CARE
BANGLADESH

SANITATION AND FAMILY EDUCATION RESOURCE (SAFER) PROJECT

Report on The Mid-Term Evaluation

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ACRONYMS

APC	Assistant Project Coordinator
BNGOs	Bangladeshi NGOs
CV	Cross Visits
FT	Field Trainer
ICDDR/B	International Centre for Population and Health Research
IGA	Income Generating Activities
LL	Lessons Learned
MS	Model Site
MTE	Mid-term Evaluation
NGO	Non-Governmental Organisations
PC	Project Coordinator
PDO	Programme Development Officer
PHC	Primary Health Care
PM	Project Manager
PNGO	Partner Non-Govemmental Organisations
PO	Project Officer
SAFE	Sanitation and Family Education (pilot project)
SAFER	Sanitation and Family Education Resource (five-year project)
TA	Technical Assistance
TRO	Training Officer
WASH	Water and Sanitation/Hygiene (rehabilitation project)

EXECUTIVE SUMMARY

A mid-term evaluation (MTE) of the SAFER project was carried out between July I9 and August 4, 1998. The evaluation was conducted by a team of 5 members (3 SAFER management staff, one International consultant and one local consultant). The evaluation was coordinated by Dr. Judi Aubel and by Mr. Abu Hena. The general objectives of the evaluation were:

① to examine the SAFER project design in order to determine the appropriateness and feasibility of the project components and proposed strategies related to the project goal

② to analyse the project implementation process in order to identify strengths, weaknesses and lessons for the future

The focus of the evaluation was on the second objective related to the implementation of the activities and strategies defined in the project document. In this light, the MTE was essentially a process evaluation and did not attempt to assess the outcomes related to the long term project goal associated with changes in hygiene related behaviour.

A participatory methodology was used to conduct the MTE. Along with the evaluation consultants, all senior project managers were part of the evaluation team which was actively involved in planning and conducting the entire evaluation.

The results of the MTE show that SAFER activities with partner NGOs (PNGOs) intended to develop their capacity to use behaviour-based hygiene/sanitation programming strategies are very much appreciated by the PNGOs and that very good working relationships exist between SAFER staff and the staff of those organisations.

The MTE clearly shows that the programming skills of each of the PNGOs are gradually being strengthened through SAFER technical assistance. The MTE also shows that the task of developing the capacity of other organisations to use the hygiene/sanitation programming approach developed in the earlier SAFE project, is a very complex undertaking. Based on the data collected, a series of factors were identified which appear to contribute to the effectiveness of the capacity-building partnerships with the PNGOs, some of which depend on SAFER, and others which depend on the structure and functioning of the NGOs themselves.

The priority strategy in the SAFER project is capacity-building of the PNGOs. However, the evaluation shows that during the first two years of project implementation considerable effort and resources have been used in activities carried out in project model sites and in awareness-raising with 160 other NGOs, which have not directly contributed to the PNGO capacity-building objective. For this reason, recommendations are made to scale down the activities with the 160 NGOs and to transfer the model site activities into the NGO sites.

Various training sessions on the 5 key aspects of hygiene/sanitation programming have been conducted for PNGOs. The training component in the project needs to be strengthened and for this specialised technical assistance will be required. An issue which needs to be addressed in the remaining project implementation period is the sustainability of the hygiene/sanitation behaviour promotion eforts beyond the presence of the PNGOs.

SAFER staff found the participatory evaluation methodology to be very benificial in terms of actively involving all project staff in the process, taking everyone's ideas into account and devoloping lessons for the future based on staff members' suggestions. There was a consensus that the participatory approach to evaluation should be used the future in SAFER and in other CARE projects.

Main Recommendations:

- The MS have absorbed too many human and other project resources which do not directly support PNGO-capacity building efforts. Therefore, it is recommended that the model demonstration sites be transferred into the PNGOs areas.

- A number of training activities have been carried out related to five key hygiene/sanitation programming activities. These training activities have been appreciated by the PNGOs. SAFER should however, develop structured and standardised modules and materials for PNGO training.

- The technical skills of CARE staff are generally good. However, their facilitation and consultation skills, required to work with PNGOs, need to be reinforced. SAFER needs to develop a series of training activities to strengthen the consultation skills of all FTs.

- The purpose of the workshops with 160 NGOs is to build awareness on hygiene education programming. Extensive project resources have been used for these activities which do not directly relate to the main objective of the project. It is recommended that future activities related to the NGO-workshops be limited to the awareness-raising objective, that future dissemination workshops be reduced to 2 days.

- Strategies for sustaining community level hygiene education activities after the withdrawal of the NGOs should be identified. A strategy that should be explored is to work with both formal and informal influential community members to see if they can assume responsibility for such activities in the long term.

I. Introduction and Background to the SAFER Project

SAFER is the third in a series of water and sanitation projects implemented by CARE in Bangladesh. Since 1991, when CARE's Water and Sanitation/Hygiene project (WASH) was launched in the coastal Chittagong area, after the devastating cyclone of April 1991, CARE has been heavily involved in water and sanitation programmes in the country. The WASH project focused primarily on water and sanitation hardware installation and rehabilitation with very limited focus on hygiene education.

In January 1993, CARE began implementation of the follow-up SAFE pilot project in some of the thanas in Chittagong Division in which WASH worked. SAFE dealt only with the software aspects of water, sanitation and hygiene. The project developed and tested two models/strategies of community hygiene education outreach to promote hygiene/sanitation behaviour change. During the SAFE project, baseline and end of project data was systematically collected in control areas and in the two SAFE intervention areas where the hygiene education models were used. The final project data collection, based on both a survey and observations, showed dramatic impact of the project activities on community members' knowledge and practices. In addition, diarrhoea prevalence decreased significantly in both of the intervention areas. In both intervention areas the pilot project effects were dramatic, however, the effects were greater in the area where a "multi-channel" approach was used which involved not only women but also men and children.

Key features of the SAFE pilot project which are believed to have contributed to the dramatic effects of the interventions are: 1) initial qualitative and quantitative data collection as a basis for understanding community beliefs and practices related to hygiene and sanitation practices; 2) the development of educational messages and materials based on community norms, beliefs and realities; 3) a behaviour-based monitoring and improvement system to periodically assess changes in community practices and modify educational strategies accordingly; and 4) the use of participatory extension activities and methods. In the SAFER project all of these approaches are being promoted, along with the multi-channel approach.

One of the strategic goals of the CARE Bangladesh mission is to multiply the impact of successful development strategies by supporting and strengthening the efforts of NGOs and of the Government. Based on this goal, the SAFER project was developed to strengthen the capacity of other NGOs in the country to use effective hygiene/sanitation programming approaches. More specifically, the aim of the SAFER project is to develop the capacity of other NGOs to use the process approach to programming developed in the SAFE project involving the 5 key activities.

Preliminary tasks to launch the SAFER project began in July I995 and project implementation was started in mid 1996. The project will continue until June 2001. The immediate objectives of the project are:

- to improve the capacity of 6 NGOs to implement better hygiene behaviour change programming
- to increase by 50% the number of households in the catchment areas of the 6 partner NGOs where improved hygiene behaviours are observed
- to develop the awareness of 160 NGOs regarding the basic principles and concepts of hygiene behaviour change programming

Purpose and Organisation of This Report:

This report is mainly intended to help SAFER staff determine how to improve project implementation. It should also be useful for others working in other projects within CARE and in other organisations. For those working in NGO capacity-building, this report provides some important lessons. This report should also be useful to policy makers, programme planners and managers, and others responsible for setting hygiene/sanitation programme priorities and for designing appropriate TA strategies for building NGO capacity.

This report includes a description of the evaluation methodology, the findings and lessons learned, and a summary of the findings and recommendations.

II. Mid-Term Evaluation (MTE) Objectives and Methodology

The MTE was carried out between July I9 and August 2, 1998. The evaluation was coordinated by two external consultants, Dr. Judi Aubel and Mr. Abu Hena. This was a process evaluation and, therefore, it did not investigate the third immediate project objective related to changes in household hygiene behaviours. That objective will be addressed in the final project evaluation.

A. Evaluation Objectives

The two broad objectives defined for the evaluation were:

1. to examine the SAFER project design in order to determine the appropriateness and feasibility of the project components and proposed strategies related to the project goal

2. to analyse the project implementation process in order to identify strengths, weaknesses and lessons for the future

While the first objective was important, the main focus of the evaluation was on the second objective related to the implementation of the activities and strategies defined in the project document.

B. Participatory Evaluation

The main purpose of the MTE is to help project staff determine how to improve project implementation. Based on this expectation of the MTE, the PC decided that a participatory methodology should be used in order to involve project staff in the process and thereby increase their own learning. Both the international and local consultant chosen to coordinate the evaluation were selected based on their experience with participatory evaluation methods. A participatory but structured, qualitative process was used to involve SAFER staff, NGO staff and the MTE consultants in carrying out the evaluation.

For the purposes of conducting the evaluation, a team of core SAFER staff were identified and constituted the "evaluation team". Team members included the following Dhaka level staff: Project Coordinator (PC), Assistant Project Coordinator (APC), Programme Development Officer (PDO) and from the Chittagong field office level the Project Manager (PM) and Training Officer (TRO). In addition, at the Chittagong and Cox's Bazar sites all of the other field staff, i.e. Project Officers (POs) and Field Trainers (FTs) were involved in semi-structured discussions/interviews.

The main steps followed by the evaluation team to carry out the evaluation were: 1) the development of a visual map of the project (see attachment); 2) the development of the evaluation questions to be answered on the different project components; 3) data collection and analysis; and 4) the development of lessons learned based on the data collected.

During the evaluation, data was collected primarily through: 1) interviews with senior managers and field staff of both SAFER and partner NGOs (PNGOs); 2) observations of SAFER and NGO staff facilitation of educational activities at the community level; 3) observation of training activities carried out by SAFER staff in the NGOs; and 4) analysis of SAFER reports and other documentation on project activities. The information was collected in a descriptive manner.

III. Findings and Lessons Learned

In this section the findings of the evaluation are summarised first, related to the project design itself and secondly, related to the project implementation process.

Following each category of findings, the lessons learned based on those results are reported. As the findings of the evaluation emerged, they were discussed by the evaluation team members and in turn the lessons learned were formulated by them. In almost all cases the content of the lessons learned reflects an opinion that was shared by all of the evaluation team members. In a few cases the opinion of the evaluation consultants differed from that of the other evaluation team members.

A. Project Design

During the MTE the evaluation team reviewed the project document in order to determine the appropriateness and feasibility of the project components and strategy. Overall the project design is coherent and logical, however, the evaluation team identified some inconsistencies which are discussed here along with relevant suggestions for overcoming them.

1. NGO capacity-building priority

In the project documents, capacity-building with the 6 partner NGOs (PNGOs) appears to have the same importance as awareness-raising with the 160 NGOs and as the model sites. The lack of strategic focus in the project document appears to explain the fact that during the first 18 months of project implementation SAFER staff have not consistently given priority to the PNGO-support activities, in terms of time and resources. Because of this lack of clarity of focus, the other two key project activities (with the 160 NGOs and with the model sites) have tended to absorb considerable resources and detract from providing adequate support to the PNGOs

L.L. There is a consensus amongst SAFER staff and the evaluation consultants that the priority project activity is building the capacity of the 6 PNGOs to implement effective hygiene/sanitation programmes. In order to optimise the impact of the project on the PNGOs, in the remaining implementation phase SAFER management staff should give clear priority to the PNGO strategic objective and ensure that the utilisation of project resources reflect this priority.

2. Model sites (MS)

The project document defines two important functions of the model sites: 1) to develop and test new hygiene/sanitation materials, activities and approaches for demonstrating to PNGOs; and 2) to train

new CARE and NGO staff in SAFER methodologies. In the first two years of the SAFER project, considerable human and other resources have been absorbed by the MS. The project document specifies that more than half of the Field Trainers (FTs) are to work in the MS (7 out of 13 FTs).

Cross visits to the MS from staff members of other projects of CARE and outside of CARE, have also required considerable time and effort.

L.L. There was a consensus amongst the MTE team members that the MS have tended to absorb too many human and other project resources which do not directly support PNGO capacity building efforts. All MTE team members agreed that it will be more cost-effective to transfer MS functions (demonstrations for PNGOs, training of new CARE staff and testing of new methods, materials etc.) into NGO sites. (In section B, below there is further discussion of the strengths and weaknesses associated with the operation of the MS).

3. Awareness-raising workshops with 160 NGOs

The project document states that during the life of the project a series of five-day dissemination workshops should be carried out with 160 NGOs in order to increase their awareness of the SAFER hygiene/sanitation process approach to programming. It also specifies that five training modules should be developed for use in the workshops to deal with the five key activities in the SAFER approach. The document also states that after the workshops visits to SAFER model sites should be arranged for NGOs who are interested in implementing the activities in their own programmes. The MTE evaluation team feels that in order to accomplish the "awareness-building" objective, a five-day workshop, which requires considerable resources, is not required. In the five-day workshops, the content went considerably beyond the awareness-raising objective and addressed implementation issues. This in turn increased the participating NGOs' expectations regarding follow-up TA from SAFER which the project cannot provide.

L.L. In keeping with the awareness-raising objective, future dissemination workshops should be reduced to 3 days and they should be tightly focused on the five key activities in the process approach, including explanations regarding the need for each activity, how they are planned and carried out. In addition, NGOs should be informed that TA from SAFER to support implementation of hygiene/sanitation programming is not possible at this time.

4. Indicators of NGO capacity building

Whereas in the SAFE project the anticipated outcome was individual behaviour change at the community level, in the SAFER project the primary anticipated outcome is organisational capacity

building. The SAFER project document, however, does not define any indicators of organisational change, which could be used for baseline data collection, for monitoring during project implementation and to assess end of project outcomes. This is identified as a shortcoming in the project document. It was not possible in the MTE to precisely assess the impact of the SAFER capacity building activities on each of the organisations. In each NGO area a baseline survey on water-sanitation and hygiene practices was jointly conducted by the NGO and SAFER. Data collection from the final evaluation will be compared with the baseline data.

L.L. In order to monitor PNGO capacity-building, SAFER should develop indicators of effective hygiene/sanitation programming. These should be related to the 5 key activities that SAFER is promoting. For each of the five activities specific sub-activities or steps can be used as indicators of capacity building.

5. Sustainability of hygiene/sanitation behaviour promotion

In the SAFER project document it was assumed that the PNGOs would ensure programme sustainability through village level organisations. During the MTE the team discussed issue of sustainability of the SAFER promoted hygiene/sanitation behaviour change activities. This issue was not previously a priority concern in the SAFER project.

Experiences in numerous other hygiene/sanitation education programmes have shown that when these activities stop, priority behaviours tend to decrease, i.e. they are not maintained. In the SAFE project, efforts to involve influential community members in hygiene/sanitation promotion were not successful. Unfortunately, thorough documentation and analysis of those efforts is not available. Perhaps there were constraints in the approach used with community influentials, which could be overcome using alternative methods.

L.L. SAFER needs to seriously address the issue of sustainability of hygiene/sanitation promotion. The model proposed to the PNGOs should include provision for how good hygiene/sanitation practices will be promoted beyond the presence of the NGOs. SAFER should experiment further with developing community capacity to carry on hygiene/sanitation behaviour change efforts by working through formal and informal community leaders and groups.

B. Project Strategy

In this section of the report the key components of the SAFER strategy are examined namely, the model sites, the awareness-raising workshops with 160 NGOs and capacity-building partnerships with 6 NGOs. Secondly, there is a discussion of the inputs/support to strengthen NGO hygiene/sanitation programming provided by CARE and by partner NGOs.

1. **Model sites:**

Staff training

The MS have a critical function as a training ground for new CARE staff. In the NGO capacity-building model, confident and well-trained CARE staff are required who can provide TA to other organisations. If CARE continues to use this model, there will be an ever-increasing need for staff who master the SAFE hygiene/sanitation programmatic approach. SAFER needs to continuously recruit and train new staff as experienced staff members move up or out of the CARE system.

The training activities currently carried out in the MS (basic training, on-the-job training and refresher training) provide staff with valuable new knowledge and skills. However, the overall training process is not as carefully structured as it should be.

L.L. In order to strengthen the process used to orient and train new staff, several types of materials should be developed. 1) Standardised training materials and modules need to be developed for new staff to ensure that all are introduced to the same core concepts and skills. Such materials should be developed based on a detailed list of the knowledge and skills which staff are expected to master. 2) Reference materials on each of the 5 key SAFER activities should be developed and given to new staff members during their orientation to their new job. 3) Based on the list of priority knowledge and skills that each staff member should master, a checklist should be developed to enable the TRO and POs to systematically monitor the development of required knowledge and skills on the part of each staff member.

Introduction of CARE staff to local officials

CARE staff members reported that they sometimes feel uncomfortable working in the MS when they have not been officially introduced to local officials.

L.L. New CARE staff should be officially introduced to local officials in the areas where they are working. This should be done by Senior CARE staff.

Cross visits (CVs): When cross visits to the SAFER project are carried out by PNGOs, other CARE projects or other NGOs, visitors are taken to the MS. Cross visits can be effective tools for sharing and learning. According to project field staff, however, the considerable number of cross visits to the model sites constitutes an extra responsibility for the FTs and POs working there, as well as for the PM and TRO who plan these visits and who escort visitors. Time required to plan for and accompany visitors takes time away from other project activities. For the POs, the time they spend in the NGO sites is considerably less than initially planned due to their multiple tasks in the MS, which include the organisation of cross visits.

L.L. Cross visits to the SAFER-supported sites should be reduced so that they do not distract project staff from other priority responsibilities. In CARE Bangladesh cross visits are very popular. In different sectors and in different projects many CVs are carried out. The value of cross visits should be carefully reexamined by SAFER and CARE as a whole in order to determine the learning value and cost-effectiveness of such visits.

L.L. In order to facilitate the organisation of CVs and to ensure their effectiveness for participant learning, guidelines for organising such visits should be developed. Such guidelines should include exercises to help participants define their own objectives for the visits at the outset, and to synthesise their learning at the conclusion of the visits.

L.L. If MS activities are moved into NGO sites, the number of CVs will need to be reduced. The NGOs will certainly not appreciate having to organise and welcome numerous groups of visitors.

Management of cross visits

During the first two years of project implementation, 12 cross visits were organised for PNGOs and 14 visits for other National and International organisations who were interested in visiting the model sites. Given the significant number of CVs, the SAFER FTs had to spend considerable time with these visitors and, as a result, they could not give as much time as anticipated to development of new methodologies.

L.L. Any cross visits being considered should be planned several months ahead of time so that they do not disturb other planned project activities. In addition, when there are requests for CVs, SAFER should only commit itself to welcoming those visits where the objectives of the visit are carefully defined and where the potential for learning is clear.

Development of the five key activities in the process approach:

The SAFE approach to hygiene/sanitation behaviour change programming is being used in the SAFER project. A major purpose of the model site is to provide a field laboratory where ongoing innovation and experimentation can be carried out related to each of the 5 activities. Innovative approaches related to each of these activities which have been developed in the MS are described below.

Activity # 1: Initial quantitative and qualitative data collection

An important and very effective component of the SAFER approach involves the collection of both quantitative and qualitative information at the community level as a basis for developing hygiene

education strategies and also as baseline data with which subsequent monitoring data can be compared. The approach used in SAFER is based on the approach developed in SAFE. In many hygiene/sanitation programmes such information is not systematically collected at the outset.

Identification of influential community members

In the SAFER approach, in the initial qualitative data collection community interviewees are asked to identify members of the community to whom they go for advice. While this data collection technique is valuable it does not provide in-depth information on the type/degree of influence exercised by these influential persons nor on their interest in being informed about and/or involved in hygiene/sanitation promotion activities.

In addition to members of the community who are formally identified as "community influentials," and who tend to be men in Bangladeshi society, in all communities informal leaders do exist, both men and women, who are respected and listened to by others. These persons, particularly informal women leaders, should also be identified through initial qualitative data collection.

L.L. Given the importance of gaining the support of both formal and informal community leaders for hygiene/sanitation promotion activities, the qualitative data collection methodology should be revised. The revised methodology should include: analysis of women's social networks and informal leaders; interviews with both formal and informal community leaders/groups. Such additional information would help develop strategies for working with formal and informal community leaders.

Activity #2: Development of educational messages and materials

A second key activity in the SAFER approach involves the development of educational messages and materials based on community values and practices. The objective is to develop materials, which are adapted to the local reality where they will be used rather than to use one set of messages and materials for all communities. While this concept is very important, it can be difficult for field level staff to put into practice.

Educational activities carried out in the MS

Different types of activities and materials have been used in the community hygiene education activities Several of these are discussed below.

Laminated multi-colour drawing

In the SAFE project, various sets of laminated colour drawings were developed for use in educational activities carried out with different community groups. While these pictures are beautiful, professional materials, they are time-consuming and quite expensive to produce and few NGOs would be able to develop such materials on their own. In addition, feedback from NGO and community groups has shown that a given set of pictures can be used only a few times with a given group before participants are bored with them.

Participatory Action Learning (PAL) activities

SAFER has also promoted the use of simple PAL activities which are based on active discussion and involvement of group members and which involve the use of simple community and NGO provided materials. For example, small models of latrines and tubewells have been made using paper, plastic, styrofoam and cardboard. These materials have been very popular and proved to be effective learning tools for both literate and illiterate community level groups. The PNGOs have also developed PAL activities with assistance from SAFER.

In the development of educational activities in both the model and NGO sites, there has been very limited use of stories, songs and drama/role plays. SAFER/NGO staff can be taught how to develop and use these simple, participatory and inexpensive activities. The other advantage of these types of materials is that community children and adults can learn how to use and/or develop on their own.

L.L. In the educational activities, considerable attention has been given to the use of the laminated educational pictures and games. Given the time, specialised skills and resources required to develop such materials, SAFER should give priority rather to the development and use of simpler, less expensive and participatory activities such as the PAL activities they have been promoting.

SAFER should experiment with the use of simple and highly participatory materials/activities, such as songs, stories and drama/role plays. Open-ended stories or dramas, which describe a problematic situation but which do not tell how to solve the problem, can be effectively used with community groups to get them to discuss actions they can take, either individually or collectively, to solve typical hygiene/sanitation related problems. Specialised technical assistance will probably be required to help SAFER staff develop these types of educational materials/activities.

L.L. It is important that SAFER continue to promote the use of educational materials and activities which are adapted to the given community context and situation.

Activity # 3: Behaviour-based monitoring and improvement system

The behaviour-based monitoring system developed in SAFE, and used in SAFER, is designed to provide field staff with periodic feedback on changes in community behaviours and to enable them to make necessary modifications/improvements in the educational strategies. This system proposed by SAFER been adapted by PNGOs. SAFER staff have been concerned, however, with the sustainability of the monitoring system and in the MS they have tried to identify community persons who can be responsible for collecting the monitoring data on an ongoing basis

Involvement of community members in monitoring system

The first strategy which SAFER staff experimented within the MS was to involve children and women in collecting and analysing hygiene/sanitation behavioural data. At the outset they were interested in doing so but their motivation to carry out this activity did not last. The second strategy was to train adolescent students to undertake this task. For this purpose workshops were carried out with adolescent students in both MS. Several constraints have been encountered, however, related to their availability and motivation to carry out this activity. The adolescents feel that community people do not appreciate this activity and secondly, their parents do not support the idea because it takes time away from their children's after school studying.

L.L. Developing community responsibility for ongoing monitoring of hygiene/sanitation behaviour is an important concept However, in order for such an activity it to be sustained, community leaders and the community as a whole need to believe that it is important and commit themselves to supporting it A comprehensive strategy needs to be developed to gradually build community understanding and support for this activity.

Activity # 4: Multi-channel approach

In the SAFE project it was found that a hygiene/sanitation strategy which targeted only women was less effective than a "multi-channel" approach which targeted men, women, children and community influentials A multi-channel approach can potentially contribute to changing community hygiene/sanitation norms, which are shared by people throughout the community. In the SAFER project a multi-channel approach is being promoted which includes the groups targeted in SAFE but which is also exploring possibilities of working with other community groups and individuals.

SAFER has encouraged the PNGOs to develop a multi-channel approach. At the present time, however, most organisations (four out of six) are working only with women or with women and children. In Bangladesh, as in other countries, health/hygiene programmes have traditionally

targeted women to promote individual behaviour change at that level. It may take time for NGOs and other organisations to shift to a multi-channel approach, which aims to promote changes in community norms

L.L. SAFER should continue to promote a multi-channel approach and identify other significant community groups and individuals that can be involved in promoting good hygiene/sanitation practices

Activities with men

In Bangladeshi society men are the main decision-makers in the family and community. In order to target men SAFER has developed educational sessions in the tea stalls with small groups of men who gather there to drink tea.. While this strategy is useful, it is rather limited in terms of the number of men involved It does not deal with all men in the community One of the PNGOs has found men to be receptive to educational community meetings organised in different neighborhoods.

Assessment of training on tea stall-session at model site

L.L. Given the influence of men in Bangladeshi society and their potential role in promoting good hygiene/sanitation practices within the family, SAFER should further explore the possibilities of working with men in the community-at-large. This issue should be discussed with community influentials and their suggestions for working with men should be collected

Involving community influentials in hygiene/sanitation activities

In the SAFE project efforts were made to involve community influentials in hygiene/sanitation promotion, however, at the end of the project it was concluded that those efforts were not successful. Perhaps there were weaknesses in the approach used to identify and/or work with them

L.L Based on experiences in other areas of Bangladesh and in other countries, involving formal and informal community leaders in hygiene/sanitation activities are of critical importance both in terms of developing community ownership of such activities and to ensure sustainability SAFER should continue to explore ways to effectively involve formal and informal community leaders in hygiene/sanitation activities.

Working with religious leaders

SAFER has initiated work with Imams in the MS in a very conservative, Muslim area around Cox's Bazar. A workshop was conducted in the community with Imams. PNGO representatives were invited to attend and observe. This was a very positive initiative involving the development of a new community channel

L.L. Where religious leaders have a strong influence on people's values and practices, it is both culturally and strategically appropriate for health/hygiene programmes to try to involve them in programme strategies For this purpose a step-by-step strategy should be developed Most Imams have limited educational backgrounds and are not accustomed to collaborating either with development organisations or community development efforts. It will take time for them to fully understand the hygiene/sanitation objectives and strategy, for them to develop confidence in NGO staff and to eventually offer their support. The approach used with them should involve establishing rapport, discussing community values, practices and hygiene-related problems and gradually seeing if/how they can be involved. In order to develop their sense of ownership of any type of promotion activities, field staff should ask them what they can do to promote good hygiene/sanitation practices rather than suggesting that they do certain things.

In areas where community members are Hindus or Buddhists, strategies could be developed to work with the corresponding religious leaders.

L.L. In Bangladeshi society, in order to work with Imams and other male community leaders, it will probably be more acceptable and effective to have male FTs take the lead responsibility. While CARE has very progressive attitudes toward female staff members and confidence in their ability to carry out a variety of tasks, in many communities this is not the case.

Community resistance to SAFER strategy

Prior to the Imam workshop, some community members had reacted negatively to SAFER staff activities, namely, to the movement of female FTs in the community on motorcycles. Conservative community members expressed their disapproval by breaking the motorcycle of one of the FTs. At the outset of the project SAFER staff discussed the project objective, activities and role of the FTs with Thana and Union parishad and with some community members. However, systematic discussions were not held with religious leaders in the project-supported areas.

L.L. In keeping with the principles of community development, before initiating work in a community, a preliminary and essential step for all outsiders, such as SAFER staff, should meet with local leaders (religious and secular) to discuss proposed activities and to ask for their

permission to work there. In future SAFER work, this approach should be adopted to ensure community understanding of project strategies and to avoid possible opposition

Activities with children: In the SAFER project valuable educational activities are being carried out with groups of children both in and out of the schools. These consist of group educational sessions facilitated by either CARE or PNGO staff members. SAFER staff refers to these as "Child-to-Child" activities but this is somewhat misleading. The approach being used does not involve using children as peer teachers of younger children, as developed in the Child-to-Child strategy.

Assessment of child-to-child session conducted by PNGO-staff

No plans have been made regarding how the important hygiene/sanitation activities with children can be continued after SAFER and/or PNGO projects come to an end.

L.L. Educational activities with children are enjoyed by the children themselves and are beneficial to the community. At the community level, SAFER and the PNGOs should discuss with community influentials how such activities can be managed by community members themselves so that they can be sustained. In the school setting, similar discussions should be held with school officials to see how the educational activities can be incorporated into school programmes. While present activities do not conform with the "Child-to-Child" strategy, that strategy should be investigated to see whether the peer education approach can be integrated into present activities targeting children.

Activities with women

Educational activities are routinely carried out with groups of women. The objective of these sessions is to provide information and to get women to share their ideas about hygiene/ sanitation problems and solutions. The longer-term objective is to encourage them to change their practices. The work with women has not included the identification of informal women leaders in the groups nor involving them in promoting the target behaviours.

L.L. In order to spread and sustain hygiene education efforts at the community level, SAFER should identify and train informal women leaders to enable them to take on a health promotion role in the community. For example, they could learn to perform role-plays or lead groups of women in singing, followed by discussion of the issues presented in such materials.

Activity #5: Participatory extension approach

The fifth important activity in the SAFER hygiene/sanitation programming approach involves the use of participatory educational tools and methods.

Games for learning

Educational games can be an excellent tool for stimulating discussion and learning related to hygiene/sanitation issues SAFER has developed and encouraged the use of educational games, specifically based on the Hooks and Ladders format.

Learning through games

L.L. Written guidelines regarding the use of games with community groups should be revised to stress the educational objectives of these tools and how they should be used in order to accomplish such objectives. In the training of both CARE and NGO staff this aspect should be stressed Other types of simple games can also be developed by SAFER/NGO staff if they are provided with clear guidelines on how to do so.

Development/testing new activities, materials, tools and approaches:

While a number of new activities and tools have been developed in the model sites, the amount of innovation has been less than expected. The innovative approaches, which have been experimented with, have not been thoroughly documented. For example, lessons learned from the important Imam workshop have not been discussed and recorded.

L.L. In order for innovative approaches/activities to continue to be developed, senior SAFER staff need to give more attention and direction to the POs and FTs to encourage them to develop new approaches. All innovative approaches which are tried out should be carefully documented and lessons learned should be formulated

Potential for use of SAFE activities/approach by PNGOs

The five activities being used in the MS and developed with the PNGOs are based on the SAFE pilot experience and approach. While SAFE benefitted from extensive technical assistance and relatively skilled CARE field workers, it is difficult to determine whether the PNGOs will be able to independently develop and use the five activities once SAFER staff are withdrawn.

L.L. There is some evidence that certain aspects of the five key activities are too complex for some of the PNGOs to sustain on their own. For this reason it is important that SAFER carefully monitor PNGO capacity to use the five activities and, where necessary, that they simplify the activities proposed to the PNGOs

2. Awareness-raising workshops with 160 NGOs

Based on the project objective to increase the awareness of the SAFER hygiene/sanitation programming approach on the part of 160 NGOs, a series of activities have already been carried out and others are planned The activities/steps already completed include: the identification of NGOs with interest in hygiene/sanitation programming; development of 5 modules on the SAFER approach, which were later translated into Bangla; development of 5 informational videos on the approach, development of a training design for a five-day workshop; facilitation of four 5-day workshops with a total of 60 NGO participants; assessment of refresher training needs of initial NGO workshop participants, facilitation of 3-day refresher training workshop, distribution of a questionnaire to 60 NGOs regarding TA needs.

While these training and follow-up activities have been appreciated by the NGOs, they go considerably beyond the "awareness-raising" objective defined in the project design In so doing, extensive project resources have been used for these activities which do not directly relate to the main objective of the project which is to increase the capacity of a small number of NGO partner organisations to implement better hygiene/sanitation programmes.

L.L. In keeping with the project design, for the remaining workshops the objective should be limited to increasing their awareness of the 5 key activities in the SAFER process approach. The additional workshops should be 2 days in length and should make use of the 5 informational videos, which provide an excellent overview of the approach in a short period of time.

L.L. SAFER/CARE should clearly explain to the 60 NGOs who have already participated in the dissemination workshops and to the 100 who will be involved later, that SAFER is not in a position to provide them with substantive TA. They can also be informed that next year when SAFER training materials are completed copies of them will be made available to interested organisations. In addition they should be told that beyond 2001, other NGOs may be identified to receive ongoing TA, as the 6 NGOs are currently receiving.

Modules and workshop training design

With the assistance of an outside consultant 5 modules were developed for use in the workshops with the 160 NGOs Neither the modules nor the training design are tightly structured around the 5 key SAFER activities. In some cases the content is too theoretical and in other cases too much information is provided on how to carry out the activities, thereby going beyond the awareness-building function for which the workshops are intended.

L.L. A simple document on the SAFER hygiene/sanitation approach should be prepared which summarises the 5 key activities including the rationale for each, and key steps required to develop each one Based on this document, and for the purpose of facilitating the remaining dissemination workshops, a detailed and standardised workshop design should be developed with the assistance of an outside consultant It is important, however, that such a consultant be carefully oriented to the task to ensure that workshop objectives and activities accurately reflect SAFER priorities Once a good training design is prepared, the remaining 4 workshops could be facilitated by SAFER staff, assisted by the training consultant during the first workshop

3. Capacity-building partnerships with 6 NGOs

Identification of NGO partners

A systematic process was followed to identify the six PNGOs to whom SAFER is providing ongoing TA. The steps in this process included: a series of discussions with a larger number of interested organisations, visits to the model sites by each of those organisations, further negotiations with 6 of the interested NGOs, and ultimately the signing of a MOU This entire process took approximately 1 year (from the initiation of the NGO identification process to the signing of the sixth MOU)

L.L. The outcome of any NGO capacity-building effort will depend to a great extent on the commitment and quality of the NGOs chosen. In order to identify partner organisations, a systematic and time-consuming process must be followed.

Field staff involvement in initial SAFER-NGO discussions

With each partner NGO the collaborative agreement was finalised after series of discussions between SAFER and NGO management. Although the PNGO field staff were informed about this process, they were not always directly involved in the discussions. In some cases, during implementation of the programme the NGO staff were not able or willing to involve themselves in SAFER supported activities to the extent agreed upon by their supervisors

L.L. In the future, NGO field staff who are to be involved in SAFER-supported activities should be involved in discussions of the practical aspects of NGO staff collaboration with SAFER staff, prior to the signing of the MOU The MOU prepared with each PNGO should describe in greater detail the commitment, which each NGO is making in terms of staff numbers, and time which each will spend on hygiene/sanitation activities.

Translation of the Memorandum of Understanding

The MOU was prepared only in English In some cases, NGO field staff and SAFER FTs did not clearly understand all of the information in the MOU.

L.L. The MOUs should be translated into Bangla so that all SAFER and PNGO staff have the same understanding of the content of this important document. Other documents, which need to be understood by all field staff, should be made available in Bangla as well.

Need for clear definition of assistance provided by SAFER

In the project document it is clear that SAFER will provide technical assistance and some support for training activities with PNGO staff. It is also clearly stated that SAFER will not provide the PNGOs with hygiene/sanitation hardware (latrines, tubewells etc.) nor with financial support Although the PNGOs were informed that SAFER would not provide them with either hygiene/sanitation hardware or financial support from SAFER, some hoped that this type of support would be provided.

L.L. In establishing partnerships in the future it is essential that the terms of the partnership be clearly explained in writing regarding what CARE will and will not provide to the NGOs While the MOUs signed by the PNGOs specify what CARE will provide, to avoid possible misunderstanding it should also specify the types of support that will not be provided, particularly hardware and financial support

SAFER staff relationships with PNGOs:

SAFER staff appear to have very open and friendly relationships with PNGO staff. This type of relationship is necessary for establishing collaborative and productive partnerships with the other organisations All of the PNGOs state that they very much appreciate the skills and commitment of the SAFER FTs assigned to work with them and that they all have good working relationships with their staff

L.L. SAFER should continue to encourage its staff to have friendly, close relationships with PNGO staff as this is an essential ingredient of an effective CARE-PNGO partnership

Status of the partnerships

The SAFER partnerships with all six PNGOs are evolving in a positive way. Overall, the partnerships with the international NGOs and larger BNGO are stronger than those with the smaller BNGOs due to several constraints associated with one or two BNGOs weaker overall management; relatively low salaries and sometimes late payment of salaries which both tend to decrease staff motivation

Assessment of SAFER-partnership strategies through discussion with PNGO-members

L.L. SAFER's ability to develop NGO capacity can be constrained by a number of factors related to the internal organisation and management of the partnership NGOs In the choice of PNGOs in the future, such factors should be assessed as carefully as possible, however, many of these are beyond CARE's ability to either anticipate or control

Impact of capacity-building on PNGOs' hygiene/sanitation programming

The impact of SAFER's capacity-building efforts on the programmes of the 6 NGOs differs considerably. International NGOs are further ahead in the development and use of the 5 key hygiene/sanitation activities in their programmes due to their greater resources, organisational support and inputs to the partnership.

Based on the TA provided by SAFER, in most cases the PNGOs have used the concepts related to the 5 activities and have adapted them, as expected, to their own programmes and contexts

L.L. In a capacity-building approach with NGOs, their use of proposed programme strategies and approaches should be expected to develop at different paces The impact of CARE's capacity-building efforts on NGO programmes will always be significantly affected by each NGO's level of management, commitment and resources The impact of capacity-building efforts should continuously be qualitatively monitored by SAFER staff

SAFER-PNGO communication

In some cases, there has not been sufficiently frequent communication between CARE POs, PM, TRO and the PNGOs.

L.L. Frequent and open communication between SAFER staff with all levels of PNGO staff is essential to maintain good relationships with them

When bi-monthly SAFER-PNGO meetings are held, senior and field level SAFER staff attend along with PNGO members. However, senior NGO staff are not always present from all PNGOs The objective of these meetings is to review joint activities already carried out or planned for the future When senior level NGO staff do not attend such meetings it is impossible for important decisions to be made.

L.L. In the future, for bi-monthly Action Plan Review meetings, or for other important meetings, it is of critical importance that all PNGOs ensure that their senior staff attend along with senior SAFER staff.

SAFER staff respect for SAFER-PNGO scheduling:

Sometimes SAFER staff do not respect the activities scheduled with the PNGOs The inability of SAFER staff to follow the agreed upon plan of activities is often due to unexpected tasks/activities required by the Dhaka or Chittagong offices. These situations are obviously discouraging for the PNGOs

L.L. As much as possible, the Dhaka and Chittagong offices should anticipate tasks required of field staff so that they are not required, at the last moment, to pull out of activities scheduled with the PNGOs

Weaknesses in SAFER TA

In some cases, SAFER TA support has not been provided to the PNGOs in a systematic and timely manner. In these cases, the NGOs have not been able to develop one or more of the 5 activities as much as they had hoped to.

L.L. For each NGO, SAFER should ensure that frequent follow-up visits are made by POs and that periodic visits are made by the senior SAFER staff to ensure ongoing monitoring of the partnership and to identify evolving support needs required by each of the organisations.

In some cases, the CARE/SAFER open style of management has had an unanticipated and positive impact on PNGO management style. Through exposure to the CARE style of management in which the inputs of all levels of staff are sought, some of the PNGOs are adopting more democratic management styles.

L.L. The unanticipated impact of CARE/SAFER management style on PNGO interaction with their own staff is a positive development which should contribute to more effective PNGO use of human resources and increased programme effectiveness.

Integrating hygiene/sanitation activities with Income-Generating Activities (IGA) and Primary Health Care (PHC) activities

Many NGOs provide credit for IGAs to groups of women. The PNGOs with such activities are conducting hygiene/sanitation activities with those same groups of women. Some of the PNGOs have PHC programmes and have integrated the hygiene/sanitation activities into those programmes. In most cases, where the PNGO is involved in IGAs their staff give priority to the IGAs and the collection of loan repayments, and are often unable to carry out the planned hygiene/sanitation activities.

L.L. Based on the experience of the first two years of collaboration with the PNGOs, the integration of the hygiene/sanitation activities into PHC activities has worked better than with IGA activities. This seems to be due to the fact that where PNGO staff are involved in IGAs, there are strict expectations on them related to loan repayment collection and for this reason they tend to give priority to this activity. In addition, the fact that an NGO already has a PHC programme suggests their commitment to promoting community health. In these cases, the expansion of the PHC programme to incorporate hygiene/sanitation seems to be easier than in the case of IGA programmes SAFER staff should discuss the constraints associated with the integration of hygiene/sanitation activities into IGA programmes with potential PNGOs and with PNGOs to identify ways to overcome them.

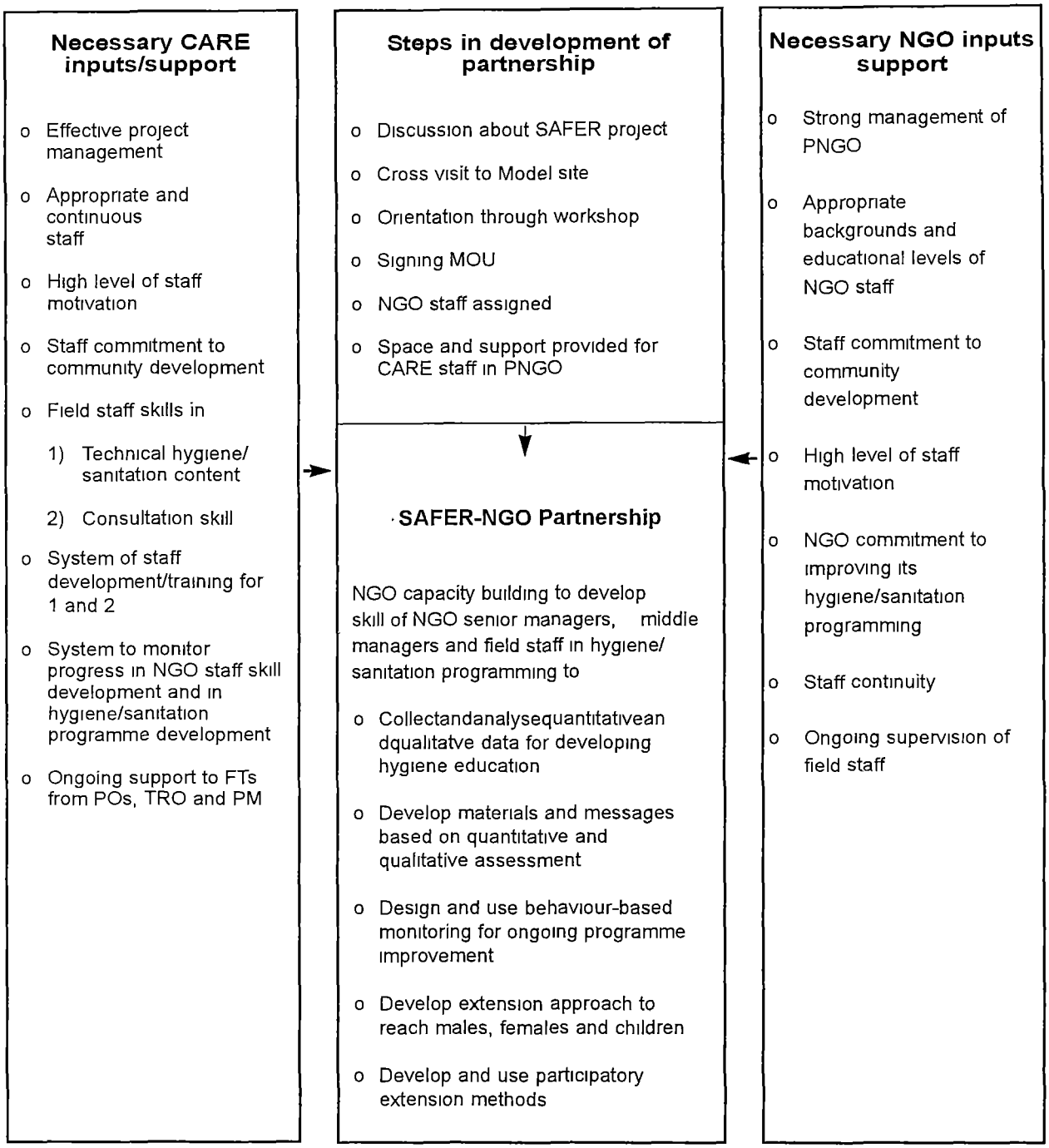
Financial support to PNGOs for hygiene education materials development

In the project document it states that small amounts of financial support will be provided to the PNGOs to help them develop hygiene/sanitation education materials The document suggests that visual materials, such as sets of laminated pictures, could be developed with these resources. Given the limitations of such materials (discussed above) and the need to encourage the PNGOs to use simpler learning activities/materials, it is suggested that these resources be used to help PNGOs develop stories, songs and role plays/dramas and to prepare small documents containing such materials which can then be shared with others to inspire them to develop and use such materials.

Factors which contribute to NGO capacity-building

Based on the information collected in the MTE it was possible to prepare a table which summarises key factors which contribute to the PNGO capacity-building effort (see table I). One set of factors are related to the inputs and support provided by CARE and a second set of factors are related to the support and inputs provided by the NGOs.

Table I: Factors contributing to NGO capacity-building



In the following two sections, these two set of factors are discussed. For each factor, lessons have been formulated which can help strengthen that aspect of the partnership

4. CARE inputs/support for NGO partnerships

a. Project staffing

Weaknesses in project leadership

Over the course of the past two years of project implementation the project has suffered considerably from inadequate programmatic and managerial leadership. The Project Coordinator (PC) position was vacant for 6 months and for one year the PC was a person with no background in either public health or hygiene behaviour change programmes. Various weaknesses identified in the project implementation can be attributed, in part, to this shortcoming at the PC level

L.L. The success of any project is strongly related to the quality of leadership, which it enjoys. Senior CARE managers should do everything possible to ensure that PCs are in place in all projects and that those persons are both technically and managerially competent.

Strengths and weaknesses in field level leadership and staffing

At the field level there has been continuity and strong leadership provided by the PM In the training area, an important constraint stems from the fact that the TRO has changed three times in two years. In both cases, the outgoing three TROs moved to other CARE projects. In addition, four experienced FTs were moved from SAFER to another CARE project.

L.L. CARE senior management should do everything possible to ensure continuity of project staff. As much as possible, CARE should avoid transferring staff from one project to another.

Skills and experience required in a NGO capacity-building strategy

Most of the SAFER staff worked in the SAFE project. This provided them with considerable training and experience with the SAFE approach to hygiene/sanitation programming. These have been very advantageous to the SAFER project.

L.L. For any project which aims to provide TA to other NGOs in a given technical area, a lengthy period of training and practice (2-3 years) is probably required to ensure that staff have the confidence and skills necessary to provide quality TA to others.

SAFER technical training skills

In the SAFER project, as in any project where training is a major component, three types, or levels, of training skills are required to ensure the relevance and quality of the training strategy: 1) skills in facilitation of workshop sessions, 2) skills in designing individual training sessions; and 3) skills in

developing a training system in which there are multiple training activities for different categories of trainees who have different roles/responsibilities in the project. (Most people who are referred to as "trainers" have level one skills, in facilitation of workshops. Few have level two skills, and fewer still have level three skills. In almost all cases those who have level 2 and 3 skills are persons who have at least a Master level degree in Adult Education)

The SAFER staff includes a Training Officer (TRO). The training skills of the three individuals who have been in this position in the SAFER project seem to correspond to level one training skill, facilitation skills. Neither the past nor present TROs have had level 2 and 3 training skills, which the project requires In a number of cases outside consultants have been contracted to design and facilitate individual training events. When outside consultants have been used, in some cases the content of the workshops they prepared was appropriate and relevant to the project strategies, and in other cases it was not so appropriate. During the life of the project, neither the TROs nor outside consultants have been asked to design a comprehensive training system based on task analyses of the different categories of project actors and collaborators.

L.L. It is very important that a carefully structured training system be developed for the SAFER project based on the roles and tasks of the different project actors and partners In order to develop such a system, specialised technical resources will be required which are beyond the capacity of the present training officer. The type of consultant required to carry out this task, which will take 5-6 months, should be someone with a Masters degree in Adult Education or Community Development who also has experience in community hygiene/sanitation programmes

Field staff supervision by senior SAFER staff

The present staff structure of SAFER is appropriate for effective monitoring of field activities The senior staff of SAFER are skilled in supervising field staff and programmes SAFER has introduced a regular supervision system. There are established field schedules of the PC, APC and PM Due to extensive internal administrative tasks, senior staff have not always been able to give adequate attention to field programmes, including the PNGOs. As mentioned earlier, due to the absence of a PC for a long time the APC, PDO, PM, TRO had to look after various management responsibilities at both the field and headquarter levels.

L.L. To optimise performance of FTs and to increase the effectiveness of collaboration with the PNGOs, supervisory visits should be carried out regularly by POs and periodically by senior project staff A standardised supervisory tool should be developed and used to monitor staff skill acquisition and to document weaknesses, which require special attention

Female project staff

In both the SAFE and SAFER projects, CARE has done an excellent job of recruiting female staff and in developing their capabilities. The present PC is a very well trained Bangladeshi woman who is highly competent in both technical and managerial matters. The majority (13 out of 16) of the FTs are women, an effective ratio for ensuring their participation in mixed forums. Senior project staff, who are primarily men, appear to respect and consistently encourage female staff to express their opinions. In a male-dominated society such as Bangladesh these aspects are very positive in terms of encouraging women's involvement and personal growth.

L.L. SAFER and CARE should continue to support the development of local women through recruitment, staff development and managerial policies which give them the opportunity to fully develop their professional potential

Staff gender considerations in community programmes

For community activities with women and children female staff are certainly appropriate and appear to be very effective. However, for activities carried out with influential and other men in the community male FTs are probably more suitable given the gender values of the communities in which they work

L.L. In male-dominated Bangladeshi society, work with male community members can more effectively be carried out by male field workers. If SAFER decides to expand work with community influentials, additional male FTs may be required to initiate and coordinate that work

FT time allocated to the PNGOs

For the FTs assigned to work with the PNGOs, SAFER expects them to spend 14 days a month working with their NGO partners. This represents 64% of the total number (22) of working days per month In some cases, the PNGOs feel that this is not a sufficient number of days.

L.L. SAFER staff should review the FT time allocated for PNGO work and for other tasks to reassess whether the 14 days per month commitment to the NGOs is adequate or not. Similarly, the use of the other 8 days per month should be carefully examined as it represents a considerable amount (36%) of their total monthly working time.

b. Project management

Staff meetings

Regular field staff meetings are an important management tool for discussion of programming issues and priorities, and for solving problems, which arise during the implementation process In the project, considerable time is devoted to field level staff meetings. All Cox's Bazar staff travel to Chittagong once a month for a one or two-day meeting with all field staff, with at least one additional day required for travel.

L.L. Regular staff meetings are beneficial. The format / organisation of such meetings should be reviewed to ensure that the time allotted for such meetings is well spent. The cost-benefit of having Cox's Bazar staff travel to Chittagong every month for the meeting of all field staff should be reviewed.

c. Staff motivation

Based on interviews carried out with all levels of SAFER staff, their level of motivation and commitment to the project appears to be very high. Key factors identified which appear to contribute to this motivation include: the participatory management style used in the project in which each staff member's contribution is valued; ongoing staff development activities; and the teamwork approach which is used at all levels. The field staff identified the following key factors those contributed to motivation·

- flexible management
- decisions are not imposed
- staff ideas are valued
- recognition for good work
- regular feedback on staff performance

L.L. The quality of project implementation and of project outcomes is strongly related to the level of staff motivation. The open and supportive management style used in the project should be continued. At the same time, high standards of performance should be set for all project staff

d. Staff commitment to community development

A critical ingredient in successful community hygiene/sanitation programmes is a sense of commitment on the part of field staff to the development of the poor communities with which they work. CARE staff appear to have respect for community members and to know how to establish rapport with them.

L.L. Sincere staff commitment to the development of poor, rural communities is essential for working effectively with them in hygiene/sanitation behaviour change efforts. This orientation should continue to be given special attention in staff recruitment and continuously reinforced.

e. Technical and consultation skills of CARE staff

The impact of the capacity-building strategy depends to a great extent on the skills of the SAFER FTs, as well as of other SAFER staff working with the PNGOs. In the SAFE project, CARE staff were involved in direct implementation of hygiene/sanitation activities and the training and supervision they received focused on their technical skills. In the SAFER project, as "capacity-builders" staff need to have strong technical skills but, in addition, they must have strong consultation skills to work effectively as advisors to PNGO counterparts. The technical skills of CARE staff are generally good, however, their consultation skills generally need to be reinforced.

Key skills required in their consultant role are related to: group facilitation (including active listening, paraphrasing and synthesising); principles of adult education; training of trainers methods; observational skills; techniques for giving feedback; facilitating self-assessment by NGO counterparts related to their skill development; non-directive consultation; and conflict-resolution. In the staff development/training process, these skills required for the consultation role have not been systematically developed.

L.L. Providing TA to other NGOs is a complex and delicate task. Strong non-directive consultation skills on the part of SAFER staff are essential in this effort in addition to their technical hygiene/sanitation programming skills. SAFER needs to design a series of training activities to strengthen the consultation skills of all field staff.

f. Training/staff development for CARE staff

Considerable effort and resources have been invested in basic training, on-the-job training and refresher training for CARE staff. According to staff members these staff development activities have been relevant to their SAFER tasks. However, the project has not developed standardised training packages for different levels of staff, which deal with both the technical, and consultation skills which they require.

L.L. In order to ensure the quality of training/staff development provided to CARE staff, standardised training packages should be developed for FTs and for POs. Such packages should include: 1) materials for trainees; and 2) training modules for trainers to use with trainees.

g. SAFER participation in national dialogue on water and sanitation

In the project design it is stated that SAFER should contribute to national knowledge and experience related to health and hygiene education programmes by participating in national fora related to water and sanitation issues. Since the project began SAFER staff have shared CARE's experience in the water and sanitation field by participating in a number of meetings and other events organised by governmental and non-governmental groups Two such events include National Sanitation Week, in which various activities are organised at the field level, and a special seminar organised by SAFER in November 1997, attended by representatives from 50 governmental and non-governmental bodies participated, in which CARE's approach to promoting hygiene/sanitation through both hardware and software was presented.

L.L. It is important for SAFER to continue to participate in national meetings and other events in order to share CARE's important experience in the water and sanitation field. It would be valuable for SAFER to prepare a concise document which summarises the lessons learned related to the different facets of community water/sanitation programmes to share with others at such gatherings.

h. Monitoring of CARE staff skill development

Staff participation in a training activity in a certain skill area does not ensure mastery of those skills. While numerous training/staff development activities have been carried out with CARE staff, no system exists to monitor staff skill development on an individual basis.

L.L. SAFER needs to develop a simple system to monitor the development of target skills of individual CARE staff members related to both their technical hygiene/sanitation programming skills and their consultation skills.

i. Ongoing support/follow-up to FTs by POs, TRO and PM

The FTs play a critical role in SAFER-PNGO collaboration and their effectiveness in that role depends in part on the support which they receive from their supervisors. Presently the FTs are receiving insufficient support from the POs, TRO and PM, usually due to other demands on these staff members' time.

L.L. In order to increase the effectiveness of the PNGO capacity-building efforts the FTs should be regularly visited in the NGO sites by the POs and periodically by the TRO and PM.

j. Training for NGO staff

Numerous basic training, on-the-job training and refresher training activities have been carried out with PNGO staff on the 5 key hygiene/sanitation programming activities. These training activities have been appreciated by the PNGOs. However, SAFER has not compiled the various training activities into structured, standardised modules related to each of the five activities.

L.L. In order to ensure that the training provided to the PNGOs is appropriate and adequate both in terms of the content and training methodology, SAFER should develop standardised training materials on the 5 key hygiene/sanitation programming activities.

k. Monitoring of NGO staff and NGO programme development

While SAFER staff are involved in developing the skills of individual PNGO staff and also in strengthening their organisations' hygiene/sanitation programme, no system exists to monitor these changes on an ongoing basis.

L.L. SAFER needs to develop a simple system to monitor PNGO capacity-building related to. 1) individual skill development related to the 5 key hygiene/sanitation programme activities; and 2) PNGO programme development related to the 5 hygiene/sanitation activities.

5. NGO inputs/support for the partnership with CARE

a. PNGO management

PNGO management skills have a direct influence on SAFER programme activities. The management in the two international NGOs is generally stronger and this has a positive effect on SAFER activities. For example, in few cases staff counterparts of SAFER staff sometimes receive their salaries late, which tends to decrease their motivation to carry out the hygiene/sanitation activities.

L.L. In order to increase the impact of SAFER support to the PNGOs, SAFER should carefully assess an NGO's human resource and financial management capacity before finalising a partnership agreement.

b. Staffing (educational backgrounds and continuity)

In most cases the educational level/background of PNGO staff is adequate. However, in a few cases the educational level of staff is very low and/or they are very young/immature which in both cases limits their ability to master the hygiene/sanitation skills and approach.

L.L. Initial meetings between SAFER staff and NGO managers should include detailed discussion of both the number of PNGO staff who will be assigned to work with SAFER staff and their educational level/backgrounds. This should ensure that PNGO counterparts for SAFER staff have a sufficient educational level/background and maturity to be able to master the hygiene/sanitation programming skills.

In some cases, NGO field staff as well as SAFER field staff who are working are transferred to other activities. This can hamper the ongoing programme of partnership activities.

L.L. The NGOs and SAFER should not transfer their staff to/by whom TA is going on.

c. Staff motivation

In some cases, there are constraints associated either with the functioning of the PNGO itself, or with the SAFER-supported activities which can decrease PNGO staff motivation. In some organisations there is a top-down management style in which many decisions are imposed on staff members and where the ideas of field staff are not always taken into consideration. For a few PNGO field staff, the SAFER-supported activities are perceived as an additional workload and not as a priority activity.

L.L. The motivational level of PNGO staff has a direct influence on their involvement in the SAFER-supported hygiene/sanitation activities. Many factors within the PNGOs which may demotivate their own staff are largely beyond the influence of SAFER. Before entering into NGO partnerships CARE should try to assess the level of motivation of NGO staff and try to develop relationships with organisations where staff motivation is generally strong.

d. NGO commitment to strengthening its hygiene/sanitation programme

The level of commitment to hygiene and sanitation varies from one NGO to another. In some cases the organisations allocate sufficient staff to those activities and continuously monitor their performance. In other cases, hygiene/sanitation activities are given less attention and priority.

L.L. SAFER should assess each organisation's commitment to developing hygiene/sanitation programming before signing an MOU with them. On an ongoing basis SAFER should identify constraints in the partnership and discuss these with NGO managers.

e. Commitment of staff to community development

In some cases the approach used by PNGO staff to work with communities is not based on the principles of community development, i.e. respect, dialogue and negotiation with community members. Here are a few examples: sometimes meetings are planned with community groups and

PNGO staff arrive several hours late or not at all; sometimes PNGO staff propose meeting times based on their own schedules rather than asking community members to set the time.

L.L. Effective collaboration with communities requires that field staff respect and adapt to community norms and values, for example, in scheduling community activities and in attending activities planned with community groups. Through SAFER formal and informal training activities, these important concepts of community development should continuously be reinforced.

f. Supervision of field staff by PNGOs

In few cases PNGOs do not provide frequent and quality supervision to their own field staff. This is sometimes due to a shortage of staff.

L.L. The PNGOs should be encouraged to ensure ongoing, quality supervision to their field staff. If PNGOs are interested, SAFER should help them to strengthen the technical and consultation skills of their own supervisors.

IV. Summary of Findings and Recommendations

1. PNGO capacity-building priority

During the MTE the evaluation team reviewed the project document in order to determine the appropriateness and feasibility of the project components and strategy. Overall the project design is coherent and logical, however, the evaluation team identified some inconsistencies which are discussed here along with suggestions for overcoming them.

In the project documents, capacity building with the 6 partner NGOs (PNGOs) appears to have the same importance as awareness-raising with the 160 NGOs and as the model sites.

In order to optimise the impact of the project on the PNGOs, in the remaining implementation period SAFER management should give priority to PNGO capacity building and ensure that the utilisation of project resources reflects this priority.

2. SAFER model sites

In the SAFER project two important activities are carried out in model sites: 1) development and testing of new materials, activities and approaches; and 2) training of new CARE staff and of NGO staff. The model sites are managed entirely by SAFER staff. While both of these activities are extremely important, in the MS considerable SAFER staff time and resources have been required to establish and maintain them which do not directly contribute to PNGO capacity building. It is

recommended that these two main functions of the MS be moved into the NGO sites and that the MS be phased out. This alternative strategy would ensure that these two important activities are continued but would increase the cost-benefit of these activities in terms of PNGO learning.

3. Awareness-raising workshops with 160 NGOs

The project document specifies that awareness-raising workshops should be carried out with 160 NGOs during the life of the project. A series of training and follow-up activities have been carried out with 60 NGOs and others are planned. While these activities have been appreciated by the NGOs, they have gone beyond the anticipated "awareness-raising" objective Furthermore, some of the NGOs are anxious to receive more direct technical assistance support from SAFER. Extensive project resources have been used for these activities which do not directly relate to the main objective of the project, to increase partner NGOs' ability to implement better hygiene/sanitation programmes.

It is recommended that future activities with the 160 NGOs be limited to the awareness-raising objective, that future dissemination workshops be reduced to 2 days in length and that they be tightly focused on the five key SAFE activities. In addition, the 160 NGOs should be informed that substantive TA from SAFER to support implementation of hygiene/sanitation programming is not possible in the context of the SAFER project.

4. Technical support for SAFER training activities

All aspects of the SAFER project involve training activities. Many resources and much effort have gone into these activities and the important outcomes of the project to date are related to these efforts. However, training activities have not been as structured as they should have been. The overall project training system needs to be strengthened by systematizing and standardising the various training activities, materials and modules. This task will require 5-6 months of work by a specialised consultant, as it is beyond the skill level of the present project Training Officer. It is recommended that a local consultant, with formal training in Adult Education and also, hopefully, with experience in hygiene education, be recruited to coordinate this work. In addition, it is recommended that an international consultant, with extensive experience in both adult education and hygiene education, be recruited for two to three weeks to help the national consultant develop the methodology and identify the key components to be addressed in this multi-dimensional task.

5. Monitoring PNGO capacity-building

The project document does not define precise indicators for assessing and later monitoring PNGO capacity building related to hygiene/sanitation process programming. SAFER should develop such

indicators to use to monitor the evolution both in the skills of individual NGO staff members and in NGO programming strategies. These indicators should be based on the sub-activities or steps related to the five key hygiene/sanitation programming activities.

6. Sustainability of hygiene/sanitation behaviour promotion

Experiences in numerous hygiene/sanitation behaviour change projects/programmes have shown that when such activities stop, priority behaviours being promoted tend to decrease. The SAFER project design does not address the issue of sustainability of hygiene behaviour change strategies beyond the presence of the NGOs. This is identified as a weakness in the project design. SAFER should experiment further with developing community capacity to carry on hygiene/sanitation behaviour change efforts by working through formal and informal community leaders and groups.

Related to this point, it is recommended that all SAFER and PNGO staff receive some training in the principles of community development and community empowerment to include such topics as: formal and informal community leadership, power and influence; levels of community participation and community empowerment; the differences between strategies which promote either dependency or self-reliance.

7. Summary of factors which contribute to NGO capacity-building

Based on the information collected in the MTE, a table was constructed which summarises key factors related both to CARE and to the PNGOs, which appear to determine the effectiveness of the NGO capacity-building efforts (see table I). The table suggests the complexity of the capacity-building task. It demonstrates that the success of the capacity-building effort depends on multiple factors, many of which are beyond the control of CARE. These various factors, related both to CARE and PNGO inputs, should be monitored on an ongoing basis and where constraints or weaknesses are identified they should be discussed and addressed as soon as possible.

V. Feedback from SAFER Staff on Participatory Evaluation Methodology

For many SAFER staff members the MTE was the first evaluation of any kind that they had been involved with. For all staff it was their first experience with a participatory evaluation. Feedback on the evaluation process itself was collected from SAFER staff in Chittagong, Cox's Bazar and Dhaka through group discussion and in written form from the core MTE team members. A synthesis of staff feedback on the participatory evaluation process is provided below in several categories of responses:

Advantages of the participatory approach

There was agreement amongst all SAFER staff members that the participatory approach was beneficial. Many comments were made about the advantages of the participatory approach compared to the traditional expert-dominated approach to evaluation. Key advantages of the participatory approach mentioned by staff were:

- It increased staff members' feeling of ownership of the MTE
- It ensured that everyone's opinion was taken into account
- It allowed SAFER staff to identify for themselves the constraints and weaknesses in project implementation
- It allowed SAFER staff to discuss and decide themselves how to strengthen the project strategy in the future
- Because SAFER staff participated in formulating the MTE findings and lessons learned, they easily accepted the MTE results

One of the FTs said, "Before the evaluation started, like others, I was a bit afraid. But the MTE has been a good experience for us. It gives us a lot of guidance about our leakage points and about what we need to do next".

One of the POs said, "Before the MTE started we couldn't sleep well for several nights. The participatory approach is new to us but from the first day we felt encouraged. It was an occasion to say things we had wanted to say before. We gave our opinions spontaneously. The facts came out. Now everyone can see what we need to work on".

Disadvantages of the participatory approach

The only disadvantage of the approach mentioned by SAFER staff was that it was time consuming for staff members. All felt, however, that it was time well spent.

Relevance of the participatory approach to other CARE projects

All staff members felt that the participatory approach to evaluation should be used in the future in the SAFER project. They also said that the approach is very relevant for other CARE projects both in the Health and Population Sector and in other sectors.

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Attachment

SAFER (Sanitation and Family Education Resource) Project
Visual Map of the project

CARE INPUTS

- SAFER Staff Dhaka based and Chittagong Field Office based - 28
- Skill Development Training
  - Self learning
  - Cross visit
  - Basic
  - On the Job
  - Refresher
- Support
  - Resources
  - Logistic
  - Materials

2 MODEL SITE

Objectives:

- To test new materials and methods for education dissemination.
- To demonstrate education methodology to PNGOS
- To develop SAFER Staff

Activities:

- Implementation of 5 key components of sanitation and hygiene programme
- Cross visits by PNGOs
- Continuous refinement of project interventions, methodologies and strategies

SAFER COMPONENTS

1 Partnership with 6 NGOS

NGO capacity building to implement better hygiene-behaviour change programmes providing continuos training (5 years) on 5 key components:

1. Collect quantitative and qualitative data and analyse data for defining hygiene education.
2. Develop materials and massages based on the quantitative and qualitative assessment.
3. Design and use behaviour based monitoring for ongoing programme improvement.
4. Develop of extension approaches to reach men, women and children.
5. Develop and use participatory extension methods.

3 Dissemination workshop with 160 NGOs

Objective:

- 160 interested NGOs become aware of the basic priciples and concepts of hygiene behaviour change proramming

Activities:

- Assessments of NGOs in all over the country
- # 8 Dissemination Workshops (5 days each) in divisional cities
- Follow up Workshop
- Assessment though questionnaire.

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