

Baseline Report of WASH4UrbanPoor Project

Submitted to



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Abbreviations

BDT	Bangladeshi Taka
CC	City Corporation
CCC	Chittagong City Corporation
DNCC	Dhaka North City Corporation
DPHE	Department of Public Health Engineering
DSCC	Dhaka South City Corporation
HH	Household
JMP	Joint Monitoring Programme
KCC	Khulna City Corporation
MHM	Menstrual Hygiene Management
NGO	Non-government Organization
PDC	Pavement Dweller Centers
ppm	Parts Per Million
SDG	Sustainable Development Goal
SDP	Sector Development Plan
UNICEF	United Nations Children's Fund
WASA	Water Supply & Sewerage Authority
WASH	Water, Sanitation, and Hygiene

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Executive Summary

Urban population in Bangladesh is growing rapidly. Situation of access to health, education, safe water supply, sanitation and waste management is very much limited for the urban poor and migrant communities. Keeping this in mind, WaterAid Bangladesh launched WASH4UrbanPoor Project. This report consists of baseline status of key indicators relevant to the project components describing pre-project conditions within the project implementation area.

Methodology: The study design was a combination of quantitative and qualitative techniques. Data was primarily collected through household survey in the project area for quantitative survey. HH survey included observation of water and sanitation facility of HH. Quantitative survey also covered students (grade VIII, IX, and X) in target schools. Qualitative techniques included Focus Group Discussions (FGD), In-depth Interviews (IDI) and Key Informant Interviews (KII). Separate observation checklist was prepared for schools and pavement dweller centers (PDC). Furthermore, water quality test took place in water points of HH, schools and PDCs.

Household Characteristics: Average HH size in target group is 4.21. Most of the HHs (52.5%) had 3 to 4 members. 2.9 percent of the surveyed households had one or more disable person. One-fourth (26.1%) of the population is of school going age. 60.5 percent females were of reproductive age and 18.8 per cent were adolescents. The average monthly HH income of surveyed HHs is BDT 11,100, average per capita monthly HH income is BDT 2,637, and the average monthly HH expenditure of surveyed HHs is BDT 10,921 and average per capita monthly HH expenditure is BDT 2,594. Overall, 92.9 per cent of the HHs lives below upper poverty line and 59.4 per cent lives below lower poverty line.

Access to Water: There was no unimproved water source identified in the survey area. Common water points in Dhaka city was piped water; in remaining locations, tubewell was the common water source. In terms of water accessibility, only 13.9 per cent HH had basic services and remaining 86.1 per cent had limited services. Most of the water points were contaminated with faecal coliform (163 water points out of 169 tested). However, only 11.9 per cent of HHs treats water before drinking and only 4.2 per cent HH store drinking water safely. In addition, most of the HHs (99%) cannot collect adequate water for drinking or HH chores. Only 47.1 per cent HH can collect water (one cycle) in less than 30 minutes.

Access to Sanitation: Only 13.9 per cent of surveyed HHs was using improved sanitation facilities while 70.1 per cent use unimproved facility and remaining 16 per cent use facilities equivalent to open defecation (the faeces end up in open spaces/water bodies with risk of contamination). The proportion of pit latrines was 25.2 per cent and latrines with flush system was 58.8 per cent. However, many of pit latrines with slab are broken and require renovation while most of the latrines flushing faeces are not safely disposed. 32.4 per cent HHs reported availability of hand washing place within 10 feet of latrine. Physical verification suggests that no latrine has support system for elderly or physically challenged person. People are not aware (do not have knowledge) of any additional support mechanism within a latrine for elderly or physically challenged person and need to be aware of such mechanism.

Handwashing Facility among the Community People: 66.0 per cent have no facility for handwashing service while only 19.2 per cent have basic service and 14.8 have limited service. The highest 54.1 per cent of CCC have basic handwashing service while the lowest (2.6%) in DSCC. Among handwashing agents, soap is most common among community people (55.6%). A majority percentage (74.6%) from DNCC have no handwashing agents.

Hygiene knowledge and Practice: 98.2 per cent have knowledge about necessity of hand washing with soap after defecation, followed by 72.2 per cent before having food. Further, the percentages for other options like after rinsing child's excreta, wiping baby's bottom, before cooking, before feeding child, are comparatively low. 38.7 per cent have handwashing knowledge about at least 3 occasions and 46.4 per cent have for at least 2 occasions.

There is a big difference between knowledge and practice trend among the community people (practice is much lower compared to knowledge). The lack of handwashing practice is affected by the fact that two-third (66%) of the HHs do not have any hand washing facility of their own. 74.7 per cent respondents practice handwashing after defecation followed by 33.1 per cent before eating with big differences compared to knowledge (23.5 and 12.3 percentage points gap respectively). Interestingly, the percentage (16.5%) for handwashing practices before cooking is interestingly higher than the percentage (12.8%) of knowledge gathering among the community People. 23.4 per cent of respondents have ensured that they always wash hands at time of 3 occasions while this percentage is 47.6 for at least 2 occasions.

Menstrual Hygiene Management (MHM): Only 29.6 per cent of women of reproductive age (15-49 years) in DNCC and 34.7 per cent in DSCC reported existence of facility for MHM at community latrines. CCC, KCC, Sakhipur and Saidpur have no facility for MHM at Community Latrines. Most of the women (80.1%) use cloth and 17.6 per cent use sanitary napkin. 98.9 per cent women wash reusable cloth pad with soap and water and 36.3 per cent dry those under direct sun. Most of them (31.2%) dispose their MHM materials with HH garbage.

Solid Waste Management and Drainage System at Community: 29.2 per cent HH have access to dustbin or public/private trash service for dumping their solid waste. Overall, 47.4 HHs dispose their solid waste through proper system (in designated place or through trash collection services) while 30.5 per cent dump in nearby ponds or ditches and 18.2 per cent dump on roadside. It is not certain that the solid waste properly disposed by 47.4 per cent HHs is treated properly (the responsibility of such treatment lies to CCs or Paurashavas). 83.3 per cent HHs of DSCC can manage the safe disposal of solid waste while no HHs of KCC disposes solid waste safely. In CCC, more than one-fourth HHs dispose solid waste safely and in the remaining areas more than half of the HHs do so (DSCC: 56.5%, Sakhipur: 50%, and Saidpur: 51.3%). Overall, 9 out of 10 (91.9%) HH reported that they have no access to drainage system while 55.4 per cent have reported that they are affected by water logging.

Initiatives for Development of Wash in Communities: Almost all areas have Community WASH Support Group but they are not functional. NGOs had played a part to form active WASH committee in consultation and combination with community leaders or senior persons or responsible persons who would help them in development work. NGOs play a part, but not in all areas, for rising awareness for hygiene and sanitation among the community group and in some areas, they have set up water points. Different projects (implemented by NGOs) influence active involvement of community people (involved in WASH support group) with the government officials in WASH development activities through a network. The government is active in all areas for providing WASH facilities.

Affordability and Wash Expenditure of the Community People: The average WASH expenditure is BDT 337 (3.1% of total expenditure). And separately, the average for water is BDT 158, for sanitation BDT 20 and for hygiene BDT 158. The overall share of WASH expenditure of total expenditure is 3.1 per cent which stand within the primarily set up standard range of 2 to 6 percent of total expenditure.