



WaterAid/ Tapash Paul

## Community-led WASH initiatives in urban slums

Deep dive into our work at Mollah slum in Mirpur 12 which contains 2,774 households and a population of 11,191 people

### WASH ecosystems in low-income communities are rife with challenges

Bangladesh has experienced rapid urbanisation over the past few decades, with a significant portion of the population migrating from rural areas to cities in search of better economic opportunities. In particular, Dhaka, the capital city of Bangladesh, has witnessed a substantial influx of migrants who reside in slums. According to a baseline study we conducted in 2018, 100% of surveyed slum dwellers used unhygienic toilets close to their houses. Privacy and safety were the major concerns, especially for women, girls and children. Most of the inhabitants were using illegal water connections and had to pay more for getting water. Furthermore, they had very poor knowledge of personal hygiene; good practices in sanitation and handwashing were also not common. This was the case for Mollah slum as well.

### Our work

We followed a bottom-up approach, involving community representatives and enhancing their capacity for sustainable WASH interventions. To carry out the scheduled activities, a gender-balanced community-based organisation (CBO) was formed, comprising members representing various segments of the community.

Till August 2023, 108 water-points (74 WaterAid supported and 34 community-initiated) were built which serve over 64% of the population with water access. We have also constructed 37 community latrines with multiple chambers, benefiting 38% of the population with improved sanitation, and hygiene, including menstrual management facilities. Networking and collaboration with service providers are now very common in the communities.

### Community-centric approach results in improved ownership

Families sharing the WASH facilities cleaned the facilities by taking turns with self-generated WASH funds. Among primary impacts of our work, the capacity of women to engage in the decision-making process was strengthened. Improved, and gender-friendly facilities and hygiene education have ensured improved hygiene practices, along with menstrual hygiene. We also observed disease burden reductions in the slum-dwellers.