

WASH Matters

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Absent faecal sludge management impacts improved sanitation coverage in Bangladesh

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Improved sanitation coverage in Bangladesh is slowly increasing, although the country as a whole is far from achieving universal sanitation coverage. However, the increase of on-site sanitation has created new challenges for faecal sludge management policy.

A recent study in three cities in Bangladesh shows that in the absence of safe emptying, transportation, dumping and treatment mechanisms, most of the sludge generated is being returned to surface water and is ultimately destroying the progress achieved by increased sanitation coverage.

The predominant use of on-site technologies in cities means that most septic tanks and pits require emptying. This is mostly done manually by sweepers. Dhaka is the only city with designated dumping sites or treatment plants for faecal sludge. Consequently, in other cities manual sweepers will dump the sludge in open drains or bodies of water.

Even in Dhaka, most safety tanks and pits are connected directly to the drainage system, linked to open bodies of water in or near the city. Poorer people, who mostly live in unsafe environments, suffer the most from this.

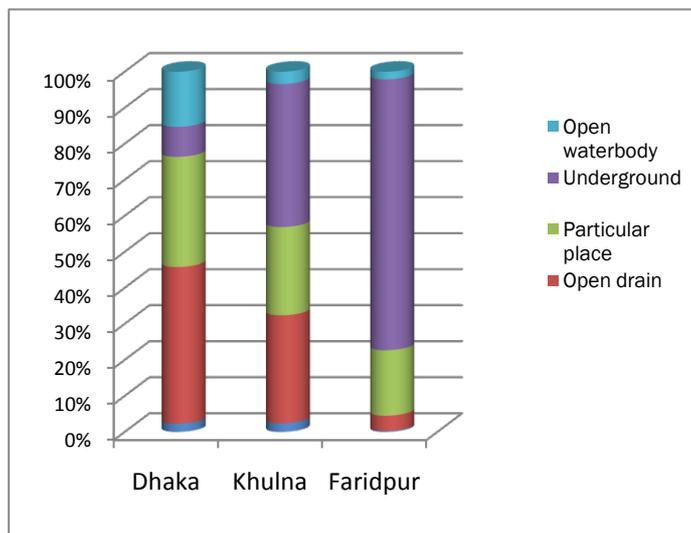


Figure: 1 Destination of sludge in cities in Bangladesh

However, people who practise safe sanitation are also put at high risk.

This study of over 1,200 households across three cities shows that people are aware of the negative consequences of improper sludge management, particularly in Dhaka where more than 60% of the respondents expressed concern that putting sludge into the environment contaminates water, affects human health and has negative consequences on the environment in general.

Furthermore, the study revealed that the majority of people (over 70%) are willing to pay for better services. However, Bangladesh lacks the affordable technology to improve the situation. It is therefore important to find appropriate and affordable technologies and experiment with management models that may bring a sustainable sludge management solution in the country. Otherwise, the progress made by increased sanitation and

water coverage may be shattered by the possibility of sludge re-entering the domestic environment.

In recognition of this problem, WaterAid Bangladesh has embarked on a number of initiatives to improve faecal sludge management. Aside from initiatives on pit emptying and collection models, there is also a focus on sludge treatment. Funding support from Simavi (a Dutch donor agency) is enabling an action research project with **Practical Action** and **Buro Happold**, into treatment using drying beds for localised faecal sludge management.

Updates of this research are available at: <http://fsmactionresearch.blogspot.co.uk/>

Call for information and participation: water, sanitation and hygiene and gender-based violence

WaterAid is creating a best practice resource for practitioners to help reduce gender-based violence (GBV) related to sanitation, hygiene and water (WASH) in development, humanitarian and transitional contexts. The team working on the resource is keen to make contact with any organisation or individual who has material or experience to contribute or those who may be interested in co-publishing the outputs. The research is being funded by the SHARE Consortium.

The research team are keen to hear from anyone who is interested in contributing by:

- Identifying what information/content would be particularly useful to your organisation.

- Sharing case studies of GBV and WASH; from experience, or from existing documentation.
- Sharing examples of programming best practice in relation to GBV and WASH, or examples of programming GBV in other sectors which could be transferrable to WASH programming or the training of sector professionals.
- Sharing good practice on ways to respond to incidences of GBV in low-income contexts, including any examples of processes where WASH professionals have engaged with protection or GBV professionals.

To contribute to the research, request further information or receive the final outputs of the research, please contact (copying in both email addresses):

Sarah House: sjhouse.majisafi@gmail.com
Sue Cavill: gbv@wateraid.org

Hygiene framework published

Professionals in the water and sanitation sector are increasingly recognising the importance of hygiene in achieving the maximum benefit from improvements to water and sanitation services. A growing body of research highlights the positive impacts that practising good hygiene can have on individual and community health, as well as its various social and economic benefits.

Hygiene is frequently neglected in both the health and water and sanitation sectors. Possible reasons for this neglect include:

- The difficulty of changing people's behaviour and the time required to do so.

- The difficulty in measuring behaviour and behaviour change.
- The personal and private nature of hygiene behaviour.
- The fact that hygiene is related to neglected conditions and the two biggest killers of children – diarrhoeal and respiratory diseases.

The difficulty of measuring behaviour has also led to under-investment in research on hygiene promotion and behaviour change.

Safe hygiene practices are not automatically adopted following improvements to water and sanitation services. Much of the success of their adoption hinges on their compatibility with existing beliefs and practices, as well as psychological factors, environmental conditions and the availability of cleaning materials and ‘hygiene aids’.

Research confirms that motivations for changing behaviour are not necessarily directly related to health benefits, but rather to benefits gained from, for example, improved social status, convenience, safety, comfort, privacy or smell. Even when people are aware of the links between health and practising good hygiene, this knowledge does not automatically translate into the adoption of safe hygiene practices.

Therefore, it is important to determine what motivates the sustained adoption of hygienic practices in different contexts. In the WASH sector, the term ‘hygiene education’ is increasingly replaced with ‘hygiene promotion’, marking a shift from instructive approaches focused on health to an approach that takes wider motivational factors into account and is more likely to result in permanent behaviour change.

This text is taken from the introduction to a new framework from WaterAid, the complete version of which can be found [here](#).

The framework includes:

Part 1: A background to the framework.

Part 2: An overview of existing literature on hygiene promotion.

Part 3: A brief history and overview of WaterAid’s hygiene-related work.

Part 4: Key principles for country programmes on hygiene promotion, within the framework of a programme cycle.

Part 5: WaterAid’s minimum commitments for hygiene promotion work, making up WaterAid’s policy on hygiene promotion.

Menstrual hygiene matters published



Menstrual hygiene matters is a comprehensive resource on improving menstrual hygiene for women and girls in middle and lower income countries. Produced by WaterAid and SHARE, the resource was published recently.

To manage menstruation hygienically and with dignity, it is essential that women and girls have access to water and sanitation.

Somewhere private to change sanitary cloths or pads; clean water and soap for washing hands, bodies and reusable cloths; and facilities for safely disposing of used materials - or a clean place to dry them if reusable - are essential.

Both women and men need a greater awareness of good menstrual hygiene practises. Although menstruation is a natural process, it is taboo in many parts of the world and rarely talked about. As a result, the practical challenges of menstrual hygiene are made even more difficult by socio-cultural factors and millions of women and girls continue to be denied their rights to WASH, health, education, dignity and gender equity.

Menstrual hygiene matters comprises nine modules and nine toolkits, covering key aspects of menstrual hygiene in different settings, including communities, schools and emergencies. The full publication and individual modules and toolkits are now available for download at: www.wateraid.org/mhm

This resource was produced as part of WaterAid's work with the SHARE research consortium, lead by Thérèse Mahon, WaterAid Regional Programme Manager South Asia; Sue Cavill, SHARE Research Manager; and Sarah House, a consultant. A range of organisations have been involved as co-publishers, which will ensure the resource is used widely and to its full potential. The publication:

- Brings together examples of good menstrual hygiene practice from around the world.
- Provides guidance on building competence and gaining confidence to break the silence surrounding the issue.

- Encourages increased engagement in advocacy on menstrual hygiene.

Menstrual hygiene matters is now being used in WaterAid's programmes in Bangladesh and Tanzania. Approaches and tools from the book will be adapted and used to improve menstrual hygiene in school settings. A UK launch event and a webinar will be held in the coming months.

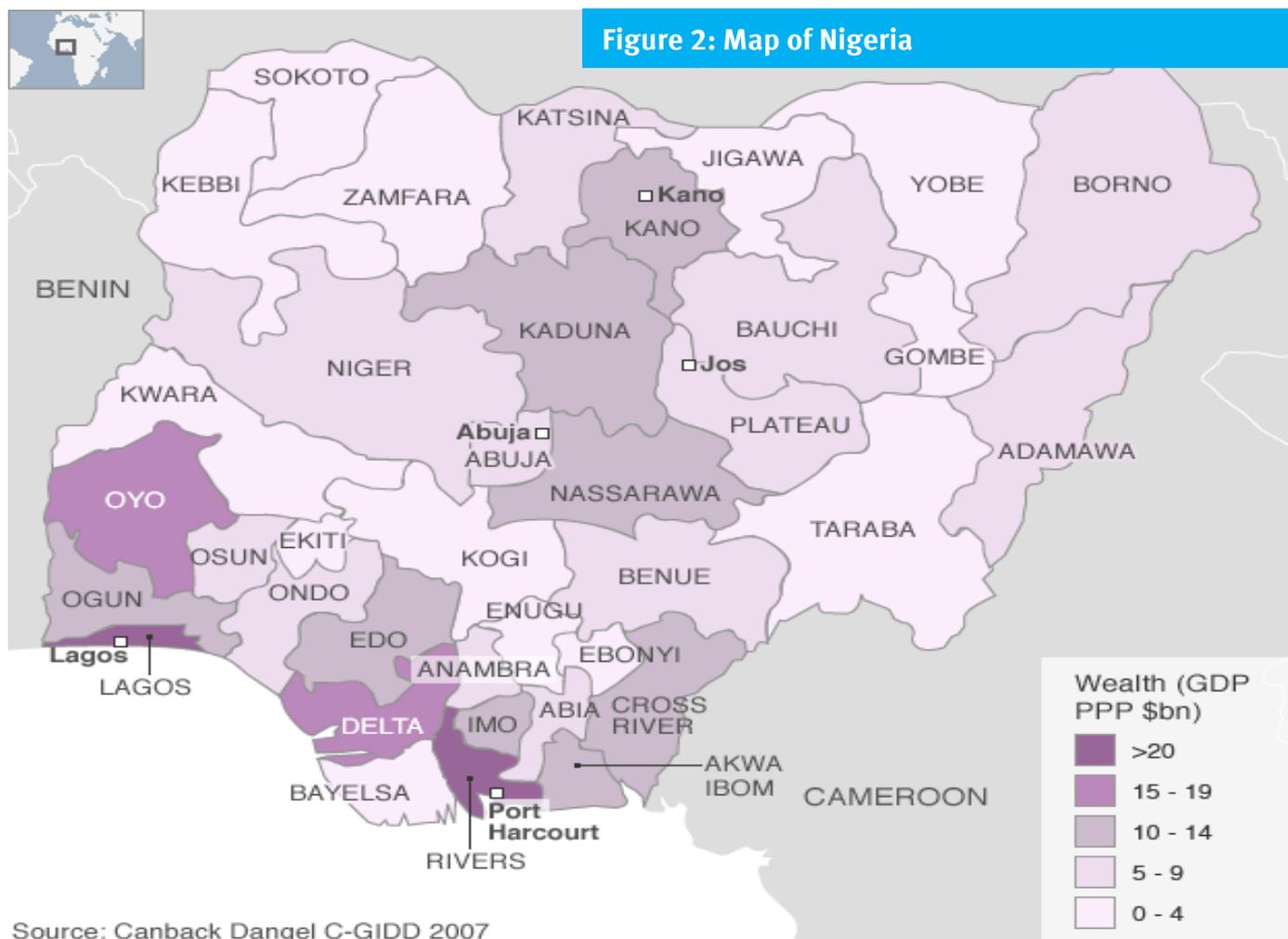
Understanding sustainable total sanitation in Nigeria

Context

In Sub-Saharan Africa, 223 million people practice open defecation and 193 million do not have access to adequate sanitary facilities. Nigeria has the largest population in Africa and is no exception: 103 million people openly defecate or use an unimproved or shared latrine.

2010 estimates show that overall, just 32% of Nigeria's population has access to improved sanitation facilities. Coverage in urban areas is 36%, compared to 28% in rural areas. An estimated 150,000 deaths occur annually – mainly among children under five – due to diseases that are predominantly caused by poor sanitation and hygiene practices.

Over the past decade, a number of promising approaches for accelerating progress and achieving total sanitation around the world have emerged. These include Community-led Total Sanitation (CLTS), Total Sanitation and Sanitation Marketing (TSSM), and Community Approaches to Total Sanitation (CATS). A number of more traditional approaches have also evolved towards achieving total sanitation.



Source: Canback Dangel C-GIDD 2007

What differs among these seemingly similar approaches is the emphasis placed on the social, technical or health aspects of the problem, or on the supply or demand sides of the interventions. While some approaches have seen huge success after adaptation for new contexts, each is challenged by the ever-growing number of contexts in which it is implemented.

Approach

Over the course of the Sustainable Total Sanitation project in Nigeria, 500 communities will gain access to improved total sanitation. This will include improved sanitation for targeted schools and health centres. In addition to these efforts, a learning and research component has been included in the timeline.

This learning component creates a rapid feedback cycle, allowing each phase of implementation to learn from the challenges and opportunities experienced during the previous phase. Specifically, this cycle will be achieved through implementation, monitoring, reflection and a re-shaping of the approach, which leads to the subsequent phase of implementation.

A more formal research component will require experimental or quasi-experimental studies to be conducted during the project cycle. One of the goals of the formal research component is to contribute to the evidence base for sanitation programmes, as well as create a foundation for a comprehensive model for improved total sanitation in Nigeria. This kind of best practice model will



Picture 1: Launch of the Sustainable Total Sanitation project, Abuja, Nigeria

Left to right:

- Amb Godknows Igali, Permanent Secretary, Federal Ministry of Water Resources
- Dr Michael Ojo, Country Representative, WaterAid Nigeria
- Engr Ebele Okeke, WASH Ambassador

be advantageous when advocating for policy and practice changes on a wider scale.

Beneficiaries

The direct beneficiaries of the project include two local NGO partners and 10 Local Government Authorities (LGAs) in Ekiti, Enugu and Jigawa states, which are among the poorest in Nigeria. The ultimate beneficiaries of the project include community members, vulnerable sub-sections of the targeted communities, and school children. Efforts will include strategies to ensure that the most vulnerable community members, such as women, children, older people, people with disabilities, people living with HIV/AIDS and, where relevant, marginalised ethnic groups, are included. A theoretical target population

of 625,000 people in 62,000 households across 500 communities is planned.

Progress

In October 2012 the Sustainable Total Sanitation project was launched. The launch workshop brought together key stakeholders to introduce the goals, objectives, approach and scope of the project. Around 120 people attended the launch, attracting extensive interest from the sanitation sector.

Since then, the workshop baseline studies have been carried out in target communities for year one to help understand the sanitation status before the intervention. Following data collection, LGA partners began the process of triggering target communities in Jigawa, Enugu and Ekiti states.



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world’s poorest communities.

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