

Gender in Water, Sanitation and Hygiene: Good Practices of DASCOH



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Acronyms

CF	: Community Facilitator
DASCOH	: Development Association for Self-reliance, Communication and Health
DPHE	: Department of Public Health Engineering
FGD	: Focus Group Discussion
GAF	: Gender Analytical Framework
GO	: Government Organization
HH	: Household
IDI	: In-depth Interview
LGI	: Local Government Institution
NGO	: Non-Governmental Organization
SDC	: Swiss Agency for Development and Cooperation
SDSD	: Sustainable Solutions for the Delivery of Safe Drinking Water (SDSD)
UP	: Union Parishad
VGf	: Vulnerable Group Feeding
WASH	: Water, Sanitation and Hygiene
WATSAN	: Water and Sanitation

Preface

Traditionally, in Bangladesh, commonly in poor society, the water fetching labour has given by the women. Different survey, conducted by international organisation, showed only 5% men are responsible for household water provision task. Rest 95% is covered by the women or the children.

DASCOH's work in water and sanitation includes gender equity as one of its guiding principles in compliance to the SDC's transversal theme that led social inclusiveness, environmental sustainability, gender parity and disaster risk reduction. The Sustainable Solution for the Delivery of Safe Drinking Water (SDSD) Project approach holds it a cross cutting issue in Sunamganj, one of the poorest districts in Bangladesh. Since its beginning in 2011, the SDSD project has been practicing, in entire project area, an instrument that calls "Participatory Gender Analytic Framework (GAF)". Through the GAF exercise, during annual planning, the community set practical step to strengthen equity in, the gendered division of labour.

The GAF is an effective and sustaining tool to capture the public opinion on gender equity in the SDSD area. Trained volunteers lead the sessions and record the communities' attitudes towards the rights and duties of men and women. Thus the GAF at the same time is an important monitoring tool that, informs DASCOH of the parallel evolution of infrastructure work and aspects of social change. This perspective has emerged from the confluence of international development policy, the shift from mere technical provision towards social engagement in the WatSan sector, as well as our own experience and desire to demonstrate impact.

This analysis probes changes in gender role attitudes in SDSD Sunamganj over five years. I am pleased to note that by and large attitudes have grown towards greater gender equity, in the sense of more widely shared male and female participation in a range of activities. The change may now be largely self-propelling, strengthened by, but not dependent on, the WatSan infrastructure growth. DASCOH feels extremely encouraged by this result and hopes to further adapt the GAF for the next stages of gender equity-conscious cooperation with these communities.

DASCOH gratefully acknowledges the support that the Swiss Agency for Development and Cooperation (SDC) is extended to the SDSD project.

Md. Akramul Haque
Chief Executive Officer
DASCOH

1. Introduction

1.1 Background of the Intervention

Sustainable Solutions for the Delivery of Safe Drinking Water (SDSD) project is mandated by Swiss Agency for Development and Cooperation (SDC) and implemented by DASCOH in Sunamganj district from 2011 and will be continued till end of 2015. The project is built on experiences of its earlier phase which was commenced in 2004 and had focus on improving local governance using water and sanitation services as an entry point. Promoting inclusiveness, gender equity, community participation were some of the key approaches of the intervention. Moreover, building capacity of the Local Government Institutions (LGIs) and communities has been a key project strategy. The project has strengthened the UPs and empowered communities and women.

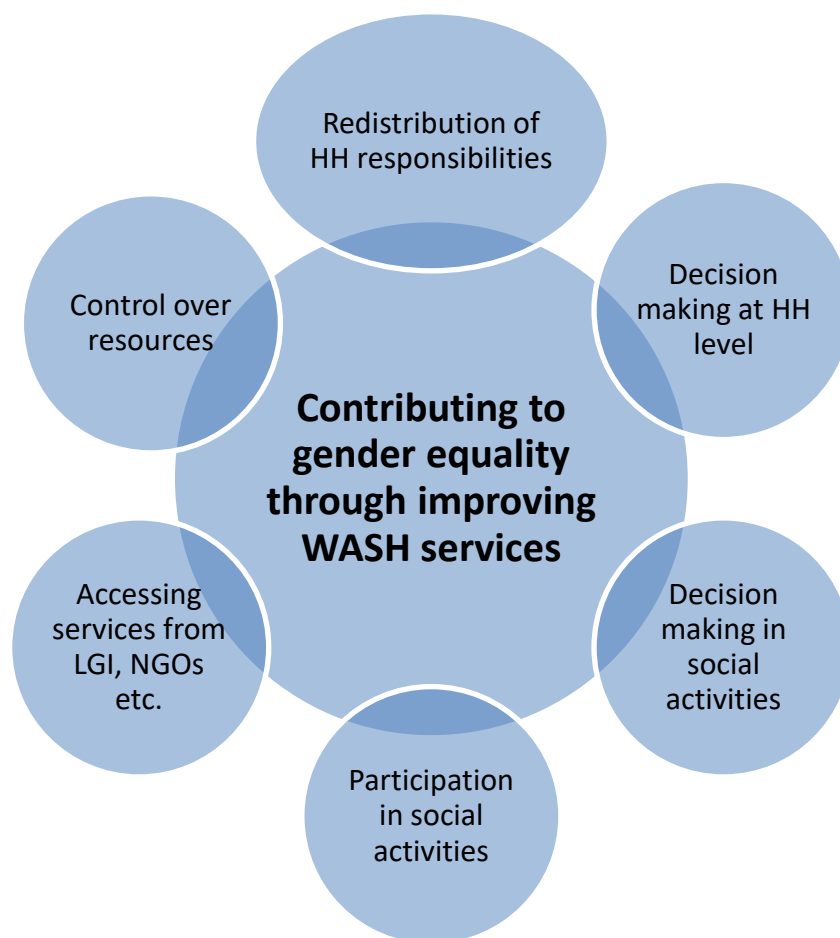
Due to poverty and shortage of safe drinking water and sanitation coverage, the SDSD project in Phase (IV & V) was expanded in Sunamganj. Twenty five Unions from 4 Upazilas of Sunamganj district were under coverage of this project. Since 2011, 3,173 water points were installed / rehabilitated; 7,042 hygienic latrines were also constructed. Furthermore, hygiene promotion and capacity building training sessions for community and Union Parishads (UPs) members were conducted.

The SDSD project in Sunamganj focused on sustainable management structures and good governance, as well as on procedures for water supply, sanitation, arsenic mitigation and hygiene promotion. Emphasis was given on clarifying the respective roles and responsibilities of communities and UPs. Improving people's trust on local government institutions and strengthening UP's institutional capacity to deliver services through transparent and accountable process were also important objectives. Importantly, gender issues were at the heart of all objectives. Therefore, since inception of the project, a Gender Analytical Framework (GAF) has been used in all 988 hatis of the project areas.

1.2 Gender Analytical Framework (GAF)

To assess the above outcomes, the SDSD project has used the following framework to capture, understand and document changes in gender dynamics in the area of WASH.

Figure 1: Gender Analytical Framework of SDSD Project



Keeping in mind this gender analytical framework (GAF) of DASCOH (used in SDSD project), the present study intends to understand and document the extent to which DASCOH has been successful to promote gender-equitable roles and attitudes in the project area.

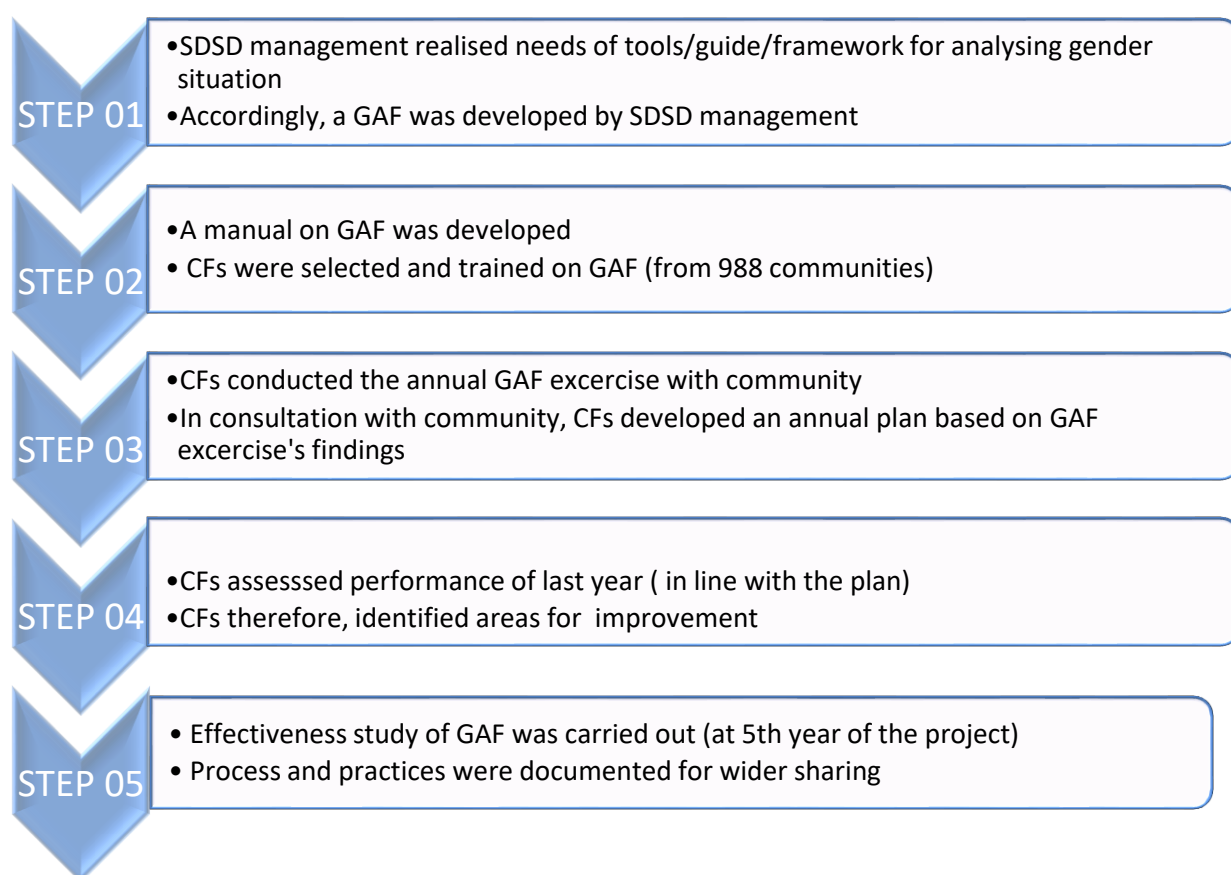
1.3 Process of GAF Implementation

After developing the GAF, DASCOH developed a training manual for providing orientation and building capacity of the community facilitators (CF). After the training, each year the trained CF organised and facilitated a session with community and community leaders. In the session, the community (hati) people used GAF to understand the situation with regard to gender and WASH. Based on the findings, the community leaders contributed in preparing a gender sensitive annual plan for their community. After one year, CF organized similar workshop with community people to assess the progress or performance against the past year's plan. They discussed among themselves then reached to a consensus; for instance, for the question - "who collects and keeps water?" Community people might have selected "women" collectively

in any typical year. Among the options, “both” (man and woman) was considered as the expected ideal situation. Therefore, when the answer was not “both”, CF encouraged community to have a plan to improve the situation to move towards the ideal situation. Afterwards, the gender plan is shared in Ward Shava, and UP considered those in their annual plan. Every year, CFs from 988 communities filled up GAF and sent to DASCOH office. In addition to GAF exercise, project team also collected case studies on gender and WASH to understand the changes at individual or household level. Then, DASCOH M&E team did the data entry in MS Excel format. Finally, at the end of the project period, an external consultant team was hired to comment on the effectiveness of the GAF through a rigorous analysis and how this framework can be used by other organizations.

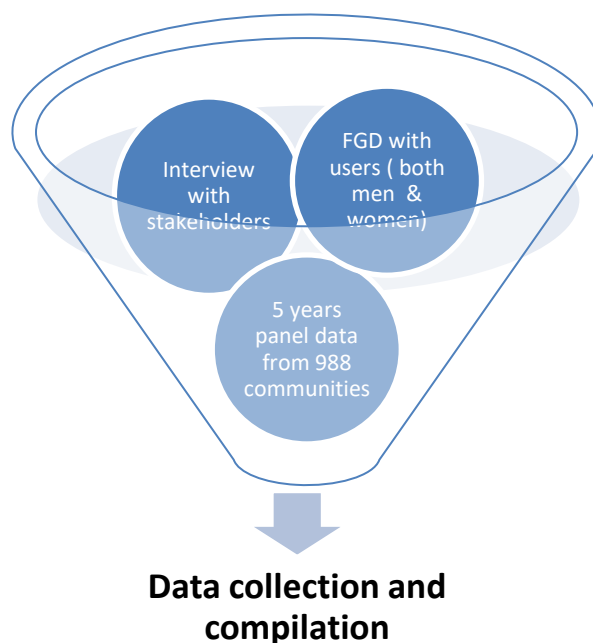
The overall process followed by DASCOH can be presented by the following diagram:

Figure 2: Process and practice of GAF at SDSD project



1.4 Methodology of the Present Study

In achieving the above objective, the study uses 5 years panel data from 988 communities. Additionally, qualitative data through Focus Group Discussion (FGD) and In-depth Interview (IDI) has also been collected from selected locations.



However, the study acknowledges the following limitations:

While the SDSD project has been implemented in 988 communities, due to time constraint the qualitative data for this study was collected from only a few communities (5 communities from two Unions of Jamalganj and Tahirganj).

Moreover, the case studies collected from DASCOH to use in this study remained a challenge. Instead of focusing on the process that led to changes in gender dynamics, the case studies narrated the particular problem in the project area and the result of the intervention. Hence, although the present study focuses on the process of achieving equitable gender behaviour in the project area during the project tenure, the case studies used here only capture the achievement.

2. Water, Sanitation and Hygiene – towards Achieving Equitable Gender Behaviour

This section outlines the key findings of the study to focus on the changes in gender dynamics at different levels in the project area. Such positive changes have been mainly occurred at three different levels – household sphere, community level and finally, accessing resources and services at the local institutions.

2.1 Changes in the Household Sphere

To understand how changes occurred at the household level, three sub-areas have been identified; namely, awareness building and attitude change, redistribution of household responsibilities and changes in the household decision making.

Building Awareness and Changes in Attitudes

It has been evidently found that awareness on different social issues in the community people has been increased. Now people are better aware of rights of women and benefits of women's engagement in different domains. Moreover, in most cases they know consequences of their behaviour.

Changing Mind-set:

The study finds¹ that men's mind-set has positively changed. Before the intervention, men used to treat female members very rudely – even for small mistakes, like few minutes delay to serve food, water etc. Now they seem to be patient and sometimes they also help in household activities. Moreover, prevalence of violence against women was high in the recent past. UP members and Chairman of the study locations shared that they hardly notice such incidents in their community at present.

Women Stepping into Public Places:

Through participation in different motivational sessions and interaction with community volunteers, women's mobility to public places has increased. On the one hand, women are more aware of their rights and engagement in different domains and men are also positive about women's visibility in public sphere. In a discussion, one of the respondents (men) shared that when he is out of home or has another business, he encourages his wife to participate in

¹ In a mixed group discussion in Jamalganj Upazila.

any community meeting, where they are expected to participate. Similarly, another female respondent shared that her younger sister rides a bicycle every day to and from her school which was absolutely impossible in her time. So, she claims that changes have started to take place.

Better Hygienic Knowledge:

Awareness around hand washing has been increased significantly. Use of soap before eating and after using toilet has been increased at a significant scale. This was evident in interactions with UP members, group discussions, case studies and field observations. The following case study better illustrates this change:

CASE01: Shankari Rani – An agent of change

Shankari Rani lives in a family of three women and three men in Teligaon under Sreepur (Uttar) Union of Tahirpur Upazila. Her husband is a day labour and she works in a drug store after completing “Rural Treatment Training Course”. Her exposure to health and hygiene issues through SDSD health promotion sessions brought a remarkable change in her thinking. Whatever she learned from the discussions, she shared with her family members. As a result of increased awareness and support from the project, they set up a latrine. Now, everyone in her family wears sandals before using toilet. They also regularly use soap for hand washing, particularly after toilet use and before eating. She regularly discusses with her community the proper way of hand washing and its positive impact on health.

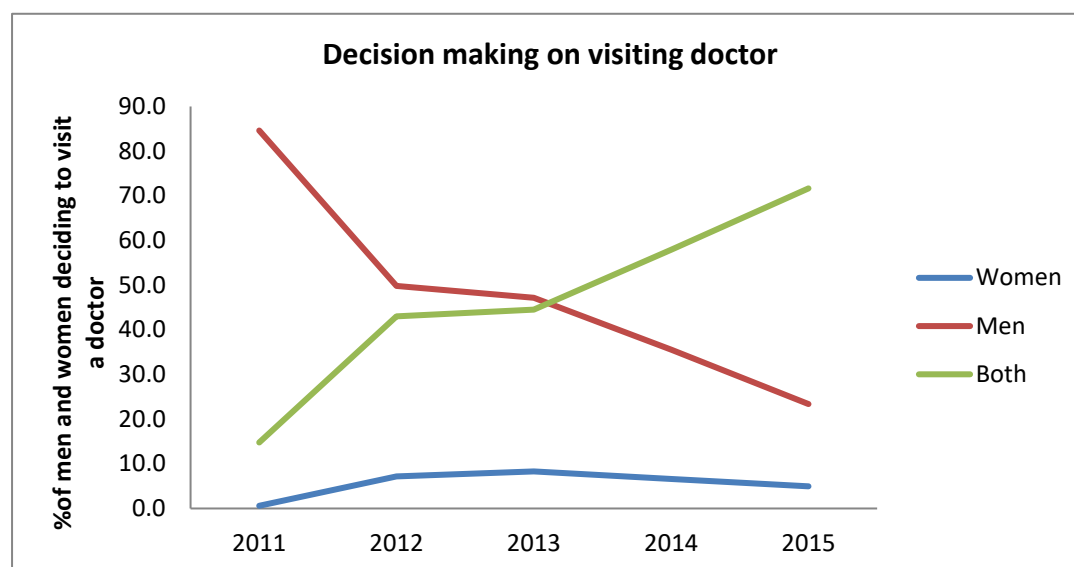
Increased Health Awareness:

It cannot be denied that haor areas still lack in health care services. Poor infrastructure, inadequate medical practitioners and poor communication are the main contributors of such poor health care services. However, few changes have been noticed during the SDSD project tenure; in recent past men were reluctant to take their pregnant wife to doctors, but now they do it at least once in every month. One of the male respondents confirmed that now a man understands that for the betterment of his unborn child and wife, her wife needs to see a doctor; they also try to arrange food as per doctor’s advice.

The following diagram demonstrates that at the initial stage of the project, men usually took decision with regard to visiting a doctor. Over the periods, the situation faced a gradual change

and now women have started participating in decision making in this regard. The trend tells that there is a continuous increase in “both” category and a gradual decline in “men” category—this is undoubtedly a positive gender change where men and women jointly decide when and which doctor to visit.

Figure 3: Trend in decision making to visit a doctor



Redistribution of Household Responsibilities

Household responsibilities are largely unrecognized and unpaid workloads that are shouldered primarily by women in many countries like Bangladesh. For bringing change into this situation and redistribute domestic workloads between men and women, a careful intervention and awareness building is necessary.

The study finds that there are changes taking place, although in certain cases the pace is lower than expected. Findings indicate that at the household level men are taking up more responsibilities with an understanding that it will contribute to overall welfare of the family. Stereotyped gendered practices and beliefs are also changing. In an interview with a UP member² (female), she claims:

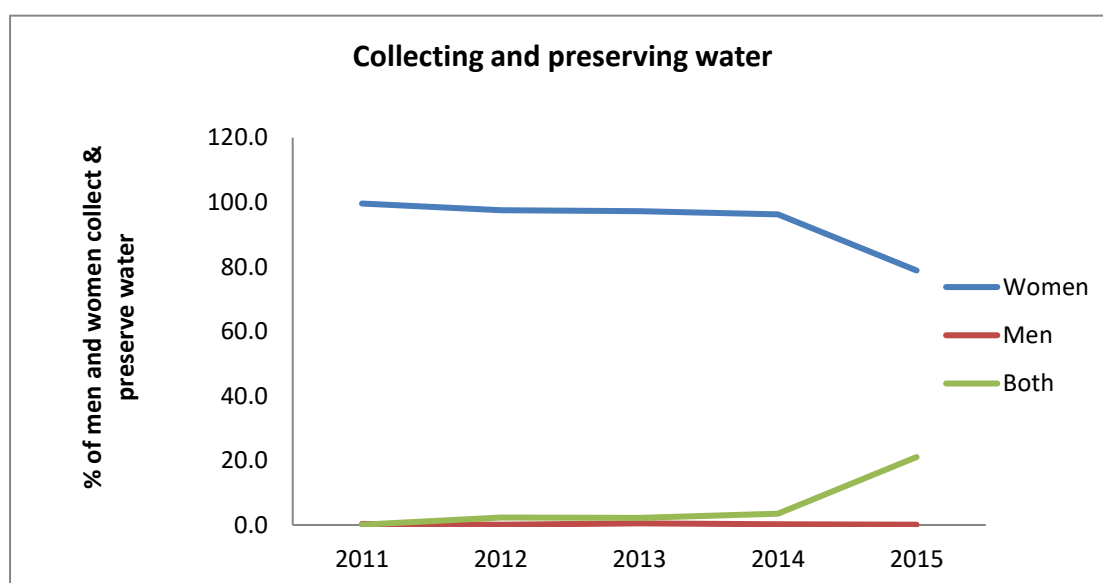
At past, men were reluctant to extend support to female members at the household, even in their leisure time. But now they help their female partners in different ways, like washing clothes of the children, collecting or preparing firewood etc. So, there are changes happening at grassroots level.

² Barodal UP, Tahirpur Upazila.

Collecting and Preserving Water:

Collecting and preserving water for domestic consumption is one of the major household responsibilities which have been associated with a woman for a long time. Development intervention has been trying to change this. However, the panel data from 988 communities (beneficiaries of SDSD project) suggests that it is hard to achieve a change in such a long performed gender role. The trend in the following graph (figure 3) indicates that collecting and preserving water was being considered a woman's duty until 2014; afterwards, men started shouldering this job.

Figure 4: Trend in water collection and preserving responsibilities



The reasons for such a slow progress in changing this prefixed gender role are also interesting to note. During the interviews, it appeared that men spent maximum time of the day outside their home for different livelihood activities (such as farming in the field, selling things in the market, doing small trade or working as day labour in other's lands/ entities). Therefore, they feel that they have less time to do the chores. This view was also supported by many of the female interviewees who mentioned that they were fine as long as men are busy with household earnings. One of the female respondents further revealed that whenever men have time to contribute in family responsibilities, they do take part in collecting and preserving water. As she suggests:

When my mother gets busy in cooking, my father fetches a bucket of water and keeps it in the kitchen. He is not always at home. But when he is home, he always keeps a bucket full of water in the latrine so that children can easily use.

CASE02: Water preservation role can cause family unrest

Soubha Rani Das lives in Daudpur Barahati village of Atgaon Union of Sulla Upazila. Until the recent past, she was using a rickety hang latrine with constant fear of collapse. Only her husband could carry a little water to the latrine. Dependent on her husband, at night she had to either awake her husband to accompany her to the toilet, or wait until dawn. Although her husband accompanied her, often unwillingly, this became the cause of family unrest. This situation changed, with the installation of the sanitary latrine. There is no more quarrel. And changes in her husband's attitude have also been noticed. He now carries and stores more water in the latrine. He even helps in cleaning up the latrine. Soubha no longer needs to disturb her husband at night.

Nonetheless, in few cases (where project activities started late , for instance, in Guchchogram), this study found that gendered perception was also an issue. Many female respondents seemed to believe that collecting and preserving water is a female job. Consequently, they do not expect men to take part in this.

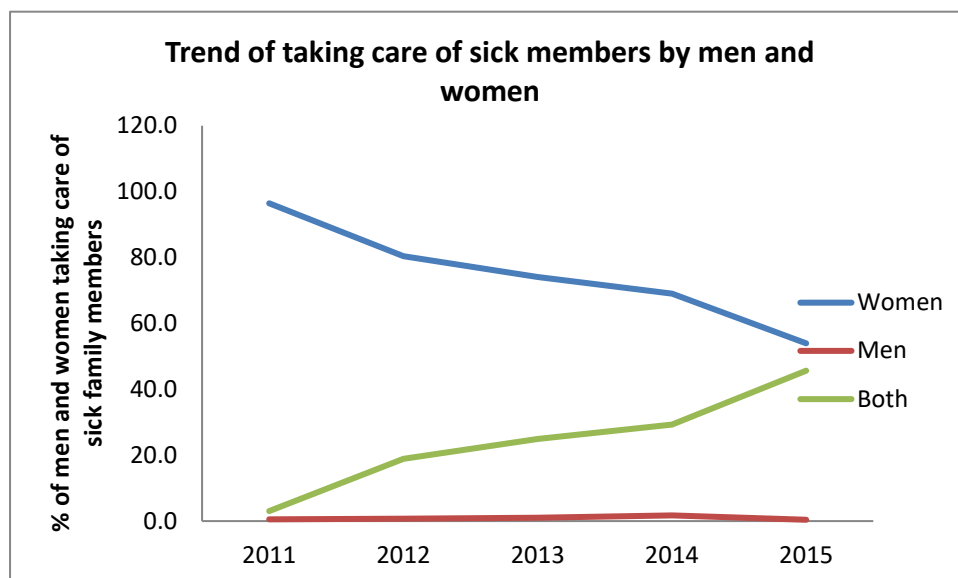
Taking Care of Sick Members:

Traditionally taking care of sick people at the household level is mostly done by the women. Even in hospitals and clinics men are hardly found in nursing position. However, a discussion with community people reveals an interesting aspect of men's involvement in such kind of work. As one of the female respondents mentions:

Actually, men are involved in taking care of sick people at home, but in a different way. Like, they purchase medicines for sick members, bring a doctor at home or take the sick members to the doctor and most importantly, managing money for the treatment, a tough job – is mostly done by men.

Similarly, the panel data from 988 communities of Sunamganj district indicates that changes can be brought and men can be better engaged. Data demonstrates that whereas in 2011 96.5 % women took care of sick members, this gradually declined and reached to 53.9% in 2015. The panel data further suggests that in terms of both men and women contributing in taking care of the sick, there is a positive change; from only 3% taking part in 2011, it sharply increased to 45.6% in 2015. This indicates that positive changes occurred both at attitude and practice level; also evident in the following diagram.

Figure 5: Taking care of sick family members

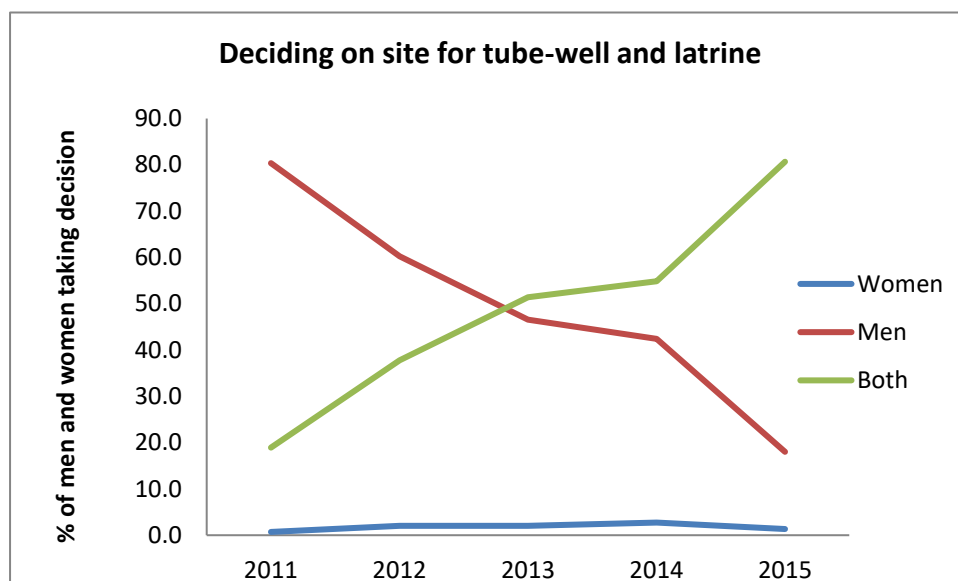


Decision Making at the Household Level

Since the project provided direct support through establishment of water points and sanitary latrine to communities of Sunamganj district, it is worthwhile to explore how these services have been contributing to reshape women's decision making position at the household level. Both the direct outcome of the intervention as well as the ultimate impact of the intervention are the areas considered here.

Different discussions with different groups of people like community users, UP (member and chairman) and DPHE stakeholders revealed that women shoulder the maximum pain when there is no sanitary latrine at home. If it is there but not close by the house, this still leads to women's pain for several reasons. The reasons include anxiety caused by feeling of insecurity (while using at night), the necessity to accompany children to the toilet, cleaning latrine with fetched water from tube-well located at a distance etc. Therefore, the project encouraged women to take part in selecting the site for the latrine and tube-wells. This certainly has positive impacts, proves the following illustration (Figure 5). While taking decision by men has drastically fallen and by women has a steady trend, decision taken by both men and women has remarkably been very high over the last five years. Figure 6: Who does take the decision for selecting site for tube-well and latrine?

Figure 6: Deciding site for tune-well and latrine



Such an increase in mutual decision making further resulted in shared cleaning responsibilities of the latrine, although, repairing these establishments remained solely a man's job.

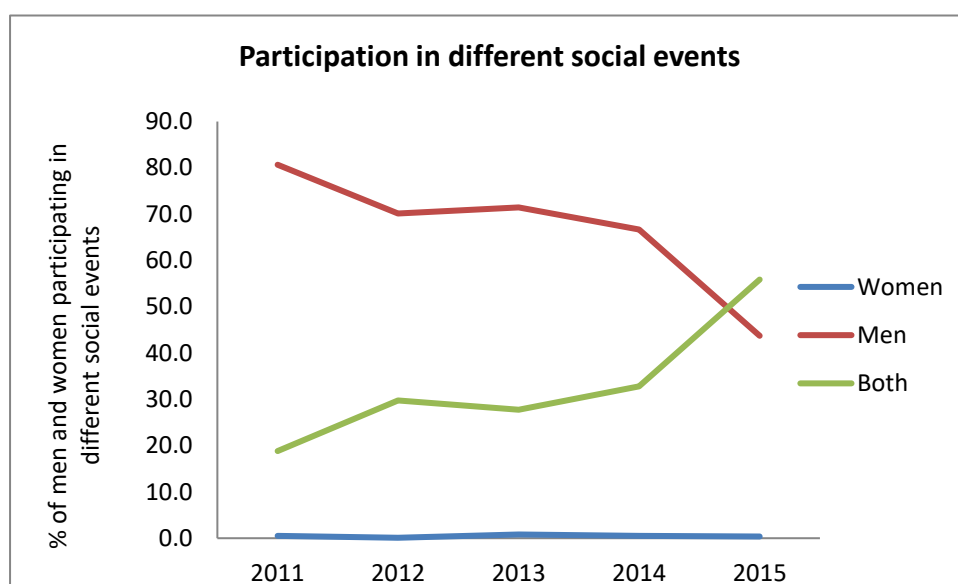
2.2 Changes at the Community Level

The discussion on changes at the community level will be limited into three important areas; such as, participation in different social events, decision making in different social activities and control over resources.

Participation in Different Social Events

Over the years, women's participation in different social events and festivals has increased. The following graph implies that in 2011, whereas less than 1% women were able to take decision to participate in different social work and festivals, 87% men participated in such decision making, and thus, it remained a male dominated arena. But the situation started changing after 2011. In 2015, data illustrates that although 44% decisions are still controlled by men, however, decision taken by both men and women has increased to 56% from 19% in 2011.

Figure 7: Participation in different social events

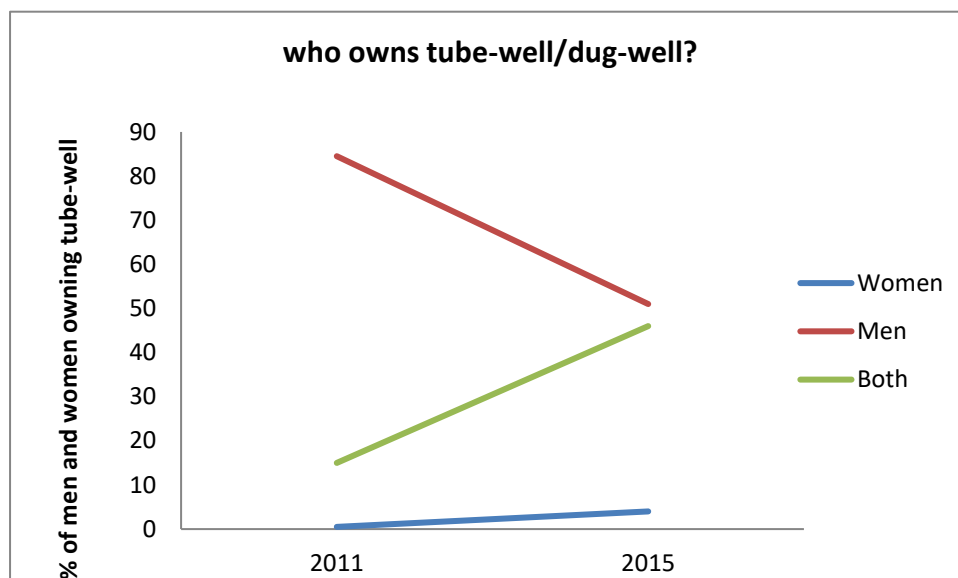


During the field work for this study, it was time for a major Hindu festival – Durga Puja. This certainly gave us a chance to observe the different gender aspects of this festival in the project area. In most cases decisions were taken by men; only in a few cases, decisions were taken jointly. Nevertheless, women had strong presence in executing the decisions. In addition, there were certain committees led by and comprised of women. This is a positive example of women's increased participation in the social events, which can be further strengthened by facilitating women's inclusion at the decision making body in different social forums, whether cultural or religious.

Control Over Resources at the Community Level

Women's control over resources has been increased over the project period. This change has been influenced by a number of internal and external factors, including different initiatives from Government Organizations (GO), as well as from Non-Governmental Organizations (NGO). In discussions with community people, with regard to the users of tube-well and latrines, people spontaneously mentioned that both men and women own these resources. As men stay away for their livelihood, sometimes they even consider that women have better ownership than men. Likewise, the below diagram from the panel data indicates that even though initially (in 2011) these resources were mostly owned by men, reaching to 2015, the situation becomes much better; more than 51% of the community members believe that they jointly (both men and women) own these resources.

Figure 8: Ownership of tube-wells/dug-wells



2.3 Changes in Accessing Resources and Services from Local Institutions

Access to Information and Resources

In a discussion with the UP chairman³, it was revealed that there were some tribal communities in this area where WATSAN services are hardly seen. Until the recent past, these communities have been excluded from any development project of WATSAN. Therefore, the chairman of the UP shared that he would invite any visitor to see the village and understand why it took such a long time to just install a tube-well. In his words,

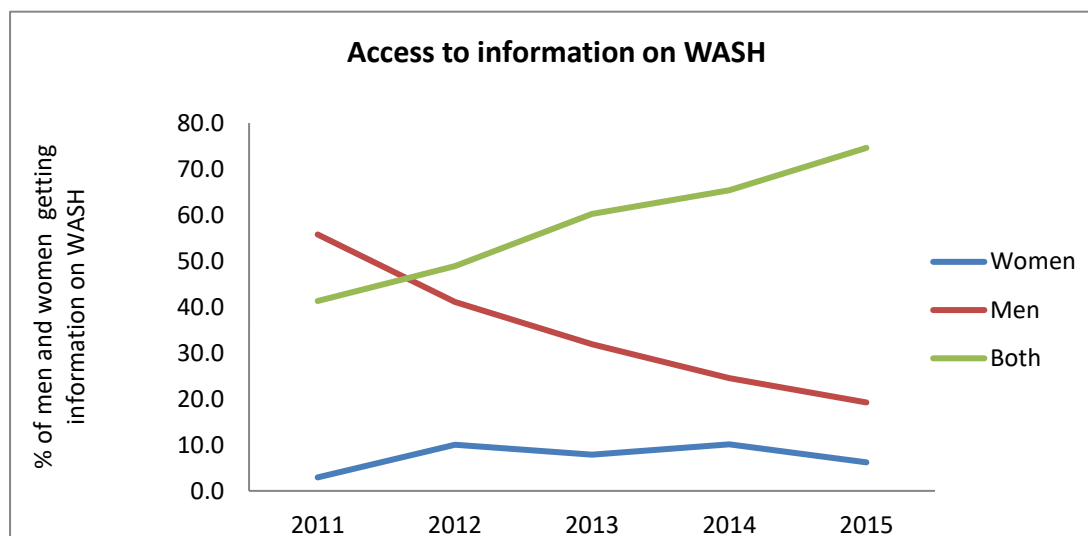
Let us visit a community where it took almost 44 years since the independence, to get a tube-well for safe drinking water. It will tell you the extent of deprivation that the community went through.

More significantly however, situation has been changing to accommodate women in the public sphere. In a discussion at Gutila village, community people mentioned that 5 to 10 years back they never saw a woman in local bazar. Now women go, and whenever they want they can go to local bazar. Girls go to school without any obstacles; nobody from the community creates any problem. This also allows women and girls to be better informed and aware of different services at the local institutions.

Supporting this, the below graph (Figure 8) suggests that information on WASH has gradually become equitably accessible to both men and women. This is really a good step to moving towards gender equality.

³ Barodal UP, Tahirpur Upazila, Sunamganj.

Figure 9: Accessing information on WASH



In line with the above statistical information, during the interview the Chairman of Behli UP mentioned:

Now women are very much aware of the available services in the UP. I receive maximum phone calls from women. They request for different kinds of supports like VGF card, widow allowance, latrine etc.

How community people have become aware of their rights through access to different information can be illustrated by the brief case study narrated next:

CASE03: Hillol got latrine from UP

Hillol Das is from Kalidram of Taral union in Derai Upazila. Poverty forced him to discontinue education after SSC. He lives with his two sisters and parents. Their unhygienic toilet was situated far from their house and was not used at night due to insecurity. They had been living with this problem, but could not solve because of their poverty. Meanwhile, they heard about the UP's decision to provide full sanitation coverage in the village. As they were poor, the UP provided them a latrine attached to their home. Now his parents maintain and clean the latrine. They can use it even at night without any problem. With 100 percent sanitation coverage, now the village is neat and clean without pollution and diseases.

Participation in UP and beyond

Like in the other areas, women's participation in UP and beyond has also been increased. They visit UP frequently, request UP members and the chairman for different services. Most importantly, many community people informed that they have influenced the UP chairman to

distribute certain benefits to the poor of their respective communities. One⁴ of the beneficiaries of the project cited:

I do attend UP budget preparation meetings and try to share problems of the community people. I tried to influence the chairman of the UP to distribute VGF and to provide aged and widow allowances to those whom I felt appropriate. SDSD project has facilitated the situation to speak out in public sphere.

Similarly, the below case study also highlights how individual's contribution has been playing an important role for bringing change at the community level.

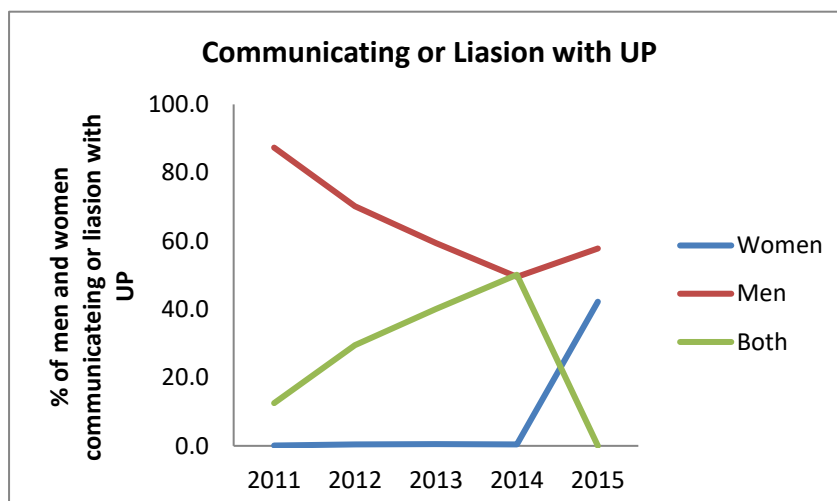
CASE04: Zahura changes the whole community

In 2011, when SDSD started working at Hariharpur village in Suchnabazar Union in Jamalganj Upazila, only 4 out of 126 households had hygienic latrines. Now the village has achieved full sanitation coverage. It happened because of Zahura Begum – a pioneer social worker who stepped out to motivate people to install latrines adjacent to their home. Initially the people were reluctant to set up latrines adjacent to home because they were habituated to use open defecation especially by the riverside. Zahura Begum went from door to door, sensitized the people and organized joint meetings with the UP and the project. Finally the people came forward; all of them agreed to install latrines attached to home.

The panel data also informs that over the last five years significant change has happened. While in 2011 in the 988 communities across Sunamganj district, less than 1% women communicated or liaised with UP for different purposes, moving towards 2015, it reached to 42%; now 42% women do negotiate, communicate and liaison with UP. Figure 9 graphically captures the changes:

⁴ In a discussion with female group at Barodal UP, Tahirpur, Sunamganj.

Figure 10: Communicating and liaison with UP



3. Conclusion – Effectiveness of the GAF and How Other Organizations Can Use It

Considering the number of successful examples of promoting gender equitable behaviour in the project area, it can be argued that the GAF applied by DASCOH has been a useful tool to achieve gender equality. The GAF gives robust panel data, which can be used for different kinds of analysis and understanding.

3.1 Effectiveness of the GAF

Even though there are a few areas that need further improvement as we discuss next, nevertheless, the GAF on WASH is an effective framework for a number of reasons:

- Firstly, GAF applies community led processes. As a CF is from the same community, this helps him/her to accelerate the processes and reach a consensus response for each of the areas of GAF in each year.
- Secondly, as the framework allows a community to assess and make subsequent annual plan of action, this facilitates better engagement of the community members and more ownership to bring changes around equitable gender behaviour at the community level.
- Thirdly, being very simple and an application of five consecutive years, the data collected through the framework provide opportunity for a time series analysis.
- Fourthly, the simplicity of the framework is also marked by a cost effective approach. At the grassroots level, CF and community people exercise it which has minimum cost

implication. At organization level, data entry and analysis are done in MS Excel which does not require any additional cost.

- Finally, the framework is easy for the community to exercise without any significant external involvement or expert support. Moreover, the result that comes out through the exercise is easily understandable, which further leads to identify areas of next priority.

3.2 How Other Organizations Can Use This GAF?

The GAF could be further improved taking into consideration a few issues discussed below. Considering the success of the GAF, other organisations may intend to adopt this framework. Such organisations will also be benefitted if the following issues are considered along with the current form of GAF used by DASCOH.

Firstly, gender based inequality and discrimination is grounded both at structural and operational level. Most of the development interventions take positivist approach and try to address practical gender needs by which slow and unsustainable changes occur in the society. SDSD project is no different than them. However, it has applied a GAF to understand how changes are brought in the society. But the GAF could not apply any critical approaches which are generally used in any gender or feminist research. For example, while considering the issue of women's insecurity at night, latrine has been installed in close distance to home. Although such initiative is appreciative, but it cannot be denied that this has also left out gendered insecurity unchallenged. While considering this kind of practical challenges, it is also important to have some sort of programmes that can challenge the root cause of gendered insecurity.

Secondly, to apply the GAF in a large number of communities, likewise the present case by DASCOH, other organisations will be advantaged if their case studies are analysed using a qualitative software like nVivo.

Thirdly, every year community people assess their situation through the GAF, identify areas of improvement and make a plan for next year. It is very important to see to what extent their planning was effective to bring the changes they planned for. Therefore, in the consecutive years, it would be good to see planning of each of the community and their corresponding changes.

Finally, application of this framework would be more worthwhile if an interim analysis on the whole community (988 communities in this case) is carried out. This potentially could give an idea of whether the framework is capturing the changes or any further data is required.

3.3 Conclusion

While GAF remains an important tool for understanding changes in gender dynamics in development area, particularly in water and sanitation sector, it is also important to capture process of changes at different levels. Thus, for further improvement of the framework, the above mentioned issues could be considered to facilitate better learning and tracking the changes with confident data and evidence.

Annexure-1

Methodological Matrix of the study:

Methods	Data sources	Frequency	Remarks
Survey	Community Users of 988 community	5 years & 5 Times' Panel Data	
FGD	Community users: both male and female	5	Discussion held in two locations
Large Group Discussion	Female Users	1	Considering time and availability of the respondents,
Small Group Discussion	Community Facilitators	1	2 men and 2 women in one location
IDI	UP representatives, Government Official and Project staff	5	

Detail Methods for Qualitative Data Collection

Category & Name of the Union	With Whom	Methods	Frequency	Total Respondent
Union under 100% Sanitation coverage. (Barodal Union Tahirpur Upazila)	Community Users	FGD	2 (Men-1, & Both-1)	22
	Community Users (female users)	Large Group Discussion	1 (women)	25
	Community Facilitator	Small Group Discussion	1	4
	LGI Representative (Chairperson & Female member)	IDI	2	2
Union under 50% Sanitation Coverage, (Behli Union Parishad, Jamalganj)	Community Users	FGD	3 (Men-1, Women-1 & Both-1)	35
	LGI Representative (UP Chairperson)	IDI	1	1
Public Institution Representative	DPHE	IDI	1	1
Project Staff	DASCOH	IDI	1	1
Total respondents of the Qualitative part of the study				91

Annexure-2

Gender Analysis Framework for SDSD Project in Sunamganj

Hati name:

code no.:

Union:










Upazila:

Female:

Male:

Disable:

Adibasi:

Questionnaire of Gender Analysis Framework Related {Please put a tick (✓) in any one answer in each year}		2013			2014			2015			Remark
		 Only Women	 Only Men	 Women & Men Equally	 Only Women	 Only Men	 Women & Men Equally	 Only Women	 Only Men	 Women & Men Equally	
A. Household level											
Household work	Who collects and keeps water										
	Who takes care if anybody sick										
	Who looks after the children and aging										
	Who cooks and do the household work										
	Who cleans the latrine										
Income generating work	Who cultivate vegetables/ home gardening and poultry rearing										
	Who involved in agriculture, fisheries and livestock rearing										
	Who is the main earner of the family										
Decision making	Who decides the site for tube-well or latrine										
	Who decides the family expenditure										
	Who decide the investment plan from the loan										
	Who decides to go to doctor if anybody feel sick										
	Who control mobility of the family members										

B. Village level											
Participation in different activities in the village	Who participate to take decision in different social work and festival										
	Who lead in important position of the society										
	Who participates in training and workshops										
	Who participates in different committee meeting										
	Who lead the various responsibilities of the committee										
	Who collect cost-sharing money of water points and latrine										
Decision making in different activities at the village level	Who influence to make decision in various meetings										
	Who talks about the need of water and latrine										
	Who decides the site of the water options/ latrine										
Control of resources at the village level	Who keeps and manage the cost-sharing of community										
	Who is the owner of the tube-well/ dug-well										
C. LGI and Service Provider Agencies level											
Opportunities for services from government/ NGOS	Who attend in meeting, govt. office, bank etc										
	Who communicate or liaison with UP										
	Who participate in the UP arranged meetings discussion among the people										
	Among the arsenic infected patients who get the facilities from health center (if applicable)										
	Who gets the scope to information regarding safe water, arsenic and other issues										



Figure 11: GAF is being practiced in a session

SDSD project mandated by SDC and implemented by DASCOH

Swiss Agency for Development and Cooperation (SDC)	Development Association for Self-reliance, Communication and Health (DASCOH)
<p>SDC has been working in Bangladesh since its independence in 1971. Bangladesh is one of the priority countries for long-term Swiss development cooperation.</p> <p>The objective of the Swiss country program in Bangladesh is to contribute to the improvement of the well-being of the poor and disadvantaged people. The current strategic framework for development cooperation with Bangladesh for 2013-2017 focuses on three thematic areas:</p> <ul style="list-style-type: none"> ▪ Market Development; ▪ Skills Development ▪ Local Governance <p>The goal of SDC funded interventions in Local Governance is to contribute to the well-being of the poor and the disadvantaged by fostering increased people's participation and satisfaction with the performance of the local government.</p>	<p>DASCOH is a NGO registered with the NGO Affairs Bureau of Bangladesh in 1995. As a non-profit voluntary organization, DASCOH is a key non-state development partner that complements and supplements Bangladesh national programs.</p> <p>DASCOH Bangladesh envisions creating and sustaining an enabling environment for ensuring equitable access to state and non-state resources in order to alleviate the sufferings of the poor people</p> <p>DASCOH Bangladesh is committed to empowering the poor and marginalized communities by facilitating the local government institutions to develop transparent, responsive and sustainable service delivery systems and processes; and through continued innovation and strengthened partnerships with international, national and community based organizations.</p> <p>One of the key strategic objectives of DASCOH is to help improve transparency, accountability and responsiveness of the local governments in delivering services within the framework of the national plans and policies.</p>

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