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**39<sup>th</sup> WEDC International Conference, Kumasi, Ghana, 2016****ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT  
OF WATER AND SANITATION FOR ALL****Supporting institutional development for wash action  
research with practitioners in four countries***M. Snel, J. Verhoeven & S. Al-hassan (The Netherlands/Ghana)***BRIEFING PAPER 2476**

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*The Action Research for Learning programme was a three-year initiative (2013–2015), led by IRC, to improve the effectiveness of existing hygiene promotion and community empowerment programmes of selected local Dutch WASH Alliance partners in Bangladesh, Ethiopia, Ghana and Uganda. In Ethiopia and Bangladesh, the focus was on hygiene promotion, while in Ghana and Uganda the focus was on community empowerment interventions. The objective of this paper is to give an understanding of how this Action Research for Learning took place and helped in strengthening the capacities of the selected partners for action research, analysis, reporting and learning; to enhance community-based monitoring of WASH services; and to promote understanding, harmonisation and coordination among district and local governments and local NGOs for effective community empowerment in WASH.*

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**Introduction**

The objective of this paper is to share the main lessons learnt from supporting NGOs in the water, sanitation and hygiene (WASH) sector to undertake action research under the Action Research for Learning initiative in four countries, Bangladesh, Ethiopia, Ghana and Uganda.

Action Research for Learning was a three-year initiative (2013–2015) to improve the effectiveness of hygiene promotion and community empowerment of selected local Dutch WASH Alliance partners. The initiative was led by IRC on request of the Dutch WASH Alliance, which financed the project with funding from the Dutch government. Through the initiative, the Dutch WASH Alliance also hoped to get a useful overview of local partners' approaches to hygiene promotion and community empowerment. The Dutch WASH Alliance is a consortium of Dutch NGOs jointly working towards a society in which everybody has sustainable access to clean water and hygienic sanitation. Amref Flying Doctors, Simavi, Akvo, ICCO, RAIN and WASTE co-ordinate work with partners in developing countries to increase the effectiveness of their programmes and to learn from each other. The Dutch WASH Alliance is an active partner offering financing, technical support and training. Action Research for Learning was one of its many activities.

**Action research for learning overview**

The initiative had several objectives:

- To strengthen the capacities of the selected partners for action research, analysis, reporting and learning.
- To enhance community-based monitoring (CBM) systems for WASH services.
- To promote understanding, harmonisation and coordination among district and local governments and local NGOs for effective community empowerment in WASH

IRC selected local consultants in each country to support the Dutch WASH Alliance partners in conducting action research. Each consultant was supported from a distance by an IRC staff member. IRC also provided direct support to the Dutch WASH Alliance partners by co-facilitating (together with consultants) annual workshops in each country. Each year, IRC met with Dutch WASH Alliance partners in the Netherlands to share and discuss the progress of the initiative.

The first workshops, held in 2013, aimed to jointly develop and test the research methodology in each country. In the second year, 2014, participants in the workshops analysed and made sense of data collected in 2013 and set up CBM systems. The objectives of the final workshops, in 2015, were to analyse and make sense of data collected in the previous cycle and share lessons learnt from the initiative with regional and district stakeholders.

The initiative aimed to complete three cycles of action research in all four countries: planning an intervention to be jointly tested in the field, taking action, observing the results, then reflecting on the achievements and shortcomings of the tested intervention (Figure 3, Box 2). Each cycle was intended to be concluded in one year.

The process involved six steps:

1. Data collection, data entry and analysis
2. Review of agreed-upon adjustments to intervention or activity
3. Review of implementation of community-based monitoring, evaluation of results
4. Sense-making
  - a. Making sense of individual outcomes
  - b. Making sense of whole activity, evaluating progress in achieving planned outputs, identifying any necessary adjustments
5. Synthesis of lessons for sharing with district stakeholders
6. Facilitating learning event with district stakeholders

The budget of Action Research for Learning consisted of funds for the local consultants and IRC to provide support and develop the capacity of the selected Dutch WASH Alliance partners to undertake the action research and set up CBM systems. The initiative did not have specific funds allocated to the three rounds of data collection by the partners (2013, 2014 and 2015). It was assumed that data collection would be integrated within existing programmes on hygiene promotion and community empowerment supported by the Dutch WASH Alliance.

The research was not a conventional piece of work. Rather, it aimed at stimulating peer review and joint reflection on the effectiveness of the approaches used by the Dutch WASH Alliance partners to promote hygiene and empower communities. It sought to stimulate a critical attitude and create organisational learning. The idea was that Dutch WASH Alliance partners would adopt new and more promising approaches when they saw—through action research—that existing approaches were unsatisfactory.

The initiative also wanted to stimulate cross-organisational learning. In Bangladesh, Ghana, Uganda and Ethiopia, Dutch WASH Alliance partners work in consortia that include the local government, whose staff are involved in developing the interventions and in some cases are part of the interventions. The annual workshops provided the space for cross-organisational (joint) learning and sharing among all the consortium members.

Before elaborating on the successes in each country, we note four overall successes achieved in all four countries:

- Development of community-level interventions based on genuine demand and interest from the community (e.g., creation of micro-finance schemes provided jobs for youth in shower and latrine centres around Awash, Ethiopia, and in public toilet schemes at bus stations in Tamale, Ghana).
- Upgrading of knowledge and skills (capacity building) on how to undertake data collection and basic analysis of data.
- Development of simple monitoring tools, focused on key indicators, to evaluate the results of the interventions.
- Sharing of results between local partners and other interested organisations, and acquisition of skills from learning with partners.

The successes in each country are categorised as follows: (1) adapting interventions based on action research outcomes; (2) building local capacity; (3) developing monitoring frameworks and data collection tools; (4) building monitoring tools; and (5) sharing of learning at local level with other organisations.

### **Adapting interventions based on action research outcomes**

The approaches used by the Dutch WASH Alliance partners have been adapted based on the outcomes of the action research. This has improved the services delivered to the Dutch WASH Alliance programmes' beneficiaries and provided more access to safe water, sanitation and hygiene in the programme areas.

In **Ghana** during the action research, New Energy and partners observed that in the local culture, children below the age of six would not use the same latrines as adults as a sign of respect for the elderly. More child-friendly latrines have been developed, and they are being used and well maintained. In addition, soakways have been constructed for households. Hand washing with soap improved after community members were sensitised during refresher hygiene sessions. Water storage and treatment have also improved: the results show that nearly 80% of the beneficiaries now clean their water containers every three days. Women's participation in WASH-related decision making has increased, and some women have constructed their own latrines.

In **Ethiopia** Amref Health Africa constructs public toilets and showers in places where large numbers of people gather as one way to increase access to sanitation, water and hygiene. It trained local youth to manage and operate the showers and toilets. Because of Action Research for Learning, local partners started to meet with the washhouse youth management committee and health extension workers to reflect on progress and consider questions: 'Is monthly revenue sufficient to cover the monthly operation costs? Are the showers being kept clean? Are people in rural areas washing their hands after defecation and before handling food?' It became clear in this process that extra training in managing the toilet and shower blocks was needed. Amref Health Africa then worked with the youth management committees to increase their financial skills and guide them in collecting user fees, bookkeeping and developing a business plan. And when Action Research for Learning revealed that soap for hand washing was often missing at latrines attached to rural health facilities, Amref Health Africa discussed this with the health office, which now ensures that soap is always available.

In **Uganda** training of women's groups in re-usable menstrual pads (RUMPS) was a key element. Trainings in schools and trading centres by HEWASA and other development partners have equipped women with the skill to make RUMPs. The international Menstrual Hygiene Management conference held in Kampala in August 2014 also contributed to raising the profile of this issue in the sector. The Ministry of Education and Sports sent a communiqué to head teachers to start planning for menstrual hygiene management in schools. The effectiveness of social marketing for latrine use and hand washing increased throughout the project period. This entailed revising sanitation marketing in community-led total sanitation (CLTS) activities and disseminating information on affordable latrine options. The score of effectiveness for one indicator, adoption of appropriate sanitation and hygiene practices at household and institutional levels, also improved by the end of the programme. The increase was attributed to outreach: local radio stations aired skits with behavioural change messages at least four times a day.

In **Bangladesh**, new sanitary latrines have been built. Families with old latrines have made them functional again by raising the ground level and providing and maintaining pans or slabs. In addition, schools and most households in the programme area now have functioning hand-washing points, with soap, within 15 yards of their latrines.

### **Building local capacity**

The action research helped build the capacity of the Dutch WASH Alliance partners and other local stakeholders to critically reflect and monitor the effectiveness of their programmes. The initiative increased partners' understanding of the difference between implementing an activity and ensuring its effectiveness and sustainability.

In **Ghana** one local partner, New Energy, works with five partners to attain open-defecation-free communities and has been undertaking CLTS since 2011. In the long term, the plan is for households to construct their own latrines or practice 'dig and bury'. The second partner, CLIP, and its three partners are also working to reduce open defecation and improve hygiene by increasing access to and use of sustainable sanitation facilities and reducing indiscriminate disposal of solid and liquid waste. The results of the action research programme have shown an increase in latrine construction. Both local partners work with volunteer community sanitation development committees, supported by environmental health officers of the district assembly, to sensitise communities and engage people on issues pertaining to sanitation and hygiene. These committees educate people in good hygiene and sanitation practices. Among the community champions are representatives of the chief, opinion leaders, youth, and the community assembly person or area council executives. Two specific achievements in Ghana:

- Sanitation credit services have helped households in acquiring latrines. Where sanitation credit is available, household construction of latrines proceeds at a quicker rate.

- Public latrines at bus stops and other public places are managed by district administrators. However, project researchers learned that public latrines constructed, supervised and managed by private actors are far better maintained and used more frequently.

In **Ethiopia** the three elements in the programme are health facility hygiene promotion, school facility hygiene promotion and shower service (using sanitation marketing), and water committee operation and maintenance. Results from the action research are the following:

- One health care facility now has a separate latrine for males and females at the back for the patients. A hand-washing facility is attached to the latrine wall. Water supply system extensions have been provided from community water supply sources near the health facility. A 300-litre water tank reservoir with a roof catchment option will allow for continuous water flow.
- The project supports an integrated WASH programme in the community's four schools. The programme includes construction of separate latrines for girls and boys, hand-washing facilities, water supply and a hygiene awareness programme for WASH clubs at the schools. As a result, schoolchildren are information agents who take home messages about hygiene.
- Two shower centres have been built. Shower committee members focus on the management and micro-financing of these sanitation facilities.
- Two water stations or points have been developed. They are kept clean and are fenced to deter vandalism. The water point committee members collect money from the clients to cover the operation and maintenance costs.

In **Uganda** before Action Research for Learning began, local Dutch WASH Alliance partners HEWASA and JESE were already training community volunteers and helping water and sanitation committees in Kyenjojo and Kabarole districts manage local water points, collect and use water user fees, keep good records and report back to community members. This programme helped HEWASA and JESE identify areas where changes were needed. The process led them to promote greater awareness among water users about the importance of paying their fees so that water and sanitation committees could ensure safe water. They organised community meetings and arranged for radio talk shows and short features. The result was a 25% improvement in the collection of user fees in communities where JESE and HEWASA are active. JESE and HEWASA also provided refresher training on recordkeeping for 15 water and sanitation committees in 2014. They used this new way of working in other projects, too: for example, to help villages set up savings and loan schemes for sanitation.

In **Bangladesh**, the project was in Tala Upazila in Satkhira district. Upazila, after the divisions and districts, the third largest administrative division in Bangladesh. In the Tala Upazila road networks, sanitation facilities and water points are often under water in the rainy season. Waterlogging is very common and lasts at least seven months of the year. Despite the challenges, access to latrines at household level increased over the period of the programme. The availability of tube-well platforms providing year-round access to safe water also increased, as did the covering of stored drinking water. Separate latrines were installed for schoolgirls and teachers, and water and soap near the latrines were available more often. Also, use of school latrines for defecation during the schoolday increased. Together with government departments, Uttaran and other NGOs supported the government WASH program by installing water sources and sanitary latrines and conducting mass awareness programmes. Compared with the baseline, a much higher proportion of students attended workshops and trainings in safe water use, latrine use and hand washing. A majority of the training sessions or workshops were organised by Uttaran.

### **Building monitoring tools**

When local stakeholders, over three years, help create monitoring tools that they understand and put into practice themselves, they develop a strong sense of ownership. Analysing the results together and responding with action—by modifying approaches and testing new ones—also encourage them to critically evaluate ongoing work and innovate in coming up with realistic solutions.

In **Ghana** the adoption of CBM means that activities can be monitored in a consistent manner, results can be analysed and compared, and outcomes can be established. The empirical data from New Energy and CLIP, for example, clearly reflect positive changes that have emerged during the period of the programme: an increase in latrine construction, a reduction in open defecation, more soakway construction, more frequent hand washing with soap, better water storage and treatment, and more participation by women in WASH-related decision making about the interventions.

In **Ethiopia** Action Research for Learning strengthened the capacity of health extension workers and *woreda* staff. A *woreda* is an administrative division of Ethiopia, managed by a local government. Health extension workers and *woreda* staff help in collecting data and reflecting on the results. As part of the programme, *woreda* staff developed their own tools to determine whether people in the community were washing their hands after defecation and before handling food and to explore how the extension workers could make hygienic behaviour a habit. Previously, government staff would first collect information and then wonder what to do with it. Now, monitoring and analysis are more purposeful and integrated, and staff can see the effect of their activities and reflect on ways to improve them.

In **Uganda** CBM tools have been used to track behavioural change, especially after CLTS triggering. In addition, the adaptation of CBM that helps to make the CLTS approaches more effective.

In **Bangladesh** CBM was launched on a pilot basis in five villages in Tala sub-district intervention areas. Seven months into implementation, stakeholders noticed a considerable improvement in behaviour, knowledge and practices in CBM communities. As a result, a mass promotion of the CBM approach is recommended across all intervention villages, particularly in schools, where the improvements are most evident.

## Discussion and initial recommendations

### Content

Overall, the programme emphasised a decentralised approach by focusing on empowering communities—in itself an important positive development. However, the accompanying financial and human resource constraints did not always work optimally in the countries. A more detailed budget, accounting for the costs for the activities and associated support, should have been developed. This would entail a detailed cost-benefit analysis, as based on the formal and informal comments made by the local researchers and users. For this programme's annual data collection requirement, the budget was minimal.

Having local researchers work with local stakeholders on the development of monitoring tools has been an important building block supporting the success of this programme. This aspect should continue after the programme has ended: it is a key activity that may help sustain the interventions. As reflected in both formal and informal comments, participants gained understanding and insight into action research methodology, and these skills should therefore become a more integrated part of their programmes.

Both the local researchers and the local stakeholders recommended further integration in the planning, implementation, monitoring and evaluation process between the hardware (e.g., construction of physical facilities) and software (e.g., hygiene promotion) components.

Given the generally positive results, the action research programme deserves to be continued because it has proven effective in both promoting learning and action research and implementing innovations that are much appreciated by the communities. For example, the sanitation credit for the public toilet schemes in Ghana and the shower and latrine schemes in Ethiopia help micro-credit businesses thrive and provide jobs while improving WASH services. These types of schemes indicate demand for further linking with the private sector in creating financially viable and thus sustainable interventions. Optimally, a second phase of this programme would scale up interventions that demonstrate longevity and create WASH services that last.

### Administration

The evaluation results from the local researchers and stakeholders show that action research requires more time and effort if it is to be fully integrated. This programme has made an important start; a second phase would allow for full integration of the action research process by local researchers and communities.

In a possible second phase of this programme, the roles and responsibilities of the international and local partners should be more clearly defined. This would entail a workshop with representatives of each organisation. Specifically, the partners should develop a detailed budget that includes the costs of the data collection and workshops.

Local government staff could be more involved in a possible second phase of the programme. Embedding the interventions within the local government structure would allow for sustainable replication and more effective scaling up. The level and degree to which local government stakeholders would be involved would inevitably depend on the country context. For example, in a second phase, more local-level government staff could be involved in the data collection and monitoring process. Local government agencies would benefit if they could also add the information collected by this programme to their own databases. A second phase would also allow opportunity to further integrate lessons learnt from this phase, in both content and

administration of the programme. The action research process could thus be made more effective and aligned with existing planning and review processes of local government institutions, thereby improving resource allocation and helping them deliver WASH services that last.

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