

# Agreement

Between

**ARCHIVE Global: Architecture for Health in Vulnerable Environments**

And

**ADESH: Association of Development For Economic and Social Help**

THIS MEMORANDUM OF UNDERSTANDING ( “**MOU**” or “**Agreement**”) is made by and between ARCHIVE Global: Architecture for Health in Vulnerable Environments (“ARCHIVE” or “**Managing Partner**”), a nonprofit corporation organized under the laws of the State of New Jersey, USA, and Association of Development For Economic and Social Help (“ADESH” or “**Implementing Partner**”) (individually, a “**Party**” and collectively, the “**Parties**”).

The Agreement concerns the implementation of a project entitled, ***Mud to Mortar: Health, Hygiene, and Housing Phase IV***, that delivers improved, cleanable floors to vulnerable families in the Savar/Dhamrai Upazila of Dhaka district, public health training to beneficiaries, and a comprehensive public health media campaign to deliver health training to a broader audience.

## **BACKGROUND**

ARCHIVE is a nonprofit organization based in New York that operates at the intersection of development, health, and architecture, and prioritizes housing design as a key strategy in combating diseases around the world through construction of interventions, community training, and research.

ADESH is a nonprofit organization in Bangladesh that works to build a more equitable, just, and healthy community through the development and administration of various projects among marginalized communities.

## **PROJECT OVERVIEW AND GOALS**

Starting with the first pilot program in June 2014, with the support of ADESH, ARCHIVE has completed 4 iterations (1 pilot and 3 full-scale projects) of the Mud to Mortar program in Savar, Bangladesh. The project consists of replacing dirt floors with cement flooring systems, paired with health and housing training for community members. After the project implementation, beneficiaries have reported fewer episodes of diarrhea in their home compared to homes who still had dirt floors, and households experienced a notable reduction in average spending on medical costs. The successful delivery of the pilot and later iterations of the flooring project support continued implementation of this project in the cultural and social context of peri-urban areas of Bangladesh. To date 295 homes have received new, cleanable safer concrete floors, 2396 community members participated in hygiene and sanitation training, and almost 5 million people across Bangladesh have been reached by social media campaigns that highlight the role of dirt floors in common illness and adequate household hygiene for prevention.

Phase IV of this project entails ADESH collaborating with ARCHIVE to implement a flooring project in and around Savar, Bangladesh to reach 40 homes. This engagement will include the installation of floors designed by ARCHIVE and ADESH, beneficiary training on household hygiene and handwashing, and a skills building component in which women are trained in masonry techniques used in the floor installation in this project. The training of women in masonry aims to equip them with skills they can use to seek formal work outside the home, contributing to the household economy.

The process for this phase of the project is the following:

1. Screen households to identify qualifying beneficiaries: Beneficiary families are selected using eligibility criteria approved by ADESH and ARCHIVE Global, to ensure that we focus on the most at-risk and vulnerable households within the community.
2. Recruitment and training of women masons: creation and implementation of a strategy for outreach to, and recruitment, training, and integration of women to learn masonry techniques used in floor construction of this project. Women will be employed as trainees on at least two floor construction sites within this phase.
3. Capacity-Building: we will continue to train local masons for effective intervention delivery.
4. Beneficiary Training: Training of the beneficiaries includes floor care and maintenance, as well as best practices in hygiene, sanitation, and latrine and well use.
5. Floor construction: dirt floors are replaced with concrete according to the methodology established by ARCHIVE and ADESH.
6. Public Awareness Campaign Reaching 500,000 People: Knowledge of the importance of durable, cleanable floors and risks of disease and infection connected to housing must reside on the community level, as disease transmission often transcends the boundaries of the home.
7. Data collection: prior to implementation of the flooring project surveys are conducted with beneficiary households to collect information on household demographics, health outcomes of interest, and knowledge and practices related to handwashing. The baseline survey findings are compared to a follow-up endline survey with all beneficiaries in an effort to measure outcomes of the intervention approximately 9 months-1 year after floor construction.