

Workshop Day 27th

Presentation of Bangladesh, British Red Cross

Achievements and lessons learned, what worked well?

Implementing 5 projects but 3 are WASH lead while 2 are component based. In terms of site selection, "low cost area, sanitation areas are not available and lack of services. BDRCS is in charge of selection process.



Challenges, what did not go so well?

Depletion of underground water level. Installation of illegal submersible pumps. Lack of capacity of supervision and maintenance of water points.

What resources did you need or lack?

Shortage of personnel in terms of BCC experts. Beneficiaries are not paying water services- since these are hand pumps. Water is free. Free training, free tools. But community has funds. There will be no planned handing over to the city government.

Case study Ethiopia, IFRC

Achievements and lessons learned, what worked well?

Project still in inception phase. Master plan formulation for water authority. The site is expected to have an inhabitant by half million people. Urban planning must complete all the services. ODF through CLTS and PHAST in communities and schools. HP among communities around Sululta bottling plant. Promoting latrine upgrading through sanitation ladder. Training to local community and NFI distribution. Are we considering the urban and rural legislations? WSUP has been consulted on this. How about the reputational risk: due diligence process in mapping. Nestle started a water sewerage program in another Ethiopian NGO.

Reflection Kenya Red Cross Field Visit , Kenyan Red Cross

Implementation of Bomet Integrated Project

- 1. Water
- 2. Sanitation
- 3. Health
- 4. Livelihood
- Budget Requirement: 10 Million USD
- Funding Support: 2.6 Million USD
 - British RC: 1.6 Million USD
 - Bomet County Government: 1 Million USD
- 77,730 People



- Encourage Government: every county has budget and publicly announced. Budget depends on vulnerability and economic impacts. Flexibilities and balancing the amount charge to the County and British RC. Water company. The law is clear in terms of cost sharing. Influence the system.
- Finance and program managed? Created a joint account for Bomet Integrated Development Project. A secretariat has been formed. Combined KRCS and County of Bomet, 2 Signatories for each entity. KRCS managed the budget of the project. MOU is broad and keep on sectors of health, WASH and LLH and reaching out to specific group of people. KRCS and County. 5-Star Management Process. Opportunities of the regional branch in addressing other issues on food security and software issues.
- Legislation: Liability and Risk Management: Environmental impact assessment has been done. Flooding has not been considered since flooding incident is perineal. But has mitigated in terms of agreement with contractors in terms of repair needed brought by damage made by flooding.
- African Region: National Societies Capacity in terms of technical capacities. What will make national society in terms of confidence building. Look outside the traditional donors. Find something to reach out.
- KRCS vision is to scale up replicating this type of interventions.



Presentation: Case study Uganda One Stop Shop of Danish RC

Achievements and lessons learned, what worked well?

Conceptualized in 2010 for Uganda. Toilet business. Feasibility study in 2010. Alborg university in terms of innovations and expertise. Copenhagen business school to ensure continuity and sustainability. People were satisfied. Children became agents of change. Guardians no longer send people to jails because they did not construct toilet.



Challenges, what did not go so well? Dealing with informal settlement. Challenges on legislations, toilet mafias, behaviour of people. Exit Strategy: it's impossible to foresee what challenge will be encountered. Danish RC is no longer in Uganda.

Way forward

Impact Study is recommended. The concept is replicable in other places but have some modification in terms of context. Can be done with One WASH.

Day 2, Nairobi 29/9/2017

Kenya Red Cross SG, Dr Abbas Gedi Gullet

- Need to find new ways of funding looking for bigger scale project
- Need to invest in development to reduce emergency
- RC has to work in urban areas as Cholera can be found mainly in poor water/sanitation urban areas.
- Advocacy should be key in urban areas
- Need Consortium inside the Movement and external Partners to bring in more resources
- KRCS has applied for the Climate Green Fund

Case study MALAWI, "Integrated WASH intervention in low income areas in Karonga and Mzuzu" and desludging and EU project

Describe Achievements and lessons learned, what worked well?

- Urban WASH project in Malawi included: water kiosks, private connections, public latrines, Handwashing facilities, desludging, HP, capacity building.
- Main innovations are mobile desludging unit and communication strategy for urban areas
- Project contributed to reduce cholera cases in implementation areas
- Project strengthen relationship between local council and civil society
- Project tried to make desludging "sexy", creating an income generation activity for local entrepreneurs and making pit latrines more sustainable.



Describe challenges, what did not go so well?

- Need to provide HP and sensitization messages to users in order to avoid "difficult sludge"
- Difficulty working with private sector due to different approaches

What resources did you need or lack?

- Needed a communication expert to adapt strategy to urban lifestyle

Case Study Philippines Presented two projects: "Reduction of Child Mortality due to Diarrhoea in Manila" and "Engagement of private and public partnership consortium in Cebu" (PPP)

Describe Achievements and lessons learned, what worked well?

- Activities have been done in one neighbourhood with 3 different social-economic realities and in schools.
- Neighbourhood have been divided into 3 clusters, each of them with different approaches and activities taken into consideration their capacities and needs.
- Innovative options (such a peepoo) which require a change in their habit, should be going in parallel with conventional communal facilities

- “Urban Behaviour Change Communication (BCC)” has been used along with PHAST and CHAST approach to promote participation. Urban Behaviour Change communication strategy has been adapted (from rural to urban) for example: night sessions, volunteers management consideration, participation in the World day campaigns, Solid Waste campaigns with local govt, clean up campaigns.
- PHAST should be adapted to urban context: skip first steps, adapt IEC material and Flash-cards, more time to establish relationships, integrate also Livelihood and DRR
- Clean-up drive with local government shared responsibility (advocacy)



Describe challenges, what did not go so well? What resources did you need or lack?

- Landownership and lack of space have been a major challenge
- In urban areas have to map potential partners and donors as they are different than in rural context
- RC should not have the whole responsibility in their implementation, should rather support capacity of government and community
- Standard HP-box should have new IEC material adapted to urban context
- Timing of project have to be adapted to potential partners, as working approaches will be different

Presentation Nepal (Pilot project “Bio-Digester Technology for Safe Sanitation” in 3 HH)

Describe Achievements and lessons learned, what worked well?

- Technology of Bio-Digester developed by “Defence Research and Development Organisation (DRDO)”, India.
- Inoculum cow dung for Bio-Digester had to be imported by road from India, but it took long time to get the import approval from the Nepalese Government
- Various models, brick solution has been chosen for sustainability reasons



Describe challenges, what did not go so well?

- HH and site selection is critical to have good trial results and accurate data, in this case one family overused the system, and another hardly used it
- Might need to redesign the HH-type to adapt it to the volume of use

Way forward

- Trial for institutional toilet
- Good communication and sensitization of use is important
- This technology is appropriate for rural, urban and recovery phase
- Users do not need to do a special maintenance of the system, only include the appropriate chemical doses for which an awareness campaign need to be planned

Presentation MENA (Syrian Crisis)

Syria Crisis Countries Syrian Arab Red Crescent SARC: more than 70 engineers **Water** project with the a lot of hardware component less in Hygiene promotion, learning from the knowledge and experiences from

SARC. Lebanese very strong NS in the region, 2 way trainings, peer to peer. Yemen Red Crescent: Cholera response in Yemen complex emergency

Achievements and lessons learned, what worked well?

Yemen cholera response:

- One Movement Appeal -. Fully funded- Movement Taskforce
- Peer to peer sharing, especially the experience of SARC on water systems, will first target peer neighbouring NS which is done through meetings, Lebanese forums and trainings, and other communication channels. After that sharing with WASH advisors group is hopefully possible.
- Because of security, ECV trainings were centralized in HQ. Then implementation was documented by roving videographer as monitoring and mainly for learning lessons in the field, which would be brought back in the following trainings.



Challenges, what did not go so well?

- Logistics to bring chlorine, market is not working
- Staff movement restrictions

Case study Haiti, Urban Planning in Haiti, French Red Cross

Achievements and lessons learned, what worked well?

- Talk about urban plan first, not yet infrastructure. During this phase, there are just small interventions on site.
- The project was done in a phased approach. First the urban plan, then focusing on water supply which is followed by sanitation and habitat. Funding for such a plan is difficult, so involvement of other institutions who can share the responsibility for different components.
- Urban design plan is needed when getting bigger funds in urban context, as it provides a basis for comprehensive further development of an area. Urban plan validated by Haitian institutions it was done in a participatory way (took more than 01 year) to get it validated.



Challenges, what did not go so well?

- Haiti is not 'sexy' anymore, Political instability , new mayor for municipality , too many donors concentrated
- defining the area of the intervention (how far do you go into the neighbourhood around the IDP camp), land tenure, There are not clear geographical area of integration, no land ownership (legal issues)
- Key acceptance for the civil society and institution
- urban context makes it costly,
- Winning credibility with partners on urban context, because of limited experience to show

What resources did you need or lack?

Time extension, More funding, Cost 90 USD per person, more expensive than in rural, Experts and competencies in HR: Urban planning, WASH , Communication strategy

Presentation of Netherland RC on innovation:

- Innovation funding; should be creative with bringing together pockets of money, there is some donor interest in innovation. But innovation funding is usually for initial phase of the innovation, and not much for upscaling of the innovation.

Challenges, what did not go so well?

- Urban poor are largely ignored in terms of service provision by the city and budgetary support is low.
- Continuity of HR is needed for innovation, because people learn fast but organizations more slowly.
- For innovative project more time and energy is needed as more discussions are needed in the starting phase. Also are usually limited early results.

