cleanliness and overall maintenance of the latrines lie with the users. According to 96% respondents, the overall cleanliness and hygiene status of the latrines are good.

Considering that the slums are densely populated, with very small space to spare, the distance between latrines and the water sources is not always according to the standard guidelines. Almost all respondents (98%) have clear knowledge about the distance between latrine and nearby water sources, and it was observed that in most cases (76%) the distance is less than ten (10) meters. Researchers identified that the distance between the toilet and water source shall be ten (10) to fifteen (15) meters (Depkes RI, 2004).

3.3.4. Gender considerations in relation to access to water and sanitation

In an effort to look at the access to latrine and water sources from a gender lens, it was observed that except for a very few cases, both latrines and bathing places are easily

accessible by both female and male, as was opined by 99% respondents. However, concern remains about the privacy of female while bathing, as there are still a large portion of the slum, where private bathing chambers are not available and women have to bath out in the open. There are issues related to 'rush hour', i.e. during the morning office-hours and during mid-day, which is typically the bathing time. During these time, people have to wait in queue, though not long enough make the waiting unbearable.

3.4. HFHI-B'S INFRASTRUCTURE SUPPORT

The need assessment conducted before the initiative of phase V identified clear need of access to clean water, sanitation and hygiene facilities, which was multiplied with the lack of access community bathing space and poor access to grid electricity. The overall living condition was found inadequate, as poor drainage facility, waterlogging and polluted ground water exposed the slum dwellers to health and environmental hazards. The results of need assessment was supported and validated by HFHI-B's experience from the earlier phases of the project. The phase V, thus, specifically focused on developing appropriate infrastructure to create community people's access to decent water-sanitation facilities, as well as to enable the community people gain stronger understanding about hygiene issues.



Different infrastructure built by HFHI at Shohidbag Slum : At a glance

The contribution of HFHI-B in terms of providing infrastructure support was highly lauded by the slum dwellers at Shohidbag. When they were asked about the type of infrastructure support HFHI-B extended, communal latrines (79%), communal bathing space (76%), concrete walkway (53%) drainage facility (49%) and waste bins (40%) came up very strongly. The respondents' opinion was validated by physical observation and through secondary data collected from HFHI-B.

> "Over the last 8-9 years, after the project ended, we did not have to do any maintenance of the infrastructure Habitat built. No other NGOs have given us such good quality materials for construction. We wish Habitat had more resources to support us more and the partnership was for a longer period of time."
>
> Mr. Mohoshin Howlader
> President, Beguntila CWC

The FGDs and KIIs also highlighted HFHI-B's sincere efforts to ensure resilience of the slum dwellers. The discussants and informants unanimously agreed about the high quality of the materials used by HFHI-B for building all infrastructures at their slum. The physical presence of HFHI-B officials at the project locations and the infrastructure backs up the opinion received from the beneficiaries.

3.5. Knowledge, Attitude and Practice (KAP)

Conducting a KAP analysis for any project itself requires a lot of time and resources. As is known, KAP surveys commonly focus on identifying knowledge gaps and behavioral patterns among beneficiaries to measure how effectively a project was implemented and was able to reach the goal of facilitating knowledge enhancement, bringing attitudinal and behavioral changes, and ensuring the knowledge to be put into practice. Considering the project have invested significant amount of resource to develop hygiene awareness among beneficiaries, an effort to collect data on few key KAP issues, i.e. hygiene practices, access/use to safe water, critical times of handwashing, environmental sanitation and access to health services, was given to gather understanding on the existing knowledge and practice of the beneficiaries. The impact assessment kept the KAP component as a blended tool, which looked at these specific areas through the questionnaire survey and which were either validated or supported by the information that was collected through the qualitative discussions.

3.5.1. Knowledge on hygiene practices

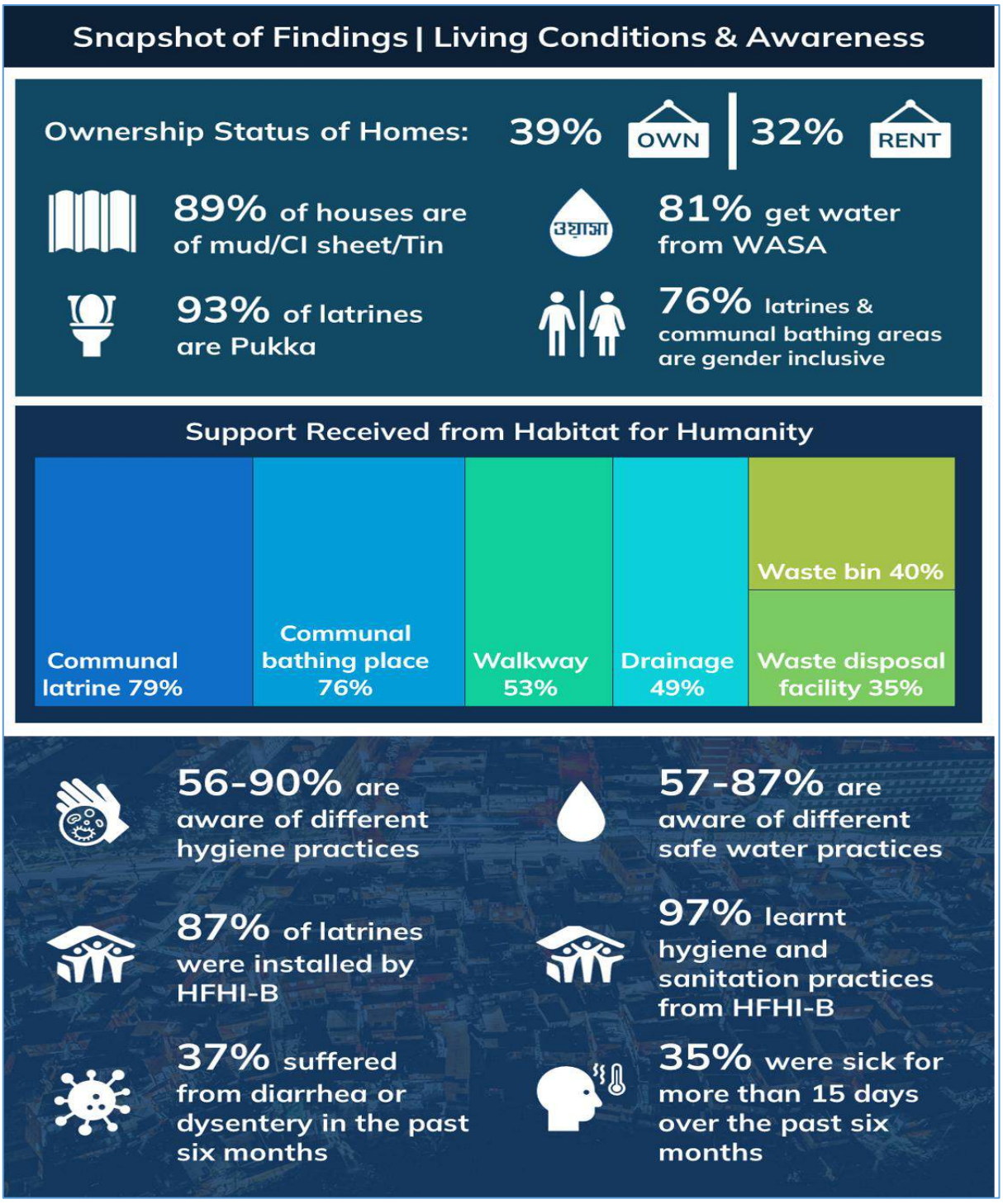
In terms of respondents' knowledge on hygiene practices, 90% mentioned that they are aware that they have to wash their hands regularly with soap before and after eating. Another 76% mentioned that they know that washing hands regularly with soap every time after defecation is important. Covering foods and water pots properly was mentioned by 56% respondents, while 77% respondents also mentioned that they know that it is critical to use sandals when using latrines. Educating the children to use latrines and wash hands regularly was mentioned by 10% respondents.

3.5.2. Knowledge on access and use of safe water

Access and use of safe water to key to ensuring good health. 86% of the respondents mentioned that use of tube well or safe source of water for drinking and cooking is important. 67% respondents are aware that for washing and bathing, it is advisable to avoid use of pond or unclean water, while another 57% are aware that the water sources and surroundings have to be kept clean and hygienic.

3.5.3. Knowledge on critical times of handwashing

Strong awareness about critical times of handwashing was observed among the beneficiaries. Though such strong knowledge and awareness could be attributed to the overall behavioral change resulted due to COVID-19 pandemic, ensuring practice on a day-to-day basis was something where the awareness campaigns organized by HFHI-B and other NGOs played a key role. Among the most common critical times of handwashing, as was opined by the respondents, were: i) after using latrine (94%), ii) before, during and after preparing food (79%), iii) before and after eating food (69%), iv) after touching garbage (32%) and v) before and after caring for someone at home, who is sick with vomiting and diarrhea (31%).



3.5.4. Knowledge on environmental sanitation

Beneficiaries' knowledge on environmental sanitation was found reasonably well. Among all respondents, 90% mentioned about maintaining cleanliness of households and surrounding, 66% mentioned about maintaining cleanliness of drainage systems and adjacent footpaths, 49% mentioned about storing and disposing household wastes safely and 37% mentioned about maintaining safety was water sources and collection chain.

3.5.5. Source of knowledge

As revealed by the survey data, 97% respondents attributed their knowledge and awareness to the efforts of HFHI-B project activities. This largely reflects the contribution of HFHI-B and the project it implemented at Shohidbag slum. The results mentioned above clearly indicates the level of overall knowledge, awareness and attitude of the beneficiaries on key hygiene practices and HFHI-B can claim a fair share of the credit behind such achievement.

3.5.6. Existing hygiene practices

In terms of existing hygiene practices by the respondents, 86% mentioned that they keep soap or ash inside or near the latrine for handwashing. Another 79% mentioned that they make water available inside or nearby the latrine. Maintaining overall cleanliness and hygienic appearance of the latrines (55%) and using safe water for drinking and cooking (64%) was also among the top practices ensured by the respondents.

3.5.7. Physical illness and access to health services

It seemed that occurrence of disease is common for the respondents of the questionnaire survey. More than half of the respondents (51%) suffered from some kind of disease over the past six (6) months from when the survey was conducted. The most common disease was fever (38%), followed by diarrhea (29%), jaundice (10%) and dysentery (8%). All of these disease could be linked to relatively poor quality of existing water-sanitation-hygiene (WASH) facilities at the slum. Even though notable amount of resources were invested to develop WASH infrastructure, not much was done to rid the slums of waterlogging. Thus, water borne diseases seem to be very common.

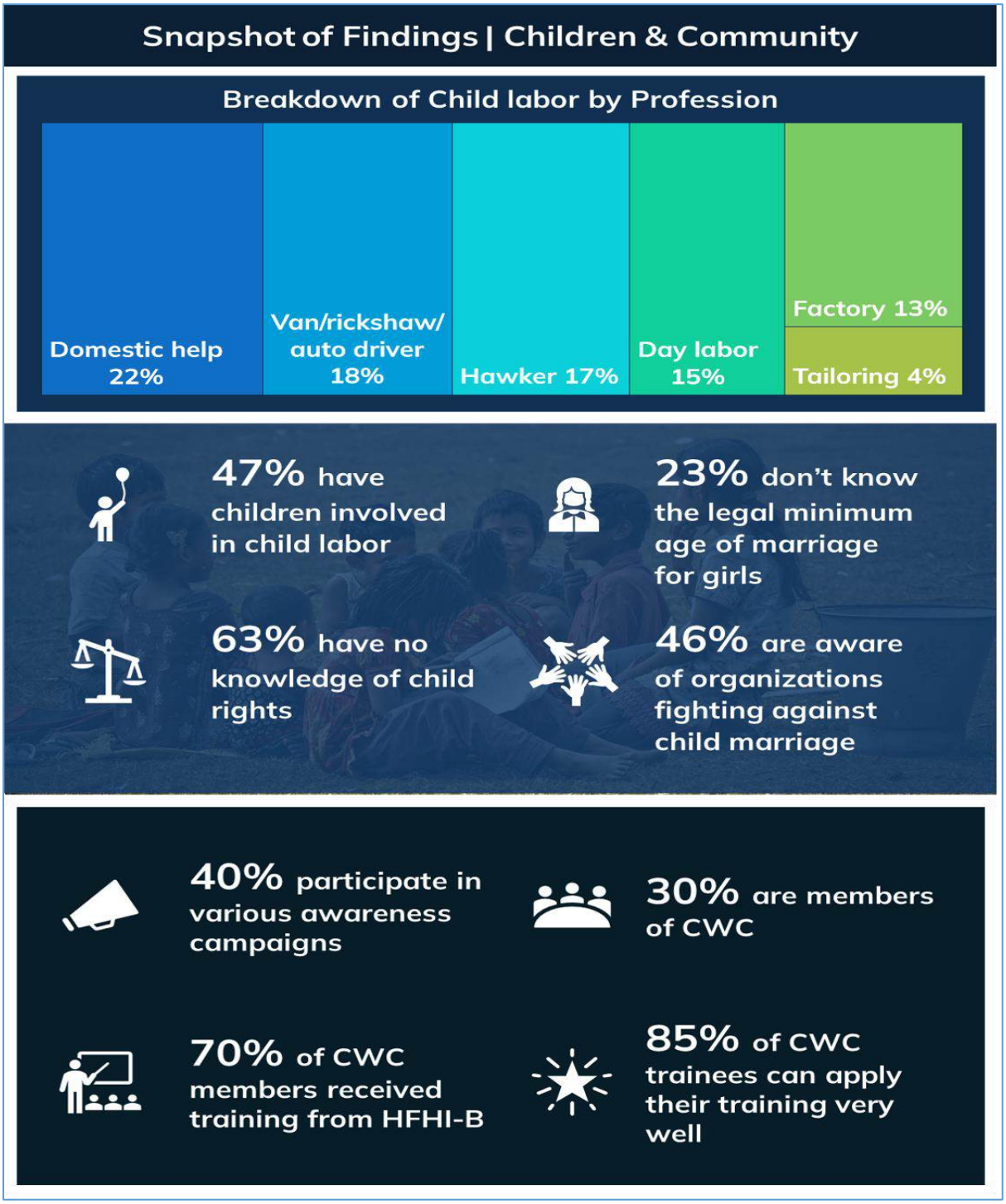
The illness of the beneficiaries, in most cases (37%), were for short period of time, i.e. less than a week. However, in some cases (35%) the illness lasted for more than fifteen (15) days. This is an area of concern, considering most slum dwellers live on their daily earning and a day of illness is a day of no work, thus no food for the whole family. Getting rid of waterlogging, thus, has become one of the major concern of the dwellers of Shohidbag slum. In terms of accessing treatment for the diseases, 33% respondents go to government hospitals, 26% depend on home-base remedies and 23% simply go to a local pharmacy and buy medicine from there. The results on access to health services clearly is a notion that the slum dwellers lack affordability to access health services.

3.6. Community Participation

Participation of the respondents at different community level activities was found low. More than half of the respondents (54%) mentioned that they do not participate in any of the community level activities. Only 40% respondents were found participating in awareness raising campaigns, mostly run by different NGOs, who are either currently operating or previously operated at the slum. A small percentage of respondents were found participating in social movements (12%) and cultural events (10%).

Among all respondents, 30% have membership with the community WASH committee (CWC).

The CWC is comprised on 25 members, including post-bearers for President, Vice-president, Secretary and Treasurer. While some of the current CWC members were interviewed during the questionnaire survey, several of the respondents were previously members and still consider themselves contributor towards the activities carried out by the current CWC. This clearly indicates a level of ownership demonstrated by the former members of the CWC and highlights the fact that their participation in this community level organization as very active.



Of all these respondents, who were previously and are currently members of the CWC, 78% received different types of training through the CWC. All trainings were organized with support from different NGOs, who worked at the slum at different timelines. HFHI-B was highly mentioned by the respondents with 89% responses, followed by World Vision (15%). Among

those who received the training, 85% consider that they were able to apply their knowledge in practice very well.

3.7. Child Rights

Respondents' overall knowledge about child rights, child protection and child safeguarding was found relatively weak. Only 37% respondents mentioned that they are aware about child rights, while only 6% mentioned that they heard about United Nation's Convention on the Rights of the Children (UNCRC). Child rights are comprised of four (4) key areas: i) survival rights, ii) development rights, iii) protection rights, and iv) participation rights. When asked about what exactly they understand about child rights, 51%, 32%, 60% and 40% respondents could mentioned about the rights respectively.

Though 89% respondents claimed to know the legal minimum age of marriage of children in Bangladesh, only 37% could mention the legal minimum age of marriage for boys (21 years) correctly. In comparison, significantly higher percentage (77%) could mention the legal minimum age of marriage for girls (21 years) correctly. This could be due to the fact the most development and awareness activities are focused on stopping girls getting married at an early age. Thus, people more often hear about not getting their girl children married before appropriate age (18 years) and tend to remember that better than that of boys.

Lack of awareness prevails about the organizations and/or authorities, who are active in fighting against child marriage. Less than half of the respondents (46%) mentioned that they are aware about organizations and/or authorities, who fight against child marriage and the most common type of organization as mentioned by them was the NGOs with 89% responses. The awareness about the involvement of authorities seemed weak, i.e. 17% mentioned about police and 16% mentioned about different government agencies. Even though there are several organizations and/or authorities active in fighting child marriage, 93% respondents mentioned that they could not stop child marriage cases.

Approximately half of the respondents (47%) have children, who are involved in income generating activities, which in most cases could be considered as hazardous and falls under child labor. The most common types of work children are involved in include: domestic support (22%), van/rickshaw/auto driver (18%), petty trade/hawking (17%), day labor (15%) and at industries/factories (13%).

3.8. Towards A Sustainable Approach

Observation during the assessment, coupled with *engagement of community people and CWC leaders/members in implementation of the project activities,* gave a sense that overall resource mobilization for the project worked in a cost-effective way. The approach to engage community at all stages of project implementation enabled the CWC and other slum dwellers in providing more meaningful input in achieving the intended results of the project. While the CWCs are not formal platforms, i.e. CWCs

> "I was a member and then President of the Child Forum for our slum. I have worked in close coordination with the seniors, who are dwelling in my slum, and also with the CWC. Later, I got the opportunity to be part of the CWC of my slum and now I can work as a bridge between the voices of the young and the adults. I feel great to be able to contribute towards the development of my slum, side-by-side with my studies."
>
> An Adolescent Boy
> Youth Representative, Takerbari CWC

are not registered entities, their spontaneous participation in performing the roles and responsibilities entrusted to them helped them in moving forwarding with structured and better 'visioning', which is expected to have a positive impact on sustainability. 'Networking and connectivity for a purpose' helped them to make linkages at different levels. The CWCs are considered as a recognized community platform and the CWC members/leaders are well acknowledged by the fellow community people. It was observed that young people are graduating from 'Child Forums' and are included as CWC members, upon demonstration of their skills and capacity to contribute towards social change within their respective slums.

The *improved ability of the CWC, as well as of the community people, to think critically and to identify the key development issues* that need to be addressed through collaboration with GOs/NGOs are expected to sustain at a level without any project support. The slum dwellers were found questioning existing norms, customs and practices that are harmful for them, i.e. school drop-out, early marriage, involvement in illegal activities for income generation, etc. Given that the CWCs are established platforms, which organizes regular meetings, continuation of discussion around development agenda is expected. The CWCs are found to strongly protecting their respective slums from unwanted political influences and this made them unique in their approach.

Increased social relationship was noted as one of the key sustainability elements of the project. The CWCs were found willing to cooperate with relevant stakeholders in order to survive and prosper. They felt the benefit of being knowledgeable, importance of relationship, having a group to share the feelings and thoughts and being united. The focus to promote women's leadership creates the opportunity for the women to play more prominent roles both at family and community level.

4. Reflection on Overall Impact of the Project

4.1. Evolution of the Project by Phase

Since 2012, HFHI-B implemented the project on building resilient urban slum settlements in Mirpur, Dhaka. Implemented in five (5) phases, the project is currently at the end of its fifth phase and has been able to capitalize on the lessons learnt from the earlier four (4) phases. Each of these phases were designed and initiated based on a need assessment conducted jointly with relevant stakeholders, including the residents of the respective slums, where the phase wise implementation was done. A community development plan was developed based on the vulnerability assessment conducted at respective communities.

At the pilot phase, HFHI-B adopted a capacity building model that focused on topics related to developing urban resilience. This was targeted to increase the technical expertise of not only the community people on urban resilience, but also the expertise of project staff as well as of the other stakeholders, including civil society. The provision for technical expertise essentially focused on delivering a broader understanding of community people on the concept of urban resilience, methods of communicating that with communities and delivering it through technical solutions, i.e. development of shelter and associated infrastructure.

The success of the pilot phase prompted HFHI-B to design, develop and implement subsequent phases, with each phase replicating the project model into a new slum, thus expanding project coverage. The second phase, implemented at Beguntila slum, correctly identified the needs for improved water points, community bath houses and community latrines. Being a relatively new slum, Beguntila residents were suffering from poor sanitation, hygiene and lack of access to clean drinking water; flooding and water logging; high risk of fire; inadequate housing; overcrowding and lack of access to government services such as

education, health and waste disposal, and lack of secure tenure. Besides, the slum dwellers lacked capacity in terms of management, participatory monitoring, awareness on health and hygiene, knowledge on water-sanitation. The infrastructure development component of the project was strengthened by incorporating facilities like footpath, drainage, water reservoirs, renovation of community bath houses and construction of new bath houses at the project locations. HFHI-B, understanding the importance of broader stakeholder engagement for sustainable development, started actively participating in NGO coordination meetings, meeting with water supply and sewerage authority (WASA), slum development department and garbage management department of the City Corporation. On top of that, strategic collaboration was forged with World Vision Bangladesh, and INGO already working at the slum and the CWC leaders. During this phase, the Urban INGO Forum was also formed under direct guidance of HFHI-B and had been in action since then.

HFHI-B understood the fact that only providing capacity building support to develop urban resilience would not be sustainable, considering that there is dire need of infrastructure development at the slums to smoothen livelihood and health and hygiene situation of the slum dwellers. The subsequent phases of the project, i.e. phases III to V, thus followed the tested approach of phase II, where a combination of software and hardware support has brought intended results. Over the time, HFHI-B's experience and expertise was matched rightly by the intention of the CWCs in charge of overall development activities at the slums and drew successful outcome of project activities. Though, it was not possible to address all needs identified through the need assessment and vulnerability assessment due to the short duration of each of the phases, HFHI-B adopted the strategy to work by enhancing community level capacity, i.e. developing capacity, engaging and entrusting the CWCs across all project activities. Additional training on participatory monitoring, procurement and civil construction was planned and provided to the community people during the latter phases of the project.

4.2. Achievement of Planned Output and Outcome

All four (4) phases of the project after the pilot phase was able to achieve the planned output and outcome without major deviation. The ongoing phase (phase V) was highly impacted due to the lockdown imposed by the authority to contain spread of COVID-19 infection, as only a few planned activities could be carried out during that time. As a result, the project duration was extended and as of the current situation, the phase V was able to recover well and is on track of achieving the planned output and outcome.

The phase wise evaluation reports indicated achievement of all planned activities. For example, during phase II, a total of 56 trainings were provided to CWC against a planned number of thirty (30). The same phase had a plan of organizing two (2) dialogues through using the Urban INGO Forum platform and a total of three (3) such dialogues could be held. During phase III, the Urban INGO Forum met eleven (11) times, whereas the plan was to have nine (9) meetings. Besides, a total of six (6) facilities were constructed against planned number of three (3).

4.3. The Collaborative Approach

At the Beguntila slum, when HFHI-B initiated the project, they forged strategic collaboration with World Vision Bangladesh, who actually facilitated formation of the CWC. A joint need assessment was done at the beginning of the phase. This was the case for Takerbari and Kurmitola slums as well. Considering that the CWCs play a key role in implementing any NGO projects at the slums, forging the strategic collaboration with World Vision Bangladesh was highly appreciated by the CWCs and other slum dwellers.

4.4. Effectiveness of the Project

4.4.1. Advancing gender equality

The project was intended to improve the lives and livelihood conditions of slum dwellers and enhance their capacity to become resilient in addressing both manmade and natural disasters in collaboration with relevant stakeholders including the City Corporation. With that in mind, through the project interventions, HFHI-B facilitated women leadership and their increased involvement in the development process. This enabled the women to work side-by-side with men and to take leadership roles in community level activities. One notable observation during the qualitative sessions was women being able to raise active voice in presence of men, which is typically absent in slum setup.

Each of the CWC at all slums covered under the project had strong women participation (approximately 80% CWC membership positions were held by women), including in leadership positions. Three (3) of the five (5) CWCs from Beguntila, Kurmitola, Shohidbag, Takerbari and West Duaripara had women as the president. They were found actively coordinating community level activities. The qualitative sessions conducted during the assessment observed high level of participation from women as well, with approximately 80% of the participants being women, who actively expressed their opinion to the discussion issues.

Considering all slum level development activities are carried out under the active leadership of CWCs, women engagement enabled the women to get necessary exposure to negotiate and advocate for facilitating women-friendly interventions through such projects. Women seem to have relatively better understanding and knowledge about the happenings of their respective communities and it is to the women normally community people come and raise the demands. The female CWC members were found to be well aware about the whereabouts of almost all households at their respective slums and could point out and explain major development issues that causes harm to their life.

One example of this could be establishment of communal bathing places with separate chambers for women and men, even though lack of space is considered as a key challenge to construct the same. This initiative was led by women, who identified the necessity of having infrastructure that allow not only women, but also young girls to access the latrines and bathing spaces with certain level of privacy. Moreover, having women leaders and members at the CWCs also enable the other women residing at the slums to seek other supports, i.e. accompaniment to clinic for maternal and child health (MCH) related cases. Shumi Begum, the Secretary of West Duaripara CWC was found accompanying a female to the clinic for treatment during the assessment.

4.4.2. Advancing disability inclusion

During the assessment, several visits were paid to all concerned slums for data collection and discussion with the beneficiaries. It was observed during these visits that the differently abled people are actively participating in the discussions and giving valuable opinion to the assessment team. It was to their opinion that they also contribute towards all development activities that are carried out within their respective slums by providing critical opinions to different project interventions. The project could develop a sense of belongingness among the differently abled people.



Communal bathing space with wheelchair accessible entrance, constructed with project support

However, it was also observed that the infrastructure built under the project support are not easily accessible by the differently abled people, who have physical difficulties. When asked how they access the latrines and water sources, the discussants mentioned that someone from the respective families generally accompany them. The neighboring families or anyone, who is around during such commutes, extend a helping hand. The bathing spaces constructed under HFHI-B supported project at Shohidbag slum was found having wheelchair accessible entrance. *Further considerations could be given to design and develop accessible models for latrines, which could be easily accessible by differently abled people.*

4.4.3. Advancing environmental sustainability

None of the project activities were found to be having adverse impact on the environment. The materials for construction of different infrastructure were procured keeping environmental guidelines. Waste bins were placed at different points of the slums with reasonable gaps in between, enabling the residents to dispose wastes without much hassle. This contributed largely to maintain the overall cleanliness of the neighborhood, as well as to reduce impact of waterlogging. The construction of concrete paved pathways, drainage facilities, bathhouses and communal latrines including septic tank reduced the environmental hazard to a considerable extent.

Numbers of training were provided to the beneficiaries on waste disposal and waste management. This made the beneficiaries aware on positive impact of maintaining a clean environment. Looking at the participation of the discussants of the qualitative sessions and the way they interacted and opined on relevant discussion topics, it could be said that most children, youth and adults are aware about issues concerning environmental sustainability. The community people seemed well aware about the problems that could be caused by littering and they make good use of the waste bins provided by different NGOs. The waste bins were visible at the slums, placed at reasonable interval to ensure coverage of all people living in the slums. At West Duaripara slum, the disposed waste was found being used to make

compost fertilizer, which was witnessed during transect walk. Having convenient access to communal latrines and bath houses also contributed towards ensuring overall cleanliness of the slums and their respective surroundings.

4.5. Efficiency of Program Implementation

Measuring efficiency of program implementation largely depends on analyzing the costs associated with the implementation and subsequent results achieved by the same. While no conclusive analysis could be done in terms of 'cost-effectiveness' of the project, which spanned over 10 years and in five (5) different phase, it was observed that the implementation approach largely focused on *'collaboration'*, *'awareness raising and capacity building'* and *'infrastructure support'*. The resulting changes were observed at individual, household and community level. This transformation created a larger spillover effect at higher scale with the resources invested for the socio-economic resilience of the beneficiaries. The strategy itself has mobilized within community spaces and leadership have been facilitated within the communities. The financial aspect of the programming was not part of the scope of study, yet the study team found that the overall design of the program including its strategies and approaches could create lasting impact, which was discussed in different sections of this assessment report.

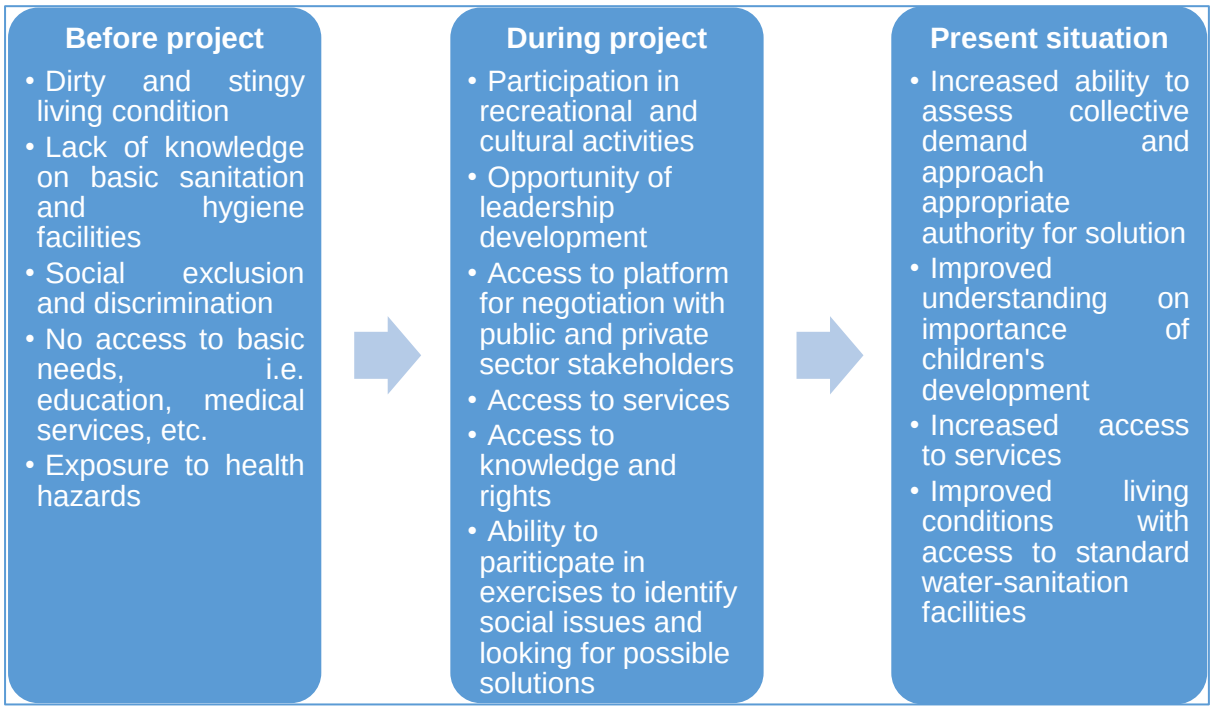
4.6. Changes and Improvements

The urban project, implemented in multiple phases, capitalized on the lessons learnt from respective previous phases and the project goals were adapted and aligned based on the learnings. The pilot phase (phase I) was implemented with a goal to know the urban challenges that are faced by other development partners and the community. Looking at that, interventions were designed to increase in household level capacity and subsequently identifying potential ways to make the slum dwellers resilient. The learnings from phase I enabled the project team to build upon the subsequent phases. Project goal was adapted to the situational needs by: i) focusing on building community capacity through their active involvement in vulnerability assessment, CDP development and capacitating the CWCs to participate in the implementation process; ii) emphasizing on raising community level awareness; iii) increasing resilience of the community people; iv) fostering sound relationships between service providers and slum dwellers to ensure cooperation in providing and maintaining required public services; and v) facilitating overall infrastructure development.

> **"The communal bathing space and latrine work as major inspirations for us slum dwellers to continue to live here. The neat and clean structures makes us feel the slum as a peaceful place, among all odds."**
>
> **Ms. Farida**
> CWC member, West Duaripara Slum

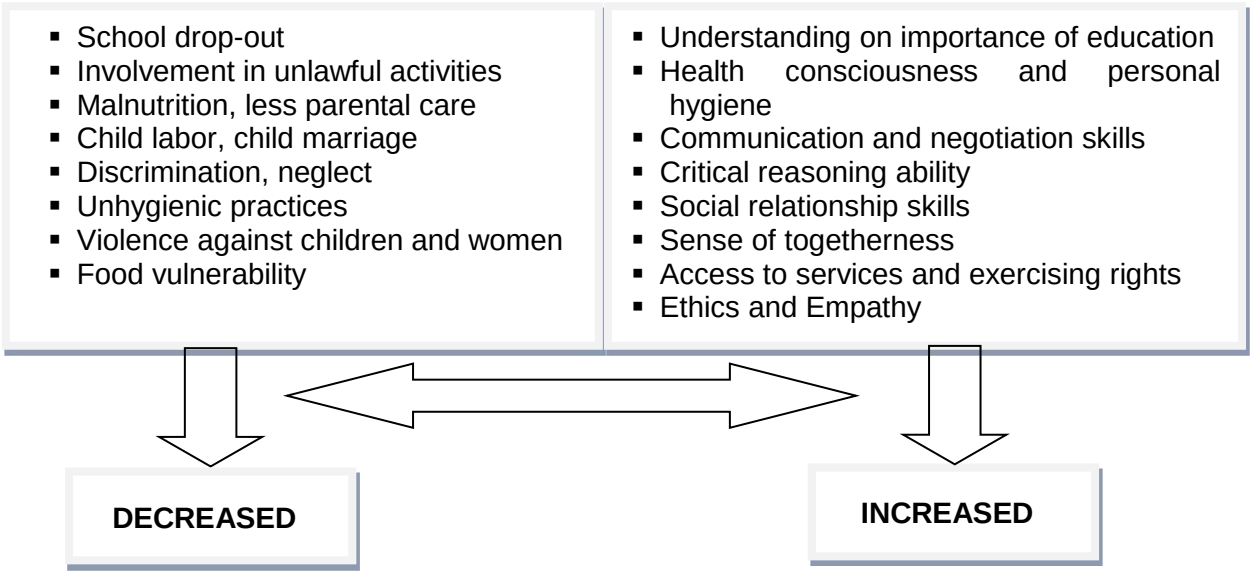
One key change the project was expected to bring was change in the overall infrastructure available for the slum dwellers for accessing safe water and sanitation. Except for the pilot phase (phase I), the project was implemented in several two-year phases, with specific objectives. While phase wise duration was considered as too short to claim impact level change and improvement, the transect walk conducted during the impact assessment exercise clearly demonstrated changes like cleanliness of surroundings, well maintained drainage facility, concrete paved pathways, well built and well maintained communal latrines and communal bathing space. The project beneficiaries expressed high level of satisfaction with the HFHI-B supported activities.

The below diagram is an effort to summarize the overall shift of the community situation as a result of project activities:



The level of awareness and consciousness among the adolescents, regardless of their sex, was found strong in terms of personal hygiene and cause of water borne diseases. Almost all participating adolescents (95% of 16 girls and 3 boys) in the quantitative survey could mention at least two (2) key messages related to hygiene practice, use of safe water, critical times of handwashing and environmental sanitation. While validating such responses through qualitative sessions organized specifically with adolescent participants, similar responses were found. During the quantitative survey, around 80% of the adolescents also claimed to have ensured day-to-day hygiene practices. This awareness was attributed to the awareness raising campaigns and sessions conducted by HFHI-B officials under the project. As a result of such awareness, most slum dwellers at the current and previous project locations drink boiled water. The adolescent girls were found well aware about the menstrual hygiene and how to manage themselves during menstruation.

The below diagram shows a summary of changes that have happened over time due to project interventions:



Similar high level of awareness on child marriage was observed among the adolescents and adult beneficiaries of the project locations. Children were found passing on information about child marriage cases to the assessment team when they visited the slums, averting the adults' attention. Though there were contradictions between the opinion received from the adolescents and adults in terms of the frequency and rate of child marriages taking place at the community, such contradiction also indicates that regardless of their age groups, beneficiaries are rather concerned than ignorant about such social issue. The adolescent discussants of the qualitative sessions opined that the rate of child marriage increased during COVID-19, which the adults disagreed to. Another aspect to such situation is the high exposure of young people to social media, which made online interaction convenient for them, i.e. through chat, video calls, etc. This ultimately resulted in falling subject to romantic relationship and making parents compelled to get them married to avoid potential social scandal.

4.7. Status of CWCs

All CWCs at West Duaripara, Beguntila, Takerbari and Kurmitola slums were still found active, even the HFHI-B project initiatives ended several years back. Similarly the CWC at the Shohidbag slum was found taking active role in facilitating all activities related to impact assessment. All these CWCs were formed as urban neighborhood development committees (UNDCs), facilitated by World Vision Bangladesh, who is an active member of the Urban INGO Forum. Discussion with the CWCs revealed that all development activities at the slums are implemented through their active involvement and this made them feel empowered to be able to be the vehicle of change within their respective communities. The community people were also found to trust the CWCs, not only in terms of overall development of their communities but also in case of their personal/family matters.

Discussants at CWC meetings mentioned that their efforts towards the communities are voluntary and they are driven by the fact that any positive change at the community will also have a positive impact at individual household level as well. They regularly restructure the committees by revolving key positions, i.e. chairman, vice-chairman, secretary and whenever any membership position falls vacant, they fill it up with immediate effect. All CWCs consulted during the assessment was found very active, vibrant and motivated to bring about positive changes within their respective communities. They maintain a very strong liaison with the elected CBO at the slum and also have a strong relationship with concerned authorities and other stakeholders.

The Beguntila CWC demands special mention in this case, where the current President was found dynamic and well aware of the issues his community people are facing. He even suggested possible solutions to resolve the issues, if necessary resources are made available at their disposal. He installed a public announcement (PA) system on his own initiative to communicate with all community people, whenever there is a need.

4.8. KEY CHALLENGES AND STRATEGIES TO OVERCOME

All slums under the project coverage are temporary settlements. After the massive eviction of slums by the authorities in the year 1996, the government arranged for temporary residence of the evicted population at different slums in Mirpur. There were legal proceedings and promises to make the settlements permanent, but all are still in vain. All physical facilities, i.e. gas, electricity, water, etc., at the slums, thus, have no legal foundation. Both the authorities and NGOs working with the slum dwellers are well aware of this, yet continuous development interventions are ongoing at the slums. It is of utmost importance that appropriate advocacy is conducted with concerned authorities for a sustainable solution to this problem.

The lockdown to contain spread of COVID-19 significantly interrupted implementation of phase V activities at Shohidbag slum. A vulnerability assessment was done at the slum before the pandemic hit Bangladesh. During COVID-19 lockdown, HFHI-B officials maintained regular communication remotely to aware beneficiaries on prevailing situation via CWC and have arranged for distribution of 400 IEC materials with COVID-19 massage and 140 hygiene kit to the existing female CWC members. Once the lockdown was lifted and life started getting normal, the regular project activities started taking off slowly and have gained momentum. All pending activities were revised and are being delivered to ensure successful achievement of project goal.



Output of community mapping exercise at Takerbari Slum

In a rather congested urban slum setup, as shown in the social map above, making required space available for construction of planned infrastructure was a key challenge. It was due to

the relentless effort of the project officials and CWCs, who participated in series of negotiation meetings with the landowners and other dwellers that made construction possible. In some cases, example of involving the Ward Commissioners was cited by the discussants to resolve stalemate situations.

Ensuring quality of the infrastructure was another challenge, which was dealt strategically by giving the overall authority of procurement, monitoring and supervision in the hands of the concerned CWCs. Necessary training and capacity building support on related issues were extended under the project interventions. The key topic of such trainings included checking quality materials, monitoring masonry work and provide security of materials. Spontaneous participation of CWC members, with support from slum dwellers, enabled quality construction. During discussion with CWC members, they were found highly vocal and enthusiastic in sharing their capacity and experience in supervision and monitoring of constructional work. Apart from this, HFHI-B was found playing an active role in coordinating with a range of government service providers, City Corporation, community leaders, land owners and other NGOs to ensure smooth implementation of project activities, i.e. identification and acquisition of empty space for construction and providing required technical supports to ensure quality of construction. The project has a civil engineer working on a full time basis to extend any support related to construction of physical infrastructure.

Ensuring overall cleanliness of the infrastructure, which were built for common use and had no agreed upon maintenance guideline was also a challenge. With CWCs having access to limited resources to ensure maintenance, in discussion with HFHI-B officials, a contributory mechanism was introduced. The users of the communal facilities were charged with a monthly toll at a minimum rate, which enabled the CWCs to ensure maintenance of all facilities, including overall waste management system. Training was provided to CWCs on waste management system and WASH facility maintenance.

4.9. Limitations to Address Major Challenges

For several of the earlier phases of the project, due to unrest caused out of political conflict during parliamentary elections, movement of project officials were restricted. This resulted in deference and/or cancellation of project activities. Project officials had to work during weekends to recover from the damage.

Negotiation with concerned officials at D-WASA to establish water connection at slums was a major problem faced by both the implementing NGOs and CWCs. Frequent visits to the respective field offices and through liaison with local government representatives brought solution to the situation. However, concern still remains among the slum dwellers in terms of legal authentication of the water connections, as the slums are not permanent settlements and are always at the risk of potential eviction by the authorities.

Talking about eviction, the slum dwellers are vulnerable to the constant threat of losing their current place of living. In Dhaka Metropolitan area, slums are built on two types of land: i) public (*khas*) land, and ii) private (occupied) land. The slum dwellers are at the mercy of the government and policymakers, as slums are not officially recognized by the authorities as a living place. Coming at an acceptable solution to facilitate permanent establishment for slum dwellers remained a far cry.

4.10. Major Facilitating Factors

Review of available literature and discussion with community people revealed that the project interventions took considerable time to initiate and subsequent take-off. It took time to prepare the beneficiaries, the CWCs, and other stakeholders for assessing the existing needs,

identifying the gaps and identifying possible ways to minimize the gaps. HFHI-B has methodically looked back at the previous phases to capture key learning before taking up a new phase, which enabled all concerned parties to capitalize on building a relationship that is based on trust and mutual respect. The rigorous process of conducting vulnerability assessment and CDP development brought the stakeholder together and allowed them to work closely to design the project that would facilitate building resilience of the beneficiaries, as was targeted by the project. This also enhanced the slum dwellers', especially the CWC members', critical thinking ability. The vulnerability assessment and CDP development exercises were able to create ownership of not only the CWC members, but also the community people, about the project activities. The CWCs were found well capacitated to ignite the community to ensure their active participation, and to identify potential barriers, ways to address those and recognize their own capacity to resolve the issues.

In this process, a strong relationship was also built with the City Corporation and concerned personnel at the key offices. This enabled the project to implement the planned activities in a more conducive manner. Involvement of key officials from the City Corporation and active working relationship with the local government representatives minimized the risk of extortion of local miscreants.

4.11. THE URBAN INGO FORUM

The Urban INGO Forum was established in 2014, initiated and patronized by HFHI-B. Currently, a total of twenty (20) INGOs are member of this forum. With a vision of enhancing basic living conditions of the urban poor to have immediate access to basic needs in an effective and coordinated manner among the INGOs working in urban areas of Bangladesh, the key objective the Forum pursues is to create a platform to integrate the developmental activities carried out at the urban areas and also to avoid overlapping of such activities.

Since its initiation, the Forum held six (6) urban dialogues. Each of these dialogues were attended by gradually increasing number of stakeholders from a range of organizations, i.e. government, non-government, private sector, civil society, bilateral, multilateral, regional, and national. The dialogues were attended by practitioners, researchers, academicians and policymakers. This indicates the growing popularity and acceptability of the Forum as a platform for urban development. The Forum, stepping into its eighth year of foundation, is committed to undertake national level advocacy with concerned stakeholders to popularize and promote the urban agenda, as well as to take initiative to develop a road map for future interventions that would ensure coverage of urban development activities beyond the major cities of Bangladesh.

Partnering with the Department of Disaster Science and Management of the University of Dhaka, the Urban INGO Forum, was able to establish itself as an effective platform for advocating urban development in an integrated and inclusive manner. Starting with the theme of "Urban Resilience" during its third season, the sixth issue of the urban dialogue was titled "Liveable City for All", the Forum has already demonstrated its importance both in terms of breadth and depth of its contribution towards urban development. The sixth dialogue was inaugurated with the expectation of creating a city, where there is no pollution and all stakeholder were urged to contribute towards this process. Starting from the third dialogue, every year the Forum issues 'Urban Declarations', which are essentially the actions points for the concerned government agencies and also for private sector and civil society organizations.

Among the organizations that are currently supporting the Urban INGO Forum from their respective sectoral role are: academia, research institutes, department of fire service and civil defense, housing and building research institutes, universities, city corporations, humanitarian agencies and relevant apex bodies.

HFHI-B may think of investing more on the process to ensure participation from a wider range of stakeholders and bringing them on board the journey towards a more resilient urban ecosystem. As a result of the consistent effort to identifying and raising the burning urban development issues, the government is in the process of finalizing a plan to take up a housing project to cater the need of a stable living place for the slum dwellers, opined the Administrative Officer of Dhaka North City Corporation (DNCC) during an interview.

However, challenge remains in terms of institutionalization of the Forum, as it currently have no legal identity. The Forum operates as an informal platform of like-minded INGOs, who are implementing different development project for improving the livelihood situation of the urban slum dwellers. To create a more lasting impact and to ensure more effective advocacy with concerned government, non-government, regional and international organizations, having a legal identity may be considered as useful. The Forum may also consider coopting national level NGOs as members, thus getting increased acceptability among the development stakeholders and also getting recognized as national level advocate of social change.

4.12. Gap Analysis

Across all project locations, growing population was highlighted as a key factor towards having a sustainable and resilient living conditions. This is resulting in further need of development interventions to be taken up at the slums. The discussants of the qualitative sessions highlighted some of the areas that need to be addressed through structured intervention of development activities.

With increasing population comes the issue of increasing waste for disposal. Scattered disposal of wastes, some of which are insoluble, is causing waterlogging, which makes the slum dwellers suffer badly from water borne diseases, unlivable condition during heavy rainfall and in case of flooding. The need for building a well-designed drainage system, connected to the mainstream sewerage line is felt dearly by the discussants.

The growing population also is resulting in congestion of access to existing latrines and bathing spaces. According to the discussants, people are found to wait in long queues, specifically during office hours and during mid-day (the typical bathing time), at the latrines. Women face difficulty in terms of maintaining privacy while bathing. Construction of additional latrines and bathing spaces may help getting this issue resolved.

5. Lessons Learnt

Collaboration between INGOs has demonstrated as good practice of solidarity. It enabled increased coverage through sharing of resources and getting participation of more beneficiaries. This process also helped to increase participation of other stakeholders including relevant government agencies, which is expected to contribute towards reduce potential risks and vulnerability of the slum dwellers.

Giving responsibility to CWCs for carrying out monitoring and supervision of construction work tremendously contributed towards building capacity of community people, especially of the women. Alongside, the responsibility of WATSAN facility maintenance and waste management by introducing monthly toll increase ownership of community significantly.

Transparent sharing of details of construction of different structures was a bold step, which developed a trustworthy relation between beneficiaries and implementing organization. As a result, the CWCs were found actively functioning and ready to be at the disposal of HFHI-B, when needed.

Participatory approach towards project implementation created a bondage among community people and the implementing organization. An amicable and warm relationship was established between the CWCs and other community people, where CWCs' role is more of facilitation rather than trying to enforce a controlling attitude as the catalyst of all development activities.

The process of CDP development ensured having a sense of ownership among the slum dwellers, as the process enabled them to reflect on their stories of suffering and ways forward to mitigate those. Cross visits and joint sharing of lessons learnt among CWCs from different slums under the project facilitated exchange of views, opinions and experience and enabled all CWCs to build on diverse perspectives.

HFHI-B organizes a regular coordination meetings, participated by all CWCs under project coverage, on a quarterly basis and under direct initiative of HFHI-B. Such meetings were found as a strong attempt to ensure exchange of views, opinions, and experiences. The CWCs consider this as a platform for knowledge sharing, where they talk about issues related to their slums and find possible ways forward to address those issues. HFHI-B may think of organizing such meetings on a 'rotating responsibility' basis, where each slum would play the role of event organizer by rotation. At the initial stage, the organizing costs could be covered under the project budget and going forwards, the CWCs could come up with arrangements for own funding, i.e. when Shohidbag CWC organizes the meeting, they would bear all costs associated with it. This may enable the platform's ownership among the CWCs and may reap incremental benefits.

6. Recommendation and Conclusion

HFHI-B may consider incorporating the factor of long-term sustainability of the CWCs, thus the project activities, if there is a next phase of the project. Specifically the CWCs at Duaripara and Beguntila slums seemed to have reached a certain level of maturity, from where they started thinking about identifying mechanisms to operate on their own, without any external support. One strategy spelled out by the President of Beguntila CWC was to impose a fixed, periodic payment, to be maintained at a bank account operated jointly by the CWC and a representative from local government authority to ensure transparency. Creation of such a mechanism would enable the CWCs to support any kind of development, maintenance and repairing of communal facilities that are currently available and/or would be built in future at the slums.

Any project with construction component can reach immediate outcome. However, making it sustainable, thus reaching impact of project interventions, requires time and regular follow-up. Most development projects lack the follow-up component beyond project period and thus fails to sustain in the long run. The urban project of HFHI-B has shown promises of long-term sustainability, which needs careful nurturing. Capacitating the CBOs/CWCs in taking up this responsibility may enable the project to provide necessary guidance to the community people in preventing the social anomalies, thus contributing towards sustainability of the project activities. HFHI-B may consider continuation of its effort to support the institutionalization of CWCs, who would continue to work as the safeguarding agent for the slum dwellers.

Community participation following the "ladder of participation" can help in gaining more trusts and support from wider range of community people and ultimately will help in improving the accountability mechanism of the project interventions *(please visit https://www.mefirst.org.uk/resource/arnsteins-ladder-of-participation/ for more on "ladder of participation")*. The assessment observes that for future programming, HFHI-B along with

other stakeholders can have a clear outline for participation with adequate clarity among staff and within communities, which will ultimately impact positively around sustainability.

The project has a strong 'gender' component. The assessment found notable level of participation of women in project activities, showing certain level of empowerment and discretion to raise voices, where applicable. During discussions, women stated that they have increased role in family level decision making, yet they also acknowledged that men are the ultimate decision makers for key decisions within the households. Though it was not clear how 'gender' was considered in negotiating the 'power dynamics' at family and community level at different phases of the project implementation, freedom of mobility of women at project locations has increased.. No direct reference could be drawn if any 'assessment' was ever done on realizing the 'power dynamics' or 'gender analysis' to inform the project better in formulating future strategies. While gender justice is a broader spectrum of gender programming, adopting a 'gender transformative approach' in programming will enable HFHI-B to strengthen its efforts around gender more in future.

Ensuring broader coverage also play a key role in achieving intended results from such projects. For example, at West Duaripara slum, only 1500 households were brought under project coverage, which is approximately one-fifth of the total number of households (i.e. 8,500) at that slum. The West Duaripara CWC raised the concern that the feeling of vulnerability among the left out population may cause potential threat of social crime, i.e. communal violence to exercise right to access to facilities. They stressed on the fact that any organization working with the slum dwellers shall have long-term strategic plan and clear vision to implement development project by ensuring active engagement of relevant stakeholders, including the concerned government agencies.

Addressing development issues sporadically at the slums may not give expected result. Numerous NGOs either earlier implemented or currently implementing range of development interventions, working with their own agenda, where considerable amount of resources are being invested. Using the Urban INGO Forum platform, HFHI-B may come up with a comprehensive development project involving all stakeholders. Though combining development goals of different organization could be a potentially difficult approach, the collaboration of HFHI-B and World Vision Bangladesh is a bright example that such initiative may work, had the development goals are aligned with long-term visions, where community participation and wellbeing are the key uptakes.

The Urban INGO Forum was able to establish a credible stakes in urban development activities and is recognized as the advocacy platform for “The City We Need”. The forum required to be formalized coopting some national organizations as its member. At the initial stage the members of the forum may come together to organize seminars, dialogues and prepare policy briefs to advocate with the policymakers to come up with a more solid and permanent solution for the slum dwellers and their settlements.

Annex-1: Survey Questionnaire

Let peace be upon you! How are you? My name is _____ and I am here on behalf of Habitat for Humanity International – Bangladesh (HFHI-B). Your slum has been selected for a research on a project named ***"Building Resilience in Slum Settlements in Dhaka, Bangladesh, A Multi-sectoral Approach to Capacity Building"***. For this research, we would like to ask you a number of questions and I would highly appreciate if you wish to participate in this process. Information that you share with us will be kept absolutely confidential and no one other than concerned people at HFHI-B will have access to this information. The questionnaire should take approximately 35 minutes to complete.

This process does not carry any risks or discomfort for you, except for your time taken for this interview. There is no financial compensation for your participation; however we do hope that you will participate, as your opinions and experiences are very important to us. You are free to choose whether or not to participate in this study. If you choose to participate and if I ask you any question that you do not want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. We hope that you will feel comfortable to respond honestly and openly.

At this time, do you want to ask me anything about the survey?

Do I have your permission to continue?	1. Yes 2. No **(End Interview)**
Slum: Shahidbag	Ward: 2
Thana: Pallabi	District: Dhaka
Name of the enumerator:	
Date:	

Section 1: Demographic Profile

#	Question	Code	
1	Name of the respondent		
2	Sex	1) Female 2) Male	3) Others (Specify)
3	Age	***Please record in completed years***	
4	Marital status	1) Single 2) Married 3) Divorced	4) Widowed 5) Separated
5	Religion	1) Muslim 2) Hindu 3) Christian	4) Buddhist 5) Others (Specify)
6	How long have you been living in this slum?	1) One year 2) Two years 3) Three years	4) Four years 5) Five years 6) More than five years
7	How many members are there in your household?	***Please record in integers***	
8	Do you have any family member, who is experiencing difficulty in any of cases mentioned here?	1) Yes	2) No ***(go to Q-9)***
8.1	***If yes to Q-8***, What type of difficulties does s/he experience? ***(multiple answers possible)***	1) Hearing even if using a hearing aid 2) Seeing even if wearing eyeglasses 3) Walking or climbing steps 4) Remembering or concentrating 5) Doing self-care such as washing and dressing 6)Communicating, understanding or being understood even if using customary language	
8.2	***If yes to Q-8***, do the person experiencing difficulty get any allowances from anyone?	1) Yes 2) No	3) Don't know 4) No idea about this

#	Question	Code	
9	Educational qualification	1) Primary 2) Secondary 3) Higher secondary 4) University	5) Vocational/Technical 6) Madrasa/Maktab 7) No education 8) Others (specify)
10	Do you have any Birth registration certificate/Identity Card?	1) Yes ***(go to Q-11)*** 2) No	3) Others (specify) 4) No idea about this
10.1	***If No to Q-10***, why you do not have the ID card?	1) Did not feel the need to have it 2) Lost it	3) Will do it shortly 4) Others (specify)
11	During last one month, did you or anyone in your household have to eat less than 3 meals a day due to scarcity of food?	1) Yes	2) No ***(go to next section)***
11.1	***If Yes to Q-11***, how often did this happen in the last 30 days?	1) Rarely (once or twice in 15 days) 2) Sometimes (three to five times in 15 days)	3) Often (more than five times in 15 days) 4) Don't know

Section 2: Socio-economic Profile

#	Question	Code	
12	What is the **main source** of income in your family?	1) Day labor 2) Van/rickshaw puller 3) Skilled labor (masonry, welding, tailoring, etc.) 4) Hotel/restaurant worker	5) Petty trade 6) Business 7) Service 8) Unemployed 9) Hawking 10) Others (specify)
13	How much was your family's income last month?	1) Less than 1,000 2) 1,001-5,000 3) 5,001-7,500 4) 7,500-10,000	5) 10,001-15,000 6) More than 15,000 7) Don't know
14	How did your family income change over last one year?	1) Significantly decreased 2) Slightly decreased 3) Did not increase 4) Slightly increased	5) Almost doubled 6) Don't know ***(go to Q-15)***
14.1	What contributed to this change? ***(multiple answers possible)***	1) COVID-19 2) Support received from NGOs 3) Support received from government agencies 4) Support received from local people 5) Changed profession 6) Migrated 7) Death of income earning member 8) Increasing cost of living 9) Fell sick 10) Change in marital status 11) Don't know 12) Others (specify)	
15	How did your family income change over last two years?	1) Slightly decreased 2) Did not increase 3) Slightly increased	4) Almost doubled 5) Don't know ***(go to Q-16)***
15.1	What contributed to this change? ***(multiple answers possible)***	1) COVID-19 2) Support received from NGOs 3) Support received from government agencies 4) Support received from local people 5) Changed profession 6) Migrated 7) Don't know 8) Others (specify)	
16	Where do you generally save?	1) No savings	6) Post office

#	Question	Code	
	(multiple answers possible)	2) At house 3) Save in kind 4) NGO 5) Informal cooperatives	7) Bank/Insurance companies 8) Others (specify) 9) Don't know
17	Where did you take loan from? ***(multiple answers possible)***	1) No loans 2) Relatives 3) Friends 4) Neighbors 5) Bank	6) Cooperative 7) NGOs 8) Local moneylender 9) Others (specify) 10) Don't know
18	What social security services are your family currently accessing under different government support initiatives? ***(multiple answers possible)***	1) Food support during COVID-19 2) VGF 3) VGD 4) Old-age allowance 5) Freedom fighter allowance 6) Disability allowance 7) Maternity allowance	8) Student stipend 9) Test Relief (TR) 10) Food for work 11) Shelters 12) 100 days employment generation program 13) Widow allowance 14) Others (specify) 15) No supports received

Section 3: Household Infrastructure

#	Question	Code	
19	Main construction material of the house you live in?	1) Hay/Bamboo/Wood 2) Mud/CI sheet/Tin shed 3) Brick/Cement	4) Thatched 5) Others (specify)
19.1	Ownership of the house?	1) Own 2) Rented 3) Shared	4) *Asrayan* 5) Others (specify)
20	Main source of household drinking water	1) Tube well 2) WASA	3) Unprotected source ***(go to Q-21)*** 4) Others (specify) ***(go to Q-21)***
20.1	Who provided the tube well? ***(multiple answers possible)***	1) Self-funding 2) HFHI-B 3) Other NGOs (specify)	4) Government agencies 5) Others (specify)
20.2	Do you share this tube well with others?	1) Yes	2) No
20.3	Do you know if the water source you are accessing is safe for use?	1) Yes	2) No ***(go to Q-21)***
20.4	***If Yes to Q-20.3,*** how do you know that? ***(multiple answers possible)***	1) Tested water quality by myself 2) Tested water quality by authorized government agencies 3) Tested water quality by local service provider 4) Heard from community people 5) Others (specify)	
21	Types of latrine	1) Kacha 2) Pukka 3) Open	4) Sanitary ***(ask Q-21.1 and Q-21.2)*** 5) Others (specify)
21.1	***If (4) to Q-21,*** who installed the latrine? ***(multiple answers possible)***	1) Self-funding 2) HFHI-B 3) Other NGOs (specify)	4) Government agencies 5) Others (specify)
21.2	***If (1) to Q-21,*** do you share this latrine with others?	1) Yes	2) No ***(go to Q-22)***
21.3	***If Yes to Q-21.2***, who is in charge of overall cleanliness and maintenance of the latrine?	1) Myself 2) All users 3) CWC	4) Government agencies 5) Don't know 6) Others (specify)
22	Is the latrine generally clean and hygienic?	1) Yes	2) No
23	What is the distance between the latrine and	***(kindly record in meters)***	

#	Question	Code
	water source?	Don't know
24	Is the toilet accessed by both men and women of the household?	1) Yes 2) No
	Is the communal bathing facility accessible by women anytime during the day?	1) Yes 2) No
	What type of infrastructure support did you receive under the Habitat project? ***(multiple answers possible)***	1) Communal latrine 2) Communal bathing place 3) Drainage 4) Walkway 5) Waste disposal facility 6) Waste bins 7) Others (specify) 8) Don't know

Section 4: Knowledge, Attitude, Practice

#	Question	Code	
25	What key messages you are aware about and can explain related to hygiene practices? ***(multiple answers possible)***	1) Wash hands regularly with soap before eating 2) Wash hands regularly with soap after defacation 3) Cover foods and water pots properly 4) Use sandals when using toilet/latrine 5) Educate children to use toilet/latrine and handwashing 6) Other (specify) 7) Don't know	
26	What key messages are you aware about and can explain related to use of safe water? ***(multiple answers possible)***	1) Use tubewell water for drinking and cooking 2) Avoid use of pond or unclean water for washing and bathing 3) Keep water sources and surroundings clean and hygienic 4) Other (specify) 5) Don't know	
27	What are the critical times of hand washing? ***(multiple answers possible)***	1) Before, during and after preparing food 2) Before and after eating food 3) After using toilet/latrine 4) Before and after caring for someone at home who is sick with vomitting or diarrhea 5) Before and after treating a cut or wound 6) Before and after caring for and cleaning of children 7) After blowing nose, coughing and sneezing 8) After touching garbage 9) Other (specify) 10) Don't know	
28	What key messages are you aware about and can explain related to adequate environmental sanitation? ***(multiple answers possible)***	1) Maintain cleanliness of household and surroundings 2) Maintain cleanliness of drainage systems and footpaths 3) Safe storage and disposal of household wastes 4) Maintenance of water safety (sources and collection chain) 5) Stop open defecation and use of hanging toilet/latrine 6) Safe disposal of children and infant excreta 7) Others (specify) 8) Don't know	
29	***(If 'Don't know' in 22, 23, 24 and 25, please skip this question)*** From where did you get to know about these messages? ***(multiple answers possible)***	1) HFHI-B 2) Other NGOs (specify) 3) Government agencies 4) Hospital/Health workers 5) Radio/Television 6) Social media	7) Newspaper 8) School/Teachers 9) Family/Friends 10) Others (specify) 11) Don't get any information 12) Don't know
30	Please inform us about your current level of	1) Keep soap or ash inside or nearby the toilet/latrine	

#	Question	Code	
	hygiene practices (water and sanitation) at the household level. ***(multiple answers possible)***	2) Keep of water available inside or nearby the toilet/latrine 3) Maintain cleanliness and hygienic appearance of the toilet/latrine floor and pan 4) Use safe water (tubewell or piped) for drinking and cooking 5) Maintain cleanliness of and around the household (no scattered waste or excreta) 6) No hanging toilet/latrine within visible proximity 7) Keep children aware about necessity and impact of hygiene practices 8) No bad odor or smell within household vicinity 9) No water or waste logging in nearby drains (if applicable) 10) Other (specify)	
31	In last 6 months, did you or any of your family members suffer from any diseases?	1) Yes 2) No ***(go to next section)***	
31.1	***If Yes to Q-31,*** what type of diseases you or your family members suffer from? ***(multiple answers possible)***	1) Diarrhea 2) Dysentery 3) Cholera	4) Typhoid 5) Jaundice 6) Other (specify)
31.2	***If Yes to Q-31,*** how long did you or your family members suffer from this disease?	1) Less than a week 2) 7-10 days 3) 10-15 days	4) More than 15 days 5) Don't know/remember
31.3	***If Yes to Q-31,*** from where did they receive the treatment for the disease? ***(multiple answers possible)***	1) Government hospital 2) Private hospital 3) Private clinic 4) NGO-run Satellite clinic	5) NGO health camp 6) Others (specify) 7) Don't know

Section 5: Community Participation and Decision Making

#	Question	Code	
32	What community level activities do you participate in? ***(multiple answers possible)***	1) Day observation 2) Cultural events 3) Drama performance 4) Sports events 5) Community fair	6) Awareness campaign 7) Social movements 8) Other (specify) 9) Don't participate
33	Are you a member of any community level groups, i.e. CWC?	1) Yes 2) No ***(go to next section)***	
33.1	***If Yes to Q-33,*** did you receive any training from the community level groups?	1) Yes 2) No ***(go to next section)***	
33.2	***If Yes to Q-33.1,*** who provided you these training? ***(multiple answers possible)***	1) HFHI-B 2) Other NGOs (specify) 3) Government officials 4) Peer-to-peer (P2P) learning approach 5) Neighbors/Community people 6) Health workers/School teachers 7) Other (specify) 8) Don't know	
33.3	How well do you think you were able to apply the knowledge/learning gathered from these training?	1) Very well 2) Not so well	3) Not at all 4) No response

Section 6: Child Marriage and Child Labor

#	Question	Code	
34	Do you know anything about child rights?	1) Yes 2) No ***(go to Q-35)***	
34.1	***If Yes to Q-34***, Tell us what you know about the basic rights of the children? ***(multiple answers possible)***	1) Survival rights 2) Development rights 3) Protection rights	4) Participation rights 5) Others (specify)
35	Have you ever heard of UNCRC?	1) Yes 2) No	

#	Question	Code	
36	Do you know legal minimum age of marriage for boys and girls in Bangladesh?	1) Yes 2) No ***(go to Q-37)***	
36.1	***If Yes to Q-36***, please tell us the age separately for boys and girls	Boys ..... Girls	
37	How many child marriages have taken place in your area in the last 6 months?	***Please record in integers***	
38	Do you know about any community organizations or government authorities, who are working to restrain child marriage in your area?	1) Yes 2) No ***(go to Q-39)***	
38.1	***If Yes to Q-38***, Please tell us who they are ***(multiple answers possible)***	1) Government Officials 2) Police 3) Ward Commissioner 4) Department of Social Service (DSS)	5) NGO representatives 6) No one 7) Others (specify) 8) Don't know
38.2	Could you tell us how many child marriage cases were they able to restrain in last 3 months?	***Please record in integers***	
39	Do your children have to work to support your family?	1) Yes 2) No **(end interview)**	
39.1	What type of work are they are involved in? ***(multiple answers possible)***	1) Agriculture 2) Industry/factory 3) Welding/volcanizing 4) Automobile workshop 5) Brick breaking	6) Hotel/restaurant 7) Van/Rickshaw/Auto driver 8) Petty trade/ hawker 9) Others (specify)

This is the end of the questionnaire. Thank you very much for your time and active participation. I wish you good health!

Annex-2: Discussion Guidelines, Interview Checklists

A-2.1. FGD WITH ADULT FE/MALE

Thank you for coming and thanks for giving your time. I am here to listen and learn from you. In this particular meeting together we will try to gather information ***on the overall situation in regards to your housing, sanitation, water, health, drainage system, waste disposal and environment along with your challenges and mitigation strategies.*** I am grateful for your assistance and valuable opinion and feedback and I ensure that everything you say will remain confidential. As a first step, let us introduce ourselves.

Core Questions:	**Probe Questions:**
• Please tell us overall situation of housing, sanitation, water, health, drainage system, waste disposal and environment.	• How would you rate your current living condition? What problems do you face? How much did it change in comparison to situation two years back from now? • How would you rate the overall improvement, if any, in your access to basic needs including livelihood opportunities? • What is the situation of your overall access to water and sanitation facilities? *Please focus the discussion in terms of accessibility, sufficiency, privacy, etc.* • What is the situation of overall drainage and waste management system of your locality? How would you rate the existing systems/mechanisms? • How often people suffer from water borne diseases? What is the magnitude of such diseases in comparison to situation two years back from now? Where do you go for treatment? How affordable are the costs for treatment? What is your level of satisfaction of the service you receive?
• Please tell us about significant changes happened in your slum/community compare to two years before	• How often do people from authorities, i.e. City Corporation, and other organizations, i.e. NGOs come to visit your locality? What kind of support services do they offer? How do such supports impact your lives and livelihoods? • What is the level of knowledge, awareness and practice of people about different health and hygiene issues? How did it improve over the period of time? What contributed towards such improvement? • What is your knowledge about Community Development Plan? Who developed the plan? What was your contribution/participation in developing the plan? • What would you recommend to organization like HFHI-B to implement that may have notable impact on your lives and livelihoods?

Thank you for your answers and the discussion has been very lively, helpful and informative. We are very grateful for the information you have provided. Do you have any questions to me?

A-2.2. FGD WITH CWCS

Thank you for coming and thanks for giving your time. I am here to listen and learn from you. In this particular meeting together we will try to gather information ***on the overall situation in regards to your housing, sanitation, water, health, drainage system, waste disposal and environment along with your challenges and mitigation strategies.*** I am grateful for your assistance and valuable opinion and feedback and I ensure that everything you say will remain confidential. As a first step, let us introduce ourselves.

Core Questions:	**Probe Questions:**
• Please tell us overall situation of your community/slum development initiatives in regards to housing, sanitation, water, health, drainage system, waste disposal and environment.	• How long have you been working together as CWC? What type of activities do you implement at and/or what type of support do you extend to your community? If you have any long-term plan, when and how did you prepare that and with support from whom? What are the key elements in this plan? • What are the challenges that you see in carrying out your planned activities? How would you minimize those? How would you rate your current capacity in comparison to situation two years back from now? How would you rate the overall community capacity and knowledge in comparison to situation two years back from now? • How often do you meet and discuss about the progress of your plan? What is the level of participation of the CWC members and also the other people from

• Please tell us about significant changes happened in your slum/community compare to two years before	the community in such meetings? How usefully do they contribute in implementation of the planned activities? • How would you rate your current living condition? What problems do you face? How much did it change in comparison to situation two years back from now? • How would you rate the overall improvement, if any, in your access to basic needs including livelihood opportunities? • What is the situation of your overall access to water and sanitation facilities? Please focus the discussion in terms of accessibility, sufficiency, privacy, etc. • What is the situation of overall drainage and waste management system of your locality? How would you rate the existing systems/mechanisms? • How often people suffer from water borne diseases? What is the magnitude of such diseases in comparison to situation two years back from now? Where do you go for treatment? How affordable are the costs for treatment? What is your level of satisfaction of the service you receive? • How often do people from authorities, i.e. City Corporation, and other organizations, i.e. NGOs come to visit your locality? What kind of support services do they offer? How do such supports impact your lives and livelihoods? • What is the level of knowledge, awareness and practice of people about different health and hygiene issues? How did it improve over the period of time? What contributed towards such improvement? • What would you recommend to organization like HFHI-B to implement that may have notable impact on your lives and livelihoods?
Thank you for your answers and the discussion has been very lively, helpful and informative. We are very grateful for the information you have provided. Do you have any questions to me?	

A-2.3. FGD WITH URBAN INGO FORUM

Thank you for coming and thanks for giving your time. I am here to listen and learn from you. In this particular meeting together we will try to gather information ***on the overall situation in regards to joint effort made by you to improve living and livelihood situation of the slum people as well your future strategies to combat.*** I am grateful for your assistance and valuable opinion and feedback and I ensure that everything you say will remain confidential. As a first step, let us introduce ourselves.	
Core Questions:	**Probe Questions:**
• Please tell us about your joint effort in supporting the slum dwellers to improve their living condition.	• When the forum was established? What are the goal/objectives of the forum? Who run the secretariat of the forum? Do you get equal response from all the member? What is the contribution of Habitat International towards this forum? Do you think those were adequate? • If you have any long-term plan, when and how did you prepare that and with support from whom? What are the key elements in this plan? • What are the challenges that you see in carrying out your planned activities? How would you minimize those? How would you rate your current capacity in comparison to situation two years back from now? How would you rate the overall community capacity and knowledge in comparison to situation two years back from now? • How would you rate your accomplishments in terms of ensuring slum dwellers access to services? How satisfied are the slum dwellers about your contribution towards improving their lives and livelihoods? • What are the current agenda that you are dealing with the concerned government agencies and with the City Corporation? • What is the situation of overall access to water and sanitation facilities at the slums? How about the drainage and waste management system? Please focus the discussion in terms of accessibility, sufficiency, privacy, etc. • How often the slum dwellers suffer from water borne diseases? What is the magnitude of such diseases in comparison to situation two years back from now? How accessible and affordable are the treatment for such diseases?
• Please tell us about	

significant changes happened in the slum/community compare to two years before	• How often do people from authorities, i.e. City Corporation, and other organizations, i.e. NGOs come to visit the slums? What kind of support services do they offer? • What is the level of knowledge, awareness and practice of people about different health and hygiene issues? How did it improve over the period of time? What contributed towards such improvement? • What would you recommend to make the forum more vibrant, productive and catalyst to change the lives and livelihoods of the urban poor?
Thank you for your answers and the discussion has been very lively, helpful and informative. We are very grateful for the information you have provided. Do you have any questions to me?	

A-2.4. KII WITH SLUM DEVELOPMENT OFFICER

Thank you for giving your time. I am here to listen and learn from you. In this particular meeting together we will try to gather information ***on the overall situation of the slum in regards to housing, sanitation, water, health, drainage system, waste disposal and environment along with your challenges and mitigation strategies.*** I am grateful for your assistance and valuable opinion and feedback and I ensure that everything you say will remain confidential. As a first step, let us introduce ourselves.	
Core Questions:	**Probe Questions:**
• Please tell us overall situation of housing, sanitation, water, health, drainage system, waste disposal and environment.	• Do you have any slum development plan? How often do you revise and update the plan? • What improvements have taken place in last two years in the slum? Is the development supported only by government or did you find any assistance provided by NGOs? What kind of assistance did the NGOs provide? Are they sufficient and meaningful? What role did you play to make the NGO assistance effective? • What is the situation of overall access to water and sanitation facilities? Please focus the discussion in terms of accessibility, sufficiency, privacy, etc. • What is the situation of overall drainage and waste management system of your locality? How would you rate the existing systems/mechanisms? • How often the slum dwellers suffer from water borne diseases? What is the magnitude of such diseases in comparison to situation two years back from now? How accessible and affordable are the treatment for such diseases? • What is the level of knowledge, awareness and practice of people about different health and hygiene issues? How did it improve over the period of time? What contributed towards such improvement?
• Please tell us about significant changes happened in your slum/community compare to two years before	• Do you know anything about Urban INGO forum? How do you see their activities? Are the activities beneficial for the slum people? How do you assist them? • How do you find cooperation between NGOs and City Corporation? How important such cooperation is in your opinion? • What would you recommendation be for improving the lives and livelihoods of the urban poor?
Thank you for your answers and the discussion has been very lively, helpful and informative. We are very grateful for the information you have provided. Do you have any questions to me?	

A-2.5. IDI WITH PROJECT COORDINATOR, HFHI-B

Thank you for coming and thanks for giving your time. I am here to listen and learn from you. In this particular meeting together we will try to gather information ***on the overall situation of the slum in regards to housing, sanitation, water, health, drainage system, waste disposal and environment along with your challenges and mitigation strategies.*** I am grateful for your assistance and valuable opinion and feedback and I ensure that everything you say will remain confidential. As a first step, let us introduce ourselves.	
Core Questions:	**Probe Questions:**
• Please tell us overall situation of housing, sanitation, water, health, drainage	• Do you have any slum development plan? How often do you revise and update the plan? • What improvements have taken place in last two years in the slum? Is the development supported only by government or did you find any assistance

system, waste disposal and environment. • Please tell us about significant changes happened in slum/community compare to two years before	provided by NGOs? What kind of assistance did the NGOs provide? Are they sufficient and meaningful? What role did you play to make the NGO assistance effective? • What is the situation of overall access to water and sanitation facilities? Please focus the discussion in terms of accessibility, sufficiency, privacy, etc. • What is the situation of overall drainage and waste management system of your locality? How would you rate the existing systems/mechanisms? • How often the slum dwellers suffer from water borne diseases? What is the magnitude of such diseases in comparison to situation two years back from now? How accessible and affordable are the treatment for such diseases? • What is the level of knowledge, awareness and practice of people about different health and hygiene issues? How did it improve over the period of time? What contributed towards such improvement? • What is your level of participation at the Urban INGO forum? How do you see their activities? Are the activities beneficial for the slum people? How do you assist them? • How do you find cooperation between NGOs and City Corporation? How important such cooperation is in your opinion? • What would you recommendation be for improving the lives and livelihoods of the urban poor?
Thank you for your answers and the discussion has been very lively, helpful and informative. We are very grateful for the information you have provided. Do you have any questions to me?	

Annex-3: Qualitative Session Details

Type of Session	Location	No. of Sessions	No. of Participants
Ladder Game	Beguntila, Kurmitola, Shohidbag, Takerbari, West Duaripara	10	76
VENN Diagram	Beguntila, Shohidbag	2	17
Resource Mapping	Beguntila, Kurmitola, West Duaripara	3	22
Preference Ranking	Beguntila, West Duaripara	2	13
FGDs	Beguntila, Kurmitola, Shohidbag, Takerbari, West Duaripara	8	61
Total		**23**	**189**