

Second South Asian Conference on Sanitation (SACOSAN)

Islamabad, 21 – 23 November 2005

Bangladesh Country Paper

1 Background

1.1 Introduction

Bangladesh is committed to achieve the MDG targets. This commitment is reflected in the Poverty Reduction Strategy Paper (PRSP, 2005) that envisages reducing infant mortality rate from the 2000 benchmark value of 66 to 37 by 2010 and 22 by 2015. Similarly, child mortality is to be reduced from 94 to 52 by 2010 and 31 by 2015. To achieve the targets, the government has emphasized improving sanitation as a national priority. In response to the global call, the water target 10 of the “Millennium Development Goals (MDGs)”, subsequently expanded in WSSD in Johannesburg in 2002 to include sanitation target, the Government of Bangladesh (GoB) set its national target of achieving 100% sanitation by 2010. This challenging target is much ahead of MDGs target. But GoB has realized the importance of sanitation for sustainable development and put emphasis on achieving the target that will have immense impact on poverty reduction.

1.2 Policy Framework

The National Policy for Safe Water Supply and Sanitation 1998

This is the basic policy document governing the water supply and sanitation sector. The policy mentions that the Government’s goal is to ensure that all people have access to safe water and sanitation services at an affordable cost. The policy emphasizes elements of behavioral changes and sustainability through user participation in planning, implementation, management, and cost sharing. Ensuring the installation of one sanitary latrine in each household in the rural areas and improving public health standard through inculcating the habit of proper use of sanitary latrines is mentioned as one of the objectives.

About urban sanitation, the policy objective is to ensure sanitary latrine within easy access of every urban household through technology options ranging from pit latrines to water borne sewerage. Installing public latrines in schools, bus stations and important public places and community latrines in densely populated poor communities without sufficient space for individual household latrines is also emphasized.

Local government and communities shall be the focus of all activities relating to sanitation. All other stakeholders including the private sector, and NGOs and development partners shall provide inputs into the development of the sector within the purview of overall government policy with the Department of Public Health Engineering (DPHE) ensuring coordination.

Appropriate sanitation technology options shall be adapted to specific regions, geological situations and social groups; continuous research and development activities shall be conducted to improve the existing technologies and to develop new technologies.

The role of women in the process of planning, decision-making and management shall be promoted through their increased representation in management committees and boards (Pourasabhas/ WASAs).

The users shall be responsible for operation and maintenance of sanitation facilities and will bear its total cost. However, in case of hard-core poor communities, educational institutions, mosques and other places of worship, the costs may be subsidized partially or fully. In public toilets separate provision shall be made for women users. Credit facilities are to be provided for the poor to bear costs of water and sanitation service. Private sector and NGO participation in sanitation shall be encouraged.

Within a specified period legislation shall be enacted making use of sanitary latrine compulsory. Regular qualitative and quantitative monitoring and evaluation shall be conducted to review progress of activities and revision of the strategy based on experiences. The Local Government Division will prepare Half Yearly Report on the activities of the sector and submit to the concerned authorities.

Poverty Reduction Strategy Paper (PRSP) 2005

In the process of developing the poverty reduction strategy paper (PRSP) the Government has acknowledged the potential of water supply and sanitation (WSS). Since the national budget allocation and donor support will be provided as per the PRSP in the near future, the inclusion of WSS as a separate chapter in the PRSP will help ensure adequate funds for accessible water supply and sanitation services for all in Bangladesh.

National Water Management Plan 2004

The national water management plan has envisaged access to appropriate sanitation to all by 2010 and has also made a provision for waterborne sanitation and storm water drainage in major cities. Also it has proposed resource allocation to achieve time bound targets.

Sector Development Framework 2004

Government of Bangladesh (GoB) has approved a Sector Development Framework (SDF) which guides planning, coordination and monitoring of all future sector development activities with a focus on devolution of authority to LGIs, user participation, economic pricing, public-NGO-private partnership, and gender-sensitivity.

1.3 Institutional Framework

The statutory responsibility for the sanitation sector is vested in the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C), which shares with the Planning Commission the tasks of policy decisions, sectoral allocation and funding, as well as project appraisals, approval, evaluation and monitoring. The functional responsibility is delegated to the DPHE in all rural and urban areas except Dhaka and Chittagong. In Dhaka and Chittagong, water and sewerage (Dhaka only) are handled by the Water and Sewerage Authorities (WASAs). City Corporations (CC) in Dhaka, Chittagong, Khulna, Rajshahi, Sylhet and Barisal have responsibilities in waste management. *Figure 1* illustrates these institutional arrangements.

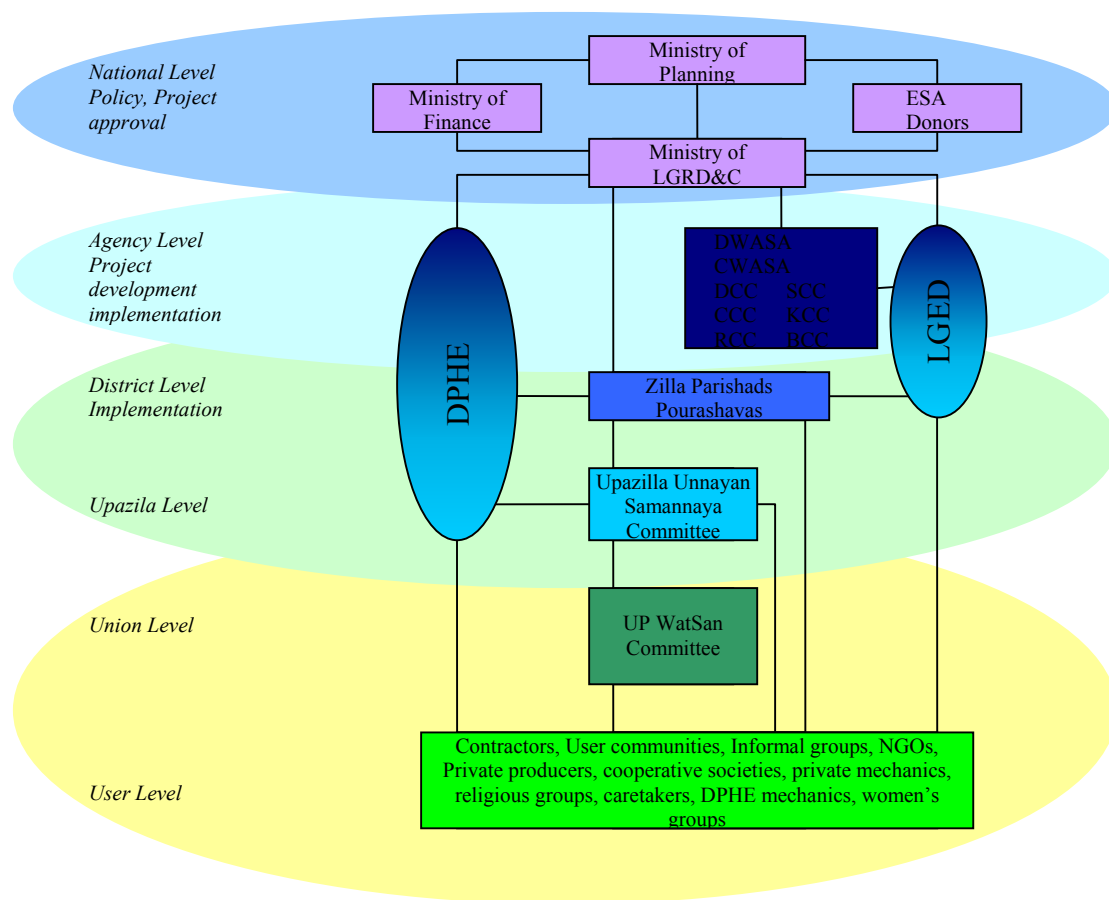


Figure 1: Institutional Arrangement for Water Supply and Sanitation

Key Actors in the Sector

- DPHE is responsible for planning, designing, and implementing water supply and sanitation services in rural areas, Upazila towns and pourashavas. DPHE has supervisory staff at Zila (district) and Upazila (sub-district) levels and is represented at union parishad level by tubewell mechanics and masons. One executive engineer is assigned to each of the Zila offices.
- Local Government Engineering Department (LGED) although has no mandate, implements some WSS activities as components of larger projects.
- WASAs are semi-autonomous bodies with management entrusted to boards and report directly to MLGRD&C. Dhaka WASA has charge of water supply, subsurface drainage, and sewerage. Chittagong WASA, in the absence of sewerage, deals only with water supply.
- Dhaka City Corporation is in charge of solid waste management, surface drainage and implementation of on-site sanitation. Chittagong, Rajshahi, Khulna, Sylhet and

Barisal CCs are responsible for surface drains, solid waste management and maintenance of water supply provided by DPHE and LGED.

- Pourashavas (Municipalities) are under the administrative control of the Ministry of LGRD&C, and their chairmen and the committee of ward commissioners are locally elected. The pourashavas are responsible for development and maintenance of social services and physical infrastructure in municipal areas. The pourashavas collect and dispose of solid wastes and are mandated to maintain a sanitary environment. They are also expected to operate and maintain piped water systems which the DPHE may install, despite the fact that pourashava involvement in planning and implementation is minimal
- Zila Parishads (district councils) consist of elected and appointed members and are directly involved in planning, implementation and monitoring of development activities within the district.
- Upazila Unnayan Samannaya Committees (Upazila Development Coordination Committees), chaired in turn by union parishad chairmen, shoulder responsibility for planning, implementation and evaluation at Upazila level. Upazila parishad also consists of elected and appointed members. Water and sanitation provisions of the Upazila centers are the responsibilities of the Upazila committees.
- Union Parishads are responsible for promotion of hygiene education and creation of awareness about environmental sanitation among the rural population. The Union Water Supply and Sanitation Committees, which exist in all unions are comprised of Ward member as chairman and community leaders and DPHE representatives and play an important role in distribution of tubewells and sanitary latrines. The Union Parishads co-operate with DPHE and Upazila committees in identifying households for government funded water supply and sanitation activities. The revised local government system devolves more authority for local planning to the Union Parishads and Village Development Committees.
- Non-governmental organizations (NGOs) are active in sanitation program financing and implementation in both urban and rural areas. NGOs endeavor to integrate community participation with hygiene education, water supply and sanitation. Their mode of operation primarily is to focus on village-level activities. Their extensive presence has offered opportunities for international donors and UN agencies including UNICEF to reach low income rural and urban communities (NGO Forum 1992).
- Private sector is responding well to the stimulated demand by the government sanitation program. Latrine components like ring, slabs are widely available through private outlets along side DPHE sanitation centres. People in many rural communities are making their living producing latrine components and working as plumbers.
- Multilateral support is being provided by UNICEF, IDA, ADB, and WHO. Support for projects in Zila (district) towns has been given bilaterally by Danida, the Netherlands, and JICA of Japan, and multilaterally by the Asian Development Bank. Assistance has been extended to Dhaka and Chittagong by IDA and by the Asian Development Bank. The World Health Organization is facilitating development in

operational capabilities and human resources, including project planning, implementation, monitoring, and evaluation.

1.4 Current Sanitation Coverage

The government had conducted a national Baseline Survey in October 2003 to assess the extent of sanitation coverage. Out of a total number of 21,394,093 families in the country, only 7,108,362 families (33.23%) were using hygienic latrines. The government launched a special drive in January 2004 towards decentralization and involvement of local government institutions along with increasing financial allocation for the hardcore poor. The government earmarked 20% of Upazila ADP grant for Sanitation and kept it at the disposal of Upazila and Union Parishads. It further earmarked 25% of this allocation for the 'software' and the 75% for the 'hardware' subsidy for the hardcore poor. A multi-media awareness campaign was launched in the country to increase awareness about hygiene and sanitation. It was followed by Country, Divisional and District Orientation workshops for sensitizing and motivating key stakeholders towards contributing to the national sanitation campaign. As a result of these moves the country has now been able to achieve 59.53 % coverage at the end of June 2005, which is an increase of about 26.32% from the baseline in October 2003.

The extent of sanitation coverage in three broad areas/zones-Rural, Pourashavas and City Corporations is represented in Table 1.

Table 1: Zone-wise Sanitation Coverage as on June, 2005

Sl No.	Area/Zone	According to Baseline Survey, October 2003			% of families using Sanitary Latrines as of June '05
		Total number of families	No. of families using Sanitary Latrines	% of families using Sanitary Latrines	
1	2	3	4	5	6
1	Rural	18,326,332	5,272,589	28.77	57.06
2	Pouroshavas	1,851,337	983,025	53.10	74.08
3	City Corporations	1,216,424	850,527	69.92	74.63
Country Total:		21,394,093	7,106,141	33.21	59.53

The table provides interesting observation that shows that while the country achieved an increase in sanitation coverage by 26.32 % between October 2003 and June 2005, maximum increase was in Rural to the extent of 28.29 %, followed by Pourashavas (20.98 %) and City Corporations (4.71 %).

By now five out of sixty-four districts in the country namely, Manikganj, Dhaka, Jhalokathi, Gazipur and Madaripur have reached more than 70 % sanitation coverage. Besides, eight Upazilas and about 180 Union Parishads have achieved 100 % sanitation coverage. The momentum is on with a healthy competition and slowly and steadily each and every Union, Upazila and district is progressing towards the goal.

Figure 2 indicates the contribution made by different agencies in increasing the rural sanitation coverage at the country level.

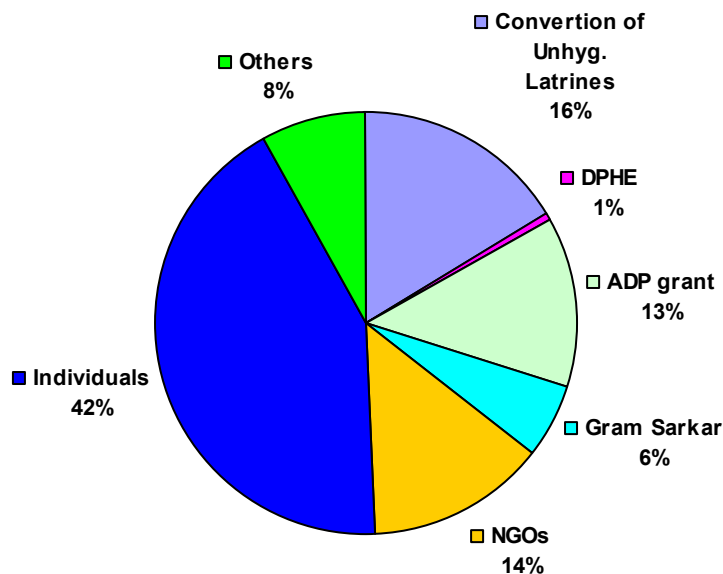


Figure 2: Contribution of various agencies towards Rural Sanitation Coverage (Country total) as on March 2005 (Total No. of Latrine: 8,148,906)

It is clear that People themselves have done maximum contribution. In all the above categories, cost sharing by beneficiaries is present. In the category, ‘Individuals’ and ‘Conversion of Un-hygienic latrines’, which is a total of 58 % of the progress, there is 100 % cost sharing by the people/beneficiaries. In the category of ‘NGOs’ and ‘Others’ too, a total of 22% progress, one can safely estimate that beneficiary’s contribution would be at least 50%.

It is evident that government-led ‘Mass-media campaign’ to increase awareness about sanitation has led to an increased demand for sanitation in the country and people are taking initiative to change their habit of ‘Open Defecation’. The contribution of different development partners and NGOs to support the government initiative has also contributed towards it. Besides, at the local level, the role of Local Government Institutions has been laudable.

The Union Parishad and Gram Sarkars have contributed to 13% and 6%, and a total of 19% progress, respectively. This relates only to the progress related to providing latrines to the hardcore poor. In addition to this, they are contributing by way of promotional activities in their respective jurisdictions, which have to a large extent motivated ‘non-hardcore’ poor to establish their own hygienic latrines, at their own cost.

1.5 Analysis of Progress in Sanitation Coverage

There has not been any notable initiative for sanitation improvement in the country until about early 1980s, when DPHE with assistance from UNICEF began to manufacture and distribute concrete slabs, rings and other components for water seal latrines. The slabs were initially given away free. The project was later modified to sell both rings and slabs at a subsidized rate. By the late 1980s, the Government began promoting lower cost options as well, including simple dug pits with a squatting platform made of bamboo popularly known as “home made latrine” at that time that people could build on their own. By 1990, household

access to sanitary latrines had risen to about 13 per cent, a notable achievement from 1 per cent coverage in 1971.

The progress relates in sanitation coverage since 1980 are given in Figure 3. With more emphasis on behavioral change, a three-year intensive social mobilization program was launched in 1992 by DPHE/UNICEF in 20 diarrhoea-prone Upazilas. The results were encouraging. The use of sanitary latrines (pit and water seal) in seven selected Upazilas had increased to 91 per cent (Shamsuddin, 1995). The project observed that further advances could be made if intensive social mobilization could be extended to all Upazilas in the country. The intensive social mobilization program led to an accelerate rate of sanitation coverage of about 43% in 1990 and reaching to 47% in 2000.

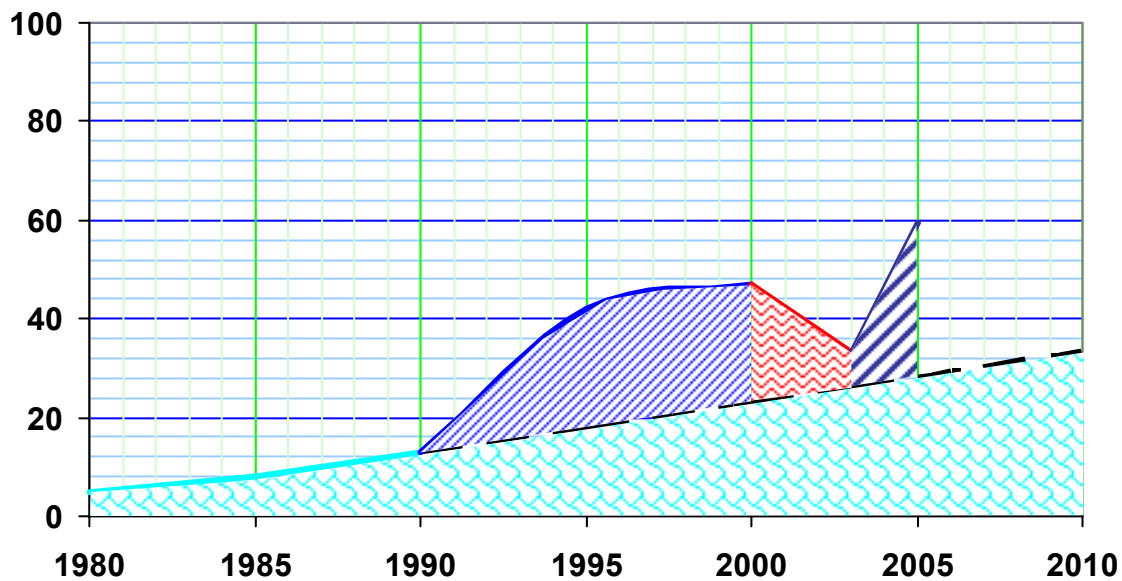


Figure 3 The country has been able to achieve 59.53 % coverage at the end of June 2005, which is an increase of about 26.32 % from the baseline in October 2003.

Social mobilization did continue during 1997-1999 in 32 of the country's 64 districts in a less intensive way.

There were however weaknesses in the approach to social mobilization. While sanitation coverage increased during the 1990s, social mobilization had little impact in changing hygiene behavior. In part this was because many of the social mobilization activities were conducted too far from the grassroots. The Union Parishad Watsan Committees established in 1994-95, were made responsible for overall planning and implementation of water and sanitation activities in the union, under the direction of a DPHE engineer. The elected Union Parishad members however, rarely met and they took little interest in promotional activities and there was no accountability. These can be attributed to lowering of sanitation coverage from 47% in 2000 to 33% in 2003.

Diarrhoea and dysentery continued to be the major causes of sickness (18 per 1,000 illnesses) and death, (15 per cent of all deaths) in Bangladesh (UNICEF, 1999). While DPHE and UNICEF have successfully promoted latrines, the program did not significantly change sanitary practices relating to hand washing and the safe disposal of children's feces. Most

people in rural Bangladesh also continued to bathe and wash utensils and clothes in ponds, rivers and canals that are often grossly polluted.

The national sanitation campaign, launched on 2003 by the government became more vibrant during the first South Asian Conference on Sanitation (SACOSAN) in Dhaka. The government decision of allocating 20% of Upazila ADP grant for sanitation and earmarking 25% of this allocation for motivational activities and the rest 75% for hardware support for the hardcore poor have been exemplary. These decisions largely activated the LGIs and other stakeholders in the sector. Development partners and NGOs extended support to the government move and now have become more involved particularly to ensure that the hardware support actually reaches the hardcore poor. Such joint efforts by all concerned have resulted in increased present coverage of 59.26%.

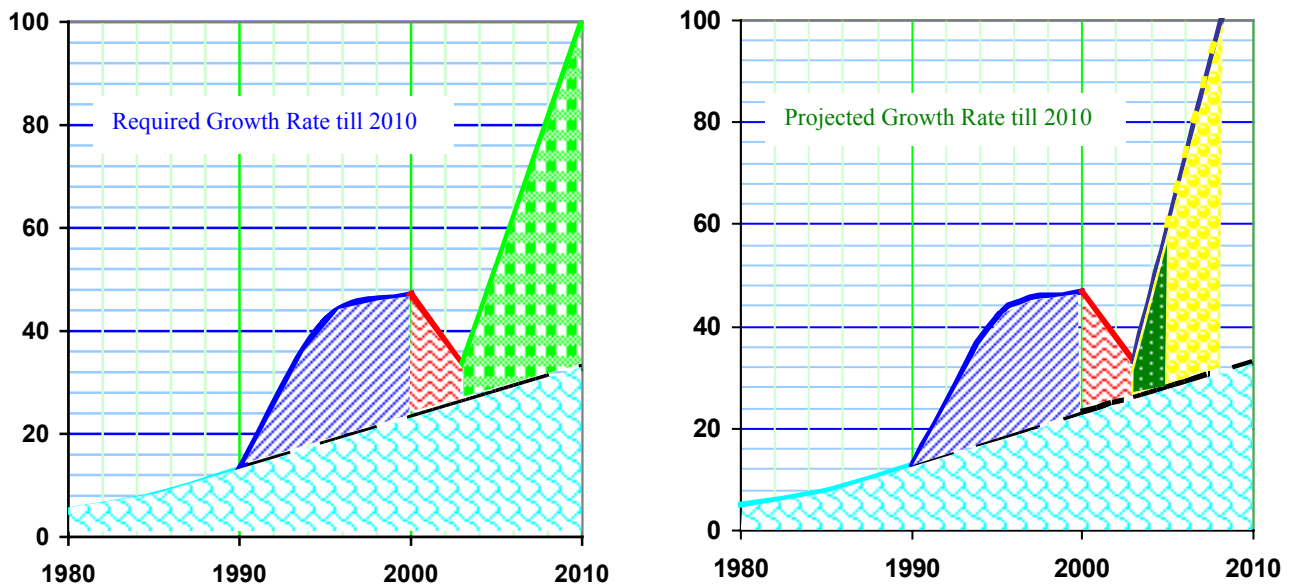


Figure 4 Required and projected sanitation growth rate for achieving 100% sanitation by 2010

Figure 4 depicts that the required (linear) rate of progress per month from October 2003 was 0.83% to achieve 100% sanitation by 2010. Present (linear) rate of progress is 1.32% per month and in this rate the country is likely to achieve 100% sanitation ahead of target (by 2008).

However, there are variations in achievements in different socio-economic and administrative settings. Rural coverage is more easily achieved compared to urban settings particularly the city corporations. This is because of the fact that urban issues related to sanitation improvement are much more complex than those of the rural areas. This is reflected in the actual progress rates in rural, municipal, and city corporation areas as shown in the following table. Figure 5 explains that if the present rate of progress remains constant then the rural areas and the pourashavas will attain 100% coverage ahead of 2010 while the city corporations will lag behind.

Table 2 Area wise actual and required growth rates for achieving 100% sanitation coverage

Sl. No.	Zone/Region	Required Growth Rate per month to achieve 100 % Sanitation by 2010 (Oct'03-June'10)	Actual Growth Rate per month in past 20 months (Oct'03-Jun'05)	Desired Growth Rate per month to achieve 100 % Sanitation by 2010 (July'05-June'10)
1.	Rural	0.89 %	1.41 %	0.72 %
2.	Pourashavas	0.59 %	1.05 %	0.43 %
3.	City Corporations	0.30 %	0.24 %	0.42 %
Total		0.83 %	1.32 %	0.67 %

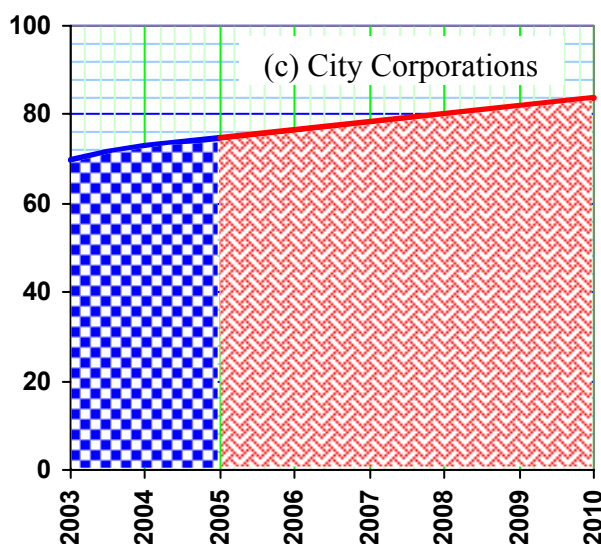
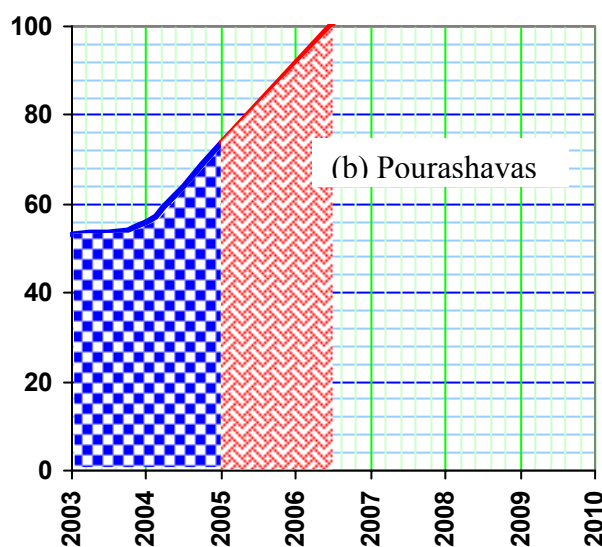
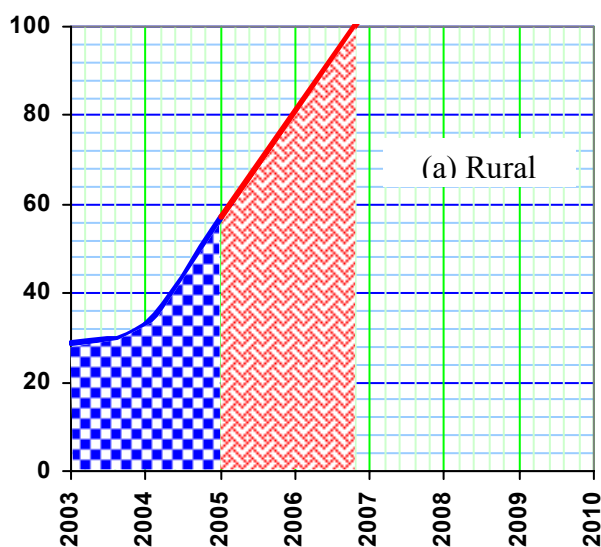


Figure 5

(a) At the present sanitation growth rate, rural area will achieve 100% sanitation by 2007

(b) The pourashavas will achieve 100% coverage by the end of 2006, if the present trend of coverage can be continued.

(c) At the current rate, the coverage of city corporations will be 83.83% by the year 2010 meaning national coverage of 99% by 2010.

1.6 Major Issues and Constraints

According to the nationwide baseline survey on sanitation (2003), 42% of the population i.e. about 55 million people did not have any form of latrine and therefore, resort to open

defecation. The survey further revealed that of this 42%, about 73% households did not have latrines due to lack of financial resources, people of 25% households were not aware of the importance of having a latrine, 11% households did not have space for latrine installation while about 4% households preferred defecation in the open. In these contexts the following specific issues need to be addressed for improvement in the sanitation sector.

- Lack of financial resources for having latrines in the households of hardcore poor. Hardcore poor includes landless/ homeless, day laborer, households headed by disabled or non-earning persons. It is not fully ensured that the allocated government subsidy reaches the hardcore poor. Amount of subsidy remains constant despite varying need at different places.
- Lack of awareness of the benefits of sanitation on health and economic productivity. This is reflected to large percentage of people resorting to open defecation or using unhygienic latrines.
- Lack of space particularly among landless people. This is particularly critical in flood prone, low lying areas and in urban slums.
- Absence of mechanism for identifying hardcore poor and ensuring effective utilization of government subsidy.
- Lack of institutional capacity / mechanism to support people build their own hygienic latrine at affordable cost.
- Inadequate hardware outlets. Even if people are motivated, installation of hygienic latrines is not being done at a required pace due to inadequate hardware production outlets particularly at village level.
- Land tenure-ship/ ownership remains a crucial issue for providing services to urban slum dwellers. In absence of clear cut policy, this has become a major obstruction to service provisions.
- Lack of technological know-how among people for building low cost hygienic latrine. Limited technology options to address sanitation requirements particularly in densely populated slum areas, marshy lands, flood prone and high water table areas.
- Concerned organizations lack mission, vision and strategy for continual improvement of services. Public agencies remain project and hardware focused and lack orientation on process based approach. Partnership is not sufficiently strong among public agencies, local government institutions, non-government organizations, private sector and development partners. Absence of mechanisms for effective monitoring and evaluation at all levels and lack of coordination
- Absence of emergency response plan on sanitation. This is particularly important as the country faces recurring floods and cyclone disasters.
- Absence of a legal framework for improved sanitation. Legal restriction on use of unhygienic latrines is not yet adequate. Sanitary facilities in water transport and railways are not legally enforced.

2 Achievements since First SACOSAN

2.1 Important Government Decisions

As mentioned earlier, the Government has allocated 20% of the Annual Development Programme (ADP) fund to Upazillas for improving sanitation coverage.

One important aspect of the decision is that the focal point of the national sanitation campaign is the Union Parishad at rural level and in Urban is Ward of Municipalities and City-corporations. The Union Parishads have been entrusted with the task of latrine distribution and promotion. Important policy decisions taken by the government to ensure progress in sanitation sector of Bangladesh are as follows.

- **Decision for achieving 100 % Sanitation by 2010:** The government publicly announced its resolve to achieve 100 % Sanitation for all by the year 2010. This public commitment led to commitments at all levels of the government and development partners for realizing this goal.
- **Earmarking of 20 % ADP grant to Upazila for Sanitation:** In order to involve Local Government Institutions in the process of planning and implementation of sanitation campaign, and to enhance the funds availability at the local level, the government earmarked 20 % of ADP grant for sanitation activities. This made Taka 40 Crores available at the hands of Upazilas, every year.
- **Targeting hard-core poor with government grant:** The government earmarked 75 % of the ADP grant for sanitation hardware (hygienic latrines) for the benefit of hardcore poor only. This way, all hardcore poor in the country can/would be covered by the ‘least cost feasible option’ of hygienic latrines, by the year 2010.
- **Earmarking funds for hygiene promotion and community mobilization:** The government has earmarked 25 % of 20% ADP grant for the software activities aimed at hygiene promotion and community mobilization. This will help motivate people to spend their own money for building their latrines.
- **Directly involving Gram Sarkars in the Sanitation Campaign:** A fund of Taka 10,000.00 was released to each ward member, which they could use for increasing the sanitation coverage in his/her ward involving the gram sarkars.
- **Recognition/Awards to all those who achieved 100 % sanitation coverage:** By now, 189 Union Parishads, 9 Upazilas and 4 Pourashavas have achieved 100 % Sanitation coverage. All concerned Union Parishad Chairmen, Pourashava Chairmen and Upazila Nirbahi Officers have been awarded citations by the Minister as a mark of public recognition to their efforts. Also, Deputy Commissioners, NGOs and Development Partners have been publicly awarded. Documentary films for countrywide dissemination have been made on success stories of Upazila Nirbahi Officers and Union Parishad Chairmen, who have achieved 100 % sanitation coverage. This has increased the motivation level and has created competition among LGIs. However, careful monitoring and review are needed to ensure that all criteria for declaring 100% sanitation are fulfilled.
- **Performance-based incentives for sanitation sustainability:** The government has sanctioned an amount of Taka 200,000 for those Unions, which have achieved 100 % sanitation coverage. These funds are to be used by them for ensuring the sustainability, improving hygiene behaviour and environmental sanitation.
- **Performance-based incentives for better local governance:** The government sanctioned Taka 200,000 to about 370 Union Parishads for their exemplary

performance in local governance. These funds could also be used for taking up development activities, including sanitation. This enhanced the fund availability at the hands of local government for sanitation.

- **Sanctioning Taka 50 Crores to DPHE for producing and distributing hygienic latrines to hardcore poor:** The government has sanctioned Taka 50 Crores to DPHE for producing and distributing hygienic latrines to hardcore poor. This would enhance the availability of good quality latrines for hardcore poor.
- **Development of Hygiene messages:** The government has decided to prepare hygiene messages for those Union Parishads, where 100 % Latrine coverage has been achieved. These will be developed in the form of a Hygiene Manual and circulated to all concerned Union Parishads and Pourashavas. This would be followed by capacity building of these local governments for disseminating these messages.
- **Mass-Media Sanitation Campaigns:** The government followed a multi-media sanitation campaign for creating mass awareness for adopting improved sanitation practice. All forms of media - Print, Television, Folk Arts, Radio, Wall Writing, Hoardings, Posters, Miking, Meetings, etc., were adopted in this campaign.

2.2 Development of National Sanitation Strategy

Following the route of the sanitation campaign the last working session of the SACOSAN 2003, on Bangladesh country paper identified the importance of a National Sanitation Strategy (NSS) based on which Plan of Action at local level could be prepared.

A participatory approach was adopted in developing this strategy. Consultative meetings were organized with stakeholders from the central to the grass roots level. Experience gathered from interaction with community people and LGI representatives assisted to formulate this pragmatic strategy paper. Comments from different stakeholders reinforced the strategy paper further. However, this strategy is designed as a living document and may be revised from time to time in the light of progress made and changed needs

The National Sanitation Strategy is based on guiding principles included in the “Dhaka Declaration” of first SACOSAN held in 2003. The NSS is prepared for application in all conditions, in rural and urban areas, in rich and poor communities and whether sanitation is an individual household system or a community system.

The strategy emphasizes effective demand creation through health education and hygiene promotion, ensuring individual and community actions, reaching the rural and urban poor, addressing challenges of urban sanitation, addressing emergency sanitation, and strategies for sustainability.

2.3 Pro-poor Strategy for Water and Sanitation

The Pro-poor strategy for water and sanitation provides the operational definition of hardcore poor households, definition of basic minimum service level, targeting and organising the hardcore poor households, and mechanism for administering subsidies.

3 Success Stories and Innovations

While the set national goal of 100% sanitation by the year 2010 may seem ambitious and the challenges ahead Herculean, there have been a number of positive experiences in the recent past which provide useful lessons to build upon. The important ones of these are as follows:

- **Public sector led sanitation and hygiene programme:** with unicef support nationwide social mobilisation for sanitation was implemented by the public sector during the 1980s and 1990s. The approach was to create demand through social mobilization and the project emphasized fixed-place defecation and homemade latrines to popularize the use of sanitary latrines among the poorest section of population. The ring-slab latrines were still available at subsidized cost to the more affluent people. The sanitary latrine coverage perked up during the social mobilization campaign. Many upazilas and unions achieved 100% sanitation for example Banaripara upazila, singair UP. In most cases the pace fell back with the end of the project. Local government involvement was attempted under this programme by introducing union WATSAN committees. Success was limited due to a slow decentralisation process and lack of a proper supportive environment.
- **NGO implemented programme:** NGOs have implemented many sanitation programme with direct support from donor agencies. Many NGOs implemented successful sanitation initiatives by building community demand for improved sanitation. Starting in early 2000, a number of NGOs stated a completely new approach. Instead of appealing to individual households, they addressed a whole village as one unit. The focus shifted from individual action to collective action. There was no subsidy on hardware, not even for the poor people. Instead, many types of latrine models were developed to suit all sections of the population. Confinement of feces in a hygienic manner was the minimum requirement. A vigorous motivational campaign was mounted to raise awareness and demand for sanitation. Villagers and local government were full partners in these campaigns. The result was spectacular. Many villages attained 100% sanitation with every household having access to a sanitary latrine.
- **Union Parishad Led Initiative:** There have been several Union Parishads which have provided effective leadership to the community in achieving 100% sanitation coverage. They have accomplished this with the support from NGOs/CBOs for creating hygiene awareness and community mobilization, without any hardware subsidy. An example is that of Kushumba Union at Manda Upazila in Naogaon District.
- **Upazila Led Initiative:** 100% sanitation coverage could also be achieved in some Upazilas with unicef support, where Upazila Nirbahi Officers (UNOs) could rally support from the Union Parishads and the community. Some successful examples Rajarhat of Kurigram , Puthia of Rajshahi and Patgram of Lalmonirhat. These demonstrate what can be achieved if local government institutions take the initiative.
- **Local Small Scale Private Initiatives:** There are hundreds of Village Sanitation Centers run-by private sector providing sanitation services at the door steps of rural community at competitive prices. During 1990s, DPHE built capacity of the local private producers providing practical training with the assistance of unicef. Private producers also have a role in creating demand for sanitation. Investment from small scale private sector is also considerable.

- **Facing the urban challenges through public-private-community partnership:** One of the most serious challenges faced by urban slum dwellers revolves around the lack of tenure rights. Virtually no slums in Bangladesh are ‘recognised’ and therefore the provision of basic services, including water and sanitation, is theoretically illegal. Only 16% of the population in urban slums uses safe water, whilst sanitation coverage is just 13.5%. An NGO initially approached the Dhaka city water authorities on behalf of slum communities and was granted temporary permission to use the land for water point construction. Although the connections legally have to be in the NGO’s name, community involvement has been maximised, particularly in the area of operation and maintenance of the water points. Given scarcity of land, sanitation blocks housing latrines and washing facilities are constructed for the shared use of 60 to 100 families. These are managed by the community. The community has also been at the forefront of health and hygiene awareness raising campaigns. This successful integrated model has attracted the interest of other national and international development actors working in slums and is being replicated at other urban centres.

4 Key Lessons Learned

There are some important lessons, which can be learned from the efforts made so far, and these need to be disseminated and discussed for scaling up of best practices and further development of the sanitation sector. The lessons could be summarised as:

- National campaigns are effective at raising awareness and creating demand for accelerated growth in sanitation coverage.
- Commitment of local government is a key to achieving the goal.
- Strong and continued GO-NGO-Community partnership is essential.
- Adequate community mobilisation for motivation and sustainability increases sanitation coverage.
- All members of the community including women, students, children, religious leaders and community leaders can play an important role for community mobilization.
- No hardware support or subsidy is needed except for the hardcore poor.
- A range of sanitation options considering hydro-geologic differences and costs should be provided.
- The poor will need special support and assistance and this should be agreed and adopted by the community.

However exciting, the successful projects have so far been small scale and may not have contributed significantly in reducing the under served on a national scale. However there are important lessons from the small-scale experiments, which demonstrate that improvement is possible. With proper adaptation of the lessons from the small pilots, it may be possible to reach the objective of 100% sanitation by 2010.

The government and other stakeholders have now started to think about scaling up the sanitation effort and its sustainability. It is, however, recognized that for both issues

the role of local government is crucial. Local government Institutions (LGI) is the glue that ties villages together. Government funds and other assistance are channeled through the LGIs. It is the LGIs who can motivate the entire population of unions and upazillas.

5 Achieving National Sanitation Goal: The Way Forward

5.1 Continued Political Commitment

Responding to the global call for achieving MDGs, a substantially strengthened sector stakeholders' movement helped to galvanize government commitment to abolishing the sanitation coverage gap. Their leverage was increased by the actions of international bodies and development partners, resulting in commitments to sanitation sector by the Government. This is reflected in some landmark decisions taken by the government since 2003. Declaring the national goal of 100% sanitation by 2010, bringing the entire region to the sanitation platform by organizing the first SACOSAN in 2003, deciding to observe the month of October each year as the month of sanitation in an effort to make national sanitation campaign more vibrant, significantly increasing government spending on sanitation improvement, with a substantial 25% for motivational purposes, supporting the hardcore poor to have access to basic sanitation, activating the local government institutions, declaring incentives and rewarding successes, and working in partnership with other stakeholders, are all good examples of stronger commitment by the government. The result is accelerated growth in sanitation coverage throughout the country despite many constraints. Such political commitment needs to be continued for achieving the national sanitation goal.

5.2 From Latrine Sanitation to Environmental Sanitation

When this National sanitation campaign was started in 2003 government priority was given on achieving latrine coverage in the country. The reason behind this government priority was the fact that a large segment of population (42%) did not have any latrines and was resorting to open defecation as revealed by the 2003 baseline survey. As defined in the national sanitation strategy (2005), the term "100% sanitation" will mean to include *all* of the following:

- No open defecation
- Hygienic latrines available to all,
- Use of hygienic latrines by all,
- Proper maintenance of latrines for continual use, and
- Improved hygienic practice

However, 100% sanitation should also mean total sanitary condition for healthy living. Therefore, in addition to above, the term must also include,

- proper management of solid waste, and
- proper disposal of household wastewater and storm water.

It is to be emphasized that health impacts of sanitation are the primary reason for sanitation improvement programs and health impacts will not be fully realized unless all aspects of environmental sanitation are addressed.

Now that the latrine coverage has increased significantly, the government has started giving due emphasis on total environmental sanitation. Guidelines on environmental sanitation are being prepared, which will be shared with the stakeholders and will be disseminated for implementation.

5.3 Achieving 100% Hygiene Behavior

Sanitation improvement is to be focused on achieving sustainable changes in hygiene behaviour and not limited to latrine installation only. Hygiene promotion and behaviour change leads to creating and sustaining demand for sanitation facilities.

Government and community financing are crucial for promotion, awareness, capacity-building and the creation of funding mechanisms for scaling up hygiene programmes that will eventually lead to full realization of health impacts of environmental sanitation improvement.

5.4 Emergency/ Disaster response in sanitation

Bangladesh, pre-dominantly, is a disaster prone country. Every year millions of sanitation installations are damaged and coverage reduced dramatically by recurring floods and cyclones. The following strategies should be considered to address emergency situations.

- Emergency preparedness programmes must include sanitation components
- Designate flood shelters e.g. schools, colleges, cyclone shelters and other public private institutions with adequate sanitation facilities
- Special motivational activities with key hygienic messages must be undertaken during emergencies
- Delineation of flood prone areas and building sanitation facilities above flood level
Various sanitation options for emergency situation e.g. hygienic trench latrine facilities at the shelters, mobile toilets, pot defecation for children and aged people must be made available

5.5 Addressing Urban Sanitation Challenges

Urban sanitation in Bangladesh is posing a great challenge in achieving the national goal of achieving 100% sanitation by 2010. In response to slow progress in city corporation areas the GoB and the other stakeholders are planning to undertake special initiatives for rapid growth in latrine coverage and its sustainability. In line with this plan, several events have already taken place to address important issues related to sanitation development in city corporations, with particular attention given to the context of Dhaka City Corporation. Following recommendations are being considered by the government in order to accelerate progress in the city corporations.

- Formation of zonal level sanitation committees, activating the taskforce committees and ensuring commitment of top level management
- Formulating appropriate policy for slum development and ensuring services for slum dwellers
- Building adequate public toilet facilities in city corporation areas
- Appropriate technology options for city corporation areas
- Improve Fecal Sludge Management (FSM) for septic tanks and pit latrines.
- Improve solid waste management system within city corporation areas

- Ensuring Monitoring & Evaluation of sanitation related activities and progress of sanitation in city corporations
- Ensuring adequate financing for 100% sanitation
- Developing and enforcing appropriate “Sanitation Laws”

5.6 Reaching the Hardcore Poor

Although there are some separate successes in Bangladesh, initiatives in general to provide rural and urban population with safe sanitation have not been particularly successful in reaching the poorest of the poor due to lack of specific guidelines. The poorest of the poor have, by definition the least asset, the least social, political and the greatest difficulties to acquire their right of subsidized sanitation services. Studies and experience suggest that despite the provisions and budget allocation for subsidized sanitation services by the government, donor and NGOs policies for the poorest, such services often fails to reach the poorest. They usually benefit the affluent and influential sections of the society. A pro-poor strategy for water and sanitation in Bangladesh has been finalized by the Ministry of Local Government that should be followed for assisting the hardcore poor. However, the following steps should also be considered carefully in conjunction with the pro-poor strategy.

- The poorest of the poor need to be defined separately at each of the lowest tier of local government institutions both in urban and rural, based on some specific criteria following consultation process amongst different stakeholders i.e. community representatives, NGOs/CBOs, local government agencies etc. Identification of hardcore poor should be based on the specific criteria set by the pro-poor strategy for water and sanitation in Bangladesh.
- Latrine options and the cost of each option vary according to region/ location. Therefore, the minimum level of subsidized services needs to be defined at least at upazila level through consultation with different stakeholders i.e. community representatives, NGOs/CBOs, local government agencies, etc. rather than a fixed flat-rate for the whole country.
- Apart from the centralized/ project based subsidized services, local resources (kind/ cash) at the local government institution level needs to be mobilized to assist the hardcore poor on a priority basis based on their poverty ranking.
- Local government institutions, GO agencies, and NGOs/ CBOs should provide interest free or with low interest micro-credit facilities to the moderate poor.

To make the whole process transparent, accountable and effective, an institutional arrangement from community level to central level should be strengthened. Existing WatSan committees at Union and Ward levels both in rural and urban areas should be reviewed to include CBO/NGOs/Civil Society and community representatives if needed. Union and Ward level WatSan committees should steer the whole process.

5.7 Increasing Investment in Sanitation

The government has already set an encouraging trend by allocating development fund for promoting sanitation. However, public funding for sanitation improvement should be further increased from the present level. Decision making for the use of the public fund should be

left to LGIs. However, strong monitoring is needed to ensure that the funds are used effectively as per guideline.

Donor agency funding has been declining. In view of the overall health and poverty impact donor funding must be substantially increased for sanitation activities. Donor funding must be channeled in a coordinated manner for optimal use of funds.

Private financing, particularly in latrine component manufacturing and retailing, should be encouraged. Credit and training facility should be made available to assist such private initiatives.

Sector financing is largely contributed by community resources. Awareness raising is crucial for increased mobilization of community resources which is essential for ensuring 100% sanitation coverage and sustainability within communities.

An estimate based on current price indicates that approximately 252 million US dollars will be required between 2005 and 2010, to achieve 100% sanitation in rural areas (Arya, 2005). If the present rate of government allocation continues then about 81 million US dollars will be required from government fund to support that hardcore poor and software activities. The rest 171 million US dollars will be required from community's own resources, NGOs and development partners.

5.8 Hearing the Grassroots Communities

The grass roots consultation is an effective means of disseminating hygiene and sanitation information to the hard-core poor. Significance of using a sanitary latrine for their own health as well as for the health of others; and the commitment of the Bangladesh Government towards achieving improved sanitation are shared through these consultations. The consultations also provide the opportunity for many stakeholders to share their ideas, problems and initiatives to achieve 100% sanitation coverage.

Grass roots consultation process can be replicated to create awareness and motivation for change in communities, evaluate the progress, successes and difficulties, of any project implemented at village level. In addition to that the process can assist the communities to monitor on-going improvements, in health and sanitation, as perceived by the grass roots people themselves.

5.9 Strengthening Capacity of LGIs for Sustaining Improvements

Capacity of LGIs should be enhanced in terms of awareness, responsibilities, accountabilities and more decision making power regarding planning, implementation and monitoring.

Public fund should flow directly and timely to Union Parishads / Wards to empower them to implement their sanitation programmes.

Capacity of Union Parishads/Wards should be enhanced through additional staffing so that LGIs can effectively supervise or oversee sanitation programmes in their localities.

Effective partnership between LGIs and community should be established for providing appropriate sanitation services to the local communities.

DPHE should facilitate the LGIs in implementation of sanitation programmes

Effective collaboration and coordination amongst LGIs, NGOs/CBOs and private sector should be developed for implementation of sanitation programmes as per requirement of local need

5.10 Effective Monitoring and Evaluation of Progress

Regular monitoring is required to measure sustained progress. Acquisition of accurate data is essential to ascertain progress against the national sanitation target. Collection and maintenance of national sanitation data requires intensive work from the grassroots level to national level. Effective monitoring mechanism should be in place as stated in the national sanitation strategy.

The frequency of nationwide monitoring shall be twice a year preferably in March and September and the accumulated results be reported during the observation of sanitation month in October. Independent review of monitoring data and its evaluation must be in place to achieve the followings.

- Verify and declare totally sanitized villages and neighborhoods, and recommend remedial steps for better planning.
- Long-term impact assessment such as those involving health and poverty to be conducted by specialized teams

References