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An evaluation of user-centred
community engagement in
emergency sanitation



OXFAM

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ABBREVIATIONS

ALNAP	Active Learning Network for Accountability and Performance
CC	Co-Creation
FGD	Focus Group Discussion
HH	Household
HIF	Humanitarian Innovation Fund
KII	Key Informant Interview
LSHTM	London School of Hygiene and Tropical Medicine
MEAL	Monitoring, Evaluation, Accountability and Learning
OD	Open Defecation
OSM	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
PSN	People with Special Needs
QRCS	Qatar Red Crescent Society
STC	Save the Children
WASH	Water, Sanitation and Hygiene
WHH	Welthungerhilfe
UCD	User-Centred Design

This report was written by Peta Sandison and is based on the findings of four project evaluations by Oxfam. These were conducted by Kate Brogan and Claudia Geraets in Bangladesh; Simone Carter and Jessica Petz in Iraq; Helen Hawkings and Nicolas Ferminet in Lebanon; John Allen and Omondi Otieno in Uganda.

Executive Summary

EXECUTIVE SUMMARY

In 2017, the Humanitarian Innovation Fund (HIF) launched a challenge to pilot rapid community engagement for user-centred sanitation. All the projects were characterized by a commitment to take users' ideas and feedback on board and act upon them. **Within the limits of each project's scope, all partners followed through on their engagement with users and implemented solutions to the communities' main problems. Satisfaction and perceptions of safety broadly improved across all projects.**

Between December 2017 and October 2018, four pilot projects were implemented in early-onset or protracted emergency contexts in Bangladesh and Iraq (Save the Children, with design partner [Eclipse](#)); Uganda (Welthungerhilfe, with design consultancy [Snook](#)); and Lebanon (Qatar Red Crescent Society). All partners aimed, to some degree, to incorporate User-Centred Design, which places the (sanitation) user at the centre of the design process. Oxfam was the Research and Evaluation partner; it developed a community engagement evaluation methodology and evaluated the four partner projects to understand the extent to which communities participated, how the partners altered their designs in response to user engagement, and the effect of the participation on sanitation use, maintenance and satisfaction. This report is based on the findings from the four project evaluations and the partners' monitoring data.

Overall, community feedback during the evaluations indicated that in all four projects people felt adequately consulted about their needs and concerns. This appeared to be irrespective of the approach used by the different agencies. All partners used formal surveys to identify community concerns, followed by discussion sessions. In three of the projects, staff and community members jointly prioritized the survey problems and agreed solutions ('co-creation'); these became the principal designs for implementation. **Each project invested considerable effort in consulting their communities. This suggests that even in short projects, time can be made to consult in a meaningful way.**

The evaluations found it difficult to assess the impact of different consultation types and frequency as other factors affected the results, such as high levels of informal face-to-face contact and hygiene promotion. Nonetheless, **three of the four projects largely determined needs and implemented the latrine design directly using the results from the**

initial survey data (with minor adaptations based on subsequent feedback). This indicates that, with well-designed surveys and adequate, representative sampling, **agencies can find out a good deal about people's views in a relatively short space of time.**

While some formal complaints systems were established, feedback was mostly face-to-face. Although the consequence of this was a loss of anonymity, it was not evident that people felt unable to provide feedback. **Dissatisfaction arose primarily because of limited project scope and a failure to act on feedback.**

Managing community expectations was a challenge for all projects. Negotiation skills were essential – restricted budgets and contexts limited the options, and disappointment was easily generated. The partners often struggled to decide on the boundaries for negotiation – some of the community members were not given enough opportunities to provide feedback and influence latrine design, while others (often people with special needs) were given multiple opportunities. Designs had to balance the users' ideal solutions with technical, financial and contextual constraints. **Projects which communicated the project's scope early and effectively and used more tightly focused survey questions seemed to better manage expectations.**

Overall, strong consultation plus successful negotiated prioritization and strong follow-through to implementation of community solutions appeared to lead to more appropriate latrines. Satisfaction increased significantly in three of the four projects. It was linked to the projects' responsiveness to community feedback as well as the quality and tangible value of the project deliverables. Lighting and locks in particular led to improved perceptions of safety.

There was insufficient evidence to link user-engagement in design with levels of community ownership. However, cleanliness – lack of which was raised during initial surveys as a key problem in three of the four projects – clearly improved. **For short-term projects, this was a major achievement.** Attitudes to cleanliness may also have been influenced by hygiene promotion and whether users had communal or individual household latrines (users are more likely to clean and maintain their own latrines). Further monitoring is needed to test the causal links between user-informed, more appropriate latrines and the expected increase in latrine use and ownership.

All three of the HIF project agency leads said that organizational issues were as critical to success as the methods they used. HIF's predictable, flexible budget facilitated an iterative approach. Staff buy-in was mostly high – and essential particularly among managers and technical leads as well as support personnel. **The staff of all four teams liked and valued the user-centred approaches, and all plan to use them in future projects.** It seems that with a focused commitment to engaging users, several common organizational barriers could be surmounted: all projects ensured that time was available, maximized their resources to enable engagement, established relationships with communities through the process and, where they could, implemented users' design suggestions.

Promising practices from the projects which merit further testing include using a simple, structured framework for engaging users (a launch, survey, design, construction and iteration sequence), interactive digital surveys, and adaptable project plans, budgets and procurement systems. Save the Children–Eclipse's touch-interactive digital survey tool stands out as a promising innovation because it was engaging, accessible for all ages and levels of literacy, and quick to use. Co-creation also has

potential as an approach to engaging communities in a negotiated prioritization of design solutions; whether it can be adapted to use at scale needs testing.

The main potential for greater community engagement may be when projects shift from provision of emergency communal latrines to improved, shared or household latrines. **First-phase latrines could act as rapid prototypes around which communities can provide feedback, promoting subsequent iterations as the emergency stabilizes.** It is striking that the concerns and needs raised by communities in the four pilot projects were very similar – they include design features to enable privacy (e.g. locks), safety (lighting, child-friendly), cleanliness, smell, and adaptations for people with special needs (e.g. handrails, steps). **This implies that such design fundamentals of safety, privacy and dignity will always be community priorities** and could be built into sanitation design much earlier in an emergency. Iteration and an ongoing cycle of community engagement would complement best practice sanitation tools, such as [Sani Tweaks](#), promoting better design and further testing of the hypothesis that more appropriate latrines will increase use and ownership and therefore lead to improved health outcomes.



Section 1: Introduction

INTRODUCTION

In 2017, Elhra's Humanitarian Innovation Fund (HIF) launched an [innovation challenge](#) 'to create good practice guidance for rapid engagement with affected communities as end users to generate actionable and practical solutions for user-centred sanitation in emergencies. The guidance should be appropriate for the design of sanitation in the first stage (typically 12 weeks) of a rapid-onset emergency, but will be applicable to a range of humanitarian contexts, including protracted settings where rapid decision-making in sanitation design is necessary.'

The HIF challenge aimed to achieve the following objectives:

- Understand existing community engagement practice and relevant approaches across a range of fields, as well as their strengths and limitations, and their applicability in an emergency.
- Develop and test innovative community engagement approaches and tools that can be used in a rapid-onset emergency.
- Develop a robust methodology to monitor and evaluate the impact of community engagement approaches on the overall satisfaction and use of sanitation facilities in emergency situations.
- Build a body of evidence around the effectiveness and impact of rapid community engagement in making sanitation decisions in humanitarian emergencies.
- Change existing practice by sharing evidence and learning around designing, implementing and evaluating rapid community engagement in emergencies.

Three humanitarian organizations – Qatar Red Crescent Society, Save the Children and Welthungerhilfe – were selected to implement community engagement approaches in four emergency sanitation projects. Save the Children (STC) implemented two projects, one in Bangladesh and a second in Iraq. STC UK established a project partnership with a human-centred research and design company [Eclipse Experience](#) (referred to as Eclipse in the report) and implemented the projects through STC International (both are referred to as STC throughout the report). Welthungerhilfe (WHH) implemented two projects in Uganda, supported initially by a User-Centred Design partner [Snook](#). Qatar Red Crescent Society (QRCS) responded in Lebanon, initially supported by design partner Sesri. Oxfam was selected as the Research and Evaluation partner, tasked with producing a [Landscape Review](#) of community engagement in sanitation, developing an evaluation methodology and evaluating the four partner projects.

This report is based on the findings from Oxfam's evaluations of the four sanitation projects.¹ The evaluation has benefitted from collaboration with Active Learning Network for Accountability and Performance (ALNAP), which interviewed project partners for its report, *Case Study: User-Centred Design and Humanitarian Adaptiveness* (due to be published in 2019). While ALNAP's research is specifically focused on User-Centred Design, its findings provided an invaluable cross-check on partners' methods and additional insights on organizational issues.

Section 2:

The four pilot projects

THE FOUR PILOT PROJECTS

All four projects were stand-alone sanitation interventions in refugee camps – in Bangladesh, Iraq, Uganda and Lebanon. Due to the ethical and practical challenges of piloting projects in rapid-onset emergencies, all four pilots were implemented in early-onset or protracted emergency contexts. At the same time, STC and Eclipse designed the responses to mimic a 12-week rapid-onset implementation period; Bangladesh was early-onset. One of WHH's two projects took place in Imvepi, a camp which had recently experienced a rapid influx of refugees.

Qatar Red Crescent Society (Lebanon)

QRCS's objective was to rehabilitate existing latrines in four informal camps of Jeb Jannine in West Bekaa, Lebanon. The context was a protracted crisis; most households already had family latrines. One camp had mixed-sex communal latrines (latrines designated for a number of families' tents but also used by the wider community). The project began in May 2018 and focused on improving superstructures, modifying the size and type of latrines for people with special needs (PSN), as well as improving lighting and water supplies for handwashing latrine slabs. In total, 113 latrines were improved through this process, reaching a total of 808 people. Due to internal problems with cash flow, the project was delayed and took approximately eight months to complete.

Save the Children (Bangladesh)

STC's HIF project began in December 2017 in Jadimura camp in response to the Rohingya influx to Bangladesh from Myanmar which began in August 2017. The project was implemented early in the emergency, but was not rapid-onset. Emergency latrines had been built by other NGOs using tarpaulin superstructures. STC aimed to improve the sanitation facilities on three sites in Jadimura camp through engaging the communities in the design of new latrine blocks and bathing rooms. The camp population was approximately 14,800; the project targeted 343 people, of whom 200 were children. The latrine users were a mix of refugees and the local community; the users were in charge of digging and carrying the material for the latrines. Skilled work was paid for by STC but managed by the community. The project constructed 136 latrines, of which 40 were adapted specifically for the needs of children. In addition, STC improved paths, adapted and installed locks, and provided child-friendly latrine slabs. The STC team involved in the project totalled eight: a WASH project manager, two WASH engineers, two MEAL officers, two hygiene promoters and one child protection officer. The team were supported and trained in the project methodology by Eclipse. The project was completed in approximately four months.

Save the Children (Iraq)

STC's Iraq sanitation project worked with the Yazidi community in the Sharia Displacement Camp in Kurdistan, Northern Iraq, a protracted emergency context. Permanent latrines had already been constructed by a contractor and, subsequently, by STC. Prior to the HIF project, STC had managed all rehabilitation, water provision and cleaning and maintenance (IDPs living in camp were hired to maintain the latrines). The HIF project began in February 2018 with the objective of rehabilitating the existing latrines, although a block of new child-friendly latrines was also built late in the project. The project had anticipated additional funds from another donor and would have increased its scope, but in the event had to implement with HIF funds only. The project targeted 574 refugees: 407 children and 167 caregivers, out of a total camp population in 'Sector E' of 4,432. The project installed rubbish bins, soap holders and hooks in the showers, repaired floors and replaced wooden floors with ceramic tiles, and constructed stairs for children and a new latrine block for children. Seven STC staff were involved in the project: one WASH project manager, two WASH engineers and four hygiene promoters. The project used the same approach and methods as in Bangladesh and was again supported by Eclipse in the field. The project took approximately three months to complete.

Welthungerhilfe (Uganda)

WHH has been working in Uganda's West Nile region since 2015, and responding to the emergency influx of refugees from Southern Sudan since 2016. The new WHH HIF interventions began in November 2018, targeting 400 households for improved sanitation, split evenly across two settlements – Village 16 in Bidi Bidi and Village 20 in Imvepi. 300 households received materials from WHH for constructing household latrines and 100 households benefitted from the construction of latrines for PSN. 2,400 people were supported by the project, of whom 100 were PSN. At the time of the evaluation in late September 2018, most household latrines had been completed by the householders, while PSN latrines were in the final stages of construction by contractors. The project had a team of seven dedicated staff composed of one technical coordinator/project manager, one monitoring and evaluation officer, one WASH engineer, one cashier and one community development officer/mobilizer. In addition, WHH recruited 10 (five in each location) hygiene promoters and six masons from among the refugees. The project was delayed initially, and hence was implemented over a period of approximately 11 months.

Section 3: Partners' methods to engage users

PARTNERS' METHODS TO ENGAGE USERS

All partners were free to select their own community engagement methodology. All aimed, to some degree, to incorporate a User-Centred Design (UCD) into their approach. The flexibility of UCD approaches and their integration alongside more traditional community engagement methods and hygiene promotion meant that the projects were sometimes a blend of approaches and not always recognizably different from more established community engagement methods.

STC and QRCS tested versions of UCD adapted to the context. Broadly, the approach involved discovering the users' concerns ('pain points') about their current sanitation facilities, jointly generating design ideas and solutions with the users ('co-creating'), testing designs ('prototyping') and finally, implementing solutions. All partners used surveys to identify community concerns. STC and its UCD design partner [Eclipse](#) and QRCS conducted co-creation sessions. WHH and its design partner [Snook](#) used a hybrid methodology, combining Participatory Hygiene and Sanitation Transformation (PHAST) methods with some elements of UCD.

USER-CENTRED DESIGN (UCD)

ALNAP's Case Study: *User-Centred Design and Humanitarian Adaptiveness* describes UCD as 'a creative problem-solving approach used to design products, services and programmes across a wide range of sectors that puts the needs and experiences of intended end-users at the centre of the design process and engages the users throughout this process'. The [draft] report outlines the UCD process as generally involving 'three key stages: understanding the needs of users, designing and iterating potential solutions to these needs based on fast prototyping and evaluations that enhance the understanding of user experiences, and the final delivery of the optimal solution'.

Qatar Red Crescent Society

QRCS used an adapted UCD approach, carrying out an ethnographic survey followed by co-creation sessions, as well as engaging with the affected community on a one-to-one basis throughout the project. Extensive use was made of prototyping.

QRCS's survey mainly targeted adult women with the occasional participation of men in the household, notably the elderly or those with special needs. The survey explored people's problems with the existing latrines, using open-ended questions. Approximately 17% of the population were surveyed (139 individuals, each representing one household, out of the target population of 808). Children were not targeted in this process (though they were included in hygiene promotion sessions). Information from the survey was triangulated with direct observation of latrine superstructures and pits by the WASH engineer. The survey information was collected on paper and manually analysed; this was, according to the team, a time-consuming process. The results were initially discussed in a meeting to identify priorities and possible solutions. Although described by QRCS as a co-creation meeting, the community was not included; QRCS opted for a staff-only meeting because of concerns that the community's illiteracy would make shared data analysis impossible. QRCS also wanted to ensure that those selected to co-create the designs were those who had identified the critical pain points. A series of co-creation meetings were then held with sample groups from the community. Co-creation sessions explored participants' lived experience of the main pain points and facilitated community solutions. Additional consultation was carried out with PSN. QRCS piloted prototypes in one latrine (such as lights, cleaning materials and water tanks), then, based on feedback, rolled the modifications out to 20 latrines and conducted customer satisfaction surveys. If results were positive, the solution was rolled out in the camp. QRCS staff intentionally maximized their accessibility to the communities by living in one of the camps; this meant they were readily available for informal consultation throughout the project.

STC and Eclipse, in both Bangladesh and Iraq, held an open launch meeting to introduce the project, followed up with a targeted digital survey using bespoke software loaded onto tablets. Eclipse developed the survey and trained staff from both projects to use the survey software and to conduct co-creation sessions; the training included hands-on practice with community respondents. The survey used interactive illustrations and scales of smiley faces. Respondents selected pain points about latrines by tapping on the illustrations (e.g. of the inside and outside of a latrine) and were then asked follow-up questions about the reasons for their selection (e.g. problems with the doors, slabs etc.).

The results of this first digital survey were uploaded, instantly analysed online, and the identified priority pain points were then discussed in sex- and age-disaggregated co-creation sessions with the community. The co-creation sessions used participatory tools such as 5-Whys and an H-Assessment to facilitate prioritization.

Following implementation, a second digital survey was carried out to identify any important outstanding adaptations required and to measure changes in perceptions resulting from the project. Considerable one-to-one informal and house-to-house contact between STC staff, hygiene promoters and the targeted community continued throughout both projects.

WHH carried out a survey designed by Snook, focusing on specific sanitation questions. According to WHH, misunderstandings with Snook led to significant delays in the finalization of the survey,

which resulted in only approximately half of the project's 400 participants being surveyed. ALNAP's Case Study interviews suggest that WHH carried out a second survey of the same householder group, using questions further adapted by Snook. Following analysis of the survey data using digital software, WHH held a large group launch meeting with the community. Further community meetings were later held to determine which materials householders would need to construct a latrine, and to discuss what WHH could provide. A list of essential materials was compiled. The consultation was structured around construction needs rather than broader pain points, concerns, needs or wants. WHH consulted the community on the selection criteria for PSN, and several house-to-house PSN consultations were held by the project's hygiene promoters. WHH staff described using some PHAST methods as part of its approach, including a simplified sanitation ladder tool.



Section 4: Evaluation methods

EVALUATION METHODS

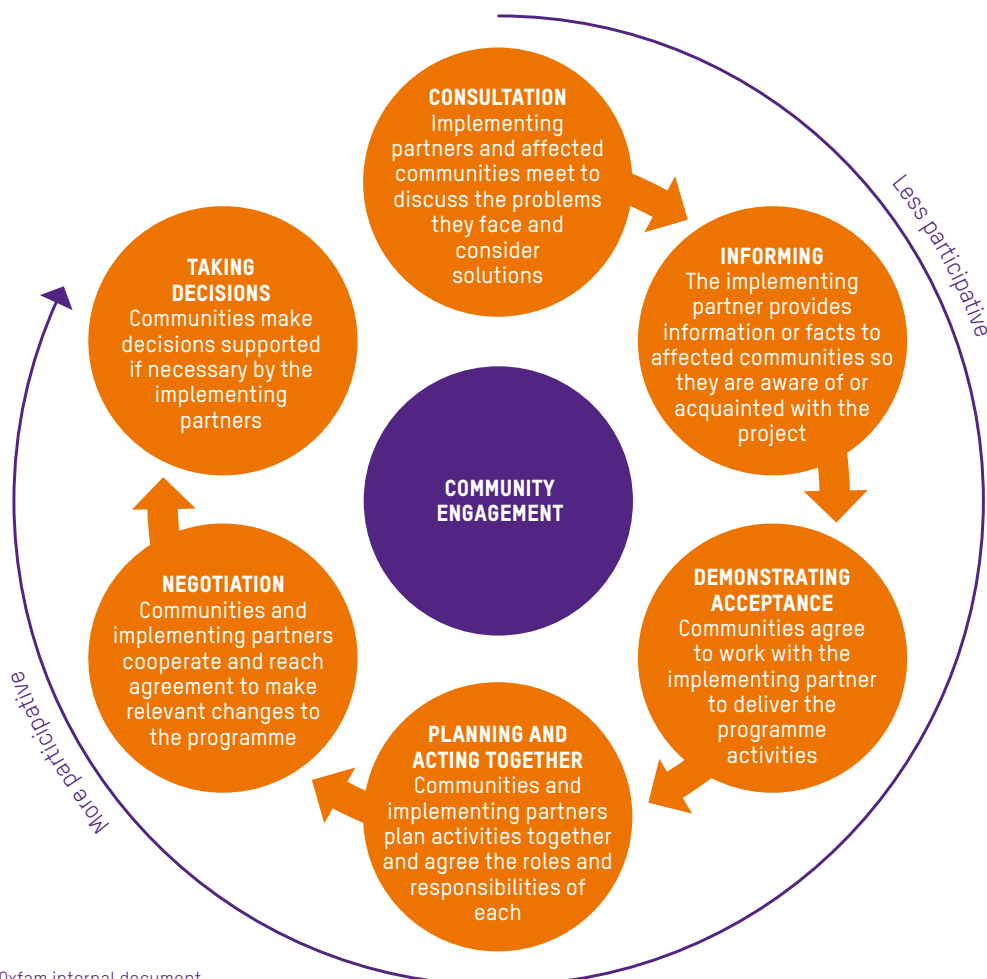
Four process evaluations were carried out by Oxfam between February and October 2018. Semi-structured research questions were developed to evaluate three main elements of the projects:

1. How communities participated.
2. How the three community engagement partners responded to this participation (i.e. how the sanitation design was altered as a result).
3. The impact of this participation on users (looking at latrine use, maintenance and satisfaction).

One objective of the HIF sanitation challenge was to develop 'a robust methodology to monitor and evaluate the impact of community engagement'. The *evaluation questions* were structured around six types of community engagement, a framework developed by Oxfam for humanitarian WASH programming (Figure 1).² This framework provided a

generic structure that would address the variations in community engagement methods used by each project. The evaluation questions aimed to gather information on the communities' experience of how and when they participated and the extent to which they perceived that they had influenced the sanitation designs, project plans and decision making. Community members were questioned about how they obtained information about the project and whether the information was timely and compatible with their information preferences. Evaluation participants were also asked their views on the intended project outcomes of latrine usage, cleanliness, ownership of operation and maintenance (O&M), and about their satisfaction with the sanitation facilities. Informal transect walks were completed to better understand the study setting, local context and to observe the latrines (construction, cleanliness, evidence of use).

FIGURE 1: SIX ELEMENTS OF A COMMUNITY ENGAGEMENT PROCESS



Source: Oxfam internal document

The evaluation assessed UCD as a design-focused element of a wider community engagement approach; it did not seek to evaluate the effectiveness of UCD as an alternative to traditional community engagement approaches. For an analysis of UCD as a specific approach, see ALNAP's forthcoming Case Study which characterizes UCD, assesses the degree to which the projects implemented UCD approaches, and considers UCD in relation to the partners' capacity to adapt their responses.

Each evaluation used the following *qualitative methods*: key informant interviews (KIs), focus group discussions (FGDs), workshops and informal transect walks. KIs and FGDs were conducted with individuals representing different members of the community, including mothers, fathers and community leaders, to understand their level of participation, awareness and knowledge of the project. Workshops were carried out with boys and girls (separately). Partner staff were interviewed individually and in a workshop about the methods they had used to engage the communities, their views on the results and on their organization's capacity to support a community engagement approach. Interviewees were purposively sampled in each evaluation through consultation with partner staff. Interviewees were project beneficiaries and, except for some participants in Bangladesh, had been participants in the partner's community engagement process. Overall, 26 FGDs, 40 KIs and 10 workshops were carried out across the four evaluations.

Four different teams carried out the evaluations, each composed of at least two evaluators (one WASH, one MEAL). The two Bangladesh Oxfam evaluators were joined by STC MEAL staff; the Iraq team was composed of one Oxfam WASH staff member working with a researcher from the London School of Hygiene and Tropical Medicine (LSHTM) and an STC MEAL staff member. Lebanon was evaluated by two external consultants, and Uganda by an Oxfam staff member and an external MEAL consultant. Translators from the location were used in all four evaluations. Transcripts were completed for all responses and analysed manually by Oxfam to identify response types and frequency.

Consent: For each evaluation, the evaluation's purpose and intended use of the data was explained to all participants and verbal consent was sought. All data recorded from community interviews was anonymous.

Each of the four projects was asked by Oxfam to gather monitoring data from community members in relation to three project outcomes (use and maintenance, satisfaction, and participation in process). An Excel spreadsheet with indicators for each outcome was co-developed with STC and used by all partners; where available, this data was included in the project evaluations. This evaluation report was informed by the four (unpublished) project evaluations. Each partner received a copy of its project evaluation, and all except WHH provided feedback on the factual content of a draft version of this report. LSHTM, ALNAP, key Oxfam stakeholders and HIF also provided feedback on the report.

Each partner hosted the evaluations, facilitated introductions to the communities, and were generous with their time and willingness to share their views and experience.

The limitations of the evaluation were that insufficient time was available with communities in Bangladesh and Iraq, and translation quality was poor in both locations. The evaluation questions for all four projects were designed to assess traditional community engagement; however, the project objectives of STC and QRCS were focused on design and did not necessarily aim for elements of community engagement such as community management of the latrines, reducing coherence between the evaluation questions and the projects. The evaluation questions were too numerous and the six community engagement types overlapped; they were easily confused by evaluation participants. It was difficult to obtain updated, consistent descriptions of partners' methods in Uganda and Lebanon, and partners' monitoring data was often incomplete. Because of delays to the WHH and QRCS projects, the evaluations were delayed by several weeks, and the workshop planned for all partners to discuss results and good practice therefore had to be cancelled. Partners were instead asked to hold internal workshops, using an outline of questions proposed by Oxfam. In the event, only STC with Eclipse carried this out as an internal discussion.

Additional information and discussion about the evaluation methods can be found in Oxfam's forthcoming discussion paper: *Evaluating the Evaluation: Learning from evaluating community engagement*.

Section 5: Findings

FINDINGS

This section describes what each project did to engage communities in the design of their sanitation facilities. The findings are organized around the six types of community engagement described above in Figure 1: consultation, informing, demonstrating acceptance, planning and acting together, negotiation, and taking decisions.

Consultation:

Implementing partners and affected communities meet to discuss the problems they face and consider solutions

Overall, the four projects were characterized by frequent consultation, with variations in the methods and, to an extent, in the quality of the consultation. In different ways, staff and community volunteers in each project aimed to consult a representative sample of their target communities and understand their concerns and priority needs. None of the partners carried out a risk or context analysis to inform the project or consultation design; teams which were already present prior to the HIF project (STC in Iraq and WHH) said that they had already conducted contextual analysis.

According to the Oxfam evaluations, community members generally knew the staff and had no difficulty in identifying the project and its intentions. **Community feedback during the evaluations indicated that people felt adequately consulted about their needs, wants and concerns. This appears to be irrespective of the approach used by the different agencies.**

Lebanon

According to Oxfam's evaluation of QRCS, 'Consulting was a very strong element of the project, with high levels of consultation throughout the project.' However, not all sections of the community were consulted, as QRCS had taken the decision to specifically target women. Children were not consulted and, because of security concerns, staff could only access adults who were present during the day (a restriction also faced by the evaluation team). A female key informant noted that the 'place and time of the CC [co-creation] meeting was fine as we don't work, but working people couldn't attend'. However, PSN or their carers were actively involved in the consultation once their differential needs were identified in the household survey and co-creation sessions. Overall, QRCS's consultation was frequent, but not fully representative of the community.

Bangladesh

In the evaluation FGDs, both male and female caregivers recalled 'several' meetings during which they could share their opinions as well as frequent door-to-door consultation; several women recalled the 'big mobile' survey. Recall of consultation frequency was highly variable (some said 10-15 times, others said weekly, some said every few months). Overall results from the evaluation suggested that the community was satisfied with the consultation approach and quantity, with one respondent saying: 'Save [STC] don't do any work without discussion.' According to respondents, consultation was inclusive: 'the right people were spoken to'. Meetings were arranged at accessible times and places, 'when the women are free and have no work to do', and segregated by sex and age. Efforts were made (door-to-door) by STC to ensure that (vulnerable people) who could not attend the launch and co-creation session were consulted in their homes. STC 'even asked the children'. Boys participating in the evaluation workshop had not been part of the STC consultation; some girls commented that, 'if you need our opinion it is better for us all to be together like this [in a workshop]'. Overall, the evaluation assessed the quality of consultation in Bangladesh as good.

Iraq

In Iraq, almost all the men thought that 'everyone' had been consulted by STC and the 'right' people had engaged; 'even the kids were talking about the project'. Male community leaders recalled that consultation had occurred at all stages of the project. Women mostly thought that 'many' people were consulted through surveys, household visits and feedback sessions, but some did not think that enough people were consulted and that consultation was often through the (male) camp officials. Women recalled the survey and the co-creation sessions more than men, who more often recalled the launch meeting. There was a long gap between the first digital survey and the co-creation sessions, which added to the team's difficulty in being able to react to the (new) issues raised during co-creation.

The Oxfam evaluation commented that a positive aspect of consultation was STC's recruiting and training of people from the community to carry out the surveys and help facilitate the co-creation. Overall, consultation was strong, but may have under-represented women.

Uganda

Evaluation participants from WHH's Uganda project mainly recalled the householders' inception meeting attended by an estimated 100 people. The meeting discussed householders' needs, concerns and problems, and participants identified the materials they would need to address their concerns. A smaller number recalled the meeting as WHH explaining the project and telling them the roles they would play. A small number of evaluation participants recalled WHH's survey. The evaluation suggests that the degree of consultation was generally high and, judging by respondents' recall of the topics discussed in the inception meeting, engagement in this meeting was good. Individuals who did not attend the meeting were also aware of the discussion. Although WHH referred to its use of visual PHAST tools, evaluation participants could only recall one – pictures of PSN latrines. Evaluation participants often made references to meetings in which hygiene promotion messaging was shared, indicating that

hygiene promotion was frequently blended with project activities.

The householders' inception meeting was their main consultation opportunity. The available materials and the householders' own construction methods largely dictated the subsequent design of the household latrines. Some later adaptations – for example, the addition of torches – were made, but the main opportunities for further consultation applied only to PSN, where considerable efforts were made to understand individual needs through one-to-one consultation. Overall, the evaluation found that the Uganda project took 'a highly consultative approach for PSN latrines, with a more top-down approach applied for household latrines...'

Summary of consultation frequency and quality

Table 1 summarizes the frequency and the quality of consultation, based on evaluation participants' feedback.

TABLE 1: CONSULTATION FREQUENCY AND QUALITY

	Consultation frequency	Consultation quality (accessibility and inclusiveness)
STC Bangladesh	High	High
STC Iraq	High	Medium
WHH Uganda	High	High for PSN Low-Medium for householders
QRCS Lebanon	High	Medium

The evaluators of each project found it difficult to establish the frequency of consultation and people's preferences for different consultation approaches. Several of STC's communities recalled the novelty of the 'big mobile' digital surveys, and most respondents across all projects differentiated between household and group meetings. However, many evaluation participants viewed all consultation opportunities – group meetings, surveys, informal chats with hygiene promoters, FGDs or co-creation sessions – as 'meetings', and rarely differentiated. In addition, WHH and QRCS often combined hygiene promotion with consultation and information-sharing interactions. Where agencies had an established presence prior to the HIF project, as was the case for STC in Iraq or WHH in Uganda, respondents found it more challenging to recall when and how they were consulted specifically for the HIF project. As a result, the findings for frequency are not confined to a project's core

consultation methods (such as a survey or co-creation) and often reflect all forms of interaction. Similarly, the findings are inconclusive regarding people's preferences for the different types of consultation employed; the consultation design was at any rate largely defined prior to the interventions and then partly adapted to context.

Informing:

The implementing partner provides information or facts to make affected communities aware of or acquainted with knowledge of the project

None of the four project teams asked communities how they would like to be informed. Information provision was largely through inception meetings combined with more informal information sharing between staff, focal points, hygiene promoters and the communities.



Bangladesh

In Bangladesh, STC provided information about the project at the launch meeting, through house-to-house visits and via the water committee. People interviewed reported that they understood and felt informed about the project, often directly by STC staff and sometimes by the Majhi (camp block leaders, originally selected by the Bangladesh army). Although several people appreciated the direct communication from STC, they also said they liked to be informed through their established leaders. Findings from the evaluation suggested that information provision was adequate despite the limited options available, as the Rohingya language is not written down. Female and male FGD participants said that information was easy to find and understand. Information, however, isn't enough on its own: one respondent told evaluators he 'doesn't need more information or more discussion; he needs water'.

Iraq

In Iraq, the majority of men thought it was difficult to get information. According to the evaluation, male caregivers at one FGD claimed to have little knowledge of the plans: 'At the beginning they had no idea what Save would do until they put the foundations down, and then they knew they would put [in] a latrine.' Several people said they were unaware of the project until the rehabilitation or construction started; camp leaders were the exception to this, as they tended to be better informed. Women and men mostly thought that STC's methods for sharing information (often described as face-to-face) were appropriate and clear for all. Several evaluation participants highlighted STC's practice of informing sector leaders, who then carried out house-to-house visits to inform people – for example, to wait until the new tiled floors were dried before using them. The evaluation noted that this

practice was positive and could also have been used for feedback about maintenance and cleanliness. The evaluation commented that information sharing on the survey results was insufficient – it was conducted with around 16% of the families (140 of approximately 850), which is probably an adequate sample size – but the results were not shared beyond the participants. The evaluation assessed information sharing, both internally in STC and externally with the community, as weak overall in the Iraq project.

Lebanon

In Lebanon, QRCS's monitoring data indicated that 93% of the survey respondents were satisfied with the information they received (not disaggregated by form and type). The evaluation found that while there was no formal process and they were not asked how they wanted the information, 'most adults had information about the project and its length'. Evaluation participants said they received information about the project through the Shawish (community representatives), during the household survey and co-creation sessions, as well as informally through day-to-day interactions in the camps. The FGD with elderly men during the evaluation did, however, indicate that they understood less than the women. The evaluators could not talk to people who were working, and reported, 'it is not possible to assess whether people absent during the day in the camp understood the project'. QRCS's approach of sharing information through house-to-house contact (rather than wider community meetings) may, according to the evaluation, have contributed to a major communication issue, which resulted from a misunderstanding in the translation of 'sanitation' into Arabic. QRCS staff reported that this led to communities expecting a sewerage system; QRCS's subsequent efforts to explain the project scope 'struggled to reduce the disappointment'.

Uganda

WHH's monitoring data in Uganda indicated that about two-thirds of people in the communities were satisfied with both the type and form of information they received. The evaluation found that people got most of their information initially from the inception meeting and thereafter from the hygiene promoters (and some from the community representatives or WHH staff). PSN most often referred to (and appreciated) the house-to-house visits. Some householders felt they lacked access to the hygiene

promoters, despite the presence of around 10 hygiene promoters for the 400 householders. This may suggest that staff focused their attention on PSN.

Demonstrating acceptance:

Communities agree to work with the implementing partner in delivering the programme activities

In general, all the project users 'agreed' to participate through their willingness to be surveyed, attend meetings and participate in the evaluation. Whether this demonstrates agreement, or merely compliance, is hard to say.

Bangladesh

In Bangladesh, people said they enjoyed the 'meetings' and 'everyone went', though some apparently thought that attending was 'part of the deal to get the latrines'. A women-only meeting held in one woman's house was mentioned as particularly enjoyable. Additionally, the community were actively involved by taking responsibility for cleaning the latrines and participating in new latrine construction.

Iraq

In Iraq, communities played no part in the construction, cleaning or maintenance of latrines either before or during STC's HIF project, so this cannot be used as an indicator of acceptance. Men interviewed for the evaluation said they went to 'most' meetings and that it was easy for them to attend, with about half saying they wanted to go. Women said 'some' went, and several said it was easy to participate. Coverage of these questions was patchy in the evaluation data.

Lebanon

In Lebanon, there was active participation in the surveys and co-creation by women, and some participation by the wider community in the installation of the various project prototypes. QRCS did not, however, see the anticipated level of physical engagement in the project; some men helped to install the lights but abandoned this when they were taunted by other community members for helping without being paid. All those (especially men) who worked during the day were not able to offer their time and skills, so the expected voluntary ethos did not really materialize beyond some help with installing the solar lights and some latrine construction work. However, the evaluation notes that 'QRC was well perceived by the community in comparison to other NGOs working in the camp. The QRC's constant presence in the camp

was appreciated; however, some tensions were reported in one of the camps, with a breakdown in the relationship, which forced the team to move their work tent outside the camp.' It is not known whether this was due to the team's difficulties with cash flow (which caused significant delays outside their control) or to the limited engagement with working people.

Uganda

In Uganda, according to ALNAP's interviews, WHH sometimes struggled to convince the community to engage in construction work, though this was not raised during the Oxfam evaluation. The Oxfam evaluators commented that communities clearly demonstrated their acceptance to work with WHH, referring to the oft-cited discussion at the inception meeting and the speed with which many respondents expressed their agreement with the need for improved hygiene, latrine cleaning and maintenance. WHH staff described a high demand beyond the beneficiary community from households wishing to be included in the project, and a knock-on effect on others outside the community who copied aspects of the latrine design. While this could not be observed in the field, this would suggest a high level of acceptance.

Overall, all communities in the four projects demonstrated acceptance in the sense of participating in the process and, in Bangladesh and Uganda, in contributing labour. Not all accepted that they should play a role in the upkeep of the latrines, as discussed below in the 'Taking decisions' section.

Planning and acting together:

Communities and implementing partners plan activities together and agree the roles and responsibilities of each.

There was, overall, limited evidence of the communities playing a significant role in the planning of the project. While they participated in identifying the problems and, in some cases, in prioritizing solutions, the partner staff largely decided on how the solutions would be implemented and on who would do what.

Bangladesh

Many evaluation participants in Bangladesh said that STC led the planning process – taking decisions and responsibility, but taking their views into account. According to the evaluation, a smaller number said together they decided' and that 'Save helped them to

take [the] decision on the place [siting] of the latrine'. There were variations in the communities' description of the management structure for cleaning. The majority description (which tallies with staff accounts) was that a man (usually the Majhi) and a woman were each made responsible for cleaning the men's or women's latrine blocks, which each serve 20 households. A water committee was also created per every 100 households. Overall, people appear to have participated in planning the management activities, but may have largely taken suggestions from STC, or 'the male leader asks them to decide who will be the female leader'. It was unclear whether the same people cleaned the latrines or whether it rotated. In some cases, it appeared to be the same person, and widows were appointed because 'a lady without husband has more free time'. The evaluation points out that the nomination of cleaners was not democratic, and no rotation system for sharing responsibilities had been discussed. Overall, STC appears to have led on planning and defining the overall structure of roles, but the community selected the actual people involved.

Iraq

In Iraq, men felt that they were all involved in the decisions, though it appears that this meant being asked their opinions only – responses often said something like 'we presented our opinions' or 'they took our opinions' – i.e. there was more of a sense of consultation than of planning together. Female FGD participants interpreted 'planning' as participating in meetings; asked about defining roles and responsibilities, they said 'we do not know this information'. As STC hired cleaners and contractors, roles and responsibilities were not defined by a community decision; a female FGD participant commented that 'staff of Save are constantly cleaning and cleaning'. STC staff reported that they had decided on activities. Staff perceived the project as UK-led, and something over which they had little influence; this meant that the staff themselves did not feel they had much of a planning role either.

Lebanon

QRCS faced a different challenge. Community management was forbidden by the Shawish. QRCS selected a focal point in each camp but when staff proposed community governance, the community instead chose a household system, with selected households responsible for their block. QRCS accepted the community proposals on roles and responsibilities. The evaluation observed that latrines

were clean, and community feedback largely said that they were cleaner than before the project, indicating that the community system, while perhaps not entirely voluntary, worked.

The evaluation established that several planning events and discussions took place, but the process was not systematic or formalized. The emphasis, according to staff, tended to be the 'what', not the when or how. The 'QRC team recognized that the process was top-heavy, most solutions proposed were ideas from the field team (small water tanks, solar powered lights etc.). Staff rated their success as 10/10 for planning, 6/10 for acting together'. The evaluation considered that a discussion with the community about how the project would be implemented, agreeing on roles and responsibilities, could have reinforced participation during implementation.

Uganda

The evaluation of WHH concluded that there was less evidence of participation in project planning (compared to consultation), commenting that some aspects of the project seemed to have been fixed by WHH from the outset of the project (e.g. the design of the household latrines). By contrast, WHH's approach to the tailor-made latrines for PSN indicated that WHH worked very closely with people with special needs, particularly those with accessibility constraints. WHH also worked with the community to agree on criteria for selecting users of PSN latrines. This planning step did not include community validation (i.e. where the community agrees the final beneficiary list).

The evaluation found that the responsibilities of the beneficiary households were largely agreed at the group inception meeting. Planning together for the siting of the latrines was variable. In some instances, latrine users were given technical support from WHH and they worked together to identify latrine sites that both met their preferences and were in a technically suitable location. In other cases, such decisions were left entirely to the household; in the case of PSN, siting was often decided by the latrine contractor who built the PSN latrines.

The evaluation most clearly identified shortcomings in planning and acting together for household latrine users in Bidi Bidi: 'These householders, who also rated their satisfaction of latrines as being low, were asked how they could have solved the technical problems with their latrines due to high groundwater levels. They suggested that the best way would have been to have a meeting in which they could sit and design a solution together with WHH.' Some

discussion apparently took place, but ultimately users' ideas were not taken up. 'When asked how satisfied they were with the process of working together, half rated the process as "OK" while half rated it as unsatisfactory/useless, with respondents acknowledging that there was a process but that it was not carried out.' Roles in cleaning and maintaining latrines were, however, clear, with respondents reporting that households are responsible for their own latrines.

Negotiation:

Communities and implementing partners cooperate and find the middle ground to make relevant changes to the programme

Questions linked to negotiation in Bangladesh and Iraq focused on the different feedback mechanisms that were available in the projects. In Lebanon and Uganda, questions were added to establish whether a process of negotiation leading to a mutually acceptable agreement took place.

The negotiation process in three projects took place through co-creation meetings, during which the staff and selected community members discussed the main problems raised in the surveys and prioritized and agreed the solutions to them. Those became the design solutions which were then implemented. Active, formal feedback systems such as complaints mechanisms, feedback boxes and telephone hotlines were largely absent from or limited in the projects. While some had been set up at some stage (often in an earlier project), communities often appeared unaware of them. The main feedback approach, used by all partners, was informal face-to-face contact, often by hygiene promoters. Although the consequences of this face-to-face approach was a loss of anonymity, it was not evident that people felt that alternative methods would have been preferable, nor that most felt unable to provide feedback.

Bangladesh

In Bangladesh, the co-creation sessions were the primary opportunity for negotiation, during which participants could discuss the priority pain points and develop and rank solutions. Partly owing to evaluation participants' confusion about which 'meeting' was which, the evaluation was unable to reach any conclusions about how much the sanitation solutions were negotiated (or co-created) as intended by STC in the co-creation sessions. STC carried out a second digital survey following

implementation in Bangladesh and Iraq; in Bangladesh, this identified follow-up issues and led to some further modifications.

The daily presence of STC staff was highly appreciated by evaluation participants. Some said that the *Majhis* had STC phone numbers; other respondents were not aware of formal alternatives to face-to-face feedback. According to the evaluation, male FGD participants said they 'have no complaints. STC is helping them in many ways'; however, the men also commented that '[if] they don't have the phone numbers of STC, then they can't complain'. A lot of respondents said their feedback had made an impact on the design: 'they have included my feedback, they have listened to me'. The mix of regular face-to-face contact along with the project's formal survey and co-creation methods seems to have been sufficient to satisfy the community, not least because STC acted upon the feedback.

However, STC was not prepared for the new pain points which were raised in the co-creation meetings, such as the lack of water. Water provision was outside the project's scope and could not have been implemented even if it had been raised earlier. However, it was also too late to address the critical feedback that young women were 'too shy' to use the latrines in public view (which might have been partly addressed with the use of screening and the inclusion of simple bathing shelters). Conversely, solutions to problems which had not been raised by the community were proposed and implemented by STC – such as the need for lighting and handles inside the latrines. These lights were frequently mentioned by evaluation participants as a positive result of the project, **perhaps demonstrating a constructive combination of solutions informed by staff expertise and community ideas**. Overall, within the project's scope, the partner's responsiveness to feedback was reasonable.

Iraq

In Iraq, STC's wider project did have a hotline and complaints box – these were mentioned by evaluation participants, though not many had used them. Again, the surveys and co-creation meetings were the main perceived feedback route as well as communication via the sector leader, though the latter was largely used by male respondents. Women participating in an FGD were more positive about being listened to: 'we asked for additions – and frankly we saw these changes'. Men were more critical of the project's limited actions – for example, asked if they were more

satisfied with the rehabilitated latrines, several said no 'because it is the same design as before' and 'they don't care about our ideas'. STC staff suggested that this dissatisfaction related to significant challenges faced by the project: that it did not get the anticipated additional budget from another donor. The STC team did not know when or if additional funds would be available. The government was supplying the electricity, so STC had limited capacity to respond to concerns about lighting.

Staff were extremely frustrated and felt that while the participatory approach was good, it encouraged people to share problems that STC then couldn't do anything about. Staff said that some actions agreed with the community in the co-creation meetings were not fulfilled. Staff felt that far from being a two-way negotiation, 'we tell them what they can choose and then they choose it'. The second digital survey in Iraq was largely a monitoring exercise to compare opinions before and after the project; owing to the project's constraints, it was not used to adjust the response. While co-creation enhanced engagement, the project's inability to follow through means that this type of participation was weak in Iraq.

Lebanon

QRCS carried out face-to-face customer satisfaction surveys to obtain feedback following each of the four prototyping pilots (for lighting, water tanks, latrine slabs and infrastructure). A second survey was held later, primarily to measure satisfaction and other indicators. The evaluation reported that the 'team described a formal feedback and complaint mechanism (telephone number and WhatsApp contact, focal point in each camp), but this was not known by most interviewees, the WhatsApp was only mentioned by one of the camp representatives'. The complaint boxes had not been effective, according to QRCS staff, due to high levels of illiteracy in the community. However, feedback was easily communicated to the staff as they were always present in the camp. The staff referred to a database for feedback, but it was not clear if the team had a process for ensuring anonymity.

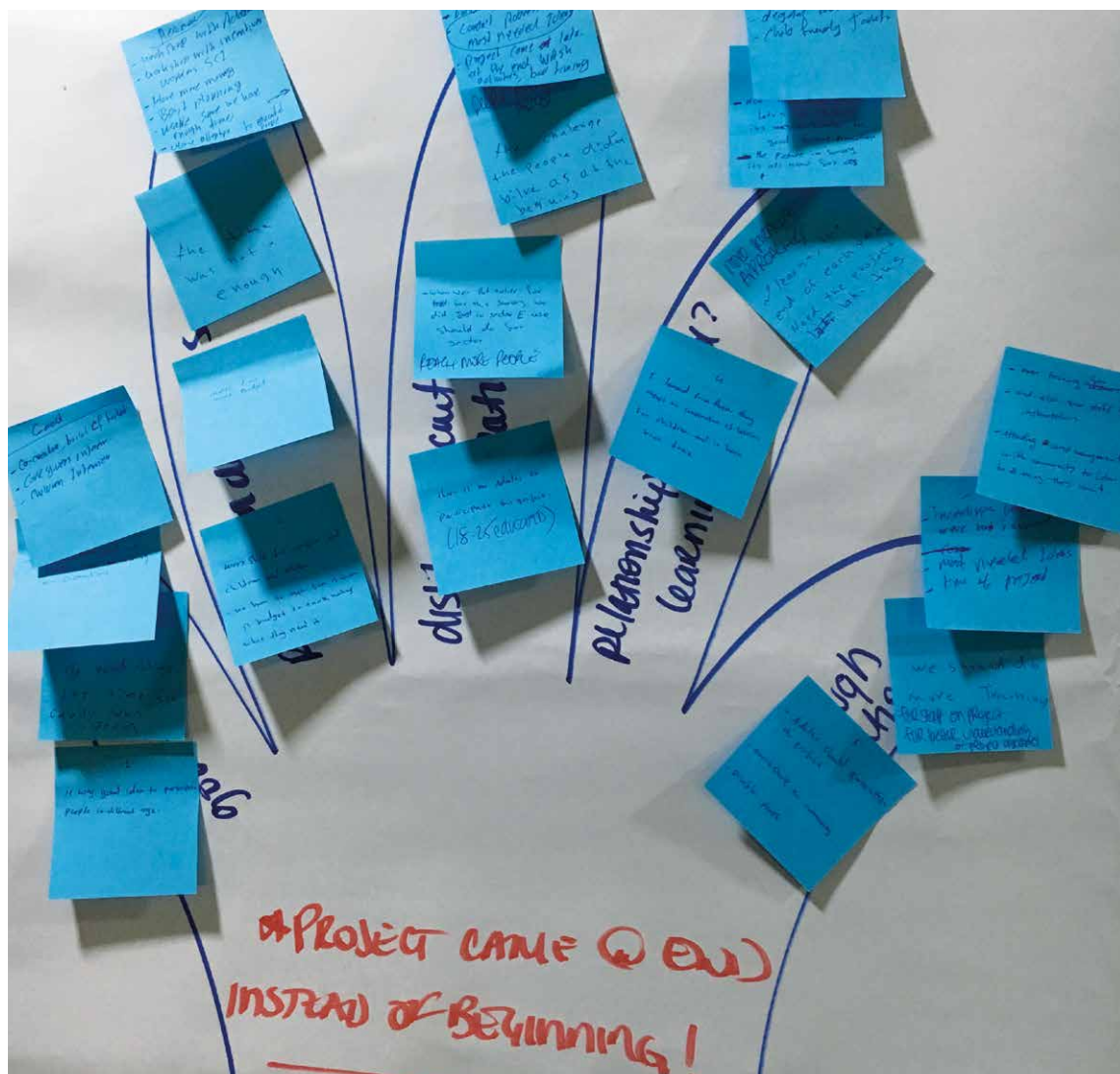
QRCS's use of prototyping was a key method of testing and obtaining feedback; a key informant commented that 'QRC corrected the implementation' as it went along – for example, when staff realized that the plastic sheeting around the latrines was too transparent, they added another layer. Some households with special needs were given options regarding their latrines, and decided on their final

design. QRCS staff themselves generated some solutions, such as innovative ways of saving handwashing water for flushing latrines and installing water tanks for handwashing. Women in one FGD said: 'The QRC's communication is good; they don't just implement but take suggestions and ask for feedback and try to implement.' Women were more aware than men of what they had received, especially the water, handwashing facilities, lights and detergent.

QRCS, however, struggled to manage the communities' expectations. Men were positive about the PSN latrines, but less satisfied overall; they said that they didn't get what they asked for and were told either that the budget was insufficient or that it was outside of the scope of the project. Women in one FGD said, 'We would rather have a sewage system and broken latrines than a nice latrine and no sewage system.' Nonetheless, within the project's scope,

only in two cases did the interviewees declare that they were either not pleased with the response they received or that they did not trust the response of the organization.

QRCS's prototyping approach meant that, once cash flow difficulties had been resolved, most of the solutions agreed were implemented – except for additional LED lights, which were not rolled out beyond the prototype due to lack of funding. The evaluation's overall conclusion was that 'this project resulted in a long conversation between the QRC and the community through various processes of participation', and while 'it was innovative and generated participation, this experience was also at times frustrating for both parties'. As one community member said, 'we like the communication strategies and being listened to but we're very frustrated about the other stuff [unfulfilled issues]'. Staff sometimes



felt that negotiation was a process **of constantly pushing back on expectations, with 'them [the community] negotiating what they want, and us negotiating what they need'. While strong efforts were made, reaching negotiated compromises appeared to be challenging.**

Uganda

In Uganda, multiple evaluation participants referred to verbal communication with the hygiene promoters as the only feedback option. WHH staff described a format used by hygiene promoters for recording feedback, although it was not clear if this was regularly followed. Suggestion boxes were available in other WHH projects, but not this one; a hotline number had been established, but no evaluation interviewee reported using this mechanism. The evaluation found that the WHH hygiene promoters were appreciated and perceived as accessible, but that feedback was not anonymous. The WHH project team were confident of a smooth flow of information between them and the communities; however, a common perception among evaluation participants was that 'it is easy to give feedback but it is hard to receive a response'. The evaluation suggests that 'WHH did not accept ideas of different designs to deal with the high-water table in particular. No one was satisfied with the process of addressing the high-water table. Half were unsatisfied and half were 50/50 (for the same reasons).' By contrast, PSN latrine users clearly felt that they were listened to regarding latrine design, benefitting from WHH's responsiveness to individual requests. However, they too said that grievances were not listened to.

The Uganda evaluation describes negotiation with householders as 'mostly focused on latrine materials, rather than other design aspects'. Costlier construction items and other cheaper demands relating to roofing, cleaning products and larger handwashing jerrycans were not implemented, probably because of budget limitations. However, evaluation participants did not appear to have been directly informed of these decisions. On the other hand, other later requests were implemented – for example, the height of the wall plastering inside the latrines, though it was not clear at what stage this modification took place. WHH's final HIF report refers to prototyping stages and subsequent modifications; this was not evident in the evaluation or recalled by the household project users, and therefore cannot be assessed.

By contrast, users of PSN latrines had further opportunities for consultation and negotiation on latrine design with WHH both before and at the time of construction. WHH also used pictures of latrines as 'models' to prompt design selection. Features were added or modified, especially those improving latrine accessibility for people with disabilities (such as a ramp, grab bars, a commode latrine, railings for a blind person). A bathing platform was added to all PSN latrines. The evaluation found that the 'tailor-made design of the latrines based on the specifications of the individual PSN was a major achievement of the project, which was possible due to the negotiations', and concluded that 'there were multiple opportunities for PSN beneficiaries to negotiate on the design details with WHH. For HH [household] latrines, people had the consultation meeting for negotiation.'

Taking decisions:

Communities make decisions supported if necessary by the implementing partners

The evaluation questions for this type of community engagement focused on operation and maintenance (O&M) during and post-intervention. This enabled a clear distinction to be made between decisions that overlapped with planning and acting together, and acknowledged the limits of community-led decision making in short project time periods.

There was very limited evidence of any meaningful decision making by communities on how to manage the sanitation facilities following the projects' closure. None of the partners had engaged in formal discussions about an exit strategy by the time of the evaluations (held just prior to closure). Communities were mostly aware that the projects would end, but were not actively taking decisions; some partners were themselves unclear about how the O&M would continue in the future.

Bangladesh

Results from the Bangladesh evaluation showed that there were O&M structures in place, though STC staff and the communities were uncertain whether communities could afford the necessary materials. Despite the unsettled nature of the community management systems and an apparent lack of discussion about an exit strategy, interviewees in the evaluation almost all stated that they would manage after STC had gone and would continue to clean the latrines; there was a clear understanding and acceptance (albeit unwanted) of their role and responsibility in the future.

Iraq

In Iraq, by contrast, only one man interviewed thought that the community would be able to clean and repair the latrines after STC's departure. Everyone else said no, including the staff. Exit strategies had not been discussed and the news had only recently come through of the imminent and abrupt closure of the project.

Lebanon

In Lebanon, all evaluation participants knew that the project was going to end and QRCS had planned a meeting to discuss the exit strategy. Some community members planned to buy their own cleaning materials (and, according to the Oxfam evaluation of QRCS, there was evidence of this during the transect walk), but others were unsure. As with all the projects, its imminent closure so soon after implementation makes it impossible to assess the sustainability and ownership of future O&M.

Uganda

In Uganda, the evaluation reported an impressive level of cleanliness and found that nearly all respondents had a clear understanding that the

household was responsible for the O&M of latrines.

WHH staff anticipated some sustainability of the latrines, as users will be able to transfer much of the construction material received (like doors, vent pipes, etc.) to new structures. Some evaluation respondents expressed their intention to reuse materials; others were unsure. None of the PSN latrines were in use yet at the time of the evaluation, though 'the beneficiaries of the PSN latrines understood that upon completion and once they have begun using the latrines it will be their responsibility to keep them clean'. WHH intends to follow up on latrines O&M through its continued activities with village savings and loans associations, as part of its nutrition and food security and livelihoods activities.

Table 2 summarizes the evaluation findings for the different types of community engagement, according to community perceptions. A low ranking applies to approaches which did not achieve their objective; medium means the approach was considered adequate by the evaluation participants, and high reflects perceptions and actions that more than met the objectives of the community engagement.

TABLE 2: QUALITATIVE SUMMARY OF PERFORMANCE AGAINST THE SIX TYPES OF COMMUNITY ENGAGEMENT

	STC Bangladesh	STC Iraq	WHH Uganda	QRCS Lebanon
Consultation	High	High-Medium	High for PSN Low-Medium for Household (HH)	Medium-High
Informing	Medium	Low	High for PSN Medium for HH	High
Demonstrating acceptance	High	Low	High	Medium
Planning and acting together	Medium	Low	Low for HH Medium for PSN	Medium
Negotiation and feedback	Medium	Low	Low-Medium for HH Medium-High for PSN	Medium/Low
Taking decisions	Low	Low	Low for HH	Low

The outcomes of engaging the communities in design

What was the effect of the efforts made by partners to engage the communities in their sanitation solutions?

Within the limits of each project's scope, all partners followed through on their engagement with users and implemented solutions to the main problems identified by communities – as summarized in Table 3 below.

TABLE 3: THE MAIN PAIN POINTS AND ACTIONS TAKEN TO ADDRESS THEM

	STC Bangladesh	STC Iraq	WHH Uganda (reflects project's focus on materials) ³	QRCS Lebanon
Pain points	<ol style="list-style-type: none"> 1. Latrine access (proximity, coverage, dirty outside) 2. Locks (too difficult or high for children) 3. Latrine holes and footprints too big for children 4. Cleanliness (dirty, smelly, flies) 	<ol style="list-style-type: none"> 1. Lack of soap 2. Latrine block corridor area dirty, wet and dark 3. Lack of waste bins and existing bins full 4. Cleanliness (dirty latrines) <p>The (insufficient) number of latrines was raised later, in the co-creation meeting, but not in the survey</p>	<ol style="list-style-type: none"> 1. Doors (of right height) 2. Roofing material 3. Size (materials to make larger latrines) 4. Hygiene needs (handwashing facilities needed – tippy taps, soap, jerry cans) 5. Waterlogging (high groundwater challenge) <p>While not directly referred to as pain points, ALNAP's interviews with WHH indicated that the initial survey revealed privacy, smell and lighting as key concerns</p>	<ol style="list-style-type: none"> 1. Darkness 2. Lack of privacy 3. Rodents and insects 4. Difficulty accessing water and cleaning products 5. Rubbish (removal)
Main actions taken	<ol style="list-style-type: none"> 1. Latrine construction 2. Improvement to paths 3. Adapted and lowered locks 4. Closer footholds and flaps on the latrine hole 5. Community latrine management set up and provision of cleaning materials <p>Lack of water and privacy for young women, issues which were raised outside the survey, were not addressed</p>	<ol style="list-style-type: none"> 1. Repair of handwashing stations and inclusion of built-in soap dishes (but not soap) 2. Cleaners retrained 3. Increased hygiene promotion focus on effective latrine use 4. Installation of bins and regular emptying 	<ol style="list-style-type: none"> 1. All materials for latrine construction described above and others (e.g. slabs) were provided, except roofing materials (provided by the community) 2. Handwashing facilities (tippy taps, jerrycans, buckets) were provided, but not soap 3. Waterlogging was not addressed 	<ol style="list-style-type: none"> 1. Solar lights (all camps) 2. LED lights (one camp) 3. Latrine superstructure improvements 4. Latrine slab improvements 5. Cleaning kits 6. Water tanks and taps <p>Rubbish removal and the lack of water were not addressed</p>
Additional interventions	<ol style="list-style-type: none"> 1. Solar lamps 2. Supportive handles 	Construction of a new block of children's latrines	<ol style="list-style-type: none"> 1. Vent pipes 2. Solar torches 3. Numerous individual PSN additions and bathing platforms 	<ol style="list-style-type: none"> 1. Adaptations to PSN latrines 2. A 'smart sink' to collect handwashing water to clean the latrines

Unfulfilled solutions were minor: QRCS ran out of budget before the planned LED lights were fully rolled out. STC in Iraq did not agree with the community's request for soap at that stage of a protracted crisis.

Oxfam's evaluations and partners' monitoring questioned community members about their satisfaction with the design and siting of latrines,

their usage, community participation in O&M, cleanliness, and safety and comfort.

Table 4 uses data from the partners' monitoring results (expressed as a percentage) and the Oxfam evaluation data where applicable (usually collected through votes in FGDs or using visual images such as smiley faces) to summarize the communities' perceptions of outcomes.

TABLE 4: QUALITATIVE SUMMARY OF COMMUNITY PERCEPTIONS OF OUTCOMES

	STC Bangladesh		STC Iraq		WHH Uganda		QRCS Lebanon	
Community engagement indicators ⁴	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Satisfaction (with design and siting)	Very low (children) or Low (adults)	Very high (children and adults)	Very low (children and adults)	Medium-low (children and caregivers)	Low-medium	WHH data: High Oxfam evaluation data: Low for HH; High for PSN	Very low	QRCS data: High Oxfam evaluation data: Medium for HH, High for PSN
Latrine usage	Low	Medium	High	High	High	Very high	High	Very high
Safety and comfort (average for day and night as data often not disaggregated)	Not assessed	High-Medium (not for young women)	Not assessed	Low (children and adults)	Medium-high (all)	Very High	Very low (PSN) Low (adults)	Medium-high (PSN) Very high (adult women)
Cleanliness	1 of the 4 main pain points in the first survey	Medium	1 of 4 main pain points	Low-Medium	Not assessed	Very high	Low	Medium-high
Community participation in O&M	Not assessed	Medium-High	N/A	N/A (paid cleaners)	Not assessed	High	Not assessed	Medium
	Very low: 0-20%; Low: 21-50%; Medium: 51-70%; High: 71-90%; Very high: 91-100%							

Satisfaction

STC's *Bangladesh* baseline (collected by STC using its digital survey tool) showed low satisfaction before the project, with only 15.5% children satisfied or very satisfied with design and siting of latrines. 44% of their caregivers rated sanitation as somewhat appropriate and only 2% as very appropriate.⁵ Satisfaction increased after the project interventions, to 97% of

children being very satisfied and 98% of caregivers rating the sanitation facilities as appropriate. Oxfam's evaluation data largely concurred, with men mentioning the lighting particularly. Women were slightly less satisfied due to concerns about young women being seen in public walking to the latrines. Young girls also had to carry water longer distances to the new latrines and pay the landowner for the water.

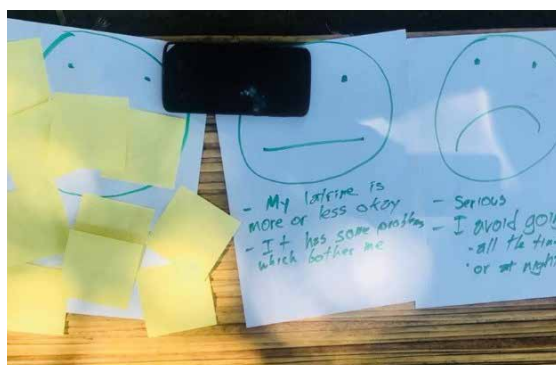
In *Iraq*, STC's survey data recorded that two-thirds of children and three-quarters of caregivers were very dissatisfied before the project. After the intervention, children's levels of satisfaction had risen to 50% (30% were still unsatisfied), while caregivers were fairly equally split between satisfaction and dissatisfaction. Although satisfaction had improved, half remained unsatisfied. During the evaluation, men and women raised distance to the latrines as a source of dissatisfaction. Women felt that they had been listened to more than the men did, and often commented on small additions to the latrines like the hangers and soap holders; men mentioned the latrine floor tiles most, and the doors. Girls and boys alike interviewed for the evaluation appreciated the tiled floors and proximity of the new children's latrines. The new latrine block for children was not an agreed action in the co-creation sessions. Yet the evaluation found that nearly all comments about increased satisfaction related to the new children's latrines: making them closer (for some) and with child-friendly design features. People were satisfied with the consultation, but not the outputs: 'it was a good way that Save engaged with community members. The way they work is good but their work is little and we need more attention to the toilets.' The evaluation team also found that interviewees were more interested in talking about what was going to happen after STC left than answering questions about what many perceived as relatively minor changes to their latrines.

In *Lebanon*, QRCS's data reported a baseline for community satisfaction with latrine design as 0%, increasing to 76% following the project interventions. The Oxfam evaluation found that satisfaction was generally high, though with notable differences between users. 'The majority of specially targeted groups (elderly, people with special needs) were very pleased by the tailored solution proposed by QRCS'; men and women highlighted different changes, with

women mentioning lighting and safer latrine superstructures, and men the water tanks and cleaning materials, which were also highlighted by children.

The expanded size of the latrine superstructure was also mentioned; this enabled parents to accompany their children to the toilet. The Oxfam evaluation commented that: 'The improvement in comfort was very visible in the children's drawings of the latrines before/after, where they emphasized the cleaning products and the water tanks.' Men participating in the evaluation were less satisfied than women. QRCS staff reported that certain users in one camp refused the offered solution (and others broke lights in acts of defiance). The evaluation FGDs with men also showed a difference in the level of satisfaction between those who only received items for their latrines – 'In the end, all we got was some soap, some brushes and soap holders' – and those who benefitted from additional assistance with the superstructure and bigger latrines. The evaluation commented that unresolved community problems (such as solid waste) were factors in 'reducing the overall impact of the project in the eyes of the community'.

WHH's monitoring data in *Uganda* reported a baseline satisfaction level with latrine design of 39%, rising to 65% at the end of the project. Satisfaction with the siting of latrines rose from a baseline of 68% to 93%. Continued dissatisfaction related mainly to waterlogging and the real risk of collapse of the latrine pits. The evaluation found that 33% of householders were satisfied, while 44% were 50/50 and 23% unsatisfied. There was a marked contrast with the response from PSN, 85% of whom were satisfied with their latrines and the remainder 50/50. The results from two of the FGDs (pictured below) are typical of the variation between satisfaction with PSN latrines (on the left) and household latrines (on the right):



The reasons PSN gave for satisfaction included designs which incorporate features that address their unique needs, improvements in privacy, presence of a bathing shelter, and quality installations (e.g. roof, vent pipe, brick infrastructure).

Latrine usage

Latrine usage was measured by the partners using self-reported community feedback. In *Bangladesh*, usage increased from a reported 45% to a final figure of 69%.⁶ Oxfam's evaluation observed that 'Children still practiced open defecation at night, with some open defecation being observed while walking around the camp, but male children did report some [open defecation] OD during the day while playing in the camp'. STC's figures for *Iraq* show a decrease in latrine usage after the project, dropping from a baseline of 99% to 92%; there was no evident reason for this. Latrine usage was not measured in *Iraq* by Oxfam.

In *Lebanon*, latrine usage increased overall, from 87.5% to 99% across all camps. The Oxfam evaluation observed that the latrines were clearly being used and some were full. OD was not observed, though some respondents admitted to OD when the pits were full.

In *Uganda*, latrine usage increased from a baseline of 80% to 97% following the project intervention. Improved latrine usage is likely to partly reflect the shift, through the project, from communal to household latrines and cannot be attributed solely to design changes. WHH's OD monitoring data was not available to the Oxfam evaluation.

Cleanliness

Cleanliness (or lack of it) was raised as a key problem in three of the four projects. Generally, cleanliness appears to have improved following the project interventions, with the partial exception of *Iraq*.

In *Bangladesh*, improved cleanliness was cited as one of the positive factors in STC's second digital survey. The Oxfam evaluation observed that latrines were mostly clean, although the smell was raised by female caregivers as off-putting for young women. Nevertheless, there were improvements due to the project; children's 'stories of change' for both sexes frequently included reduced smell, and most children of both sexes highlighted the availability of cleaning materials.

Cleaning in *Iraq* was carried out by paid workers. The indicator was not measured by the project. During the evaluation, the new latrine block for children was mentioned positively by some for improved cleanliness; at the same time, some children and adults noted that the latrines were already becoming

dirty (and that newly installed features had broken).

In *Lebanon*, QRCS used a rigorous measurement for cleanliness, measuring coverage of faeces on each slab; a reduction was reported from 54% to 39%, indicating a modest improvement. Respondents told the evaluators that the latrines were cleaner than before, and the evaluators observed that 'most were clean with no bad smell, well maintained, generally no problem with flies, and well used'.

In *Uganda*, cleanliness was not measured by WHH, but the evaluation commented that latrines in both Bidi Bidi and Imvepi had an impressive level of cleanliness.

Safety and comfort

In *Bangladesh*, STC's second digital survey data showed that 98% of adults felt safer with the new latrines and 100% of children felt safe. The Oxfam evaluation found that while men felt safe, women reported that young women were too shy to be seen walking to the toilet in public – citing this as a more important issue than the latrine improvements. 80% of the young girls and boys participating in the evaluation workshops said they felt safer, especially at night. Most of the girls and several boys included improved safety in their stories of change; girls said, 'it feels safe to use because there is a lock and a door now'; most of the boys mentioned feeling safer due to the lights; two girls highlighted the closer footrests in the new latrine slabs; and several girls mentioned the handrails.

In *Iraq*, STC's second digital survey data found that nearly a third of adults felt safer, but two-thirds reported no change in safety. Only 37% of children felt safe; the rest were evenly split between neither safe or unsafe, and unsafe. Lack of lighting was a key factor. The Oxfam evaluation FGDs suggested more positive perceptions; most adults questioned said they felt safer, except for young women at night. Girls mostly felt safe in the day and also, though slightly less, at night: 'We do not feel safe because of the lack of water and lack of lights in some of the latrines but the rest are good and we feel safe and comfortable. We cannot go alone [at night] as there are no lights and [we] feel unsafe'; lack of lighting made less difference to the boys. The girls said they were 'happier when we noticed that the latrines were near and we felt comfortable'; they were using the new child-friendly latrines more than the boys, who used whatever was nearest.

In *Lebanon*, QRCS's monitoring data reported an increase in perceptions of safety among PSN (day and night combined), from 0% to 65%. As few as 23% of adult women felt safe using the latrines before the project, increasing to 95% following the intervention.

The Oxfam evaluation found that women reported an increase in safety, especially for children. Men reported feeling more 'comfortable'.

In *Uganda*, WHH reported a baseline of 67% of respondents feeling safe before the project, rising to 89% after the project. The Oxfam evaluation did not assess safety but noted householders' valid concerns about the potential collapse of latrine pits due to poor soils and waterlogging.

Organizational barriers

The evaluations asked partners to give feedback on how their organizational systems (such as finance, funding, human resources and donor management) functioned to support a UCD/community engagement approach. Staff were asked what they liked and disliked about the UCD or community engagement methods they had tried. STC staff were not specifically questioned about organizational issues during the Oxfam evaluations, so STC considered these questions in an internal workshop with Eclipse; the findings below incorporate their feedback.

ALNAP's draft *Case Study*, which examines organizational factors in more depth, has also been triangulated with the evaluation findings.

All three of the agency leads on the HIF project said that organizational issues were as critical to success as the methods used.

Management

The evaluation in *Bangladesh* found that 'the project was perceived as a top-down project, created in the UK. The staff even called the project by the name of the expatriate who came to Bangladesh [to implement it]'. In Iraq, staff told the evaluation team that the project was top-down; they were frustrated that they were not trusted to start the project themselves instead of having to wait for Eclipse to arrive. This in part signifies communication weaknesses between staff in the UK and the Iraq team, as starting a new approach with associated tools and methods would have been difficult without training from Eclipse.

STC and Eclipse commented that organizational continuity of staff and buy-in was critical. 'In Bangladesh, changing organizational leadership significantly delayed implementation at various stages of the pilot. Staff rotations meant that new management was not as informed and invested in the pilot and often other activities were prioritised. In Iraq, management buy-in was low and temporary staff were put in charge of implementation, which delayed progress.'⁷

For QRCS, the evaluation notes that the 'project coordinator had a clear vision regarding User Centred Design and how it could be applied to the sanitation project. A clear methodology was developed and the staff were adequately trained to implement it. The staff were recruited for and dedicated solely to the project reinforcing their commitment to the methodology.' QRCS was implementing a new, stand-alone project; while this generated budget challenges, it enabled a high degree of buy-in.

WHH's team and leadership were also committed to the methodology and this was demonstrated by their willingness to test new approaches; however, the team had not had the training they had anticipated and had to make do with the initial learning gained from Snook.

Finance and programme support systems

STC found that its UCD methodology initially generated more fundamental design changes than expected; this had budget and time implications. The need for budget flexibility demanded by an iterative approach was enabled by the Bangladesh team, but not in Iraq. STC's problems in Iraq did not arise from a UCD approach per se; they were caused by internal misunderstandings and the failure of an additional budget to materialize, which could have funded (more) users' design decisions. QRCS also suffered from organizational obstacles unrelated to its user-centred methods, resulting in a severe cash flow crisis that delayed the project for several weeks.

WHH staff reported that its organizational systems, finance and logistics were effective in supporting the implementation of the project. The evaluation notes that 'a typical UCD budget needs to be nimble and flexible to the changing needs of the project and must allow for adjustments after completion of the consultation processes'. An apparently minor, but critical success factor was WHH's inclusion of a 5% contingency cost on the latrine materials budget line. This facilitated the flexibility required for more user-responsive construction.

QRCS struggled to convince the programme support staff in logistics and procurement of the merits of an iterative approach. Procurement staff, accustomed to seeking cost efficiencies, often opposed the programme team's plans to buy small quantities of materials for prototyping pilots. QRCS, STC in Bangladesh and WHH sometimes struggled to source community-requested materials locally. WHH and STC had already purchased some materials for the latrines prior to consultation, which had to be used up before materials responsive to community preferences could be purchased.

All the pilot projects were implemented using HIF funds alone, without recourse to other budgets.

The operating context

STC commented that the UCD approach may be less appropriate, or certainly more difficult, in contexts where the infrastructure is already established. The camps in Iraq had been established by the military; transforming a typically utilitarian infrastructure into a community-led design environment was challenging. In Bangladesh, the refugees in Jadimura camp were on private land, restricting space and construction. Government bureaucracy made changing budgets and outputs difficult. Another challenge came from the inter-agency WASH coordination body (elsewhere, the Cluster system): clusters commonly establish an agreed standard, e.g. for latrine design. This good practice was, however, a barrier to adaptation based on feedback, which is fundamental to a UCD and participatory approach. ALNAP's research suggests that security restrictions on staff also reduced the team's capacity to flexibly engage with the communities.

Staff and training

Capacity for UCD: All project teams were new to a UCD approach. QRCS's project leader was well versed in UCD and able to train the team. STC–Eclipse trained staff as the project was implemented. The team found that the hands-on elements of the training (using role play and direct practice with the refugees) was beneficial and helped to explain the benefits of UCD to staff and increase buy-in. STC and Eclipse found that the 'co-creation sessions required a level of abstraction and rigour that the field teams were not used to. However, as some staff had experience with facilitating

community engagement sessions, they were more comfortable with running co-creation sessions.'⁸

The staff of all four teams liked and valued the user-centred approaches, and all plan to use them in future projects.

The STC–Eclipse digital survey was popular with communities and staff alike. The engineers appreciated the rapidity of information gathering and the instant analysis. Staff could engage in the co-creation sessions with a clear understanding of the community's concerns and needs, enabling a focused discussion leading to concrete solutions. While participatory approaches were already being used in the programme, the UCD methodology made it easier to engage with children and illiterate populations.

Workload: Between seven and eight staff were engaged for the project by each partner (with the addition of hygiene promoters and surveyors from the communities in some cases). All four teams described high workloads. It is not clear to what extent this was caused by the new methodology or by, for example, the delays which then forced teams to make up for lost time. Some WHH staff viewed UCD as an approach that requires fewer or the same human resources as its standard approaches. Others thought that more staff would be necessary for the approach to be effective, especially hygiene promoters and WASH officers. Overall, the intense interaction between staff and communities achieved by all four projects suggests that dedicated staff are required to maintain the focus on community engagement and responsive programming, with a possible increase needed in the number of community engagement or hygiene promoters.



Section 6: Discussion

DISCUSSION

This section explores the implications of the findings and discusses the effect of the partners' approaches on the communities' perceptions of safety, satisfaction and ownership.

The partners' methods

Consultation

Each project invested considerable effort in consulting the communities to learn about their problems and needs. This suggests that even in short projects, time can be made to consult in a meaningful way and that the number of times people are consulted does not necessarily have to be high – for example, one survey and one discussion can suffice.

It is, however, difficult to determine a frequency threshold for effective consultation; while the formal consultation processes were typically quite quick, each project carried out frequent informal one-to-one interactions. The blending of hygiene promotion with consultation and information sharing makes sense in terms of using adapted tools known to a team, but blurs the line between telling people what they need to know and finding out what they want.

Nonetheless, three of the four projects largely determined and implemented the latrine design directly using the results from the initial survey data (with more minor adaptations undertaken based on subsequent feedback). This suggests that, with adequate, representative sampling, **agencies can find out a good deal about people's views in a relatively short space of time.** The partners' methods do not appear to have affected community perceptions of the quality of the consultation; an exception was that evaluation participants were more likely to recall the STC–Eclipse digital survey. Other differences related primarily to exclusion (QRCS's initial focus on women; the later inclusion of PSN); this might have been avoided if a context analysis and better understanding of vulnerability had been achieved prior to the consultations. Another key variation was efficiency – especially the speed with which data could be analysed in real time. **STC–Eclipse's digital survey tool stands out as a promising innovation, partly because it was engaging and accessible for all ages and levels of literacy (people were active participants, enjoyed it and found it easy to use) and partly because it was quick (10 minutes per survey on average); data was instantly analysed online.** The survey was not an open enquiry (like that used by QRCS) and hence missed some key concerns

which emerged later, but it was more appropriate for rapid engagement as it worked within the project's scope, reducing the risk of unmet expectations. The interactive nature of the survey may also have turned an otherwise extractive data collection process into a shared experience.

An earlier discussion about roles and responsibilities during implementation could have increased engagement in QRCS's project. Equally, a discussion at the consultation stage about the maintenance and sustainability of the latrines (such as that held by WHH) could have generated more suggestions (and ownership) from the community, despite being considered outside the project's scope by STC and QRCS.

Co-creation sessions are also promising, though demanding in terms of facilitation skills – and potentially unrealistic at scale. WHH's large group discussion provided only limited opportunities for householders to influence the design of latrines, but demonstrated that **even with up to 100 people, agreement on solutions can take place – this is potentially useful for the earlier stages of emergencies with less available time.** The combination of group and individual consultation used by STC and WHH enabled better coverage, while ensuring that vulnerable people were also consulted.

Information sharing

Poor information sharing appeared to have been caused by omissions, rather than by how it was done. **The findings suggest that a combination of a group meeting, channelling information via community leaders, and some face-to-face information sharing can provide adequate coverage and understanding, particularly in illiterate populations. Communities appreciated face-to-face information sharing. While this is resource intensive, it appears that the information shared does not have to be extensive – what mattered to communities was whether the agency communicated its key plans, decisions, the project scope and its limitations.** Sharing this information can be combined with other project activities, e.g. hygiene promotion.

Shared planning and acting together

In these short projects, the opportunities for shared planning were restricted. Arguably, co-created solutions are a type of planning; however, 'planning and acting together' refers primarily to how solutions would be implemented and who would play what role. **Within the limitations of the projects' scope, there**

was evidence to suggest that staff could successfully work with communities to, for example, select latrine locations which meet both technical requirements and community preferences. An

important sanitation planning objective is to agree on who will be responsible for cleaning and maintaining latrines; this is further discussed below, under 'Taking decisions'.

Part of the process of engaging users may be to identify the (limited) planning opportunities early in a project, so that staff and communities know when, and in what way, users can contribute to plans and decisions about their roles.

Negotiation and feedback

The ability to manage community expectations emerged as an important, but difficult process; the projects faced the challenge of negotiating between what the agencies could or would do, and what the communities wanted. There were several factors that constrained the partners from following through on all the problems and solutions that communities proposed. Budgets were the bottom line. All four projects were on relatively small budgets (around £100,000 per project⁹). The allocation of budget lines to sanitation materials was probably low.¹⁰ As a result, none of the partners could respond to the more costly and large-scale problem areas described by the communities (such as the need for additional

water supplies in Bangladesh, a plumbed sewerage system in Lebanon, higher specification latrines in Uganda, and additional latrines in Iraq). Any humanitarian project will be unable to meet all expectations. **Not all of a community's ideas are feasible, and communities are typically not party to budget, procurement and management constraints. Moreover, in the pilot projects some of the solutions valued by the communities originated from staff.**

There may be a mismatch between a community's expectations and humanitarian standards – according to STC staff, latrine coverage in Iraq met Sphere standards, whereas the community thought that the latrines were too few and too far away.

Communicating with communities about the boundaries of project scope and purchasing power might appear to be a self-evident and simple action for an agency. These projects demonstrated the challenges to doing so, even when an agency is committed to sharing ideas and solutions. Costs are easily under-estimated; emerging needs exceed the budget. **The experience of the HIF projects suggests that being able to clearly communicate the project's scope at the outset is a critical component of successful negotiation.**

A well-managed co-creation session will include negotiated prioritization. It is possible that this occurred in STC's projects, but the Oxfam evaluation



lacks the evidence to confirm this. Conversely, an open discussion about needs, such as that generated by QRCS's survey, may risk increasing people's expectations – with the door wide open to wants as well as needs, the QRCS team struggled to close it as the project progressed. Managing expectations demands skills, confidence and time.

The partners often struggled to decide on the boundaries for negotiation – some of the community members were not given enough opportunities to provide feedback and influence design, while others (usually PSN) were given multiple opportunities.

Even in these projects' more stable contexts, with their small caseloads, the impressive effort that went into one-to-one responsiveness was demanding and is unlikely to be viable any earlier in an emergency or at scale. The use of a 'semi-open' method of surveying combined with targeted discussion shows promise (STC's surveying and co-creation and, to an extent, WHH's planning discussion for latrine materials). Both were rapid but interactive, set clear limits appropriate to a short project, and were built around a repository of knowledge from other emergencies. This meant that surveys were focused within the project's scope and existing experience, but provided a managed opportunity for community prioritization, shared ideas and negotiated selection of actions. This approach is a departure from UCD, as it implies some preconceived ideas. It may, however, be a more feasible approach earlier in an emergency.

QRCS was the only partner to use prototyping; others went straight from solutions to construction or used ongoing feedback during the project. Prototyping is likely to be too time-consuming for use earlier in an emergency or at scale. However, the Uganda evaluation comments that latrine prototypes do not need to be models of toilets but can be the actual latrines built (for example, those built in the first phase of an emergency). Feedback can be systematically gathered – potentially at different stages of construction 'and in this way *real latrines can serve the function of prototypes* [italics added]'. **A prototyping approach also supports a phased approach to sanitation. Communal latrines, built to rapidly create sanitation facilities, are (ideally) replaced by agencies later in the emergency with shared family or household latrines, space permitting. At the shift point between one type of latrine and another, implementing teams can invite feedback and a discussion of design adaptations and improvements to be incorporated into the new latrines.**

Taking decisions

There was little evidence of community-led decision making about the O&M of the latrines following the end of any of the projects, and only WHH explicitly addressed the future maintenance of the latrines. Oxfam's monitoring and evaluation framework included indicators such as 'at least one community structure identified, engaged, supported and functional regarding sanitation O&M'. Decisions about how latrines will be cleaned, maintained and desludged are an essential element of sanitation projects. It may be that it was overly ambitious to expect fully established community structures in projects of such short duration. It may also be unrealistic to expect communities to take full responsibility for cleaning (and maintaining) communal latrines in any context. Moreover, continued maintenance of any facilities is a livelihoods issue which any sanitation project would first need to address.

Enabling community-led decision making requires the handover of power by an aid agency. None of these short-term projects aimed to empower communities in this way. A UCD approach is focused on design and does not address the users' further engagement in the implementation or maintenance of the solutions. The engagement achievements of the four projects were, as we have seen, largely clustered around the design elements. A design focus neglects wider community engagement objectives (e.g. community management) and efforts to increase sustainability. However, a more modest objective – such as planning for cleaning and desludging, and agreeing maintenance roles – is essential and feasible. WHH demonstrated that even short projects can at least partly address O&M, although the planning appears to have been led by WHH (rather than providing an example of community decision making).

Oxfam's [Landscape Review](#) of community engagement in sanitation found that agencies do not always define the aim of community engagement; there may be value in applying the principle of iteration to community engagement objectives too. Initial community engagement objectives could focus on design and the basics of maintenance; more complex objectives can be phased in later, recognizing at all stages the trade-offs implied (such as a potential weakening of ownership) and the emerging opportunities for revising the objectives (such as increasing stabilization, new latrine construction).

The outcomes: safety, satisfaction and ownership

Community perceptions of safety broadly improved across all projects. Locks and lighting were the most cited reasons for improvement. This is consistent with the findings of the Oxfam–WEDC report *Shining a Light*, which concluded that ‘Lighting is universally welcomed and increasingly recognized as a basic need for people in crisis situations; undoubtedly it makes people feel safer, and even more so when they

have control over where and how it is provided.’ **The partners’ lighting solutions varied in quality; community perceptions of safety appeared linked to their reliability and effectiveness.**

Did engaging the users in the design of their latrines also contribute to increased satisfaction and community ownership (expressed through use and maintenance)? Table 5 below compares user participation with levels of use and maintenance, and satisfaction.

TABLE 5: EXTENT OF COMMUNITY INFLUENCE ON SANITATION FACILITIES COMPARED TO SATISFACTION, USE AND MAINTENANCE

	Participation [outcome 3]	Satisfaction [outcome 2]	Use and maintenance [outcome 1]
STC Bangladesh	Good consultation and community identification of problems. Strong follow-through to the implementation of community solutions (where within the project’s scope).	Very high	Medium/High
STC Iraq	Good consultation but weak follow-through to the implementation of community solutions.	Medium-Low	N/A
WHH Uganda	Good consultation of PSN; adequate but limited consultation of householders. Strong follow-through to the implementation of community solutions for PSN, weaker for householders.	High for PSN Low for HH	High
QRCS Lebanon	Fairly strong consultation (extensive, but not representative of all community members). Strong follow-through to implementation of community solutions for PSN. Weaker for householders (limited project scope in relation to community-identified problems)	High for PSN	Medium
*The table uses the results from Table 2 and Table 4. The results for cleanliness and O&M have been combined to give one rating for use and maintenance. Latrine use data was inconclusive and is not included here.			

The types of community engagement that appear to affect satisfaction relate in part to the project’s responsiveness to feedback. Consultation without delivery is, unsurprisingly, not enough. For example, STC in Iraq consulted well and engaged in negotiated solution-finding; however, the project could not then follow through, leading to low satisfaction. WHH consulted PSN more and was most responsive to their feedback – and PSN were far more satisfied than the householders, who were consulted less and had fewer opportunities to influence latrine design. QRCS consulted and negotiated but was constrained in its ability to deliver on community priorities outside the project’s scope; it did respond strongly to feedback from PSN, who expressed high satisfaction. STC in Bangladesh was more able to deliver on its consultation (and perhaps managed community expectations better); satisfaction was very high.

The findings may also indicate the significance of the tangible value of project outputs on satisfaction. For example, while the results may permit the conclusion that WHH’s PSN users were more satisfied because they had more responsively and appropriately designed latrines, the Oxfam evaluation in Uganda comments that ‘The PSN beneficiaries have latrines that are in several ways superior to others seen in the camp.’ The much higher quality of the materials and construction of the PSN latrines is likely to have affected satisfaction levels, irrespective of the positive impact of user-engagement. Although STC in Bangladesh could not deliver on out-of-scope concerns, the project did provide a tangible improvement in the facilities – new latrines for all the targeted households. In Iraq, satisfaction was most often expressed about the later construction of a latrine block, not the more minor modifications.

Similarly, satisfaction was higher among evaluation participants in Lebanon who had benefitted from structural improvements.

Satisfaction is a blend of perceptions related not only to what was achieved, but to expectations and aspirations. Moreover, it can be difficult for teams

and for evaluators to facilitate honest feedback; some people will express dissatisfaction because they are disappointed or angry; others may be hesitant to express dissatisfaction because of power differences and the fear that aid may be withdrawn.



PSN latrine



Household latrine

Can we link levels of user-engagement or satisfaction to increased ownership (indicated by users' use of the latrines and willingness to take responsibility for cleaning and maintenance)? Levels of latrine usage would have been a critical indicator, but these were self-reported rather than independently monitored; self-reporting can be unreliable, as respondents may be embarrassed to admit to open defecation. As OD was not itself systematically monitored, the data cannot be cross-checked with observed behaviour. In addition, some latrines were unfinished (PSN latrines in Uganda) and, due to the short duration, none of the projects could measure this indicator for a meaningful period following completion. Furthermore, latrine usage in most of the camps was fairly high prior to the interventions.

Systematic monitoring of latrine usage is a powerful indicator, but one that requires significant investment. Counting people entering latrines is useful – but only measures the number of times latrines are used and does not explain why and when they are not. Talking to people, with full recognition of the care and sensitivity required about their use (or not) of the latrines, can be done. This was demonstrated by research for the HIF challenge on gender-based violence and lighting around WASH facilities carried out by Oxfam and the Water, Engineering and Development Centre (WEDC).¹¹

Combined with sample surveys of actual use and systematic counting of OD, a good enough picture can be established, albeit with the need for several hours of staff time.

In these short-term projects, the observed high levels of latrine cleanliness maintained by the project communities was a major achievement. A comparison between STC's two projects may indicate that higher satisfaction from user-engagement does increase ownership – Bangladesh had higher satisfaction rates and scored better on ownership than Iraq. However, communities in the Iraq project were not responsible for OSM prior to the project, and persuading them to become so was not an objective of the project. WHH's householders expressed fairly low satisfaction, yet were notably willing to clean their latrines. This probably reflected strong engagement, but was also partly the result of effective hygiene promotion by WHH.

Another variable that makes the cause and effect of ownership more difficult to identify is whether users had communal or individual household latrines. WHH built household-level latrines; users are more likely to clean and maintain their own latrines. Latrine cleanliness is arguably a less appropriate indicator of ownership when the latrines are communal because, as a key informant in Iraq put it, 'if someone clean[s] it, someone else will make it dirty'. The evaluations all

took place during the projects or soon after they completed: too soon to assess ownership. Only with monitoring data collected over time can the hypothesis that greater user-engagement leads to greater ownership be verified.

Overall, strong consultation plus successful negotiated prioritization and strong follow-through to implementation of community solutions appears to lead to latrines which are more appropriate for the users, and to increased satisfaction. The findings do not provide enough evidence to suggest that this also leads to greater ownership.

Organizational barriers and enablers

All three of the HIF project agency leads said that organizational issues were as critical to success as the methods they used. Some of the difficulties they faced could be described as 'business as usual' – staff changes, budget problems, poor communication between headquarters and the field – and did not directly result from the approaches taken. Research carried out by the International Rescue Committee on client perspectives in humanitarian response identified the following major organizational barriers to participation: limited time, limited resources, limited access, lack of trust and relationship, feedback fatigue, fear of raising expectations, weak capacity to analyse feedback, donors' lack of flexibility and lack of cooperation.¹² The pilot projects faced many of these same barriers, but not all.

Funding was insufficient to respond to more expensive user solutions. The projects had the benefit of a predictable, flexible budget from HIF, which allowed for amendments as the projects progressed. The inclusion of a 5% contingency enabled WHH to respond to new community-led design solutions that emerged during the project. Nonetheless, small-scale pilot projects reduce cost-effectiveness. By the time the project infrastructure and personnel are paid for, there is likely to be little left for material purchases. This could be offset by integrating user-centred projects into an existing WASH response; however, that would require staff and budgets to be ring-fenced to avoid the (common) risk that staff and resources are diverted to other tasks.

Conclusions cannot be drawn about the number of staff required to successfully implement community engagement approaches; there are too many variations in the time periods, scope, methods and use of volunteers across the projects. The often intensive interaction between staff and the communities suggests that projects should aim for high numbers of community engagement staff, but no ratio can be

suggested. In terms of skills, none of the staff had existing UCD experience, but the projects demonstrated that in-field training was feasible and effective. QRCS's project lead brought expertise directly into the field team. The STC–Eclipse projects found that staff members' existing participatory skills were quite easily developed to manage co-creation meetings. **An investment in staff training appears to have been essential both for capacity and buy-in. And buy-in was critical, particularly among managers and technical leads as well as procurement and logistics staff.** Sustained leadership support was vulnerable to staff changes. This suggests **that embedding user-centred approaches requires 'champions' and leaders at both project and institutional levels.** On-the-job training and dependency on third-party trainers is unlikely to be practical earlier in an emergency.

The findings suggest that with enough commitment to engaging users, several common organizational barriers could be surmounted: all projects ensured that time was available, maximized their resources to enable engagement, established relationships with communities through the process and, where they could, responded to the feedback they received.

Applying partner approaches in rapid-onset emergency sanitation

None of the projects tested their approaches to user-engagement within the first 12 weeks of a rapid-onset emergency. Do the findings suggest partial applicability earlier in an emergency? The Bangladesh project was implemented earlier in an emergency than the other three. STC–Eclipse had designed the approach to be implemented within 12 weeks, concluding in an internal workshop that 'an initial design informed by the engagement is therefore feasible within 9 days'. STC acknowledges that modifications to its methods and prior staff training of its globally deployable WASH and MEAL staff would be needed.

Extensive rounds of prototyping, intensive one-to-one engagement, small groups for co-creation sessions and cumbersome survey methods are too resource-intensive and time-consuming for rapid-onset emergencies. **The use of rapid surveying tools, such as those used by STC–Eclipse, has promise. At an estimated 10 minutes per survey, this is comparable to early-phase needs assessments, although is still unlikely to be feasible in the first few weeks of a rapid-onset emergency.** All the HIF pilot projects worked with small numbers of people. It is difficult to see how a co-creation approach could work at scale. WHH demonstrated that a well-managed group meeting can nonetheless enable

some discussion, even with 100 people involved and albeit within narrow parameters.

In some ways, partners' use of UCD approaches such as prototyping and co-creation further distanced the pilot projects from their intended test of rapid-onset community engagement. UCD design starts from a position of intentional uncertainty about problems and solutions. In rapid-onset emergencies, aid agencies must provide sanitation facilities as quickly as possible in a chaotic environment. Unsuccessful prototypes could increase public health risks in the meantime. There are few options for communities to choose from when humanitarian agencies are barely delivering the fundamentals.

Arguably, during the first few weeks of an emergency, community engagement will always be limited to basic consultation about a community's usual practices and culture to inform the design of emergency sanitation. **The HIF project approaches indicate the potential for structured iteration – early sanitation facilities are the beginning of a process which, in response to new feedback, revises designs and makes improvements over time. The main potential for better engaging users in sanitation design probably occurs a few weeks after a crisis starts. The Uganda evaluation team suggested that first-phase emergency latrines could act as rapid prototypes around which communities can provide feedback, promoting subsequent iterations as the emergency stabilizes.**

It is also striking that the concerns and needs raised by the four projects, in very different communities and contexts, were very similar: they include privacy (locks, doors, walls that prevent anyone seeing inside), safety (lighting, enough space to accompany children to the toilet, and child-friendly latrine slabs), cleanliness and smell, and adaptations for PSN (e.g. handrails, steps). **This implies that the designers of emergency latrines can be confident that these basics of safety, access, privacy and dignity will always be among the design proposals of the communities, albeit with variations.** In rapid-onset emergencies, significant procurement may be done internationally or regionally before the response begins. Although this was not an issue for the HIF projects, it could be a significant barrier to UCD and the need to procure materials later in the project. A possible way of mitigating this limitation could be that initial pre-engagement budgets and procurement include 'givens' – materials that address these basic needs of access, dignity, privacy and safety for all populations, anywhere in the world.

Subsequent rounds of feedback and co-creation could ideally begin if and when projects begin to construct new shared family or individual household latrines a few more weeks into the emergency. As agencies may not know what their eventual funding and capacity will be, discussions about new solutions could be phased according to the known, not the potential, budget. If more funding is secured, a further round of adaptations or solutions can be discussed.



Section 7: Conclusions and promising practices for user-engagement

CONCLUSIONS AND PROMISING PRACTICES FOR USER-ENGAGEMENT

The HIF challenge aimed to generate innovative good practice for 'rapid engagement with affected communities as end users to generate actionable and practical solutions for user-centred sanitation in emergencies'. Three of the partners' projects took place in protracted emergency contexts; one was in the early stages of the emergency. As a result, the findings have generated valuable experience and data on the practice and effect of engaging communities in sanitation design in challenging but relatively stable contexts. Some of the methods and learning show promise for future testing.

Overall, community feedback during the evaluations indicated that people in all four projects felt adequately consulted about their needs, wants and concerns. This appears to be irrespective of the approach used by the different agencies. Whether the partners' core methods (surveys and co-creation) provided adequate consultation on their own is hard to assess, as evaluation participants typically included significant informal and one-to-one contact in their recall of being consulted. For the same reason, the findings are inconclusive regarding people's preferences for the different types of consultation employed. **There are indications, however, that extensive consultation is not necessarily required. A single, well-designed survey (such as that used by STC-Eclipse) would minimise feedback fatigue whilst capturing the main problems raised by communities and, followed by well-managed prioritization, successfully inform appropriate latrine design.** This is particularly the case if an additional opportunity to capture omitted concerns is provided early enough in the project.

None of the projects asked communities how they would like to be informed, or established formal information-sharing mechanisms, yet most of the project communities felt adequately informed through inception meetings and face-to-face information sharing, and did not describe alternative preferences. This may indicate that information sharing can be relatively simple and informal; diverse methods may not be essential. Information problems appear to have resulted from an over-reliance on one-to-one information provision: a combination of group and individual information sharing better assured coverage and clarity.

The lack of anonymous complaints and feedback systems in the projects did not appear to be a problem for the evaluation participants – they were more concerned about what the partners did in response to their feedback. **Dissatisfaction primarily related to limited project scope and lack of action on their feedback.** Managing community expectations and negotiating solutions within project capacity was critical but challenging, and remained so throughout the projects, particularly in Lebanon and Iraq. The findings suggest that expectations could be best managed by clearly communicating the project scope to enough people at the outset, using survey questions that focused on needs within the project's scope (not wider 'wants'), and prioritising through skilful facilitation.

Despite being unable to satisfy the more ambitious solutions proposed by communities, **all the projects were characterized by a sustained commitment to take users' ideas and feedback on board and act upon them. Within the limits of each project's scope, all partners followed through on their engagement with users and implemented solutions to the main problems identified by communities.**

There was little evidence of any meaningful decision making by communities on how to manage the sanitation facilities following the projects' closure. It is likely that the projects' scope and short duration prevented the development of more empowered community management mechanisms.

ALNAP's study considers the extent to which the partners applied UCD. This evaluation considers UCD simply as a form of community engagement that focuses on the design stage. **What did user-centred design thinking bring to traditional community engagement? The difference appeared to lie in the mindsets of the practitioners and in the structured simplicity of the methods.** Staff reported that they enjoyed the approach, which is important for buy-in. Co-creation enabled discussion of solutions, not just the problems; it is designed to bring the users together with the people responsible for implementing the designs – the sanitation engineers. Co-creation might have supported better management of community expectations as it explicitly recognizes the interplay and necessary compromises between technical, financial and contextual factors and the users' ideal solutions. **Some of the solutions most appreciated by communities were created by staff, not in response to community-identified problems – everyone brought something to the table.**

UCD may also attract new practitioners because of its novelty, which itself could enhance community engagement and help integrate it into emergency response. The approach needs further testing, particularly of co-creation at scale. Co-creation requires skilful facilitation and negotiation skills; poorly managed, such meetings could lead to disappointment and tension. Moreover, UCD's focus on design means that it is a contribution to, not a replacement for, the wider quality and accountability objectives of community engagement.

The hypothesis of the HIF pilot projects was that greater community engagement would lead to more appropriate sanitation design, and this in turn would lead to latrines that were 'consistently used and community-owned'.¹³ **Communities' satisfaction with the projects' sanitation was, with the exception of Iraq, generally high, particularly for PSN, whose latrine designs were most responsive to individual feedback.** Satisfaction was lowest among people who did not see the changes they wanted, largely because of time and budget constraints. The findings suggest that other variables affect satisfaction, particularly the quality and value of the resulting facilities, irrespective of whether communities influenced design. Communities whose communal latrines were replaced with household or shared facilities were more satisfied than those whose existing latrines were merely improved by the project. **Nonetheless, satisfaction with the latrines improved across all the projects, and this was influenced by UCD improvements. The latrines provided better privacy, safety and dignity.**

The findings do not confirm the hypothesis that more appropriate latrines will lead to enhanced community ownership. Although cleanliness was generally observed as good during the evaluations, insufficient latrine-usage data, short project periods and the likely influence of hygiene promotion on sanitation behaviour prevent conclusions from being drawn. To verify the hypothesis, latrine usage, maintenance and cleanliness would have to be monitored for longer than these short projects permitted. Moreover, the establishment of sustainable community management mechanisms was beyond the scope of the projects.

At an organizational level, **the projects suggest that with a focused commitment to engaging users and a flexible budget, several common organizational barriers could be surmounted: all projects ensured**

that time was available, maximized their resources to enable engagement, established relationships with communities through the process and, where they could, responded to the feedback they received.

The feasibility of applying the partners' approaches earlier in rapid-onset emergencies is unknown. Few of the partners' methods would work in the first few weeks of a large emergency. Arguably, rapid and massive influx prevents all but the briefest consultation. The main potential for better engaging users in sanitation design probably occurs a few weeks after a crisis starts. First-phase emergency latrines could act as rapid prototypes around which communities can provide feedback, promoting subsequent iterations as the emergency stabilizes.

The communities' needs in relation to privacy, safety and dignity were very similar in all four projects and could be acknowledged as 'givens' in any sanitation design. Solutions to address common problems could be built in to sanitation design much earlier in an emergency, and adapted later through greater user-engagement. Recent developments have addressed many of the sanitation concerns discovered by partners through their engagement with communities. For example, the field-friendly [Sani Tweaks](#), developed by Oxfam and the [Sustainable Sanitation Alliance](#), includes a series of communications tools to promote best practice in emergency sanitation. The HIF challenge report by Oxfam-WEDC, [Shining a Light](#), contains numerous suggestions for improved lighting interventions.

Last words on evaluating community engagement

Oxfam's evaluation methods accommodated the diversity of partners' community engagement methods. However, while the six elements of the community engagement typology worked as a conceptual framework, it worked less well as an evaluation model. A simpler typology that covers consultation (how, who, when), the negotiation/agreement of solutions and the resulting impact on design may be more appropriate for early-phase monitoring and evaluation. Consultation types and frequency could be measured (for effect and satisfaction) by ongoing project monitoring, when recall is greater. Community management and decision making could be added as the situation stabilizes and be adapted to the context and coherent with the project's objectives.

The effectiveness of community engagement approaches and evaluations would be improved with clarity about the objectives of community engagement. Oxfam's [Landscape Review](#) of community engagement in sanitation found that agencies do not always define the aim of the approach. It may differ earlier in a response (e.g. focusing on design), developing over time into more complex objectives such as greater community ownership and management. In other words, an iterative approach could be applied to community engagement as well as sanitation design. Each stage recognizes the trade-offs implied by the selected community engagement objectives and assesses the feasibility of achieving these objectives. Further discussion on the evaluation

methods is included in Oxfam's forthcoming discussion paper: *Evaluating the Evaluation: Learning from evaluating community engagement*.

Key learning for future community engagement in sanitation

The successes of the HIF pilot projects demonstrate that prioritizing community engagement is feasible and leads to more appropriate latrine design and increased user satisfaction. The findings and partners' experiences did not yield a comprehensive set of approaches that could provide a menu of good practice. Instead, the main insights identified from the projects will be available as *reflections* in a forthcoming HIF publication.

The approaches that appear to have been most significant for engaging users in sanitation were:

- **A simple, structured framework for engaging users, such as:**
 - Launch or inception meeting – that clearly defines the project scope;
 - Survey;
 - Discussion of the survey results with communities and engineers– negotiated selection, discussion and prioritization of solutions to concerns;
 - Latrine construction phase;
 - Structured and informal opportunities for further feedback and iteration throughout the project.
- **Survey methods, such as the STC–Eclipse innovation, that are:**
 - Quick and engaging;
 - Accessible to all users (including non-literate adults and children);
 - Rapidly analysed;
 - Attractive to WASH engineers.
- **Leadership and commitment to acting on community feedback.**
- **Good negotiation skills: the pilot projects highlighted the importance of facilitation to communicate project scope, prioritize solutions, understand and agree the compromises.**
- **Use of existing latrines (or visual versions) as prototypes to facilitate focused design feedback.**
- **Staff buy-in (explaining the process and the benefits of user-engagement).**
- **Adaptable project plans, procurement systems and budgets that can accommodate change during the project.**

Promising practice for future community engagement in sanitation

Consultation:

- Digital interactive survey.
- Co-creation or discussion meetings which:
 - are separated by sex and age
 - succeed in clearly communicating the project's scope and negotiating solutions.
- Recruiting surveyors from the community.
- Community identification of the criteria for people with special needs.

Information sharing:

- A combination of group and individual information-sharing methods.
- Community leaders or elected focal points as a key method of sharing information.

Negotiation:

- Manage expectations by clearly communicating project scope at the outset.
- Manage a large group discussion to agree priorities.
- Collect feedback through a combination of informal face-to-face and formal methods, e.g. customer satisfaction surveys, follow-up digital surveys.
- Use participatory methods in co-creation or discussion meetings to facilitate prioritization, irrespective of community literacy levels and age.
- Phase discussion about solutions according to known, not potential, budgets.
- Use existing latrines as a prototype from which concrete feedback is obtained: this is promising for shifts from communal to shared household or individual latrines.

Operation and maintenance:

- Enable communities to carry out cleaning and repairs by providing tools and cleaning materials (unless livelihoods are assessed as adequate to support purchasing by the community).
- Assess the likelihood that communities will clean and repair communal latrines. Consider paid latrine repair teams at a minimum and, potentially, paid cleaners.
- Establish a simple reporting method for communities to inform an agency about problems with the latrines, including cleanliness and the need for (larger) repairs.

Suggestions for enabling user-engagement at an organizational level

Staff:

- Facilitate management and staff buy-in, including of programme support staff, through clear and timely communication about the approach and the benefits of the approach.
- Provide training for staff, preferably on-the-job in stable emergencies.
- Create a community engagement/UCD focal point with authority to make decisions.

Budgets:

- Advocate for donor flexibility (in budgets and for emerging project outputs and a phased approach).
- Add approximately 5% contingency to latrine material budgets (which can then be adapted according to feedback).
- Factor the additional cost of iterations into all budget lines for materials (prototyping means buying smaller quantities initially).
- Include a specific, earmarked budget line for latrines for PSN (e.g. anticipating 2-5% of the population as a planning figure).
- In rapid-onset procurement, budget for and procure predictable design items which address basic needs of access, dignity, privacy and safety for all populations (such as locks, lighting and opaque plastic sheeting).

Context:

- Engage the in-country wider WASH sector (Cluster, if present), government and national decision makers early in the approach to increase buy-in and facilitate acceptance of the approach.

Future testing

The first few weeks of an emergency are unlikely to be suitable for testing the pilots' user-engagement approaches. What could be feasible though, is to test approaches once basic, life-saving sanitation facilities have been provided and when new latrines are being planned. The basic methodology and tools described, focusing on design, could slot into any agency's broader community engagement approaches without the need to revise or repeat guidelines. The simple but systematic process outlined above could provide a structured framework for engagement that offers an easier entry point for field staff than complex and lengthy guidelines. This itself could prove to be a helpful contribution to changing mindsets and embedding user-engagement in design. The resources could include an interactive digital survey, such as the one used by STC-Eclipse, and short and simple one-page descriptions with a summary of the principal steps. In stable emergencies, staff could be trained on-the-job. At an institutional level, some core agency staff could be trained in the approach. The portability of digital interactive software used in conjunction with a basic user-centred structure would not entail major changes to an established response structure. It could be flexibly and rapidly deployed.

Promising practices from the HIF Sanitation Challenge could be usefully tested in combination with tools

such as Sani Tweaks, which describes the 'what' of basic community consultation and design but not the 'how'. Planning for iteration could be structured into project strategies. The identification of critical change points – such as an upgrading of communal latrines, or a shift from communal to shared or household latrines – could be included in project plans and phased budgeting. Pictorial digital surveys could be further adapted (to different contexts, with reduced essential questions such as those included in Sani Tweaks, and developed to address current omissions such as coverage). This merits further testing because it offers a more engaging survey method, is quick, apparently appealing to engineers – critical decision makers – and provides instant analysis. The feasibility of engaging communities in the prioritization and selection of designs (co-creation) in larger-scale responses needs further testing to see if this type of approach could be successful with much larger groups, albeit with a limited number of options offered for selection.

Further monitoring is needed to test the causal link between user-engagement, more appropriate latrines and increased levels of latrine use and ownership. This could be done with rigorous baseline and post-construction monitoring of latrine usage and open defecation; confounding variables would have to be recorded, such as whether communities have communal, shared or household latrines and the resources for cleaning and maintenance.



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NOTES

¹ Evaluations conducted and reports written by Kate Brogan and Claudia Geraets (Bangladesh); Simone Carter and Jessica Petz (Iraq); Helen Hawkings and Nicolas Ferminet (Lebanon); John Allen and Omondi Otieno (Uganda).

² Oxfam internal document (undated) *An Introduction to Community Engagement in WASH*.

³ WHH's endline report also mentions that soap was ranked first (as a need) by the community.

⁴ The indicator for open defecation was only collected by QRCS (showing a reduction). As no other data was available from partners or evaluations, it is not included in the table. The indicator for community perceptions that their feedback is or would be listened to by the agency was only recorded by STC (very high in Bangladesh; medium in Iraq) and has therefore not been included here.

⁵ STC used appropriateness as a criterion with adults, instead of satisfaction.

⁶ STC comments that respondents describing their children as defecating 'outside close to home' was ambiguous, as they may have meant their children were using the (now closer) latrines or open defecation.

⁷ Eclipse website: <http://www.eclipse-experience.com/user-centred-community-engagement/what-we-learned>

⁸ Ibid.

⁹ WHH's budget was for £200,000 – 50% each for the two camps.

¹⁰ STC allocated £20,000; QRCS's proposal had no budget line for sanitation materials. For WHH, figures for these costs are unknown. All projects may have reallocated costs towards materials, but the actual expenditure is unknown to Oxfam.

¹¹ Oxfam International and WEDC (2018) *Shining a Light: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps*. <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620605/gd-shining-light-sanitation-gender-211218-en.pdf>

¹² Presented at a webinar in May 2018 entitled *Eliminating barriers to meaningful participation in humanitarian Response*. <http://www.cdacnetwork.org/contentAsset/raw-data/cac14cdd-6ff2-4d43-b789-645e4db99ddf/attachedFile1>. The full IRC report (2017) *Designing for a Change in Perspective: embracing client perspectives in humanitarian project design*, is available at: <https://www.rescue.org/report/designing-change-perspective-embracing-client-perspectives-humanitarian-project-design>

¹³ Evaluation Protocol. Framework developed for the HIF evaluations by Oxfam. Version 15, 2018.

Photos:

Page 1: QRCS staff and a community member discussing drainage problems during the ethnographic survey.

Photo: Qatar Red Crescent Society 2018

Page 7: Latrines in Sharia Displacement Camp, Iraq. Photo: Oxfam 2018

Page 15: Adapting to special needs: Welthungerhilfe's commode latrine in Uganda. Photo: Oxfam 2018

Page 22: A young boy responds to the Save the Children-Eclipse digital survey in Iraq. Photo: Eclipse 2018

Page 27: Staff in Iraq reflect on the process of engaging the users in sanitation. Photo: Oxfam 2018

Page 32: Differences in satisfaction: Focus Group Discussion Uganda. Photo: Oxfam 2018

Page 35: Making latrines accessible for children in Iraq. Photo: Oxfam 2018

Page 38: Before and After: a young girl's drawing of the project latrines in Bangladesh. Photo: Oxfam 2018

Page 41: Comparing latrines in Uganda. Photo: Oxfam 2018

Page 43: Rohingya refugee camp: Jadimura in Bangladesh. Photo: Oxfam 2018

Page 50: Child-friendly latrine block in Sharia Displacement Camp, Iraq. Photo: Save the Children UK 2018