WASH ALLIANCE
International

Lessons learnt from WASH action research with practitioners in four countries

Bangladesh, Ethiopia, Ghana and Uganda

Contents

Abbreviations

AR4L	Action-Research for Learning		**M&E**	Monitoring and Evaluation
CBM	community-based monitoring		**NGO**	non-governmental organisation
CE	Community Empowerment		**OD**	Open Defecation
CLTS	community-led total sanitation		**ODF**	Open Defecation-Free
CSO	Civil Society Organisation		**PTA**	parent teachers' association
DWA	Dutch WASH Alliance		**PT**	Public toilets
FGD	Focus Group Discussion		**SMC**	School Management Committee
HH	Household		**WASH**	water, sanitation and hygiene
LFA	Log Frame approach			

Acknowledgements

Executive summary

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[1] 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 Action Research for Learning was to strengthen 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. All of these objectives have been met, in terms of both the action research process and the development of interventions.

The programme took a decentralised approach that empowered communities which in itself was an important positive development. The role of local government in implementing the WASH interventions could be the focus of a possible second phase of the programme. This would entail embedding the interventions within the local government structures, a move that would allow for scaling up the interventions and ensuring their sustainability, although the level and degree to which local government stakeholders would be involved would inevitably depend on the country context. A second phase would also provide an opportunity to integrate lessons learnt from this phase, in both administration and content. The action research process could be made more effective and aligned with existing planning and reviewing processes of local government institutions, improving resource allocation and delivering WASH services that last.

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[1]   WASH stands for water, sanitation and hygiene

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[2].

We hope that the experiences and lessons learnt will help other development professionals, in and outside the WASH sector, become more effective, possibly by starting or improving their own action research. This paper provides numerous examples of both successes and challenges in action research.

The value of action research is that it helps practitioners find their own solutions to problems (Box 1). It systematises critical reflection on concrete situations and combines understanding of the problem (research) and the implementation of solutions (action) in a continuous cycle. The work is therefore not static but rather adaptive, as the reflection and knowledge are fed back into the action.

The next part of this paper explains the set-up of the initiative and its methodology, concepts and activities. Two subsequent sections discuss the successes and the challenges. The final section presents conclusions and recommendations.

Box 1 **Key concepts**

Action research is 'either research initiated to solve an immediate problem or a reflective process of progressive problem solving led by individuals working with others in teams or as part of a "community of practice" to improve the way they address issues and solve problems'.[3] Action research is carried out by practitioners (undertaking actions) supported by researchers (who help analyse and document the actions) (Moriarty, 2011).

Community-based monitoring is 'a form of public oversight, ideally driven by local information needs and community values, to increase the accountability and quality of social services or to contribute to the management of ecological resources. Within the community-based monitoring framework, members of a community affected by a social program or environmental change generate demands, suggestions, critiques and data that they then feed back to the organization implementing the program or managing the environmental change' (Smits, et al., 2014)[4].

Organisational learning is 'the process of creating, retaining, and transferring knowledge within an organization.'[5]

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[2] Refer to Dutch WASH Alliance (2013) about the FIETS sustainability approach, https://www.youtube.com/watch?v=MZhnMsffjZ8.

[3] Source: https://en.wikipedia.org/wiki/Action_research

[4] Source: https://en.wikipedia.org/wiki/Community-based_monitoring

[5] Source: https://en.wikipedia.org/wiki/Organizational_learning

Action Research for Learning: Overview

Action Research for Learning was a three-year initiative (2013–2015), led by IRC, to improve the hygiene promotion and community empowerment programmes of selected local Dutch WASH Alliance partners in Bangladesh, Ethiopia, Ghana and Uganda (Table 1). In Ethiopia and Bangladesh, the focus was on hygiene promotion, while in Ghana and Uganda the focus was on community empowerment interventions (Figure 1)[6].
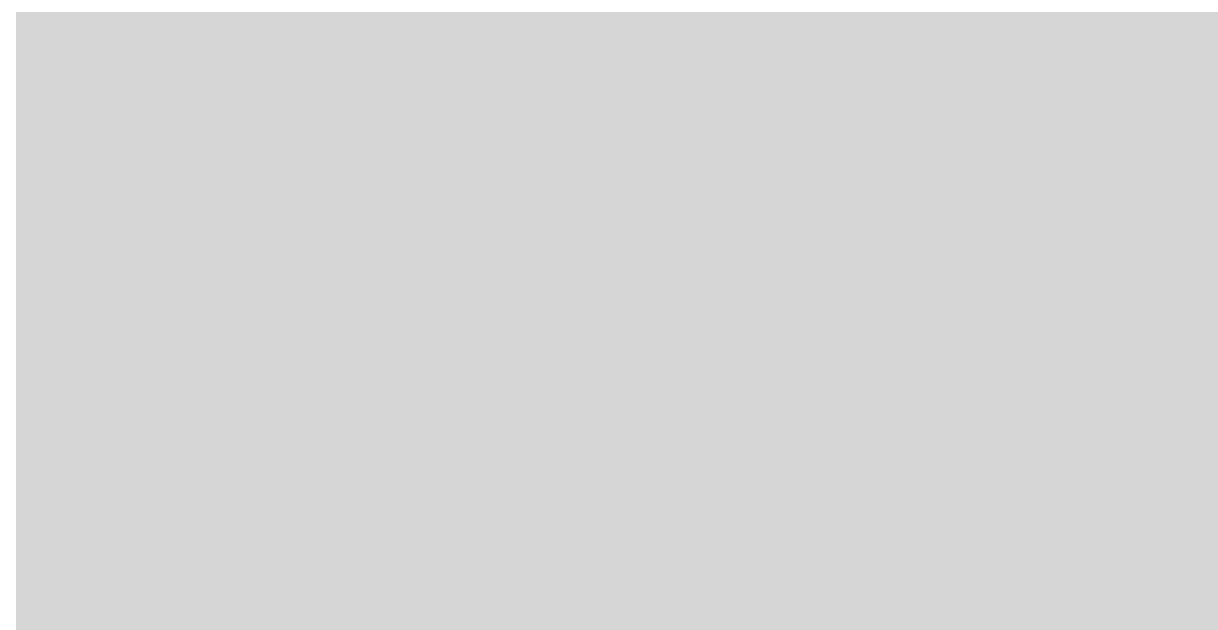

Figure 1 **Action Research for Learning countries and themes**

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.

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[6] To read about the ongoing projects on hygiene promotion and community empowerment that were part of the Action Research for Learning initiative, see http://www.ircwash.org/projects/action-research-learning-dutch-wash-alliance.

Table 1 **Roles of partners in Action Research for Learning**

Partner	Roles
IRC	Lead NGO. Supported workshop trainings in action research. Facilitated sessions with local research consultants.
Local researchers	Conducted fieldwork under guidance of local research consultant. Worked closely with community in reflecting on monitoring tools and interventions.
Local stakeholders	Community members who were the target of the interventions .
Dutch WASH Alliance	Supported overall programme financially. Provided network links to alliances in countries.
RAIN, WETLAND	Provided network links in countries.
Amref NL	Supported Amref Health Africa (local partner in Ethiopia).
Simavi	Supported New Energy and Waste, CLIP (local partners in Ghana). Supported Uttaran (local partner in Bangladesh).
ICCO, Simavi	Supported HEWASA, JESE (local partners in Uganda).

Figure 2 **Action research in practice**
Source: Illustration by Loop2: action learning and action research

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.
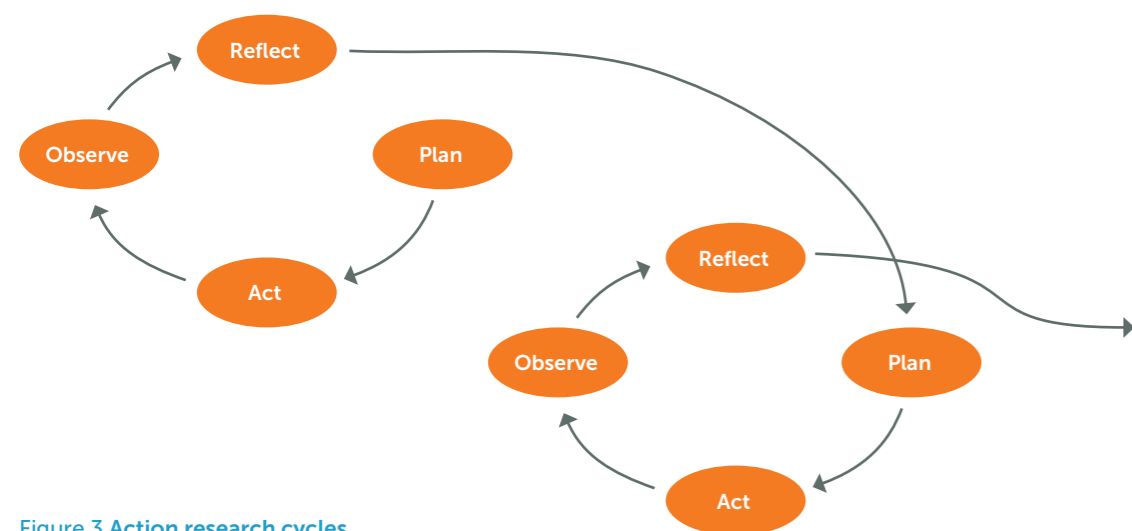
Figure 3 **Action research cycles**

Ladders (Figure 4) were used first to rate the effectiveness of ongoing interventions (2013) and later to compare 2014 and 2015 results.
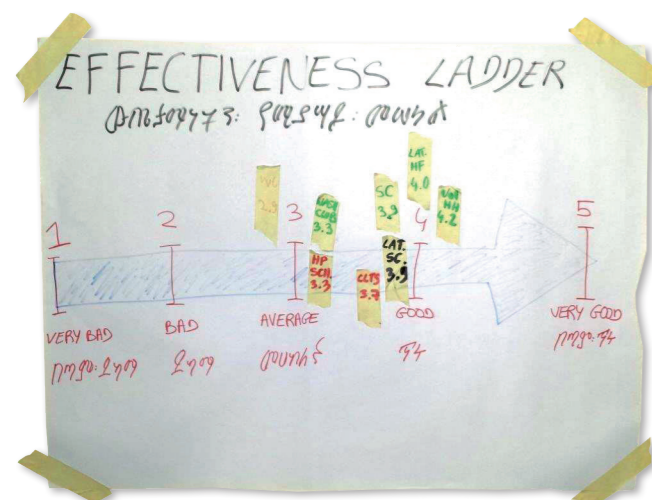

Figure 4 **Effectiveness ladder, sketched during April 2015 workshop, Ethiopia**

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

Box 2 **Main activities of Action Research for Learning initiative (2013–2015)**

The activities of the initiative were spread over three years but proceeded at different pace in the four countries

Year 1 (2013)
The first year of the initiative was dedicated to reviewing the ongoing activities and approaches that Dutch WASH Alliance local partners were implementing to promote hygiene promotion and community empowerment, and then developing a monitoring framework (for each country) with indicators for each activity.

The activities and effectiveness indicators were defined during a six-day workshop organised in 2013 in each country. Tools (e.g., household questionnaires, key informant interview guides) were jointly developed to collect data on the indicators, and a work plan was devised for the first round of data collection.

Data collection was conducted in mid-2013 (Uganda, Ethiopia), late 2013 (Ghana) and early 2014 (Bangladesh).

Year 2 (2014)
A five-day workshop was organised in Ghana and Uganda in early 2014 to jointly analyse the information collected in 2013 and, based on the outcomes, adapt existing approaches. During this workshop, which brought together Dutch WASH Alliance partners and in some instances other local WASH stakeholders, such as government staff, the following questions were addressed:
•   Were our tools and methodology efficient in measuring the effectiveness of our interventions?
•   What results did we get? Better than expected? Less good than expected?
•   In light of these results, does anything need to be changed in our activities for the coming year?

The learnings were then shared among the Dutch WASH Alliance local partners, and a CBM framework was set up and tested.

In Ethiopia this workshop took place in December 2013. In Bangladesh, the first cycle of data collection and data analysis could not begin until September 2014 because of insecurity in the country.

In Ghana and Uganda, a second cycle of data collection was conducted between mid-2014 and late 2014. Data collection in Ethiopia was postponed to early 2015 because of heavy flooding in the Afar region.

Year 3 (2015)
At a five-day workshop in each country in early 2015, the information collected was jointly analysed and existing approaches were adapted accordingly.

Between April and July 2015, Uganda and Ghana embarked on the third cycle, and Bangladesh and Ethiopia began the second cycle.

Mid-2015, a final workshop in each country assessed the approaches, their actual effects, and the functioning and performance of CBM. This final workshop also included an event to share learnings of the initiative with local WASH 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.

The successes

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 **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 **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 **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[7] 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 **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 **Ghana** one local partner, New Energy, works with five partners[8] 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[9] 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 **Bangladesh**, the project was in Tala Upazila in Satkhira district, where 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.

Developing monitoring frameworks and data collection tools

Action Research for Learning increased the knowledge and skills of Dutch WASH Alliance partners in designing monitoring frameworks and data collection tools, going beyond mere monitoring of activities.

In **Ethiopia** community monitoring tools were developed in three rounds. First, the workshop group listed for each activity the expected direct and intermediate outcomes. Activity effectiveness indicators and corresponding means of verification were then defined. Data collection tools and the questions to be asked were discussed and grouped by target audience: household, school, health facility, prison, water committee, shower committee and district staff. The selected tools—key informant interview, focus group discussion and household survey—were refined and translated into Amharic. Facilitators recommended a simple format, with questions eliciting a 'yes' or 'no' answer, to minimise problems in data entry. The data collection tools were field tested, reviewed, and adjusted. As a result of these monitoring tools being developed there was far more direct ownership by the communities and researchers to work with them resulting in more accumulate monitoring over time.

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[7] HEWASA and JESE were key partners in organising the conference.

[8] New Energy has five partners, one coordinating partner (NewEnergy) and four implementing partners (Presby Water Project, AFORD, GYAM, and SIMLI AID).

[9] The four consortium partners in this project are Clip, Deco, Urbanet, and TaMa.

In **Ghana** local partner CLIP and its partners collected data on sanitation and community empowerment from 200 households in two communities, Gumani and Nyanshegu.

Similarly, local partner New Energy administered its community empowerment and CBM tools and collected data from 20 households in the targeted communities. Collecting the data was difficult, however, because no funding was available for this project and activities could be executed only as part of other projects. Communities also indicated that they did not have time to participate because they were busy with farming activities. Nevertheless, the overall impression from both organisations is that the community-based monitoring tool was a useful, effective and efficient manner of monitoring the progress of the initiatives taking place over the period of the program. As stated by one partner, 'There is now an improved capacity of partners in community engagement monitoring of the interventions put in place by this programme'.

In **Uganda** the focus was on improvement and simplicity of tools and outcomes as the programme progressed. The CBM process and results were reviewed and the results were consistently documented throughout the program. The review involved making sense of the data analysis and using the emerging results, adding value through CBM, and overcoming challenges encountered in the pilot. Continual critical reflection addressed the results of CBM and their implication. Local partners HEWASA and JESE considered the monitoring an important, valuable and useful exercise, for various reasons:

- The data provided evidence on the open-defecation status of villages, useful for targeted sensitisation by sub-county technical staff.
- The data provided JESE with evidence to inform planning and monitoring within the organisation itself: the process of sense making and analysis of effectiveness of outcomes is being considered as an approach for the organisation's own self-evaluation.

Box 3 **Voices from the field**

Proposed uses of community-based monitoring data

- To reinforce behavioral change messages on how the poor performance of one household can tarnish the open-defecation status of a whole village.
- To show outcomes of a sensitisation effort and keep sub-county technical staff motivated.
- To commend water user committees for their effort and encourage further improvement in the collection of fees.
- To show target communities what areas need improvement.
- To help sub-county technical people and other organisations draw lessons and adjust their own approaches.

In **Bangladesh** local partner Uttaran, which had not systematically monitored its activities, developed a CBM system in which women volunteers in five selected villages visit 60 neighbours each month to ask where they collect drinking water, look at the condition of the toilet, check that all household members are using it and ask about hand-washing facilities. Uttaran also conducted weekly sessions on good hygiene behaviour in 20 schools in the Satkhira district. To track progress of this activity, student volunteers interview 10 boys and girls in five selected schools each month to find out what they think about the toilets and the state of hygiene in their school. The community and school volunteers then share their findings so that Uttaran can get an up-to-date picture of access to safe water, clean toilets and hygiene practices in villages and schools. Involving community members and students in collecting information has given Uttaran staff a better understanding of the effects of their work. After Action Research for Learning concludes, community and student volunteers will continue to collect information on hygiene, sanitation and water in their communities in Satkhira to help Uttaran sustain efforts to improve people's health.

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 **Ethiopia** Action Research for Learning strengthened the capacity of health extension workers and *woreda* staff, helping 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 **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 **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.

Sharing of learning at local level with other organisations

Sharing of learning with other local organisations and the local government led to improved coordination and harmonisation of activities. Local governments were actively involved in a coordinated and harmonised way in Ghana, Uganda and Ethiopia. For example, in the annual workshops in Uganda, participants shared their experiences, results and lessons learnt with district and sub-county stakeholders and also received feedback from them; the participants then agreed on joint actions.

The following lists summarise what the local partners consider the major learnings and benefits from their involvement in the programme.

Ethiopia
- Gaining knowledge about what action research is and how to do it in the WASH context.
- Developing critical thinking—for creating monitoring tools, for using them to evaluate and analyse the interventions and for making changes to improve the intervention.
- Strengthening skills in how to develop, measure and evaluate performance using WASH indicators.
- Comprehending the advantage of using indicators to monitor the interventions.

Ghana
- Disseminating the results at the local and national WASH networks and platforms (e.g., the Regional Inter-agency Coordinating Committee on Sanitation, Tamale Urban Sanitation and Waste programme, and Northern Region Learning Alliance Platform).
- Further posting of updates on the websites of AKVO and partner organisations .
- Using the IRC Resource Centre Network based in Accra for the national-level dissemination.

Uganda

- Seeing the importance of analysing the effectiveness of outcomes, from baseline to final assessment.
- Finding additional uses for the CBM data at institutional level, for engagement with local government.
- Gaining knowledge on how to measure the effectiveness of interventions.
- Enhancing capacity to analyse and comprehend CBM data.
- Seeing how to integrate sanitation marketing in CLTS triggering activities.
- Confirming the importance of consistent visits to trigger behavioural change in household hygiene.

Bangladesh

- Conducting CBM in a team approach and identifying natural leaders who can further the long-term sustainability of the programme.
- Seeing that by implementing CBM—with monthly door-to-door visits in the community—it was possible to motivate people and increase community awareness about WASH.
- Realising how hygiene education—whether delivered by health education workers, volunteers, schoolchildren or public media—can strengthen ongoing interventions.

Constraints and challenges

A few constraints and challenges faced by Action Research for Learning were external (outside the direct control of the initiative). Most, however, were attributable to its design and administration, and some made it difficult for the programme to achieve its potential.

Organisational constraints

- Elapsed time. Momentum in undertaking the activities and setting up deliverables was sometimes difficult to maintain through the long periods between activities and workshops. To create more continuity, the Uganda staff held monthly conference calls involving a representative of HEWASA, a representative of JESE, the local consultant and the IRC researcher.
- Staff turnover. Changes in staff over the three years entailed a loss of institutional memory and challenges for new people unfamiliar with the programme. This was especially the case in Ghana and Uganda. Staff turnover and delays in collecting baseline data were problems for Uttaran in Bangladesh.
- Staff buy-in. New hires may not be fully dedicated to a project they have had no hand in developing. This was the case in Ghana until a local consultant was brought in to help the process move along.
- Consistency gaps. Initially, data collection and entry did not take place consistently in Bangladesh and Ghana. Later in the programme both initiatives were able to progress more smoothly, but these gaps nevertheless hindered the process.

Cultural and social challenges

- Local barriers. In Ghana some households in survey areas were unwilling to give information. In some conservative communities in Bangladesh, it was difficult to conduct CBM because sanitation facilities and hygiene intervention locations were not open for spot checks.
- Expectations. Lack of self-reliance among local people was observed at the beginning of the program. In Bangladesh, for example, some people in the community wanted the project staff to just give them soap, water sources and latrines. Others viewed the action research on hygiene promotion as irrelevant because they faced serious problems with flooding and basic needs like food.

Resource constraints

- Budgets. A lack of transparency and insufficient communication about the budget at the beginning of the program were a concern for the local partners. Inadequate funding for certain activities made it hard for them to undertake the time-consuming activities of action research. There was no budget line for data collection in Ethiopia, Ghana and Uganda, and partners had to use other projects' budget lines.
- Time. The action research was much more time consuming than partners had anticipated, and again, they said this had not been communicated clearly at the start of the programme. This caused stress and frustration for the local researchers and consultants. In Bangladesh the local partner's staff viewed the action research as a burden.

External factors

- Drought. Inaccessibility of water during the dry season hampered WASH practices and facility construction in Ethiopia and Ghana.
- Flooding. In Ethiopia heavy flooding in the Afar region mean that data collection was postponed from the second half of 2014 to 2015. Only two iterations of the action research cycle, with just two rounds of data collection, were accomplished.
- Unrest. In Bangladesh progress was stalled in 2013 and 2014 because of unrest in the country. As in Ethiopia, only two rounds of action research and data collection were completed.

Communication

- Language. Translation makes any process cumbersome. In Ethiopia and Bangladesh, where the time allocated for the workshops was already short, interpretation during the workshop and translation of working documents were time consuming. In the third year of the programme, the final analysis was rushed.
- Computer literacy. Some participants did not always have computers at their disposal, some were not computer literate, and some needed help in using Excel. As a result, data analysis workshop sessions were slow.

Main conclusions and 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.

References

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Smits, S., Schouten, T., Lockwood, H., Fonseca, C. 2014. Background paper delivered at Monitoring Sustainable WASH Service Delivery Symposium, in Addis Ababa, Ethiopia, 9–11 April 2013.

Further reading

To read about the projects supported by the WASH Alliance on hygiene promotion and community empowerment that were part of the Action Research for Learning initiative in Bangladesh, Ghana, Uganda, and Ethiopia, see http://www.ircwash.org/projects/action-research-learning-dutch-wash-alliance.

For more information on the WASH Alliance, see www.washalliance.nl.

For more information on IRC, see www.ircwash.org.