NATIONAL SANITATION STRATEGY

LOCAL GOVERNMENT DIVISION

MINISTRY OF LOCAL GOVERNMENT, RURAL DEVELOPMENT AND COOPERATIVES

PEOPLE'S REPUBLIC OF BANGLADESH

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1 CONTEXT

1.1 MDG Target

Sanitation has received international attention in recent times. In September 2000 the United Nations General Assembly endorsed eight Millennium Development Goals (MDG). Two of these goals are directly linked with sanitation-reduction in child mortality and ensuring environmental sustainability. Targets for achieving these goals are to reduce by two-thirds the under-five mortality rate within 2015 and to improve the lives of at least 100 million slum dwellers by 2020 through access to better sanitation. Two years later, in September 2002, the World Summit on Sustainable Development (WSSD) voiced a stronger concern for promoting sanitation. In the Implementation Plan of WSSD, nations agreed to pursue a specific sanitation target: halving the figure of 2.4 billion people who do not have access to basic sanitation facilities by 2015.

The Government of Bangladesh (GoB) is committed to achieve the MDG targets. This commitment is reflected in the draft Poverty

Reduction Strategy Paper (PRSP) 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.

1.2 Impact of Low Sanitation Coverage

As in many other developing countries, sanitation remains a major challenge in Bangladesh. The low sanitation coverage (33%) in Bangladesh poses a serious public health concern. It is estimated that 71% rural households and 40% urban households practice open defecation or use unhygienic latrines. Diarrhea remains a major killer disease. About 110,000 children under five die of diarrheal disease every year. It is thought that one out of four deaths of under-five children is caused by diarrhea. Over 65 million episodes of diarrheal diseases occur annually among under-five children. An average child in Bangladesh suffers 3-4 episodes of diarrheal disease every year. There has been no significant reduction in morbidity rate of diarrheal diseases despite having a high safe water access. Other water-borne diseases are also prevalent.

The high disease burden translates into high healthcare cost. It is estimated that the people of Bangladesh spend no less than Taka 500 crore annually to cover physician's fee, medicine and travel cost to clinics in treating the major water-borne diseases. The cost would be much higher if the loss of income, time spent for patient care, and effect on child development are factored in. Diarrheal diseases in Bangladesh cause the loss of 5.7 million Disabilities Adjusted Life Years, 61% of total DALYS. The poor are the hardest hit by the sanitation related diseases. Loss of income and productivity due to the diseases may push a poor family further into poverty and debt, thereby perpetuating the cycle of poverty.

1.3 Sanitation and Poverty Linkage

The linkage between sanitation and poverty is often overlooked. It is the poor people who suffer most from lack of access to basic facilities and services. Loss of earnings and production are additional handicaps for poor people, for whom physical fitness is the main productive asset. Use of safe drinking water and sanitation facilities, together with improved

hygiene practices, has a direct impact on poverty by reducing the vulnerability of poor people, specially women and children, to disease, ill health and death. Use of improved facilities releases women and girls time for paid work, school and rest, savings are made from household expenditure on medical expenses.

There is hard evidence that sanitation interventions lead to significant improvement in disease control and overall well-being. A study documented that total sanitation coverage and improved water facilities reduced diarrhea by 99%, dysentery by 90% and other stomach-related problems such as intestinal worms by 51%. As a result, monthly medical costs for common illnesses decreased by 55% in rural areas and 26% in urban areas. Working days lost due to illness fell from 77 to 35 days per year, and schooldays lost due to illness fell from 16 to 7 days per year in rural areas. The savings were passed to buying food and clothing. Expenditure on food and clothing increased by 6% and 2% respectively. These figures testify to the poverty alleviation dimension of sanitation intervention. Such evidence has led to the global call for sanitation improvement. In response to the international goal, the Government of Bangladesh (GoB) has expressed a firm commitment to improve the sanitation situation.

1.4 National Sanitation Goal

The national sanitation goal is to achieve 100% sanitation coverage by 2010. This challenging target is much ahead of the MDGs. The government has already taken the initiatives to achieve this national sanitation target in collaboration with development partners and NGOs.

1.5 Objectives of the National Sanitation Strategy

The primary objective of this national sanitation strategy is to delineate the ways and means of achieving the national target through providing a uniform guideline for all concerned.

More specifically, the objectives of this strategy are to:

- address the key sector issues,
- define the roles of various actors and
- guide the creation of enabling conditions for success.

1.6 Scope of the National Sanitation Strategy

The scope of this present strategy is to address issues related to unhygienic defecation only. However, strategies for addressing the issues of solid waste management, and disposal of household waste water and storm water will be considered separately also as a matter of priority.

1.7 Process of Developing the Strategy

The GoB assigned a team of experts to draft a national sanitation strategy for this purpose. A participatory approach was adopted in developing this strategy. Consultative meetings were organized with stakeholders from the central to the grass roots level. However, this is designed as a living document and may be revised from time to time in the light of progress made and changed needs.

2 BASELINE SURVEY ON SANITATION

A nationwide baseline survey was conducted in 2003 to assess the sanitation coverage in the country. The survey covered all rural and urban households. The survey revealed an appallingly poor sanitation scenario in the country. Only 33% of the households were found to have hygienic latrines, while 25% have unhygienic ones. About 55 million people (42% households) do not use any form of latrine. A brief summary of the survey results is given below.

Households with hygienic, unhygienic or no latrine

Area/ Region	Number of households	Households with hygienic latrines (%)	Households with unhygienic latrines (%)	Households with no latrines (%)
National	2,13,94,093	33	25	42
Rural	1,83,26,332	29	24	47
Urban	30,67,761	60	28	13

Reasons reported for not having a latrine

Area/ Region	Number of households with no latrines	Lack of money (%)	Lack of awareness (%)	Lack of space (%)	Preference for open defecation (%)
National	89,82,551	73	25	11	4
Rural	85,95,626	73	25	10	4
Urban	3,86,925	80	21	18	3

The survey also showed varying level of coverage under different socio-economic and hydro-geological conditions of the country. It also documented reasons reported by households for not having a sanitary latrine. The results of the baseline survey are extremely important and form the basis for designing future interventions to achieve the national sanitation target.

Considering the per annum growth rate of about 4% sanitation coverage in the past and also considering that the required rate of sanitation coverage would be of the order of 12% per annum to achieve 100% coverage, the task ahead is extremely challenging. Accordingly the sector capacity needs to be sufficiently strengthened to ensure the required growth rate.

3 IMPORTANT TERMS AND DEFINITIONS

Several key terms are defined here for clarity and consistency. They are not the last words on the subject, but are presented to foster a common understanding of all concerned.

3.1 100% Sanitation

At the very least, the term "100% sanitation" will mean to include all of the followings:

- 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, it is to be emphasized that health impacts of sanitation are the primary reason for sanitation improvement programmes. Health consequences should be considered as central. Therefore, Total

Sanitation should also mean total sanitary condition for healthy living. Thus the term must include,

- hygienic latrine facilities away from the envirnment,
- proper management of solid waste, and
- proper disposal of household wastewater and storm water.

3.2 Hygienic Latrine

The linkage between sanitation and health leads to an understanding that the primary focus of sanitation should be on the environmental transmission routes of excreta related diseases. Based on this understanding, a "hygienic latrine" is defined as a sanitation facility the use of which effectively breaks the cycle of disease transmission. Improved hygiene practice is to be emphasized and proper use of hygienic latrines ensured because both play the vital role in breaking the cycle of disease transmission.

The most fundamental health objective of sanitation must be achieved through proper design, installation, and use of a sanitary or hygienic latrine. There is no universal design of a hygienic latrine that could be effectively used under all socio-economic and hydrogeological conditions. It is therefore important that a wide range of sanitary or hygienic latrine technologies is available to suit different conditions.

A hygienic latrine would mean to include all of the following:

(1) Confinement of feces away from the environment,

(2) Sealing of the passage between the squat hole and the pit to effectively block the pathways for flies and other insect vectors thereby breaking the cycle of disease transmission, and

(3) Venting out of foul gases generated in the pit through a properly positioned vent pipe to keep the latrine odor free and encourage continual use of the hygienic latrine.

3.3 Operational Definition of Hardcore Poor

The following set of criteria shall be used to define hardcore poor households. These criteria have been taken from Pro-poor strategy for water and Sanitation sector in Bangladesh (2005). The focus is mainly on

the hardcore poor households since they are the prime target group of the subsidized program of the government. The criteria will ensure that the targeted groups actually enjoy the greater benefits of the government subsidized sanitation services.

The criteria have been classified into two groups: i) Eligibility criteria and ii) Exclusion criteria. Four 'Eligibility' and two 'Exclusion' criteria have been set for the identification of hardcore poor households. The criteria are very simple and can easily be measured through simple observation. Note that the household is the unit of measurement for these criteria.

The strategy suggests relaxing these criteria for identification of hardcore poor households in Chittagong Hill Tracts (CHT) and saline-prone coastal areas.

Eligibility criteria

1. Landless households
2. Pavement dwellers/homeless
3. The main earning person or the head of family is a day laborer, owning less than 50 decimal of agriculture land or residing in a rented premise lesser than 200 square feet, and having no fixed source of income.
4. Households headed by Disabled or Females or Old (65+ years) persons.

If the answer to any of the above criteria is 'yes', the household will be treated as hardcore poor to give priority in subsidized sanitation services, unless excluded by the 'Exclusion-criteria'.

Exclusion criteria

1. The households owning more than 1 acre of land (cultivable and homestead) will be excluded from the list.

2. The households with income level greater than the income corresponding to the 'Poverty-line' definition would be excluded from the list. The Poverty line is defined by Bangladesh Bureau of Statistics (BBS) on the basis of 'Household Income and Expenditure Survey'.

3.4 Basic Minimum Level of Service

Referring to the definition of hygienic latrine, the basic minimum level of sanitation service would be that every member of a household should have access to a safe hygienic latrine - either a separate household latrine, shared latrine subject to use by maximum of two households or a community latrine.

A basic unit could be a simple pit latrine that is designed for effectively confining the faeces, sealing of the squatting hole, and a provision for a vent pipe for the release of gases. 3 to 5 litres of water per person should be available for anal cleansing, hand washing, and cleanliness of the latrine. However, design and construction of a basic unit may vary from place to place depending on the hydro-geological conditions.

4

15 GUIDING PRINCIPLES

The following principles lie at the heart of the National Sanitation Strategy. The principles are primarily based on the guiding principles included in the 'Dhaka Declaration' of the South Asian Conference on Sanitation (SACOSAN), held in 2003. These principles have subsequently been elaborated and refined during the process of preparing this strategy and should apply 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.

Sanitation is a human right

The international acceptance that health and access to water are human rights clearly implies that access to sanitation should also be considered as a human right. The national government is therefore obliged to progressively ensure access to basic sanitation equitably and without discrimination.

Sanitation is primarily about health

The primary objective of the national sanitation campaign is to contribute to improving the health and quality of life of the entire population. It is focused on the elimination of open defecation and other unhygienic practices, as well as the promotion of good hygiene practices.

Sanitation is also about privacy, convenience, dignity, safety and security

While the primary objective of sanitation is about health, other social factors such as privacy, convenience, dignity, safety and security are also important.

Creating and sustaining demand

Hygiene promotion and behaviour change leads to creating and sustaining demand for sanitation facilities.

Hygiene promotion and behaviour change

Sanitation improvement is focused on achieving sustainable changes in hygiene behaviour and not limited to latrine installation only.

Software financing are needed for scaling up and sustainability

Government and community financing are crucial for promotion, awareness, capacity-building and the creation of funding mechanisms for scaling up sanitation and hygiene programmes.

Hardware subsidies only for the poorest

Hardware subsidies should only be provided to the poorest of the poor, to be given under appropriate and effective monitoring and evaluation arrangements.

Communities are central to the sanitation planning process

Communities must be at the centre of planning and implementing sanitation programmes. Special emphasis needs to be placed on effectively involving the poorest in the communities.

Gender sensitive approach

The planning of, investment in, and promotion of sanitation facilities must address the special needs and priorities of women and children. Gender aspects need full consideration in sanitation programmes.

Social, cultural and technical appropriateness

Local values and cultural practices should be given due consideration in sanitation improvement programmes. Sanitation technology should be viable, affordable and locally appropriate. Indigenous knowledge and local skills must be promoted.

Decentralization of decision-making

Decision-making and implementation of sanitation programmes must be conducted at the local level by the local government institutions (e.g. union parishad, gram sarkar, ward commissioners) for sustained sanitation services. The central government will be responsible for funding, guiding, monitoring, and coordinating sanitation programmes throughout the country following a coherent consultative process.

Equitable allocation of resources

Funds to support sanitation programmes should be equitably distributed throughout the country, considering population and level of development of different areas. Funding should not be disproportionately allocated to certain sections of the population.

Partnership approach

Effective, strategic partnerships, at national and local levels, involving government bodies, non-government organisations, development partners, community-based organisations and the private sector are essential for achieving progress on sanitation.

Environmental integrity

Sanitation services that have unacceptable impacts on the environment, particularly pollution of water resources, will not be considered adequate. Particular attention is required to the adequate separation of latrines and water points.

Emergency preparedness

Sanitation services need to be planned with consideration of the impact of emergency situations, such as floods and cyclones.

5

RELEVANT POLICY GUIDELINES

5.1 The National Policy for Safe Water Supply and Sanitation 1998

The National Policy for Safe Water Supply and Sanitation 1998 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 shall provide inputs into the development of the sector within the purview of overall government policy with Department of Public Health Engineering (DPHE) ensuring coordination.

Appropriate water supply and sanitation technology options shall be adopted 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 (Pourashavas/ Water and Sewerage Authorities (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.

5.2 Draft Poverty Reduction Strategy Paper (PRSP)

The government of Bangladesh issued the first version of the interim Poverty Reduction Strategy Paper (IPRSP) in April 2002 and the second version in December 2002. Water and sanitation issues received little attention in the IPRSPs. These were included only as minor issues under

Infrastructure Development. In October 2003 the Government started the process of developing a full PRSP that is scheduled to be finalized in 2005.

In the process of developing the full PRSP the Government has acknowledged the potential of Water Supply and Sanitation (WSS) issues as a sub-thematic issue under health following a civil society sector submission to the Poverty Reduction Strategy process in Bangladesh and increasing demand from sector agencies. 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 full PRSP will help ensure adequate funds for accessible water supply and sanitation services for all in Bangladesh.

5.3 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. Accordingly, the sanitation strategy would consider this plan to enhance total sanitation through agreed resource planning of the government.

5.4 Sector Development Framework (SDF) 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, gender-sensitivity. Accordingly, the national sanitation strategy would conform to this framework.

5.5 Pro-Poor Strategy for Water and Sanitation Sector 2005

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.

5.6 Sanitation Related Policy Decisions 2004

Beginning in 2004, the Government has allocated 20% of the Annual Development Programme (ADP) fund to Upazillas for improving sanitation coverage. According to government decision, 90% of this

allocation would be used to procure sanitary latrines for distribution free of charge to the hardcore poor people. The remaining 10% funds are to be used for promotional activities. In addition, Tk. 5000.00 has been allocated and disbursed to each Gram Sarkar for their local development, sanitation being one of the major activities. Subsequently in January 2005, the decision has been revised to raise the funds for promotional activities from 10% to 25%.

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. It however, remains to be seen that the hardcore poor are properly identified and the subsidy is effectively utilized.

6

BUILDING ON SUCCESSES AND LESSONS LEARNED

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 strongest ones of these are:

6.1 Public Sector Led Sanitation and Hygiene Programme

The 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 but 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 decentralization process and lack of a proper supportive environment.

6.2 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.

6.3 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.Till date 94 Union Parishads have achieved 100% sanitation coverage.

6.4 Upazila Led Initiative

100% sanitation coverage could also be achieved in some Upazilas , where Upazila Nirbahi Officers (UNOs) could rally support from the Union Parishads and the community. Some successful examples are Rajarhat of Kurigram, Puthia of Rajshahi, Saturia of Manikganj and Rajpur of Jhalakati. These demonstrate what can be achieved if local government institutions take the initiative.

6.5 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. They also have a role in creating demand for sanitation. Investment from small scale private sector is also considerable.

6.6 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 'recognized' 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, including slums of Chittagong, the second largest city in Bangladesh, working together with Chittagong's water authorities.

6.7 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 so as to reach a national consensus for strategy development. The lessons could be summarised as:

- National campaigns are effective at raising awareness for accelerated efforts.
- Commitment of local government is a key to achieving the goal.
- GO-NGO-Community partnership is essential.
- Adequate community mobilistation for motivation and sustainability increases sanitation coverage.

- All members of the community including women, students, children, community leaders can play an important role for community mobilization.
- No hardware support or subsidy should be provided except for the hardcore poor.
- A range of sanitation options and costs should be provided.
- The poor will need special support and assistance and this should be agreed and adopted by the community.

6.8 Scaling Up

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.

7 MAJOR SANITATION ISSUES

In order to achieve the goal of 100% sanitation by the year 2010, the focus of strategies shall be on the following 6 major areas of concern:

- Open defecation
- Hardcore poor remaining unserved
- Use of unhygienic (hanging/open) latrines
- Lack of hygiene practice
- Urban sanitation
- Solid waste and household wastewater disposal not duly addressed

Institutional, financial, technological and social aspects shall be considered in formulating strategies to address each of these issues.

According to the nationwide baseline survey on sanitation (2003), 42%

of the population i.e. about 55 million people do not have any form of latrine and therefore, resort to open defecation. The survey further reveals that of this 42%, about 73% households do not have latrines due to lack of financial resources, people of 25% households are not aware of the importance of having a latrine, 11% households do not have space for latrine installation while about 4% households preferred defecation in the open. This strategy paper is intended to address the following 21 specific issues in the sanitation sector.

21 Specific Issues:

- Lack of financial resources for having latrines in the households
- Lack of awareness of the benefits of sanitation on health and economic productivity
- Lack of space particularly among landless people
- Habit for open defecation
- Lack of technological know-how among people for building low cost hygienic latrine
- Lack of institutional capacity / mechanism to support people build their own hygienic latrine at affordable cost
- Inadequate hardware outlets
- Absence of mechanism for identifying hardcore poor and ensuring effective utilization of government subsidy
- Public toilet facilities are grossly inadequate particularly in urban areas, and also in public transport systems e.g., Trains, Boats, Motor-launches and Steamers
- Land tenureship/ownership remains a crucial issue for providing services to urban slum dwellers
- Limited technology options to address sanitation requirements particularly in densely populated slum areas
- Discrete and inequitable investment

- Absence of mechanisms for effective monitoring and evaluation at all levels and lack of coordination
- 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
- Socio-economic dimension of WSS are not fully understood/ considered
- Provision for staff development and continuing education in public agencies particularly in LGIs not in place
- Weak partnership among public agencies, local government institutions, non-government organizations, private sector and development partners
- Lack of incentives for successes
- Absence of emergency response plan on sanitation
- Absence of a legal framework for improved sanitation

8 STRATEGIES FOR SANITATION IMPROVEMENT

8.1 Creating Effective Demand through Health Education and Hygiene Promotion

Investments in sanitation can deliver major benefits in terms of improved health, economic growth, enhancement of quality of life, poverty reduction, and environmental sustainability, provided that the investments are in response to effective demand and that service delivery is effective and efficient. This demand for sanitation can effectively be generated once people are convinced of the need for sanitation improvements and they will then invest their own resources into improvement programmes.

However, sanitation improvements can never be confined to the provision of latrines by government agencies as it has been clearly demonstrated in the past that how essential it is to link health and hygiene education with water supply and sanitation for achieving lasting health benefits.

Improved sanitation facilities will only achieve a parallel reduction in

diarrheal diseases if they are developed alongside appropriate hygiene programmes. It must be fully recognized that hygiene contributes to the prevention of transmission of excreta related diseases and seeks to create effective barriers between pathogens that cause diseases, the intermediate carrier and the people.

Despite strong links between sanitation and health, there is, however, little public awareness of this and consequently sanitation is low on people's priorities. The national sanitation campaign must, therefore, redress this situation through information and education to promote awareness of the role of sanitation in lasting health benefits and thus stimulate effective demand for hygienic latrines.

The most important strategy for sanitation improvement is to raise public awareness that we must change unhealthy behaviour and practices in order to achieve sustained health benefits. The national sanitation program must support and provide health and hygiene education that will enable people to improve their health through correct hygienic practices, which eventually will lead to increased demand for appropriate sanitation facilities.

Health and hygiene education and promotion

- must be an integral part of all sanitation and water supply projects
- must be undertaken by all concerned dealing with health, environment, infrastructure and education; Ministries of Local Government, Health, Environment, Information and Education must take a coordinated effort for health and hygiene promotion
- DPHE and Local Government Engineering Department (LGED) through their countrywide organizational network, must play an appropriate role in facilitating LGIs in technology choice and also for creating demand for sanitation.
- should be targeted at all levels of the community with particular focus at high risk groups such as mothers of infants, small children and the economically disadvantaged groups
- must be enhanced through field-level health workers after proper orientation, education and training in effective health and hygiene

promotion methods

- must be sensitive to specific local issues, such as rural and urban differences and cultural factors

8.2 Ensuring Individual and Community Actions

The success of the national sanitation initiatives will depend on firm commitment not only of government but of every individual household. Unless all members of every household are aware of the damaging effects of poor sanitation, they will not commit their time, energy and money to sanitation improvements.

It is, therefore, important that the whole community be at the center of all the pre-planning, planning, design, decision-making and implementation stages of all sanitation programmes as their effective participation will ensure increased commitment, ownership and sustainability of sanitation improvements. Not only the family decision makers but all members particularly women and children must participate in the decision making process.

Enabling community members to play an active role in planning and decision making will ensure that local values are incorporated and thus will ensure that the resulting sanitation program is relevant, appropriate, acceptable, accessible, affordable, equitable, empowering, and makes use of indigenous knowledge and local skills.

NGOs have considerable experience in various aspects of community-based sanitation and health and hygiene promotion programmes. It is envisaged that NGOs will continue to play this important role of involving the entire community in sanitation programs.

Private sector involvement particularly in building sanitation facilities will result in local business development and provisions for employment opportunities.

Schools, both primary and secondary, will be a major community focal point for sanitation development and health and hygiene promotion. All schools must have hygienic latrines and hand washing facilities and the use of these facilities must be linked to lessons on health and personal hygiene.

8.3 Activating LGIs to Play the Key Role for Improving Sanitation Coverage

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

8.4 Facilitating Adequate Supply Chain of "Hygienic Latrines"

- Capacity enhancement of existing production centers and establishing new production centers at each Union Parishad/Ward level to meet the requirements of about 12% growth of "hygienic latrine" per annum.
- Motivation of private sector producers for more investments
- DPHE should be capable enough to monitor the quantity and quality of hygienic latrines.

8.5 Reaching the Hardcore Poor

Although there are some separate success cases 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 status 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 rarely reach to the poorest. They usually benefit the affluent and influential sections of the society. The Pro-Poor Strategy for Water and Sanitation sector in Bangladesh (2005) provides specific guidelines for assisting the hardcore poor. However, the following steps should also be considered carefully in conjunction with the pro-poor strategy.

- Poverty is a multidimensional and a relative phenomenon. Therefore, 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, government 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.

8.6 Strategies for Improved Urban Sanitation

Strategies for large cities

One of the major problems in large cities is lack of services to slum dwellers. This leaves a large section of urban population without sanitation services. To extend sanitation service to slums the following strategies will be adopted:

- Service provision should be delinked from land tenureship. This will allow the utilities to extend their services to the slums.
- Public-private-community partnership be promoted for effective sanitation service delivery to slums. It is proposed that partnership be forged between public utilities/LGIs, NGOs/private sector and slum dwellers to set up and manage community sanitation solutions in all slums.
- Effective coordination between city planning authorities, city corporations and public utilities must be established in order to ensure appropriate sanitation service delivery.

Furthermore there is a large percentage of floating population without any kind of public toilet facilities.

- Adequate public toilet facilities be constructed at places where people congregate such as railway stations, bus stations, river stations, parks, markets and other public places. City Corporations should build these facilities and be leased out to NGOs/private sector for better operation under a public-private partnership arrangement.

Strategies for small and medium towns

Apart from a few project based initiatives, service delivery mechanism particularly for sanitation is virtually non existent in small and medium towns.

- New service delivery mechanism needs to be established through effective partnership among communities, municipalities, private sector and NGOs.
- A sanitation cell within each municipality will take the initiative to plan, monitor and coordinate all the sanitation programmes including

solid waste and wastewater disposal facilities in respective municipal service area.

- Private sector investment be encouraged for installation, operation and management of public/community sanitation facilities.

Technologies for urban sanitation

A number of technological challenges are to be overcome for achieving adequate sanitation coverage in urban areas. The following strategies should be adopted:

- Low cost technology options are much better than long absence of high cost sophisticated solutions.
- Sewage treatment technologies with greater emphasis on resources recovery and recycling must be given top priority in improving urban sanitation situation. Emphasis should be on less energy intensive technologies e.g. constructed wetland, oxidation ditch, extended aeration, stabilization ponds, etc.
- Appropriate desludging of septic tanks and pit latrines must be enforced and effluent disposed of in a proper manner. Sludge emptying services by City Corporations and Paurashavas must be in place.
- Multiple technology options must be considered including decentralized wastewater management option.
- Medium cost sewerage technologies should be developed based on simplified or modified conventional sewerage technology, particularly for small and medium townships.
- Low-cost appropriate technology (e.g. twin pit, eco-sanitation) should be promoted in peri-urban areas as well as in other small to medium sized urban centers where feasible.

Public utilities

- Policies and practices of public utilities for sanitation services must include provisions for the poorest (e.g., slums, urban fringes etc.)
- Cost recovery mechanism must be devised based on level of services provided.

Institutional arrangement for urban sanitation

- All city corporations must establish a full fledged Sanitation Division to plan, implement, and monitor sanitation programmes in cities.
- All Pourashavas in small and medium towns must establish Sanitation Cells/Units for planning, implementing, and monitoring sanitation programmes.
- Respective public agencies like WASAs, DPHE, LGED will provide technical assistance to the LGIs in urban areas.

8.7 Media Campaign

Improvement of sanitation largely depends on behavioral factors. Media has a tremendous impact on changing human behavior and practices. The following strategies must be adopted to maximize the benefit of media (both electronic and print) campaign for sanitation improvement:

- Sanitation must find a space within media
- Regular reporting of sanitation related important information
- Reporting best practices and success stories
- Reporting of updated progresses
- Particular attention must be given in broadcasting emergency sanitation messages

8.8 Strategies for Sustainability

National Sanitation Focal Point

A well organized institutional setup is a prerequisite for sustainability. As a national focal point, a Sanitation Wing within the Local Government Division of the Ministry of Local Government, Rural Development and Cooperatives (LGRD&C) is to be established to guide the overall national sanitation improvement programme in the country with an objective of achieving 100% sanitation by 2010.

The already constituted Sanation Secretariat within DPHE will be strengthened to monitor sanitation improvement progress and multi-level communication.

The institutional arrangment of the sector as defined in the National policy for Safe Water Supply and Sanitation 1998 will be followed.

Integrated Approach

Sanitation requires priority attention to enhance healthy living and overall development of the nation. An integrated approach combining safe sanitation, hygiene education and promotion and safe water supply ensures improved health and livelihood.

Multi- stakeholders Approach

The successful promotion and implementation of sanitation programmes require that all stakeholders be involved from the pre-planning stage, through implementation to monitoring and evaluation stages.

Multi-sectoral Approach

Sanitation development is essentially multi-sectoral. Education, health, environment, finance, information sectors must work hand in hand for sustainable sanitation improvement.

Sustainable, Appropriate and Affordable Options

Informed choice of a variety of technological options must be available for people considering affordability, cultural acceptance and environmental friendliness.

NGO Facilitation

Non-governmental organizations have shown strong technical and community development skills that could be transferred and expanded for the benefit of the water and sanitation sector. NGO facilitation is extremely important in confidence building in communities/ LGIs to own sanitation development programmes. Government at all levels should build partnership with NGOs and civil society organizations for greater facilitation.

Private Sector Participation

Enabling environment shall be created for increased private sector participation for the promotion of different technology options and improvement of sanitation service delivery. Soft credit and skill development will be promoted by government/ non-government agencies to encourage private sector participation.

Legislation

Appropriate legislation for the enhancement of sanitation service delivery at all levels shall be enacted based on the existing public health and environment related laws and bye-laws.

Ownership and Responsibilities

Although it is accepted that sanitation is a basic household activity, specific institutional structures have to be in place to guide these activities and strengthen the sector. These structures include government agencies and local government institutes responsible for sanitation, hygiene education and water supply as well as NGOs/ civil society organizations. The ownership of the facilities and the responsibility for operation and maintenance shall be that of the households and the communities.

Research and Development

The advancement and upgrading of technologies and participatory hygiene methods through research and development of appropriate and affordable technologies and management systems shall be pursued. Research organizations should be given the responsibility to improve and develop new technologies. The developed technologies should be disseminated and skills transferred to local level for implementation.

8.9 Financing of Sanitation Programmes

Public funding

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.

Donor funding

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 funding

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.

Community resource mobilization

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 within communities.

8.10 Strategies for Monitoring and Evaluation

Regular monitoring is required to measure 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.

Parameters to be monitored

Sanitation data must be monitored at the village and moholla (neighbourhood) level. The National Sanitation Secretariat shall determine the monitoring mechanism and parameters to be monitored. The monitoring parameters could be based on the experience of Nationwide Sanitation Survey conducted in 2003.

Recommended monitoring mechanism could include:

- Ward level (rural and urban) periodical information on sanitation be sent to respective local government institutions (i.e. union parishads/ pourashavas/city corporations)

- Union Parishads will send the verified data/ information to the respective upazila level in rural areas. Local level representatives from CBOs/ civil society organizations should be included in the verifying process of the information

- Upazila level verified data will be sent directly to the National Sanitation Secretariat with copies to DC, Divisional Commissioner, respective district and divisional DPHE authorities. Representatives from CBOs/ civil society organizations should be included in the verification process of the information. Sanitation Secretariat will analyze and further verify the received data and send it to the national sanitation focal point (proposed Sanitation Wing of LGD).

- Pourashava will send the verified data/ information directly to the Sanitation Secretariat with copies to LGED and DPHE. Local level representatives from CBOs/ civil society organizations should be included in the verifying process of the information. Sanitation Secretariat will analyze and further verify the received data and send it to the national sanitation focal point (proposed Sanitation Wing of LGD).

- City corporation level verified data will be sent directly to the sanitation secretariat. Representatives from CBOs/ civil society organizations/ consumer groups should be included in the verifying process of the information. Sanitation Secretariat will analyze and further verify the received data and send it to the national sanitation focal point (proposed Sanitation Wing of LGD).

Recommended monitoring parameters could be:

- Households with hygienic / unhygienic / no latrines

- Public places (e.g., markets, schools, mosques) with hygienic / unhygienic / no latrines

- For urban areas, drainage and waste management data may also be included.

- Basic hygiene practice, e.g., soap use after defecation and before eating should be monitored also.

Data shall be consolidated and preserved at all levels. A synthesized data book will be published annually and distributed by the Sanitation Secretariat.

Monitoring and evaluation protocol

The National Sanitation Secretariat will prepare protocols for monitoring and evaluation of sanitation data. The Secretariat may take assistance from Bangladesh Bureau of Statistics.

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.

Evaluation

- Evaluation may be done for two purposes: (1) to verify and declare totally sanitized villages and neighborhoods, and (2) to recommend remedial steps for better planning.

- Villages/ neighborhoods may be declared totally sanitized only after third party verification. The third party will consist of representatives from government and non-government organizations and the civil society. The evaluation should be open and transparent.

- Long-term impact assessment such as those involving health and poverty may be conducted by specialized teams.

8.11 Strategies for Emergency Response

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

9 DEVELOPING ACTION PLANS

The national sanitation strategy broadly guides the respective institutions e.g. LGIs, NGOs, public utilities and government agencies to develop their own action plans for achieving 100% sanitation in their implementation areas. The following broad actions will help develop individual action plans:

- Development of national sanitation mapping
- Review and updating of national sanitation mapping
- Assessment of sector progress

9.1 Cost of Implementation

The cost of implementation will be determined by the respective institutions e.g., LGIs, NGOs, public utilities and government agencies at local level considering local context particularly addressing the socio-cultural needs, economic and hydro-geological conditions.