



CLP Impact Series

## **Water, Sanitation and Hygiene in the Chars**

### **The CLP's Contribution**



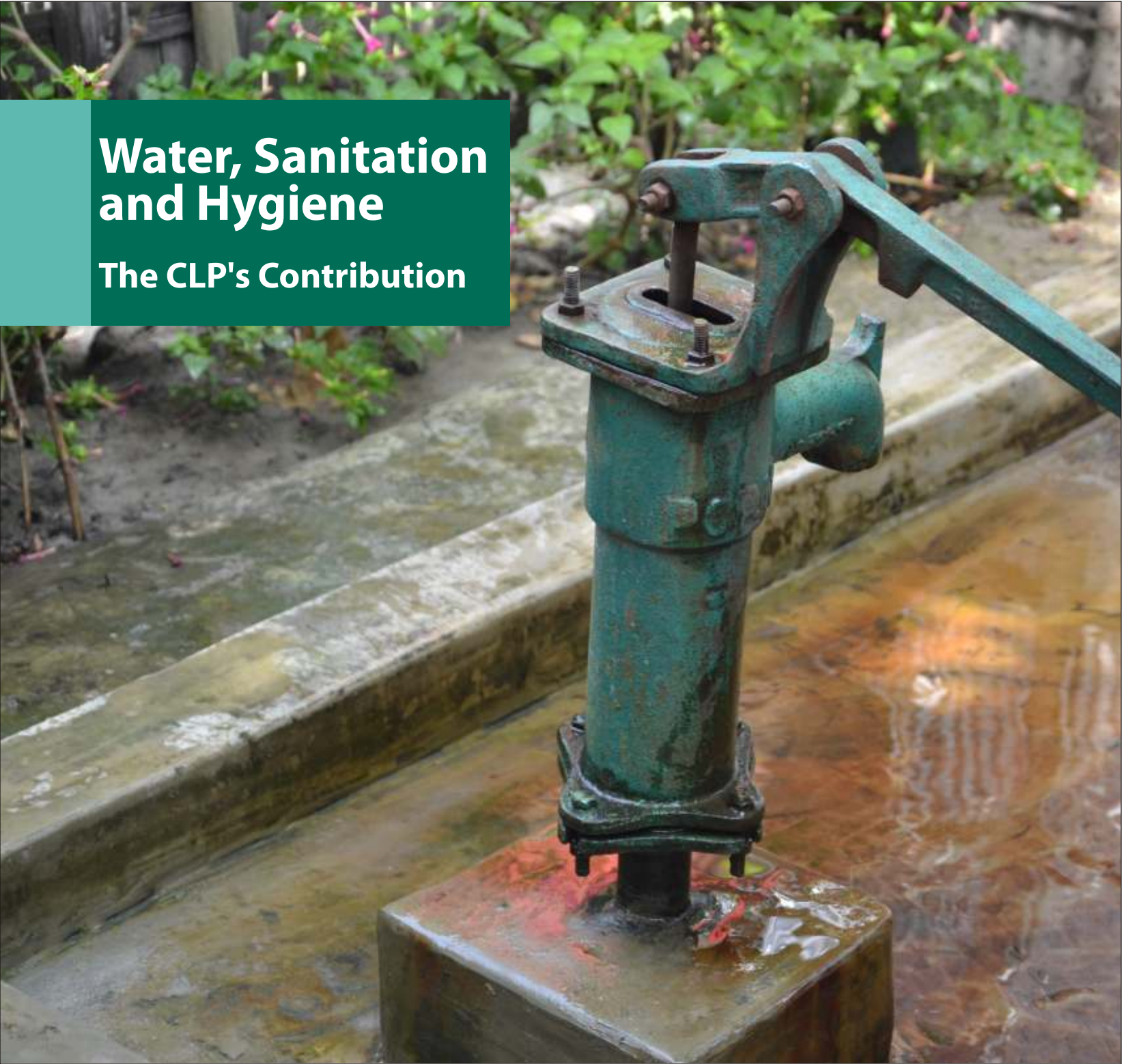
## **Chars Livelihoods Programme**

Reducing Extreme Poverty on the Riverine Islands of North West Bangladesh



# Water, Sanitation and Hygiene

The CLP's Contribution



## The Importance of WASH

People living in the *chars* have little access to clean water, sanitary latrines and knowledge of good hygiene practices. Most families drink water from unprotected tube wells, or from nearby rivers and ponds. They also commonly practice open defecation. Moreover, women have very little knowledge of the importance of hand washing and its link with improved health. The majority of women do not systematically wash their hands after defecation and if they do, they use earth and water.

The CLP aims to improve the Water, Sanitation and Hygiene (WASH) situation in the *chars*. Good WASH is extremely important as it contributes to a number of the programme's main outcomes.

Ensuring access to WASH is essential as it:

- Reduces the incidence of diarrhoeal diseases.

- Reduces the incidence of other diseases affecting *char* dwellers such as scabies and skin infections, etc.

- Indirectly prevents undernutrition in mothers and children under five.

- Improves food security as it ensures consumed food has a positive nutritional impact.

## The CLP's WASH Interventions

The CLP's interventions are aligned with other WASH programmes and projects in Bangladesh. WaterAid, UNICEF, CARE and BRAC all follow an integrated approach to WASH. This approach combines the provision of water and sanitation facilities with the use of a number of tools to promote hand washing and hygiene messages. Evidence has shown that such an integrated approach is essential for an intervention to have positive health and nutrition outcomes (UNICEF, 2008).

### Water

**The CLP provides essential infrastructure to *char* dwellers to ensure access to clean water.**

The CLP upgrades tube wells that meet certain criteria by installing a concrete platform. It also offers a subsidy to households for the installation of a new tube well when a certain number of households do not have access to a tube well.

### Sanitation

**The CLP provides essential infrastructure to *char* dwellers to ensure access to adequate sanitation.**

The CLP improves latrine coverage by providing a subsidy to all households in the village to construct a low-cost sanitary latrine. It also attempts to reduce open defecation using the Community Led Total Sanitation. This approach aims to trigger shame and disgust within the community to put an end to open defecation.

### Hygiene

**Through the Social Development Project, the CLP raises awareness about health and hygiene.**

A number of tools are used to promote hand washing, proper latrine use, safe collection of water, etc. These include the use of simple and clear messages, flip charts and meeting discussions.

## The Impact of the CLP on WASH



## Access to Clean Water

Monitoring data and recent research revealed that under the first phase of the Programme (2004-2010), the CLP had a limited impact on improving access to clean water for its core participant households according to the CLP standards.<sup>1</sup>

The main reason for this was that not all core participant households were targeted to receive access to clean water. Other reasons for low access to clean water include the CLP's strict definition of 'access to clean water' and issues of behaviour change i.e. households do not necessarily understand the importance of drawing their drinking water from a protected tube well.

## Moving forward

The CLP recognises the importance of increasing access to clean water, in particular to achieve nutritional and food security outcomes. Moving forward, the CLP will aim to provide access to clean water for all its core participant households. Changes in policy are currently being put in place to ensure core participant households gain access to clean water during the second phase of the programme (2011-2016).

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1. CLP standards for clean water are: tube well on a raised plinth, 10 metres from a latrine, 40 feet deep (depending on district), has an intact concrete platform and is less than 10 minutes away from the household (return journey).



## Access to a Sanitary Latrine

During the first phase of the programme, core participant households received high-cost, five ring latrines. The problem with this approach was that it did not stop open defecation within the wider community i.e. for those households not receiving the latrine. There has since been a shift in policy with the aim of promoting community wide sanitation. Both core and non core participants now receive a subsidy to construct a low-cost latrine.

Monitoring data and research show a significant reduction in open defecation. Though participants have shifted to the use of latrines, the results show that these are not necessarily sanitary latrines as per the CLP criteria. <sup>2</sup> The main reason for this is that households are breaking, either accidentally or on purpose, their latrine's water seals.

## Moving forward

Moving forward, the CLP will continue to ensure community wide sanitation and facilitate behavioural change highlighting the importance of sanitary latrines.

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2. CLP standards for a sanitary latrine are: a latrine raised on a plinth, a pit with internal supports e.g. bamboo, pit covered with a concrete slab, intact pan and water seal, and a superstructure providing privacy.







## Improving Hygiene

Results from research and monitoring data show that the CLP's interventions have created a net improvement in hand washing behaviours. More women are washing their hands with soap at critical times. This is validated by the marked increase in the proportion of households with soap available near water points and/or latrines.

However, though there have been improvements, not all core participants are hand washing at all critical times. There are still improvements to be made.

## Moving forward

The CLP will continue to raise awareness about health and hygiene.

# Case Study Nurun





With the CLP's support, Nurun now has access to safe water and sanitation and has improved her hand washing practices. At 23 years of age, she is pregnant with her first child and is confident that she will raise a healthy baby.

Before the CLP, Nurun and her husband were always ill. They often suffered from diarrhoea, dysentery and cholera. She used to drink water from an unprotected tube well and sometimes resorted to drinking river water during floods.

Nurun did not have a latrine and often practiced open defecation. This used to make her anxious as men often looked at her. She felt ashamed. After defecation, she only washed her hands with water as she could not afford soap and did not realise it reduced hand contamination.

In 2011, Nurun joined the CLP. As part of the package of support, she received a concrete platform to protect her tube well. She now has access to an improved water source which she shares with her neighbours and relatives. She understands the importance of clean water and claims she will never resort to drinking river or pond water again.

With the CLP, she also received a low cost sanitary latrine. She keeps it clean and makes sure there are always flip flops and soap available. She is happy because she now has the privacy she deserves. Nurun is very conscious of the importance of her latrine and maintains it regularly. "I would rather repair my latrine than buy a new sari. It is a priority now", she says.

With a few months left until she gives birth, Nurun is starting to think about how she will manage her child's stools. She explains, "I will make sure to dispose of them correctly as I do not want to contaminate the environment I live in". She also described how she would wash her hands before caring and feeding her child to keep him healthy.

She feels blessed that she is part of the CLP. She has learnt so much and she is confident that she will raise a healthy child.

## Case Study Nilufa



With the CLP's support, Nilufa and her family no longer struggle with food utilisation. This means the the food they consume is shared evenly within the household and has a positive nutritional impact.

Before the CLP, Nilufa was food insecure. She was always the first to sacrifice meals to provide for her children. Her children were always ill, suffering from diarrhoeal diseases and cholera. She links this to poor access to sanitation and clean water.

Earlier, Nilufa's family did not have a latrine. She practiced open defecation or improvised a latrine where she could. She also did not have access to clean water and collected unclean water from a neighbouring tube well.

In 2007, Nilufa joined the CLP. As part of the CLP's package of interventions, she received a tube well with a concrete platform. She is happy to finally be drinking clean water. She also received a sanitary latrine, which she learnt how to use during training sessions. She understands the importance of wearing sandals and how to reduce the spread of diseases within her household. She also learnt about hand washing with soap and now washes her hands at all critical times.

Nilufa claims she is now food secure – she eats three times a day, drinks clean water, no longer practices open defecation and most importantly, her children are healthy.



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The Chars Livelihoods Programme works with extreme poor households living on island *chars* in North West Bangladesh. The Programme aims to improve the livelihoods, incomes and food security of at least one million extremely poor and vulnerable women, men and children living on the *chars*.

The CLP provides a package of interventions with the aim of improving social and economic assets, reducing environmental and economic risks, and increasing access to markets and services. For further information on the CLP's impact on nutrition, please visit the Publications page of our Website. The most relevant documents are:

Cordier, L., Kenward, S., Zahangir, A. (2012) *The CLP's Impact on Water, Sanitation and Hygiene*.

This brief is part of the CLP's Impact Series, which outlines the CLP's impact across key thematic areas. So far, these briefs have addressed Food Security, Female Empowerment and Nutrition. The last forthcoming brief in this series will address Livelihoods.

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Learn more at:  
[www.clp-bangladesh.org](http://www.clp-bangladesh.org)

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