



BANGLADESH CASE STUDY 2023

CASH GRANTS FOR LATRINES INSTALLATION AND REHABILITATION

Using cash, vouchers or other market based approaches to reach WASH outcomes

ACKNOWLEDGEMENTS

This work is the result of collaboration between the British Red Cross Cash Hub and the RCRCM Cash and WASH TWG. The development of the case studies was led by Debora Bonucci (British Red Cross | email: dbonucci@redcross.org.uk) in collaboration with David Delgado and Rupert Gill with financial support from the Cash Hub as part of a work commissioned by the RCRCM Cash and WASH TWG. Key Informant Interviews were conducted with the cash and WASH focal points of the following National Societies: Jeff Otieno CVA Focal Point, Kenya Red Cross, Amar Poudel Deputy Director Nepal Red Cross Society, Kaustubh Dinkar Kukde Programme Management Delegate, British Red Cross, Renas Hussein WASH Program Manager, FRC and Brian Kae Enriquez Philippines Red Cross.



© **International Federation of Red Cross and Red Crescent Societies, Geneva, 2020**

Any part of this publication may be cited, copied, translated into other languages or adapted to meet local needs without prior permission from the International Federation of Red Cross and Red Crescent Societies, provided that the source is clearly stated.

Contact us:

Requests for commercial reproduction should be directed to the IFRC Secretariat:

Address: Chemin des Crêts 17, Petit-Saconnex, 1209 Geneva, Switzerland

Postal address: P.O. Box 303, 1211 Geneva 19, Switzerland

T +41 (0)22 730 42 22 | **F** +41 (0)22 730 42 00 | **E** secretariat@ifrc.org | **W** ifrc.org

INTRODUCTION

Introduction to the case studies on the use of MBP and CVA for WASH outcomes in the RCRCM

The RCRCM has been implementing CVA and investing in cash preparedness for many years. The Movement is uniquely placed to become a world leader in the provision of CVA in emergencies. The IFRC's Cash Roadmap highlights the IFRC's commitment to increase CVA whilst recognising the need to invest in cash preparedness and organisational mainstreaming to achieve this goal. Since 2012, the IFRC, ICRC and several National Societies (NSs) have been supporting the institutionalisation of CVA within several NSs to help integrate CVA into their disaster response activities.

As stated in the IFRC Plan and Budget 2021-2025, "Cash and voucher assistance is the IFRC's preferred form of material assistance, as a responsive and flexible modality that promotes human dignity, choice and community resilience."

While MBP has been widely used in livelihoods, food security, and relief sectors, the WASH sector has been relatively slow to embrace it. Over recent years humanitarian aid organisations have increasingly used market-based programming (MBP) to deliver water, sanitation and hygiene (WASH) in emergencies. CVA and Market-based modalities include the distribution of cash and vouchers, and this approach has many advantages to enable recipient vulnerable households to access WASH basic needs and services they need more efficiently and effectively, contributing to economic recovery, as well as supporting local WASH markets to deliver these goods and services at humanitarian standards.

MBP in humanitarian settings, such as cash distributions, can provide the support that is more tailored to individual needs. It shifts the focus from in-kind assistance to technical support, community engagement and the support of local economies to recover, rather than disrupting local markets with imports. Still, there is not enough evidence within the RCCM that these approaches have resulted in a positive effect on WASH outcomes. As a result, the evidence, level of expertise, specific training materials, and dedicated tools are underdeveloped and need to be improved and disseminated across the RCRCM WASH sector.



PROJECT DETAILS

Region: Asia

Country: Bangladesh

National Society: Bangladesh Red Crescent Cross Society

Specific location: Kurigram District

Year intervention started: 2017

The focus of your intervention utilising CVA: Sanitation

Response Phase for your intervention: Development

The number of people reached: 31,000

Type of beneficiaries targeted: Geographically targeted, Gender, Low Income / low capital, Rural.

Modality of CVA: 1,400 BDT in CASH and 1,600 BDT Voucher

Transfer mechanism used: Cash in Envelopes, Paper vouchers

Implementing partners: BDRCS with the support of the British Red Cross

BACKGROUND

Bangladesh Red Crescent Society (BDRCS), with the technical backstopping of the British Red Cross, implemented the V2R Vulnerability to Resilience WASH Project in the Kurigram district from 2015 to 2018 to reduce vulnerability and increase the resilience of 95,072 people (21,906 households) of targeted 30 communities, through improved hygiene and sanitation practices and increased access to improved water supply and sanitation facilities.

The V2R Vulnerability to Resilience project implementation was led by the CDMC (Community Disaster Management Committees) which is a community-level structure established by the project. The committees were empowered through training and took decisions on setting recipient selection criteria, and verification of the primary recipient lists provided by BDRCS after the household's survey.

The hardware component includes water supply and sanitation facilities tailored for the local context at the community level and the construction of child-friendly Water, Sanitation and Hygiene (WASH) facilities in schools. One of the key aspects of the hardware component is the installation and rehabilitation of latrines at the household (HH) level.

To reach the output, the project team identified the most vulnerable and potential beneficiaries to provide conditional cash grants for latrines installation and rehabilitation. Cash grants were provided to the selected 7,000 HHs in 2017 for latrine installation as well as to the 6,696 households (994 HHs for latrine installation and 5,702 HHs for rehabilitation) in 2018.

A brief outline of the project

The construction of latrine parts (35,000 rings and 7,000 slabs) was commissioned to local suppliers (typically small enterprises) and helped in stimulating the local economy. Suppliers have been instructed to follow strict quality guidelines (based on the recommendations from the DPHE-Department of Public Health Engineers) and their work has been monitored by the CDMC members (Community Disaster Management Committee) to ensure quality standards were met.

Before starting the Cash Grant process, the team provided training on Cash Transfer Programming (CTP) and then developed a Cash Grant Guideline and prepared a detailed proposal plan for the distribution of the Cash Grant. Then the latrines installation and rehabilitation activity started followed by the development of the step-by-step Guideline.

As per Cash Grant Guideline at first, the team conducted a general need assessment through PHAST (Participatory Hygiene and Sanitation Transformation) field exercise and compiled an action plan for 30 communities. Then HHs survey was done by the Community Organizer (CO) and generated the analysis report regarding the status of latrines coverage.

Cash grants to 7,000 HHs for the construction of basic sanitary latrines were distributed to HHs identified as the most vulnerable by the representatives from CDMCs and micro-groups through a door-to-door survey. The cash grants of BDT 3,000 per HH were being used to buy five concrete rings and one slab with the water seal, for the construction of sanitary latrines (to be installed by community members).

PROJECT DESIGN

Recipient selection

The recipients' selection process is done through the HHs survey, primary list, verification, and endorsement of CDMC, BDRCS branch and HQ.

- **Household survey:** Community Organizers with help of CDMC conducted a house-to-house survey with prescribed criteria to identify the poor and most vulnerable households/beneficiaries for latrine construction/rehabilitation support.
- **Analysis of survey:** Based on the information collected, the project technical person analyzed the data and short-listed the potential beneficiaries from all households surveyed by the CO (Community Organizer).
- **Preparing a primary list of beneficiaries:** The names of the short-listed households were shared with the respective Community Disaster Management Committees (CDMCs) to validate the primary list of beneficiaries based on the information collected by the COs.
- **Verifying the list:** Based on the primary list, the Red Crescent Youth RCY carried out verification through random sampling to check whether the selected recipients in the primary list meet the agreed criteria.
- **Final list preparation by CDMC:** After the verification by Red Crescent Youth RCY, the beneficiaries' list was sent to the CDMCs with feedback for review and finalization.
- **Approval by Project Implementation Committee (PIC)/Unit:** The PIC in a meeting approved the final list of recipients in presence of all members.

The CDMC V2R Kurigram project identified some criteria for recipients' selection for Cash Grants for the new installation and rehabilitation of latrines. Then PIC (Project Implementation Committees) V2R project Kurigram unit finalized and approved the criteria. The recipient's selection criteria are as follows:

- Poor families have no latrines and are not able to purchase materials or repairing of the existing poor

designed latrine.

- Poor female-headed household.
- HHs with disabled people/old age people/children.
- Divorced, separated and widowed family.
- Most vulnerable and poor family

Recipients were selected as per selection criteria through the door-to-door visit by the Community Organizer (CO), Red Crescent Youth (RCY) and CDMC members. After visiting HHs, the recipient's list was submitted to the CDMC meeting for verification and recommendation. After verification, the CDMC recommend the Cash Grant recipients list which was sent to the PIC of the V2R Kurigram project for approval. After that, the cash feasibility and in-kind's availability as well as market analysis were assessed. Then the team developed a proposal and prepared a detailed plan of action

Cash in envelopes and cash distribution activities

Cash distribution was done in locations where it was deemed safe for both the beneficiaries and staff conducting the cash distribution. The distribution centres for cash were located in school compounds and open fields. About 26% of the beneficiaries walked to the distribution site to receive cash whilst 49% of the beneficiaries used vehicles to take them to the distribution site. The beneficiaries were asked whether they had to travel to receive their cash payments and most of the respondents (94%), thought that the length of travel was acceptable to them.

Beneficiaries were very happy that there was First Aider along with First Aid Toolbox in the distribution point and to an extent, safe drinking water supply and seating arrangement was satisfactory.

For cash distribution activities, the team prepared the recipient card and Master Roll by Red Crescent Youth-RCY and approved it by the PIC of the V2R Kurigram project as per the cash distribution plan. A total of 994 beneficiaries received cash for new Latrine installation out of 1,000 selected HHs and 5,702 beneficiaries received cash for Latrine rehabilitation out of 6,000 selected HHs in the 4 sub-districts.

During cash distribution, a representative of the Finance department of BDRCS and BRC, a representative of PIC, Officer BDRCS Kurigram Unit, the Program Manager and Deputy Program Manager of V2R Kurigram project, all technical officers of V2R Kurigram and CDMC members monitored the activity closely and they provided necessary instruction to beneficiaries.

The Community Organizer (CO) was always present during the process, to maintain the attendance sheet for every working day and to ensure the registration of the recipient's presence. From the Kurigram Red Crescent Unit, ULO, Project Engineer, PIC member, Secretary and WASH and M&E technical Officers of the BRC randomly visited the latrines installation and rehabilitation sites earlier and provided their feedback to ensure the quality of implementation.

Payment Process

The mode of payment of the cash grant was done through handing over the cash to the direct recipients with necessary verification (i.e. recipient's name, Father or husband's name, National ID Number BNF card etc...). Cash distribution was maintained by master roll with the recipient signing or thumb impression and CDMC members and CO was also present there. Secretary/PIC member, Kurigram Red Crescent Unit and Project Manager, V2R Kurigram project were also present at some places.

Exit Interview during cash distribution

As per Cash Grant guideline instructions during cash distribution, the Technical Officer-M&E conducted an exit survey through Kobo Tool collect software.

After the cash is received, a one-to-one Interview and data collection by Mobile software recording details like Name of recipient, Micro group no, Name of community, HH no, Purpose of a cash grant, satisfaction level of the cash grant process and amount, timing, travelling cost of the recipient for receiving cash, recommendations and suggestions of beneficiaries for better improvement etc.

Post distribution monitoring

After the cash distribution, the team developed two monitoring checklists one for the new latrine installation and another one for latrine rehabilitation regular monitoring is done by the V2R project staff, PIC Kurigram Unit and CDMC following the Cash Grant guideline.

After monitoring, all checklists are sent to Kurigram Unit and compiled into a report to update on the status of latrines installation and rehabilitation. This monitoring is an ongoing activity.

Cash utilization

Among the households that received cash grants in 2017, around 91% utilized the cash for latrine installation especially for installing the superstructure which is supposed to provide privacy, while 9% didn't fully use the cash grant for latrines installation.

Technical adherence

In total, 79% of the latrines constructed were found basic latrines according to the criteria mentioned in the log frame (with the superstructure to ensure privacy, installation of the rings in the pit, and slab with water seal). The team obtained a list of rings and slab manufacturers from iDE (Powering Entrepreneurs to end Poverty).

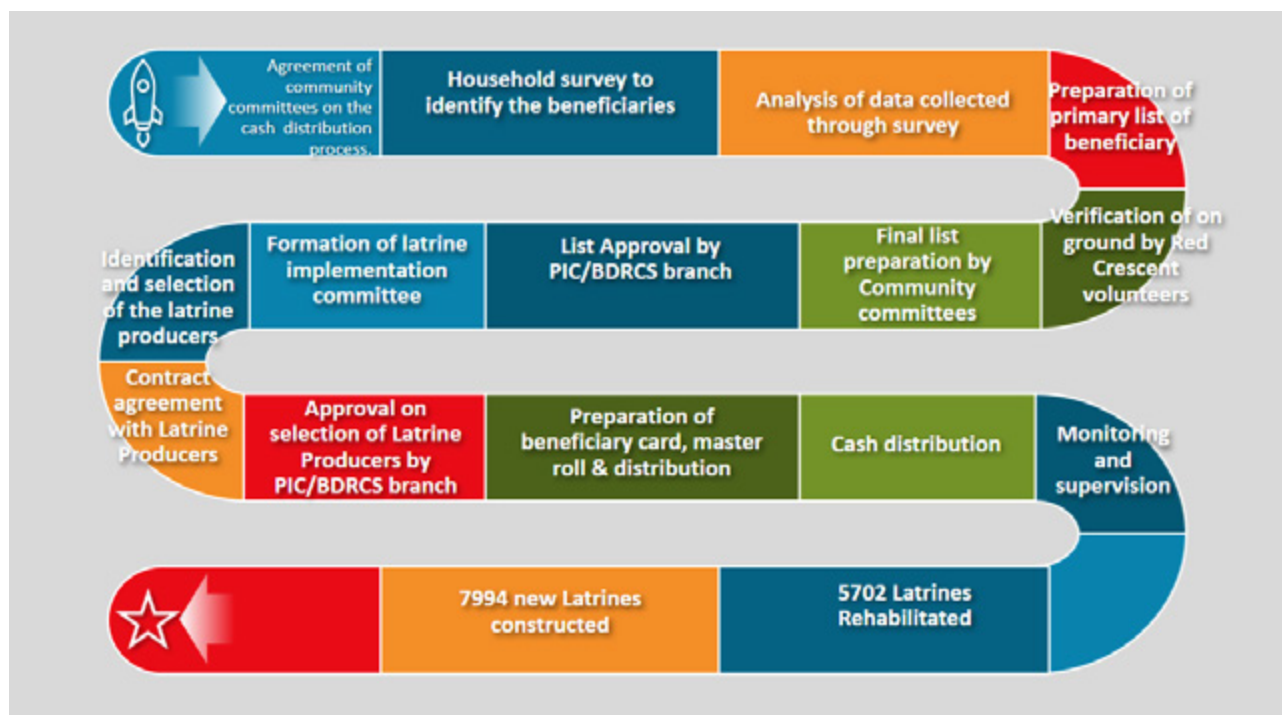


Figure: Process flow for the construction of the latrines using Cash and vouchers

Good practices

- The approach of purchasing locally the construction material implies that: a) the CDMC has closer control of the quality of the latrines being constructed including the quality of the rings and slabs, b) the CDMC can monitor and identify challenges faced by the local providers (i.e. short of supplies, bad weather for construction etc...), to assess the estimated date of the work completion and manage community expectations, c) risks of damaging the rings and slabs during transportation are minimized d) the local economy benefits by the work that is being created, generating more income generation activities for the small local enterprises and temporally increasing levels of employment in the sector.
- Within Bangladesh, there is a history of Community Lead Total Sanitation (CLTS) which is a non-subsidy approach. However, to speed up the process of Open Defecation Free (ODF) certification for vulnerable and poor communities, which may otherwise not have been able to afford a latrine, BDRCS and the community committees determined that a small cash grant will be given to each vulnerable household to assist them with the sub-structure and the super-structure work. This approach is especially valid during an emergency like floods.
- A Post Distribution Monitoring (PDM) was conducted to provide the programme management with regular data to determine whether the cash transfer programme progressed as planned and to check the proper utilization of cash for latrine installation and rehabilitation. It was also underlined to monitor the quality of latrine construction which meets the criteria of basic latrine as defined by the project.

The main findings for the Post Distribution Monitoring (PDM) were the following:

- Of households that received cash grants in 2017, around 91% utilized the cash for latrine installation while only 9% didn't fully use the cash grant for latrines installation especially for installing superstructure which is supposed to provide privacy.
- In total, 79% of latrines are found to be basic latrines according to the criteria mentioned in Log Frame (superstructure ensures privacy, installation of rings and the slab with water seal).
- During the devastating flood that occurred in 2017, 12% of the latrines were damaged and most of those were rehabilitated again by their initiative.
- On the other hand, for households who were provided cash in June 2018, at the time of the survey 77% of households already installed latrines which are flood resilient in terms of raising the plinth considering the highest water level that they are experienced.
- A small percentage of households (2%) spent cash for their household activities including repayment of loans and purchase of medicine as they installed their latrine before receiving cash grants.

LESSONS LEARNT AND KEY SUCCESSES

BDRCS (Bangladesh Red Crescent Society) evaluated the procurement processes for rings and slabs for the large number of recipients spread over several unions in a short period and decided to empower the community committees to lead the development work. This had the benefit of localization, time, and increased community ownership of the project.

WASH interventions did not leave anyone behind, the families who were proactive in constructing the latrines with their resources also received cash grants with the consent of community committees. These families were a small percentage of households (2%) who spent cash for their household activities including repayment of loans and purchase of medicine as they installed their latrines before receiving cash grants. This meant the families who took initiatives on their own were not penalized.

The quality of the latrine's construction can only be ensured through regular technical support and technical

monitoring. Cash alone cannot ensure good output.

A Mid-term evaluation was conducted, and the following are the main recommendations:

- Review the level of cash support required by HHs to support adequate latrine construction and consider matching the amounts given by other organisations to ensure equity between programs.
- As part of the review, consideration of the evidence related to subsidy vs non-subsidy should be coordinated with other agencies. This is particularly important in an area where the CLTS approach is used.
- CEA - Community and Engagement and Accountability: communities provided feedback indicating their appreciation to BDRCS for implementing the project in their area and wished to have the cash payments increased.

CHALLENGES

- As this intervention is amongst the early cash interventions of the national society in development projects, some teething issues (such as keeping a separate/combined master roll for cash and voucher) were faced.
- From the feedback mechanism, about 49% of the respondents indicated that they were not aware of how they can make feedback concerning the project as compared to the 51% who were fully aware of the feedback or complaints mechanisms.

Replicability and scalability of the intervention

The intervention under discussion is found to have worked well in reaching a large number of households in the shortest period and has used the available human resource to get the momentum for the certification of Open Defecation Free communities. There were several shortcomings which were observed through post-distribution monitoring and the mid-term review which need to be considered while replicating the intervention. Already the intervention was implemented at a large scale and the output of the intervention shows that the intervention can be replicated in other areas.

Conclusion

- Distribution of cash gives the flexibility to work at a big scale and to reach out to a large number of beneficiaries in the shortest period.
- The use of cash for the latrine construction transferred more control to the community to lead the intervention.
- The design of the project allowed the involvement of the community in monitoring the quality of the rings and slabs produced by the local suppliers and also in monitoring the use of cash distributed.
- The target communities were made open defecation free through WASH intervention using Cash.

ANNEX / ABBREVIATIONS

List of abbreviations

BDRCS	Bangladesh Red Crescent Society
CTP	Cash Transfer Program
WASH	Water Sanitation and Hygiene
RCRC	Red Cross Red Crescent
UNICEF	United Nations International Children's Emergency Fund
CVA	Cash Voucher Assistance
RAM	Rapid Assessment of Markets
IEC	Information, education and communication
HHs	Households
IPC	Infection, Prevention and Control

REFERENCES

1. **Cash SoP guidelines: CVA Technical Working Group at national HQ.**
2. **Contact Person and Lead Organization for this Case Study:** Kaustubh Dinkar Kukde, Programme Management Delegate, International Federation of Red Cross and Red Crescent Societies | kaustubh.kukde@ifrc.org
3. **Collaborators for this Case Study:** British Red Cross and RCRCM Cash and WASH TWG



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

Follow us:

www.ifrc.org | twitter.com/ifrc | facebook.com/ifrc | instagram.com/ifrc | youtube.com/user/ifrc | tiktok.com/@ifrc