The impact and sustainability of CLP’s WASH interventions

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Innovation, Monitoring, Learning and Communications Division

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Acronyms

CLP  Chars Livelihoods Programme
CLP1  Phase 1 of the Chars Livelihoods Programme
CLP2  Phase 2 of the Chars Livelihoods Programme
CLP2.1  Phase 2 of the Chars Livelihoods Programme, first cohort
CLP2.2  Phase 2 of the Chars Livelihoods Programme, second cohort
CLP2.3  Phase 2 of the Chars Livelihoods Programme, third cohort
CLP2.4  Phase 2 of the Chars Livelihoods Programme, fourth cohort
CLP2.5  Phase 2 of the Chars Livelihoods Programme, fifth cohort
CPHH  Core Participant Households
DFID  Department for International Development
FCS  Food Consumption Score
FGD  Focus Group Discussion
GoB  Government of Bangladesh
IEP  Infrastructure and Employment Project
IMO  Implementing Organisations
KII  Key Informant Interviews
NGO  Non-Governmental Organisation
SN  Safety Net
UNSCN  United Nations Standing Committee on Nutrition
WASH  Water, Sanitation and Hygiene

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Executive Summary

The purpose of this study was to understand the impact of the Chars Livelihoods Programme (CLP) on core participant households' Water, Sanitation and Hygiene (WASH) and whether the impact is sustainable. Improving WASH on the chars is one of the key outcomes of CLP. The study found that households have significantly better WASH practices after receiving the CLP support package and this impact sustains in the years after CLP support.

This study used a quantitative research methods approach to collect the data. To understand the impact of CLP and the sustainability of those impacts, data was taken from CLP’s Annual Socio-Economic Survey, which was carried out in October 2013. To understand what impact the change in CLP’s water and sanitation policy had, some analysis was also conducted on data gathered during the annual survey in October 2012. CLP’s annual surveys use rolling baselines with cohorts that have not yet received the CLP support package, acting as controls. In 2013, Cohort 2.5 was the control.

More households have access to an improved water source after receiving CLP support however as core participants were not prioritised in the water policy before July 2013, less than 50% of core participant households at the time of the October 2013 survey had access to a tube well up to CLP standards. The criteria restricting a large proportion of tube wells from meeting all of CLP standards was the tube well having an intact concrete platform.

The sustainability of CLP’s impact on CLP 1 core participant households access to a tube well up to CLP standards is high. A similar proportion of CLP 1 core participant households in October 2013 had access to a tube well up to CLP standards as there was in a sustainability study carried out in April 2011.

CLP has a significant impact on the proportion of households with access to a sanitary latrine up to CLP standards (87% of cohort 2.3 just after the end of their 18 month cycle compared to 6% in the control group). A similar proportion of CLP 1 core participant households in October 2013 had access to a sanitary latrine up to CLP standards as there was in a sustainability study carried out in April 2011. This shows that the sustainability of CLP’s impact on core participant households access to a sanitary latrine up to CLP standards is high.

Women hand washing at critical times improves substantially after receiving CLP support and this impact not only sustains but increases with time as women’s behaviours change.

The water policy change which occurred in July 2013, three months before the October 2013 annual survey, has not had an impact yet on the proportion of core participant households with access to a tube well up to CLP standards. The change in sanitation policy which occurred in July 2011 has had an positive impact on the proportion of core participant households with access to a sanitary latrine up to CLP standards

Based on the findings, a number of recommendations can be made to improve CLP’s outcomes on WASH:

- Continue with the provision of CLP’s package of interventions, as these have led to a direct improvement in water, sanitation and hygiene.
- Investigate further, after the 2014 annual survey, the impact of CLP changing its water policy.
1. Background

The Chars Livelihoods Programme (CLP) works with extreme-poor households living on riverine islands (in Bengali called “chars”) in North West Bangladesh. The Programme aims to improve the livelihoods, incomes and food security of at least one million poor and vulnerable women, children and men living on the chars. The CLP provides a comprehensive package of support to its core participant households (CPHHs) as well as a number of interventions also benefitting the wider community. The main objectives of CLP are to improve social and economic assets, reduce environmental and economic risk and increase access to markets and services.

Access to water and sanitation is a fundamental human right and essential to life, health and dignity. On the chars of north-west Bangladesh, there is very little access to clean water or a sanitary latrine and hygiene is often not seen as a priority. Before receiving CLP support, households often gather their water for cooking and drinking from tube wells which are not installed properly. This includes tube wells which are not protected from flood water contamination by a concrete platform. Open defecation is a common practice on the chars, particularly by children, and when latrines are used, they are often unsanitary and poorly maintained. Char dwellers often do not regard hygiene practices as a priority as they do not understand the links between hand-washing and improved health.

Households with better water, sanitation and hygiene (WASH) will have:

- fewer incidences of diarrhoeal disease
- fewer diseases including skin infections, scabies, hepatitis, etc.
- fewer days when they are sick and unable to work
- improved nutrition, and
- improved food security as WASH improves the nutritional impact of food consumed.

By 2016, CLP aims to provide 150,000 households, core and non-core, access to a sanitary latrine, benefiting 583,500 people. The Programme also aims to provide 105,000 households, core and non-core, access to an improved water source, benefiting 408,450 people. CLP Infrastructure personnel expect that all of core participant households will have access to an improved water source and to a sanitary latrine.

Chars households are provided tube wells to access improved water. Currently the policy is to offer subsidies of approximately Tk. 8,000 (around £67) to households to install new tube wells. CLP aims to ensure that every five people in a village have access to a tube well that meets CLP standards. In addition, CLP ensures each core participant can easily reach a tube well – which CLP defines as “within a ten-minute round-trip walk.” The current improved water policy came into effect in July 2013. Before this, CLP’s policy did not prioritise core participant households.

In each case, one household is asked to receive the tube well and contributes Tk 1,000 (about £8) to the overall cost and in return owns the tube well. Ownership means that the household must maintain the pump in working order as well as allow all surrounding households access to the new tube well for free. When tube wells already on the chars meet certain criteria, CLP upgrades them by installing a concrete platform. This prevents groundwater contamination through the base of the well.

Having adequate sanitation facilities is a major step towards raising community health standards. CLP’s current policy is to provide a subsidy to all households, both core and non-core, in the
programme’s working villages to construct sanitary latrines. This subsidy comprises a concrete slab, a plastic pan and water seal as well as a cash subsidy of Tk 500 for households living on a raised plinth. Households not living on a raised plinth receive a subsidy of Tk 1,000 (because they are obliged to raise the latrine above flood levels). Before July 2011, CLP only provided a subsidy to core-participants to build a five-ring, more expensive, latrine.

Awareness campaigns are carried out using the Community-Led Total Sanitation (CLTS) approach. This aims to trigger pride in good sanitation behaviours and generate public disapproval of open defecation.

As a part of the programme’s social development activities, health and hygiene awareness-raising campaigns are carried out targeting CLP’s core participants. The Social Development Unit uses a number of communication tools to promote positive hygienic practices such as hand-washing with soap, using sanitary latrines, wearing sandals, and collecting, storing and using water safely. Messages are designed to be simple and clear, with flip charts and group discussions to get char households talking and learning about good hygiene behaviour. The programme also takes advantage of opportunities to raise awareness at the community level during local fairs (community melas), where messages are communicated through posters, folk songs and popular theatre.

A previous study carried out by CLP in 2012 found that fewer than expected core-participant households has access to an improved water source and sanitation up to CLP standards (Cordier, 2013). Households not drinking from an improved water source was attributed to concrete platforms not being intact as well as households building their own unprotected tube wells which were not up to CLP standards. The study found that more households used a latrine after CLP support but not enough were up to CLP standards. The most common reason for the latrine not meeting the standard was the lack of an intact water seal. Circumstantial evidence seemed to indicate that households would sometimes deliberately break the water seal to speed disposal.

The water and sanitation policies have both changed since CLP 2 began in an attempt to increase the number of participants accessing sanitary latrines and an improved water source (see table 1).

Table 1 Change in CLP’s Water and Sanitation policies

<table>
<thead>
<tr>
<th>Project</th>
<th>Previous policy</th>
<th>Date of policy change being put into practice</th>
<th>Present policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Core participants not prioritised while providing access to a tube well up to CLP standards.</td>
<td>July 2013</td>
<td>All Core participants have access to a tube well up to CLP standards.</td>
</tr>
<tr>
<td>Latrine</td>
<td>Only core participants on raised plinths were given subsidy to install latrines</td>
<td>July 2011</td>
<td>All households, irrespective of core and non-core, get subsidy to install latrines on plinths above flood line. Household’s latrine raised on plinth if they don’t have space on or don’t have raised household plinth.</td>
</tr>
</tbody>
</table>
Timeline 1 Change in water policy

The policy for water policy regarding access to a tube well up to CLP standards changed in July 2013 after the April 2013 IMLC WASH Impact study (Cordier, 2013). From July 2013, CLP went back to villages from Cohorts 2.1, 2.2, 2.3 and 2.4 and started to implement the policy of ensuring all core participants had access to a tube well up to CLP standards.

Timeline 2 Change in Sanitation policy

During CLP 1 and the first year of CLP 2, i.e. when Cohort 2.1 households were receiving support, core participant households received a five-ring slab latrine with a superstructure to provide privacy. Whilst this benefitted core participant households, it did not address the problem of open defecation as non-core households were not provided with sanitary latrines. To improve latrine coverage, and eradicate open defecation, CLP changed its policy so subsidies were provided to all households, core and non-core, for construction of a low-cost sanitary latrine. This was first tested in a pilot of 644 households, core and non-core, between July 2010 and June 2011. When the policy was proven to be successful it was implemented across all households in July 2011, including CLP 2.1 villages which were revisited and households were given access to sanitary latrine.

This study draws on WASH data collected during the annual survey carried out in October 2013 from a sample of CLP households (see methodology). The study aims to assess what impact the Programme has had on WASH practices and the sustainability of this impact. The study also compares October 2012 data with October 2013 data to understand what impact the change in Water and Sanitation policy had on the proportion of core participant households with access to a sanitary latrine and an improved water source.
2. Methodology

This study used a quantitative research methods approach to collect the data. To understand the impact of CLP and the sustainability of those impacts, data was taken from CLP’s Annual Socio-Economic Survey, which was carried out in October 2013. To understand what impact the change in CLP’s water and sanitation policy had, some analysis was also conducted on data gathered during the annual survey in October 2012.

Table 2 Status of cohorts during 2013 annual survey

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Status during the October 2013 annual survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1 (CLP 1)</td>
<td>Received CLP support package 3-8 years previously</td>
</tr>
<tr>
<td>CLP 2 Cohort 3 (CLP 2.3)</td>
<td>Received CLP support 3 months previously</td>
</tr>
<tr>
<td>CLP 2 Cohort 5 (CLP 2.5)</td>
<td>Not received CLP support package (baseline)</td>
</tr>
</tbody>
</table>

The second phase of the CLP (CLP 2) will support 78,000 Core Participant Households (CPHH) through six annual cohorts. CLP’s IMLC division monitors the outcomes of the programme using a rolling baseline approach.

During the October 2013 survey, data was collected from a sample of CPHHs from cohorts CLP 2.1 to CLP 2.4, as well as CLP-1. At the same time, baseline data was collected from Cohort 2.5 which acts as the control group for the other cohorts. In this study CLP 2.5 acted as the control as these households had not, at the time of the survey, received CLP support; CLP 2.3 were used to understand the impact of CLP’s interventions as they were the most recent cohort to receive the full package of CLP support; and CLP 1 participants were used to understand the sustainability of CLP’s impact as they had stopped receiving CLP support in 2010 at the latest.

To understand the impact of the change in water and sanitation policy, CLP 2.1 and CLP 2.2 data from the October 2012 and October 2013 annual surveys were analysed. CLP 2.1 and CLP 2.2 were selected as in both surveys the households had received the full package of CLP support. The change in water policy came into practice in July 2013 and the sanitation policy came into place in July 2011. Because of the time it takes to install tube wells and latrines, the change in policies did not impact households in the October 2012 annual survey. This study will investigate whether the change in policies has impacted CLP 2.1 and CLP 2.2 households by October 2013.

IMLC collects data from a panel sample of households during the annual surveys. The data was then analysed to understand each of three parts of WASH: Water, Sanitation and Hygiene. See Annex 1 to view data used from October 2012 and October 2013 annual surveys.
3. Results and Analysis

The results of this WASH study are presented according to Water, Sanitation and Hygiene. Data collected from households in three cohorts, CLP 1, CLP 2.3 and CLP 2.5 have been analysed to understand the effect of the CLP on WASH outcomes and whether these outcomes have been sustainable. It is important to reiterate that:

- CLP 2.5 acted as the control as they had not, at the time of the survey (October ’13), received any CLP support;
- CLP 2.3 were used to understand the impact of CLP’s interventions as they were the most recent cohort to receive the full package of CLP support;
- CLP 1, were used to understand the sustainability of CLP’s impact as they stopped receiving CLP support in 2010 at the latest.

Text box 1 shows the criteria for a tube well and a sanitary latrine to be considered up to CLP standards.

Text box 1: CLP’s criteria for clean drinking water and sanitary latrines

<table>
<thead>
<tr>
<th>Improved water from tube well:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a raised plinth above the highest known flood level</td>
</tr>
<tr>
<td>40 feet deep</td>
</tr>
<tr>
<td>10 metres from a latrine</td>
</tr>
<tr>
<td>Has intact concrete platform</td>
</tr>
<tr>
<td>Is less than 10 minutes around trip from the household</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sanitary latrine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pit covered with concrete slab fitted with a pan and water seal</td>
</tr>
<tr>
<td>Pit supported internally</td>
</tr>
<tr>
<td>Latrine raised on plinth above flood line</td>
</tr>
<tr>
<td>Superstructure to provide privacy</td>
</tr>
</tbody>
</table>
3.1 Access to an improved water source

Figure 1 Proportion of households with access to a tube well up to CLP standards

Figure 1 shows the proportion of core participant households with access to a tube well up to CLP standards. Cohort 2.5, the control, has only 5.2% of households with access. This figure increases substantially to 42.8% for CLP 2.3, who completed receiving the full package of CLP support in June 2013, four months prior to the survey (October ‘13). This may appear to be low but up to July 2013, the CLP’s policy on improved water was to install or upgrade tube wells where they could be accessed by more than five households, irrespective of whether the households were core participants or not. The policy saw improved water as a ‘whole-community’ benefit. A new policy was introduced in July 2013, ensuring all core participant households have access to a tube well up to CLP standards. Considering the policy change only occurred in July ‘13, three months before the survey, it is had not yet time to have an impact.

With regards to sustainability, 21.3% of CLP 1 core participant households reported having access to tube wells up to CLP standards. In 2010, a study was carried out to understand the sustainability of CLP 1 outcomes (Kenward, S and Islam, R; 2011). It found that 17% of earlier phase CLP 1 households (January 2006 to May 2007) had access to a tube well up to CLP standards and later phase CLP 1 households (October 2007 to May 2009) had 16% of core participant households with access to a tube well up to CLP standards respectively. This means that this figure of 21.3% shows CLP’s impact is sustainable. To further understand why tube wells were not meeting CLP standards each criteria was analysed.
Figure 2 shows the proportion of households with access to a tube well with a concrete platform (one criterion for "access to an improved water source"). The control has only 9.5% of households with access to tube wells with an intact concrete platform. The percentage of CLP 2.3 households with access to a tube well with an intact concrete platform is 46.8% and households in CLP 1 is 25.1%. When comparing figure 2 to figure 1 (proportion of households using tube wells up to all of CLP standards) the proportions are very similar, indicating that the reason that tube wells were not meeting CLP standards is often because they do not have an intact concrete platform. This may be a reflection of households building and using their own tube wells which do not meet CLP standards or concrete platforms provided by CLP are not maintaining.

Other criteria were also analysed to see if they were also performing poorly. The proportion of households with access to tube wells above the flood line was found to be 37.4% for the control, CLP 2.5. CLP 1 and CLP 2.3 both had proportions of households using tube wells above the flood line at 78.1% and 85% respectively. Average times for round-trips to tube wells were all less than 10 minutes. See annex 1 for further analysis on the other criteria for tube wells.
### 3.2 Access to a sanitary latrine

**Figure 3 Proportion of households with access to a sanitary latrine up to CLP standards**

![Bar chart showing the proportion of households with access to a sanitary latrine up to CLP standards.](image)

Figure 3 shows the proportion of households with access to a sanitary latrine up to CLP standards. The control, CLP 2.5, has only 6.1% of households with access to a sanitary latrine. CLP 2.3, who at the time of the survey had finished receiving the full package of CLP support four months before the October 2013 survey, had 87.4% of households with access to a sanitary latrine up to CLP standards. CLP has a substantial impact on the access to sanitary latrines up to CLP standards though as CLP aims for every household to have access to a sanitary latrine, this figure is expected to be higher. The reason for latrines to be considered non-sanitary are water seals being broken.

The proportion of core participant households with access to a sanitary latrine in CLP 1 is 52.5%. In 2010, a study was carried out to understand the sustainability of CLP 1 outcomes (Kenward, S and Islam, R; 2011). It found that 44% of earlier phase CLP 1 core participant households (January 2006 to May 2007) had access to a sanitary latrine up to CLP standards and later phase CLP 1 households (October 2007 to May 2009) had 56% of core participant households with access to a sanitary latrine up to CLP standards respectively. CLP’s impact on households’ access to sanitary latrines is sustainable.

**Figure 4 Proportion of households with access to a latrine with water seal intact**

![Bar chart showing the proportion of households with access to a latrine with water seal intact.](image)
Each criteria (see text box 1) for a sanitary latrine was analysed to understand which one was restricting latrines most from meeting all of CLP standards. Significantly smaller proportions of core participant households in the control group had latrines which met each criteria relative to the cohorts which had received CLP support. With CLP 2.3, over 90% of households latrines met each criteria for a sanitary latrine. This shows that CLP has a significant impact on each criteria. See Annex 1 for full analysis of each criteria.

In CLP 1 households, over 75% of households met each criteria for a sanitary latrine, except for the criteria “having a water seal intact” which only 62.1% of households had. This supports findings from CLP’s previous study that indicated that broken water seals were reducing the number of latrines meeting all of CLP standards (Cordier, 2012). As there is still a large proportion of households in CLP1 meeting each criteria, it shows that CLP’s impact is sustaining.

3.3 Improved hygiene practices

CLP not only improves WASH outcomes of households through infrastructure but also aims to influence WASH attitudes and behaviours. As a part of the programme’s social development curriculum, CLP campaigns to raise the awareness and knowledge of CLP’s core participants on key health and hygiene issues. The Social Development Unit uses a number of communication tools to promote positive hygienic practices such as hand-washing with soap, using sanitary latrines, wearing sandals, and collecting, storing and using water safely. Messages are designed to be simple and clear, with flip charts and group discussions to get char households talking and learning about good hygiene behaviour. The programme also takes advantage of opportunities to raise awareness at the community level during local fairs (community melas), where messages are communicated through display posters, folk songs and popular theatre.

A key part of improving hygiene practices is washing hands. Household members, particularly women, are taught to wash their hands:
- Before serving food;
- Before and after taking meals;
- Before feeding children
- After coming back from the toilet;
- After cleaning children’s stools; and
- After cleaning the cowshed

Core participants (women) were asked if they were washiing their hands at each of the critical times mentioned above. The data is collected via a self-reported survey which may lead to women responding with the desired answer rather than the actual times they wash their hands. Means were calculated for each cohort for the proportions of women hand-washing at critical times. Figure 5 shows in the control group, the mean proportion of women hand-washing at critical times is just 4%. After receiving CLP support the mean proportion of women hand-washing at critical times is significantly greater, with Cohort 2.3 having on average 73% of women hand-washing at critical times. This shows that CLP support has a significant impact on women’s reported hand-washing practices.

Since the 2013 survey, CLP created a partnership with UNICEF and Practical Action to improve CLP’s influence on attitudes and behaviours regarding hygiene. Under this partnership, UNICEF, through Practical Action, used its technical expertise to train field staff to disseminate WASH lessons more effectively. It also worked to improve the skills and capacities of CLP’s social groups, such as Village Development Committees and Adolescent Groups.
Results for CLP 1, showed that on average larger proportions of women, compared to CLP 2.3, were washing their hands at critical times. This shows that CLP’s impact is not only sustainable but seems to increase over time. Analysis of each critical time for hand washing can be found in Annex 1.

**Figure 5 Mean proportion of women washing their hands at critical times**

![Figure 5](image)

4. **Impact of the change in CLP’s water and sanitation delivery policy**

The following table shows the change in water and sanitation policy which occurred in July 2012.

**Table 3 Previous and Present water and sanitation policies**

<table>
<thead>
<tr>
<th>Project</th>
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</table>

4.1 **Change in Water Policy**

The change in water policy occurred after the IMLC study “A study to assess the outcomes of the CLP on Water, Sanitation and Hygiene” in 2013 which highlighted that CLP was not having enough of an impact on the access of households to sanitary latrines and tube wells up to CLP standards,
(Cordier et al., 2013). As this policy was put into practice only in July 2013, it was expected that the policy change would not have a significant impact in the October 2013 data.

**Figure 6 Proportion of households with access to a tube well up to CLP standards before and after water policy change**

Figure 6 shows the proportion of households with access to a tube well up to CLP standards for CLP 2.1 and CLP 2.2 in the October 2012 and October 2013 annual surveys. It shows that the proportion of CLP 2.1 households with access decreased from 39.8% in 2012 to 27.7% households. For CLP 2.2, the proportion decreased slightly from 34.4% of households in 2012 to 32.3% in 2013. As the policy change occurred only in July 2013 it was not expected that the policy change would have had time yet to have an impact on the proportion of households with access to a sanitary latrine up to CLP standards.

To understand why there was a decrease in the proportion of households with access to a tube well up to CLP standards, further analysis was carried out for each individual criteria for CLP’s standards. The analysis showed that each criteria improved except for proportion of households with an intact concrete platform which dropped, for CLP 2.1 from 41.2% to 32.3% and for CLP 2.2 from 36.1% to 34.9%. This means that the proportion of households using tube wells with either no concrete platform or a broken platform is increasing between the two surveys and that “have an intact concrete platform” is the criteria which is restricting tubewells from meeting all of CLP standards. This may be a reflection of households building their own tube wells which do not meet CLP standards or concrete platforms provided by CLP not being properly maintained. The decrease in proportion of households shows that the change in policy is not yet having an impact on households access to a tube well to CLP standards.
4.2 Change in Sanitation policy

The change in sanitation policy came into effect in July 2011 after a pilot was carried out with a small number of households between July 2010 and June 2011. It is expected that this policy change will have impacted households in the October 2013 survey. Because of the time it takes for latrines to be installed, it is expected that it will have less of an impact in the October 2012 survey.

Figure 7 Proportion of households with access to a sanitary latrine up to CLP standards before and after the change in water policy

Figure 7 shows in 2012, CLP 2.1 had 50.7% of core participant households with access to a sanitary latrine up to CLP standards. This increases in 2013 to 64.3%. CLP 2.1 completed receiving the package of CLP support in December 2011 but only later in 2013 were CLP 2.1 villages revisited to have the policy applied to them. Of CLP 2.2 core participant households, 67.7% households had access to sanitary latrines up to CLP standards in 2012, increasing to 70.1% in 2013. CLP 2.2 core participant households started in July 2010 and completed receiving the package of CLP support in June 2012, meaning that the new sanitation policy was applied to them. The graph shows that CLP’s change in sanitation policy has had a positive impact on the proportion of core participant households with access to a sanitary latrine up to CLP standards.
5. Conclusions and Recommendations

This study shows that CLP is having a positive impact across all three areas of water, sanitation and hygiene of CLP core participant households.

More households have access to an improved water source after receiving CLP support however as core participants were not prioritised in the water policy before July 2013, less than 50% of core participant households at the time of the October 2013 survey had access to a tube well up to CLP standards. The criteria restricting a large proportion of tube wells from meeting all of CLP standards was the tube well having an intact concrete platform. The sustainability of CLP’s impact on CLP 1 core participant households access to a tube well up to CLP standards is high. A similar proportion of CLP 1 core participant households in October 2013 had access to a tube well up to CLP standards as did in a sustainability study carried out in April 2011.

CLP has a significant impact on the proportion of households with access to a sanitary latrine up to CLP standards. The sustainability of CLP’s impact on CLP 1 core participant households access to a sanitary latrine up to CLP standards is high. A similar proportion of CLP 1 core participant households in October 2013 had access to a sanitary latrine up to CLP standards as did in a sustainability study carried out in April 2011.

Women hand-washing at critical times improves substantially after receiving CLP support and this impact not only sustains but increases with time as women’s behaviours change.

The water policy change which occurred in July 2013, three months before the October 2013 annual survey, has not yet had an impact on the proportion of core participant households with access to a tube well up to CLP standards. The change in sanitation policy which occurred in July 2011 has had a positive impact on the proportion of core participant households with access to a sanitary latrine up to CLP standards.

Based on the findings, a number of recommendations can be made to improve CLP’s outcomes on WASH:

- Continue with the provision of CLP’s package of interventions, as these have led to a direct improvement in water, sanitation and hygiene.
- Investigate further, after the 2014 annual survey, the impact of CLP changing its water policy.
6. Bibliography

**Cordier L, Kenward S, Islam R** (2012); A study to assess the outcomes of the CLP on Food security. Chars Livelihoods Programme.

**Cordier L** (2012); Review of the CLP’s Approach to Monitoring Food Security. Chars Livelihoods Programme

**Cordier L, Kenward S, Zahangir A** (2013); A study to assess the outcomes of the CLP on Water, Sanitation and Hygiene. Chars Livelihoods Programme

**Kenward S, and Islam R** (2011); A study to assess the sustainability of CLP-1 activities. Chars Livelihoods Programme
Annex 1: Analysis from October 2013 Annual survey

**Water**

<table>
<thead>
<tr>
<th></th>
<th>CLP 1</th>
<th>CLP 2.3</th>
<th>CLP 2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of households accessing a tube well up to CLP standards</td>
<td>21.3</td>
<td>42.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Percentage of Intact concrete platform of tube wells</td>
<td>25.1</td>
<td>46.8</td>
<td>9.5</td>
</tr>
<tr>
<td>Percentage of households drinking from a tube well above the flood line</td>
<td>78.1</td>
<td>85.0</td>
<td>37.4</td>
</tr>
<tr>
<td>Average time between the tube well and household (minutes)</td>
<td>1.64</td>
<td>1.53</td>
<td>2.56</td>
</tr>
</tbody>
</table>

**Sanitation**

<table>
<thead>
<tr>
<th></th>
<th>CLP 1</th>
<th>CLP 2.3</th>
<th>CLP 2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of households with access to a sanitary latrine up to CLP standards</td>
<td>52.5</td>
<td>87.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Percentage of households using a latrine with a concrete slab</td>
<td>89.3</td>
<td>94.1</td>
<td>35.4</td>
</tr>
<tr>
<td>Percentage of households using a latrine with broken water seal</td>
<td>39.2</td>
<td>8.6</td>
<td>94.8</td>
</tr>
<tr>
<td>Percentage of households using a latrine with water seal intact</td>
<td>60.8</td>
<td>91.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Percentage of households using a latrine above the highest known flood level</td>
<td>79.2</td>
<td>90.6</td>
<td>22.7</td>
</tr>
<tr>
<td>Percentage of households using a latrine which provides privacy</td>
<td>95.1</td>
<td>98.7</td>
<td>62.6</td>
</tr>
</tbody>
</table>
## Hygiene

<table>
<thead>
<tr>
<th></th>
<th>CLP 1</th>
<th>CLP 2.3</th>
<th>CLP 2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of women washing before preparing food</td>
<td>73.4</td>
<td>62.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Proportion of women washing before eating</td>
<td>90.7</td>
<td>80.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Proportion of women washing before feeding a child</td>
<td>78.3</td>
<td>65.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Proportion of women hand washing before serving food</td>
<td>74.9</td>
<td>61.8</td>
<td>0.5</td>
</tr>
<tr>
<td>Proportion of women hand washing after cleaning a child’s anus</td>
<td>90.3</td>
<td>82.6</td>
<td>16.8</td>
</tr>
<tr>
<td>Proportion of women hand washing after defecating</td>
<td>91.4</td>
<td>87.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Mean proportion of women hand washing at critical times</td>
<td>83.1667</td>
<td>73.3902</td>
<td>3.816667</td>
</tr>
</tbody>
</table>