

*Good Practice Contribution to the Independent Expert on the issue of human rights obligations related to access to safe drinking water and sanitation.*

*Submitted by the Ecumenical Water Network (EWN) and the ACT Alliance on behalf of Lutheran Health Care Bangladesh (LHCB)*

## **“Working together for water”**

### **Empowering communities to access safe water and improving their environmental health**

Lutheran Health Care Bangladesh (LHCB)

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#### **Description of the practice**

##### **Name of the Practice:**

“Working together for water” - Empowering communities to access safe water and improving their environmental health

##### **Aim of the practice:**

Ensure access of the poor to safe drinking water and sanitation.

##### **Target Group(s):**

Rural community, especially the poor and vulnerable.

LHCB has its own selection criteria for beneficiaries and vulnerability measuring tools. For example, the beneficiary selection criteria for both sanitary latrines and for tube wells include:

- Inability to purchase and install sanitary latrine by their own
- Children often suffer from water borne diseases
- Emphasis will be given to widows, divorced women and people with disabilities

Please also see “6. *Non-discrimination*” for further group membership criteria.

##### **Partners involved:**

Local Government officials, community leaders, school teachers, clubs and like minded NGOs.

**Duration of practice:**

LHCB is implementing water and sanitation projects since 2001 on a short term basis. We do not have long term funding specifically for WASH but we are trying to integrate water and sanitation projects in our main community development interventions.

We have also just completed another project on Safe Water and Arsenic Protection (“SWAP”) funded by CIDA and we are in the process of conducting research on the impact of arsenic hazards on community health. More information on this research can be provided upon request.

**Financing (short/medium/long term):**

LHCB community development program is a long term project but water and sanitation is a short term project due to fund constrains. We do not have long term funding commitment for WASH; sometimes it is seasonal or based on short-term fund raising. However, we recognize that long-term funding commitment for WASH is needed side by side of the community development program.

**Brief outline of the practice:**

Lutheran Health Care Bangladesh, a member of the ACT Alliance, engages in the provision of safe water and sanitation facilities such as tube wells and sanitary latrines. In doing so, LHCB gives priority to the vulnerable groups and every effort is taken to avoid any discrimination in its use.

LHCB first enables communities to establish groups from which a management team is drawn. This team is responsible for issues concerning the overall maintenance and repair of the water supply. The total community is involved in site selection, planning, designing, installation and monitoring of sanitation and water services. Beneficiaries are provided with adequate training and know-how to ensure sustainability of the project. LHCB also provides follow-up services to ensure that people continue to properly utilize the services.

The training of the community groups also includes information on the responsibilities and obligations of local authorities in order to promote accountability. At the same time, LHCB seeks to improve the cooperation with the local authorities, using education, motivation and rapport building tools. Local leaders and civil society are encouraged to take initiative on behalf of the poor in order to ensure the realization of their rights in water and sanitation services

**Project activities:**

- Form community group and train them: We have our own lesson plan to educate the community on issues such as Environment, Water and Sanitation, but also other social issues such as *Child Care & Education, Selection of their Union Council leaders Capital Accumulation and Investment* and others.<sup>1</sup> The lessons take place as part of the weekly group meetings. The key development strategy of LHCB is to educate people to make them aware of their present situation and of how they can initiate their own development for a just society.

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<sup>1</sup> Our lesson plan can be provided upon request.

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- Provision of deep (arsenic-free) tube-wells and sanitary latrines to the most vulnerable: Please find the numbers of installed tube-wells and sanitary latrines until now under 9. *Impact.*
- Training on minor repair and maintenance: We train the tube-well recipients, both men and women. Special emphasis is given to women as they are the main users of water. There is a saying that women and water are strongly connected. Men, on the other hand, only use water for personal hygiene and irrigation purposes. We train selected members from the groups, three from each group, the trainees being both men and women.
- Rallies: Rallies are arranged, for example, on World Water Day and other relevant international days to create public awareness and to support the national and international conventions and initiatives.
- Workshops / seminars: Workshops are organized to educate, motivate and make aware community people for ensuring their access to, participation, and collective effort in decision making processes to establish a just society.
- Court yard meetings: In the courtyard meetings various awareness and educational issues are discussed to make people aware on the situation for their active participation and action. Topics are, for example, water and hygiene, but also other relevant topics such as early marriage, dowry, rights of women, family and social violence and its consequence, child health care, family planning, savings and microfinance, gender and development, environment, pollution, IGA, role of women and men in family development, child education etc.
- Education on Primary Health Care
- Counselling and advocacy: Individual meetings take place with influential leaders and decision makers about the rights of water and sanitation of the poor and their responsibilities for the poor. Rapport building, hold meeting with government officers, law makers and other stakeholders about the needs and rights of the poor. Influence civil society to work for and with the poor to establish their rights and access in the government service, hold workshop, seminars and use other communication media to achieve the targeted goal and objectives for the benefit of the poor. Meetings also take place with the affluent community members who are being counselled to make them understand that they have the ability to install a deep tube-well for safe drinking water and encourage them to install a tube-well by themselves.

## **1. How does the practice meet the criterion of availability?**

### **Explanatory note Availability:**

Availability refers to sufficient quantities, reliability and the continuity of supply. Water must be continuously available in a sufficient quantity for meeting personal and domestic requirements of drinking and personal hygiene as well as further personal and domestic uses such as cooking and food preparation, dish and laundry washing and cleaning. Individual requirements for water consumption vary, for instance due to level of activity, personal and health conditions or climatic and geographic conditions. There must also exist sufficient number of sanitation facilities (with associated services) within, or in the immediate vicinity, of each household, health or educational institution, public institution and place, and the workplace. There must be a sufficient number of sanitation facilities to ensure that waiting times are not unreasonably long

### **Answer:**

After installation of a deep tube-well there is enough water for drinking, laundry, food preparation, household activities and cleaning. We provide one tube-well to 25-30 families but it is open for the community use.

At the household level, we provide one latrine for one family. Latrines are used by usually about 5-6 family members.

There is no provision of community latrines except at markets, schools, Union council, health complex and other government and non-government institutions. At those places, there is a separate provision for both men and women but most of them are unhygienic. Public toilets are mainly owned by the government and private entrepreneurs. We have very little access to educate them but we meet and try to educate them on how they can keep those public latrines hygienically fit. However, there is a seriously lack of monitoring and supervision and another challenge is that those toilets are often maintained and run by the locally influential people for their own benefits.

Our funding is insufficient to make water and sanitation facilities available to all who are in need. Nevertheless, we pay attention to the most vulnerable of the community. We also educate all on the use of safe drinking water and sanitation and on how to avoid arsenic poisoning and common diseases.

## **2. How does the practice meet the criterion of accessibility?**

### **Explanatory note: Accessibility**

Sanitation and water facilities must be physically accessible for everyone within, or in the immediate vicinity, of each household, health or educational institution, public institution and the workplace. The distance to the water source has been found to have a strong impact on the quantity of water collected. The amount of water collected will vary depending on the terrain, the capacity of the person collecting the water (children, older people, and persons with disabilities may take longer), and other factors. There must be a sufficient number of sanitation and water facilities with associated services to ensure that collection and waiting times are not unreasonably long. Physical accessibility to sanitation facilities must be reliable at day and night, ideally within the home, including for people with special needs. The location of public sanitation and water facilities must ensure minimal risks to the physical security of users.

### **Answer:**

LHCB encourages and ensures community participation to select a common place accessible for the whole community. We tried to install tube-wells at a central point where as many people as possible can come to and get access to water.

However, still not all people have the access to safe water and sanitation. We have covered only a portion because of our limited resources. But there is a huge demand from the community.

LHCB is aware of the special needs and concerns regarding accessibility for the elderly and people with disabilities. We have discussed with technical experts what should be the best way to serve their needs. For sanitary latrines, for example, it was recommended to use high commodes / raised toilet seats. However, we also identified the problem of continuous water supply and the costs of such an item. Regarding water, the expert suggested a pump machine and a pipe connection which is also expensive. The idea is still in a primary stage and further development and implementation will, among other things, depend on whether funding can be raised for this.

A major concern is the security of the tube-well. Security means the prevention of stealing, breaking, dropping stones and other forms of mishandling of the wells. Prior to installation, we discuss the issue with community and encourage them to form a management committee who takes care of the issues. The management committee establishes a good liaison with the community and helps them understand the benefit of the tube-well. Community gatherings are organized to make people aware and responsible of the tube-well. The main purpose of the gathering is to create ownership of the community people (men, women, boys, girls and elderly people) so that they feel free and safe to use the services.

The management committee educates the people that the tube-well is owned by the community and that it is saving their lives and money. Besides, they take care of its maintenance and repair and keep a good relation with the village police for the purpose of security and safety of the tube-well.

### **3. How does the practice meet the criterion of affordability?**

**Explanatory note: Affordability**

Access to sanitation and water facilities and services must be accessible at a price that is affordable for all people. Paying for services, including construction, cleaning, emptying and maintenance of facilities, as well as treatment and disposal of faecal matter, must not limit people's capacity to acquire other basic goods and services, including food, housing, health and education guaranteed by other human rights. Accordingly, affordability can be estimated by considering the financial means that have to be reserved for the fulfilment of other basic needs and purposes and the means that are available to pay for water and sanitation services.

Charges for services can vary according to type of connection and household income as long as they are affordable. Only for those who are genuinely unable to pay for sanitation and water through their own means, the State is obliged to ensure the provision of services free of charge (e.g. through social tariffs or cross-subsidies). When water disconnections due to inability to pay are carried out, it must be ensured that individuals still have at least access to minimum essential levels of water. Likewise, when water-borne sanitation is used, water disconnections must not result in denying access to sanitation.

**Answer:**

LHCB forms community group with 25-30 families for a deep tube-well and a sanitary latrine for each individual family. LHCB also motivates the group members to deposit at least USD 0.60 per months to accumulate a capital from which they borrow and invest in a microfinance program for their economic empowerment. A deep tube-well is very costly which is unaffordable for these 25-30 families. To make it affordable to the community, LHCB bears the major portion while the community contributes an insignificant amount from their group savings deposit.

The management committee takes care of repair and maintenance. The whole group equally bears the expenses when it is needed. Initially, they spend from their saving deposit then they equally share the cost among themselves.

The community just meets the minor repairing and fixing cost but if major repairs are necessary then they communicate with the local government and other NGOs to get the services. As part of its follow up program, LHCB also takes care of the issue. The community earnings and savings are not yet at a sufficiently sustainable stage to make it possible for the community to cover major repairs.

#### **4. How does the practice meet the criterion of quality/safety?**

**Explanatory note: Quality/Safety**

Sanitation facilities must be hygienically safe to use, which means that they must effectively prevent human, animal and insect contact with human excreta. They must also be technically safe and take into account the safety needs of peoples with disabilities, as well as of children. Sanitation facilities must further ensure access to safe water and soap for hand-washing. They must allow for anal and genital cleansing as well as menstrual hygiene, and provide mechanisms for the hygienic disposal of sanitary towels, tampons and other menstrual products. Regular maintenance and cleaning (such as emptying of pits or other places that collect human excreta) are essential for ensuring the sustainability of sanitation facilities and continued access. Manual emptying of pit latrines is considered to be unsafe and should be avoided.

Water must be of such a quality that it does not pose a threat to human health. Transmission of water-borne diseases via contaminated water must be avoided.

**Answer:**

Firstly, LHCB ensure safe distance of sanitary latrines from the tube-well, kitchen and other areas where household uses are practiced. Secondly, it also ensures that the sanitary latrine is safely useable for people of whole family.

In our culture, elderly and disable people are taken care of by the family members. But the elderly / disabled do not like being dependent on their family members regarding water/sanitation. This is also related to lack of privacy particularly when looking at sanitation/latrines issues.

Considering the huge need in the community, we are yet to install elderly or disable friendly services. We have discussed the issues with the technical persons, about what should be the best way to serve their needs (please see “2. Accessibility”).

We try to use the Sphere Standards but it is sometimes quite difficult to meet them considering the high density of population in some areas and settings. In Bangladesh, the general population density is over 1000 people per square kilometer (approx. 160,000,000people/147,598 km<sup>2</sup>). While in some areas (hilly, remote, forest, island etc) only very few people are living, in some rural areas people live in a cluster which is overcrowded. The issue is more serious in the cities where thousands of people live together in a small area, especially in slums and low income areas with limited access of government services.

A note on arsenic poisoning:

In Bangladesh, arsenic in drinking water makes millions sick causes about 3,000 deaths annually. Sixty percent of people affected are identified with sores on their chests and blackened knotty palms, each of which can cause social isolation. Women and children are particularly vulnerable to this stigma. In the long run, arsenic exposure causes various cancers. Currently, LHCB installs deep tube-wells (DTW) to mitigate arsenic poisoning.

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“Arsenicosis” becomes fatal cancer in various parts of the body. When someone knows what will terminate their life, they more often suffer from hypertension, which can lead to other chronic conditions such as diabetes, heart problems, etc. Solving this problem, thus, is critical for low-income communities. Mitigating the effects of arsenic produces a myriad of health benefits, as well as economic benefits when incomes are not largely spent on medicines. In the area we work, 60 percent of people are affected by arsenic exposure.

LHCB aims to decrease the incidence and prevalence of arsenicosis, and generally decrease the consumption of arsenic via drinking water, addressing the problem in line with the public health department. This is currently mainly done by installing safe (deep) tube wells and ensuring arsenic testing. LHCB also desires to use low-cost filters for arsenic mitigation more widely through this project.

We use HACH toolkits (EZ Arsenic Test Kits) to measure arsenic concentration in the water from our installed tube-wells. We test for arsenic poisoning in four phases. First, during the boring, when we hit a layer of water. If we find the water is arsenic-free or within the government standard (.05) then we install the tube-well. After its installation, we test the water again. If we find it is okay then we still wait another 15 days for observation, after which we test the water again and only then open the tube-well for public use. We also provide post-installation services to the users and finally conduct another test after six months. At the same time, we train management committee members on how to test arsenic by themselves so that they can conduct the test when needed.

## **5. How does the practice meet the criterion of acceptability?**

### **Explanatory note: Acceptability**

Water and sanitation facilities and services must be culturally and socially acceptable. Depending on the culture, acceptability can often require privacy, as well as separate facilities for women and men in public places, and for girls and boys in schools. Facilities will need to accommodate common hygiene practices in specific cultures, such as for anal and genital cleansing. And women’s toilets need to accommodate menstruation needs.

In regard to water, apart from safety, water should also be of an acceptable colour, odour and taste. These features indirectly link to water safety as they encourage the consumption from safe sources instead of sources that might provide water that is of a more acceptable taste or colour, but of unsafe quality.

### **Answer:**

LHCB provides socio-culture friendly sanitation which is commonly accepted. For example, in rural Bangladesh people use low-pan sanitary latrines.

## **6. How does the practice ensure non-discrimination?**

### **Explanatory note: Non-discrimination**

Non-discrimination is central to human rights. Discrimination on prohibited grounds including race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status or any other civil, political, social or other status must be avoided, both in law and in practice.

In order to address existing discrimination, positive targeted measures may have to be adopted. In this regard, human rights require a focus on the most marginalized and vulnerable to exclusion and discrimination. Individuals and groups that have been identified as potentially vulnerable or marginalized include: women, children, inhabitants of (remote) rural and deprived urban areas as well as other people living in poverty, refugees and IDPs, minority groups, indigenous groups, nomadic and traveller communities, elderly people, persons living with disabilities, persons living with HIV/AIDS or affected by other health conditions, people living in water scarce-regions and sanitation workers amongst others.

### **Answer:**

Rich and poor and people of inter-religion live together in the same community. LHCB gives priority to the vulnerable groups but ensures equal access to the installed tube-well. Sanitation, though, is individual; every precaution is taken to avoid any discrimination in its use.

LHCB has its own beneficiaries' selection criteria and vulnerability measuring tools. For example, the beneficiary selection for both sanitary latrines and for tube wells criteria include:

- Inability to purchase and install sanitary latrine by their own
- Children often suffer from water borne diseases
- Emphasis is given to widows, divorced women and people with disabilities

LHCB Development program strategy is right based and follows the group approach. Group member selection is very crucial to sustain the benefit of LHCB interventions. The general selection criteria for group members are:

- Between 18-55 years of age
- Daily income less than \$2 and, or Monthly Income Less than Tk. 3000 (USD 43.80)
- Large family consisting of 6-8 members
- Food intake: six months from own sources; daily calorie intake not more than 2200 calories
- Owning less than 30 decimal of agricultural land
- Sale 90 days manual labour (main earning person or head family is day labourer)
- Live in remote areas (Underprivileged)
- Financially not sound (limited earning members)
- Landless household
- They cannot be members of any other SGO.
- Widow, divorced and family headed by women will be given first priority
- educational qualification up to class X
- Member should be from same cluster and homogeneous group
- Permanent resident of the project area
- Borrower or defaulters of any other bank or organization will by no means be the beneficiaries of the plan;
- Beneficiaries of the plan are thus landless, wage labourers and marginal farmers, earn their living by selling manual labour.
- Distressed people may undertake income generating schemes in non-agricultural sectors such as cow/goat/duck/ chicken etc. for their self-employment;

Still further sets of selection criteria are considered as measuring tools to determine the vulnerability of people / groups.



## **7. How does the practice ensure active, free and meaningful participation?**

### **Explanatory note: Participation**

Processes related to planning, design, construction, maintenance and monitoring of sanitation and water services should be participatory. This requires a genuine opportunity to freely express demands and concerns and influence decisions. Also, it is crucial to include representatives of all concerned individuals, groups and communities in participatory processes.

To allow for participation in that sense, transparency and access to information is essential. To reach people and actually provide accessible information, multiple channels of information have to be used. Moreover, capacity development and training may be required – because only when existing legislation and policies are understood, can they be utilised, challenged or transformed.

### **Answer:**

LHCB forms community groups. From the group a management team is formed who looks after the overall maintenance, repair and other issues. The total community is involved in site selection, planning, designing, installation and monitoring of sanitation and water services.

LHCB provides follow-up services to ensure that people properly utilize the services and remains in touch with the groups through its general program interventions, including:

- Group Formation and Empowerment
- Savings and Microfinance Facilities
- Adult Literacy or Functional Education (FE)
- Training on different development and capacity building issues
- Awareness building (workshop, seminars, rally, courtyard meeting etc.)
- Observance on national and international days (Women rights day, HIV/AIDS day, Tree plantation week, health day, labour day, child labour and rights day, environment day, water day etc.)
- Primary Health Care Education (PHCE)
- Adolescent Girls Health Education (AGHE)
- Mobile Clinic
- Awareness education on arsenic epidemic and treatment support to arsenic affected people
- TBA (Traditional Birth Attendance) training
- Relief and Rehabilitation (Humanitarian Assistance for Disaster Victims)
- Networking and advocacy

Water and sanitation is a cross cutting issue of our above mentioned program interventions as they are among the most basic needs of the people. Therefore, throughout our program, we educate and motivate people to use safe drinking water and sanitation because this will prevent them from many common diseases. This will save their money and lives. Good health is the foundation of sustainable livelihoods. In all our program interventions, education, motivation and capacity are a must. We integrate the follow up part in our ongoing program which saves our money, resources and time. No extra staff and cost is involved except major repairing. In our monthly reporting format, there is a clause about water and sanitation to check the condition of the installed latrine and tube-wells, its maintenance, function of management committee, community togetherness etc. It is an integral part of our main community development project.

## **8. How does the practice ensure accountability?**

### **Explanatory note: Accountability**

The realization of human rights requires responsive and accountable institutions, a clear designation of responsibilities and coordination between different entities involved. As for the participation of rights-holders, capacity development and training is essential for institutions. Furthermore, while the State has the primary obligation to guarantee human rights, the numerous other actors in the water and sanitation sector also should have accountability mechanisms. In addition to participation and access to information mentioned above, communities should be able to participate in monitoring and evaluation as part of ensuring accountability. In cases of violations – be it by States or non-State actors –, States have to provide accessible and effective judicial or other appropriate remedies at both national and international levels. Victims of violations should be entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition. Human rights also serve as a valuable advocacy tool in using more informal accountability mechanisms, be it lobbying, advocacy, public campaigns and political mobilization, also by using the press and other media.

### **Answer:**

In the groups' weekly meetings LHCB helps people/group members to understand that the local government authorities are responsible to provide these services. People learn that the government has funds for this and that they need to go to the government authorities to seek these services through their respective Union Parishad (Council) members. Therefore, they need to select their own representative who speaks on behalf of them. They also keep persuading through their local constituency's Parliament Members and through civil society. LHCB only raises their awareness and encourages them on how they keep up the pressure to make local government institutions accountable to the public services.

We also encourage the local leaders and civil society to take initiative on behalf of the poor to ensure their rights in water and sanitation services. In order to implement this in reality there is yet a long way to go.

Furthermore, in order to ensure accountability in our own activities, LHCB also provides the services of water and sanitation under a mutual and formal agreement with community group. The written agreement clearly defines the role and responsibilities of all concern (partners and target groups) to ensure transparency and accountability.

## 9. What is the impact of the practice?

### Explanatory note: Impact

Good practices – e.g. laws, policies, programmes, campaigns and/or subsidies - should demonstrate a positive and tangible impact. It is therefore relevant to examine the degree to which practices result in better enjoyment of human rights, empowerment of rights-holders and accountability of duty bearers. This criterion aims at capturing the impact of practices and the progress achieved in the fulfilment of human rights obligations related to sanitation and water.

### Answer:

#### The impact of LHCB's activities include:

- Beneficiaries became habituated to use water and sanitation facilities.
- Beneficiaries are aware of proper management and maintenance.
- Increased awareness on causes of common diseases and arsenic hazards, practice of Primary Health Care principles in their daily lives.
- Reduced common water borne diseases and arsenic problems
- Reduced medical expenditure
- Increased self satisfaction
- Increased social dignity
- Better social cohesion and responsibility

**Please see table below for statistics on beneficiaries.**

**Statistics of Tube-well and Slab latrine Distribution and Installation**

Year	District	Upa-zilla (Sub-district)	Number of		Deep Tube-wells	Number of		Slab Latrine	Number of	
			Unions	villages		HH Benefited	POP benefited		HH Benefited	POP benefited
2001	Patuakhali	3	3	6	80	2000	11000	0	0	0
2002		3	3	3	20	500	2750	150	150	825
2003		2	5	12	12	300	1650	150	150	825
2004		3	3	9	9	225	1238	50	50	275
2005	Madaripur Gopalgonj, Barisal, Patuakhali	4	14	15	52	1160	7519	50	50	275
2006		7	25	35	152	3595	20849	104	104	572
2007		5	10	18	72	1753	9105	0	0	0
2008		0	0	0	0	0	0	0	0	0
2009		0	0	0	0	0	0	0	0	0
2010		3	3	9	24	600	3300	0	0	0
<b>Total</b>		<b>30</b>	<b>66</b>	<b>107</b>	<b>421</b>	<b>10133</b>	<b>57411</b>	<b>504</b>	<b>504</b>	<b>2772</b>

**HH** Household

**POP** Population

## **10. Is the practice sustainable?**

### **Explanatory note: Sustainability**

The human rights obligations related to water and sanitation have to be met in a sustainable manner. This means good practices have to be economically, environmentally and socially sustainable. The achieved impact must be continuous and long-lasting. For instance, accessibility has to be ensured on a continuous basis by adequate maintenance of facilities. Likewise, financing has to be sustainable. In particular, when third parties such as NGOs or development agencies provide funding for initial investments, ongoing financing needs for operation and maintenance have to be met for instance by communities or local governments. Furthermore, it is important to take into account the impact of interventions on the enjoyment of other human rights. Moreover, water quality and availability have to be ensured in a sustainable manner by avoiding water contamination and over-abstraction of water resources. Adaptability may be key to ensure that policies, legislation and implementation withstand the impacts of climate change and changing water availability.

Answer:

LHCB provides the beneficiaries with adequate training and know-how to ensure sustainability. Our experience shows that after withdrawal of LHCB support, the target groups take initiative to ensure its continuity. When any installation gets dysfunctional the community take steps to replace it with a new one.

We follow group approach strategy in our program intervention to empower the community. It is easy to manage, monitor, educate and follow-up through the group approach. Each of the group members saves USD 0.60 per month to accumulate a capital fund from which they borrow and invest in microfinance program for their economic empowerment.

The management committee takes care of repair and maintenance, but the whole group equally bears the total expenses when needed. Initially, they spend from their saving deposit but later they share the cost among themselves equally. They just meet the minor repairing and fixing cost and for major expenditure, they communicate with local government and other NGOs to get the services. Under the follow-up program, LHCB also takes care of the issue. The community/group is yet to reach a financially sustainable stage to meet up these kinds of major expenses.

We integrate follow up activities in our main community development project which saves our money, resources and time. No extra staff and cost is involved except major repairing. In our monthly reporting format, there is a clause about water and sanitation to check the condition of the installed latrine and tube-wells, its maintenance, function of management committee, community togetherness etc. It is an integral part of our main community development project.

### **Final Remarks, challenges, lessons learned:**

<b>Remarks:</b>	<b>Challenges</b>	<b>Lessons learned:</b>
The right to safe water and sanitation not only ensures health but also promotes economic productivity for sustainable livelihoods.	<ul style="list-style-type: none"> <li>- The demand is huge</li> <li>- Tube wells are costly and funding is insufficient.</li> <li>- People are poor.</li> <li>- Natural disasters</li> <li>- Lack of cooperation and initiatives from local authorities .</li> </ul>	Members of the communities are cooperative, are eager to learn and want to participate.