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Discission

All findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of LGD, GoB, UNICEF, or any governmental and non-governmental stakeholders involved in the work and the editor. The contains and the information as reflected in this report are generated from the highly participatory workshop participated by the regional stakeholders.





#### Minister

#### **MESSAGE**

Ministry of Local Government, Rural Development and Cooperatives Government of the People's Republic of Bangladesh

Bangladesh is committed to achieve universal access to safely managed water supply and sanitation facilities within 2030. According to Joint Monitoring Program (JMP) 2017, open defecation is almost zero, while 47% use improved sanitation facilities and about 98% of the population have access to improved sources of drinking water. Though there has been significant progress, still some key challenges remain in terms of safety and sustainability of water supply, sanitation and hygiene (WASH) services.

In this backdrop, the Water Supply Wing of the Local Government Division (LGD) has conducted a detailed analysis of drinking water supply, sanitation and hygiene services through a stakeholder consultation process in eight divisions and at the national level. The objective was to identify the gaps and proper priority solutions to address the safety and sustainability challenges of water supply, sanitation and hygiene services. UNICEF Bangladesh has provided technical and financial support to conduct this joint sector review using the WASH Bottleneck Analysis Tool (WASHBAT).

Achievement of sustainable development goals (SDGs) is a high priority function of our government. In line with this objective, this initiative of Local Government Division is undoubtedly a commendable one. I believe, the findings and recommendations of these workshops will play a significant role in attaining Sustainable Development Goal (SDG 6).

I am pleased to know that, in these workshops, stakeholder from grassroot level up to policy planners were actively involved. Opinion at all levels were considered with due importance. It is encouraging to note that the WASH Bottleneck analysis process added a new dimension which emphasizes government's aspiration of establishing accountability and good governance.

I convey my profound thanks to all those who participated and contributed in organizing the workshops, particularly UNICEF Bangladesh, the WASHBAT Advisory Group, facilitators, management team and sector professionals. I would also like to extend my thanks and gratitude to eight Divisional Commissioners and their team for their sincere support in organizing these important workshops at divisional level. I hope all concerned including our Local Government Institutions (LGIs), development partners, NGOs, civil societies and media will work together with a concerted effort to formulate our much needed actions based on the recommendations came out from this WASH Bottleneck analysis. Only our joint effort can lead us towards achieving SDG- 6 by 2030.

Md. Tazul Islam, MP







### **MESSAGE**

Senior Secretary
Local Government Division
Ministry of Local Government, Rural Development & Cooperatives
Government of the People's Republic of Bangladesh

Despite many challenges, the progress in our social and economic sector is globally recognized. Especially, our achievements in water and sanitation sector are highly appreciable.

Government of Bangladesh is committed to ensure access to safe drinking water and sanitation services for both urban and rural population of the country. While in 1990 open defecation was 34%, at present the rate is almost zero. About 98% of the population has access to improved sources of drinking water. Though we have attained tremendous progress, still we have many challenges in ensuring safely managed water and sanitation for all.

In this context with the technical and financial support from UNICEF Bangladesh, a detailed analysis of drinking water supply, sanitation and hygiene sector has been conducted to identify bottlenecks through a joint sector consultation process under the leadership of Policy Support Branch, Local Government Division in collaboration with Department of Public Health Engineering and other partners. The overall aim of this WASH Bottleneck Analysis was to analyze the division level institutional structures and processes that determine how effectively human, material and financial inputs can be turned into sustainable access to safe drinking water supply and sanitation in Bangladesh.

I firmly believe that this WASH sector review will take us one step forward towards achieving SDG-6. This WASH Bottleneck Analysis Report will play a key role in identifying the gaps and priority issues for achieving safely managed water supply and sanitation services, which will help our country in reaching developed status by 2041. This report will help Local Government Institutions (LGIs) and other sector stakeholders to perform effectively.

I convey my sincere gratitude to the Honorable Minister, Ministry of Local Government, Rural Development and Cooperatives Mr. Md. Tazul Islam, MP for his participation in the national sharing workshop and providing valuable suggestions to address WASH sector challenges. I also thank my colleagues of water Supply Wing, Local Government Division, UNICEF and all concerned for their valuable contribution in formulating this report. I am confident that this initiative will greatly help us in achieving the SDG 6.1 & 6.2.

Helal Uddin Ahmed





#### **MESSAGE**

The Water, Sanitation and Hygiene Bottleneck Analysis Tools (WASHBAT) is a systematic and dynamic way to identify factors (or 'bottlenecks') preventing sustainable service delivery and the achievement of national or sub-national WASH targets. Although available resources may not always be enough to remove the bottlenecks completely, the tool allows for prioritizing activities and planning of multi-step and sequenced implementation. Bottleneck analysis is, therefore, more than a methodology: it is a process, and as such, it is more powerful when led by a government sector agency that takes ownership of the tool and its findings. In turn, the participation of a range of stakeholders helps to ensure that the sector diagnosis reflects a diversity of viewpoints leading to increasing the transparency and credibility of the analysis and the findings. Furthermore, if all stakeholders can support the implementation of solutions to remove the identified bottlenecks, it is possible to attract and mobilize the required financial and human resources for WASH sector development in its entity.

To identify the reasons and possible solutions to WASH challenges, UNICEF developed the WASH bottleneck analysis tool, which has been used in many countries across the world to successfully provide direction to national programmes to achieve MDG, and now SDG goals. I am very pleased to know that Bangladesh has adopted this tool for its WASH planning, and in 2018, the Government of Bangladesh together with UNICEF and other sector partners, conducted eight decentralized WASHBAT divisional level exercises at scale to identify gaps and necessary steps to meet SDG WASH targets. This was the first time globally that WASHBAT was conducted at scale at the sub-national level. It is a clear sign to me that the Government of Bangladesh takes the issue of water, sanitation and hygiene very seriously, and desires to find the best solutions in the shortest possible time for its people.

In total, almost 150,000 person hours were spent by the participants, who attended three full-day residential workshops outside their duty station. A total 34 trained representatives from GoB, UNICEF, NGO and academic institutes actively contributed as facilitators and rapporteurs. They travelled more than 36,500 km (almost the circumference of the earth) to different parts of the country to make this exercise extensive and a success.

These WASHBAT divisional level exercises helped to identify regional disparities and bottlenecks and prepare costed plans for the respective divisions in line with national planning process (7th five-year plan) for achieving universal access to WASH services in rural and urban communities.





The outcome of the WASHBAT exercise also helps inform the government in formulating the upcoming 8th Five Year Plan. The information and knowledge gathered from the workshops will provide evidence for advocacy by the government and development partners for effective regulation of the sector. As we move forward, having a systematic joint national WASH sector review methodology established within government systems, will allow for a regular review of sector progress and financing needs. The results of this regional level WASHBAT exercise will also help to develop the UNICEF five-year plan and help support Bangladesh to meet the critical SDG 6.1 and 6.2 targets while ensuring no one is left behind.

The WASHBAT national consultation held in 2019 provides an opportunity to share the findings of the eight divisional WASHBAT exercises and foster collaboration among key stakeholders by aligning them around the sector development strategy. Not many countries in the world have rolled out the WASHBAT exercise to the level achieved in Bangladesh. This is, therefore, another opportunity for the country to continue be a role model in WASH sector in particular.

UNICEF works with government and partners to protect the rights of children, especially those who are most vulnerable. UNICEF supports scaling up safe sanitation and hygiene for communities and health, education and nutrition institutions in urban and rural areas. UNICEF gradually is shifting focus of its WASH programme from service delivery to more technical assistance, system strengthening, strategic support to sector development, coordination, policy formulation, planning and knowledge management to help the country achieve the highest sustainable standards for water, sanitation and hygiene in the quickest possible time.

Tomoo Hozumi







## FORWARD

Additional Secretary
Water Supply Wing
Local Government Division

Bangladesh has made remarkable progress in water and sanitation by increasing access to drinking water to 98% and reducing open defecation practices to almost zero. Major water, sanitation and hygiene (WASH) challenges Bangladesh now facing are ensuring quality in WASH services and improving hygiene practices. WASH Bottleneck Analysis was conducted with the specific objective to identify the barriers and constraints in achieving sustainable solutions for quality water, sanitation and hygiene standards in Bangladesh. WASH Bottleneck Analysis was conducted in eight administrative divisions of Bangladesh at the initiative of Policy Support Branch (PSB) in partnership with UNICEF, Bangladesh and the Department of Public Health Engineering (DPHE).

A highly participatory and collective approach was followed in conducting this analysis with the participation of all major national and regional sector stakeholders. They were given reasonable opportunities to express their views on existing policies, strategies and priorities. Their opinions have been taken into account and the findings would contribute towards reviewing and updating the existing WASH sector policies and strategies and identifying key challenges and priority actions. It would further help in achieving water and sanitation sector objectives of the 8th five-year plan (2020-2025) formulated in line with the SDG-6. This exercise would also provide necessary information and insights for presenting the country position in the United Nations and other global forums.

I would like to express my sincere gratitude to Honorable Minister, Ministry of Local Government, Rural Development and Cooperatives, Mr. Md. Tazul Islam MP for participating in the national level sharing workshop and giving valuable inputs and suggestions for addressing WASH sector challenges. I am also greateful to Mr. Helal Uddin Ahmed, Senior Secretary, Local Government Division for his kind advice and cooperation in completing the whole process and publication of this 'WASH Bottleneck Analysis Report-Country Application Bangladesh'. I am thankful to UNICEF Bangladesh for its dedicated and untiring efforts in accomplishing this important and effective event. I would like to express my gratitude to the sector stakeholders, including national and international NGOs, DPHE, WASAs, DSHE, DPE, DGHS and Local Government Institutions (LGIs) who actively participated in this WASH sector review process and gave valuable inputs.

I hope this report will play a vital role towards achieving SDG-6 and carry on the interventions for improved water supply and sanitation services and making them sustainable.

Muhammad Ibrahim







### **ACKNOWLEDGEMENT**

Joint Secretary
Policy Support Branch
Local Government Division

WASH Bottleneck Analysis is a systematic process for identifying the constraints or `bottleneck' in achieving the sector objectives. This analysis is conducted through facilitating dialogues between decision makers, service providers, development partners, I/NGOs and beneficiaries with a view to increase the efficiency of WASH sector investments and to achieve equitable and sustainable outcomes.

The preparatory and implementation process of this 'WASH Bottleneck Analysis Tool (WASHBAT)' approach took place from March to November 2018. The process began with the sensitization of national level stakeholders of WASH, Education, Health, Planning and Finance sectors. This was followed by a two-day training of WASHBAT master facilitators, selected from WASH, Education and Health sector government and non-governmental organizations as well as academia. The training was facilitated by an international consultant with the support of UNICEF Bangladesh. A WASHBAT Advisory group was formed comprising of senior WASH sector specialist and policy makers representing government, academia and non-government organizations. The consultations at divisional level were structured into six thematic areas namely, (i) Rural Water and Hygiene (ii) Rural Sanitation and Hygiene (iii) Urban Water and Hygiene (iv) Urban Sanitation and Hygiene (v) WASH in Schools and (vi) WASH in Health Care Facilities. Participants were from a wide range of areas including WASH, Education and Health sector government and non-governmental organizations. Finally, the overall event concluded with a national level workshop for sharing the findings of eight divisional level workshops.

We are extremely grateful to Honorable Minister, Ministry of Local Government, Rural Development & Cooperatives Mr. Md. Tazul Islam MP for attending the national level workshop for sharing the findings of divisional level workshops as chief guest and providing important directives and suggestions for implementing WASH interventions and making them sustainable.

We express gratitude to Mr. Helal Uddin Ahmed, respected Senior Secretary, Local Government Division, Ministry of LGRD&C for his all-out support in makingthis analysis successful. Special thanks to Mr. Md. Zahirul Islam and Ms. Roxana Quader former Additional Secretary (Water Supply Wing) of LGD for their untiring efforts in organizing divisional and national level WASH Sector review workshops. Our sincere thanks goes to Mr. Muhammad Ibrahim, Additional Secretary, Water Supply Wing, LGD for his valuable inputs and guidance in formulated the report.

This endeavor would not have been successful without the strong support of UNICEF Bangladesh. We also express my heartfelt thanksto the members of the Advisory Committee, sector stakeholders, including concerned Ministries, DPHE, WASAs, City Corporations, Municipalities and other development partners, NGOs and sector professionals for their contribution in the WASHBAT workshops.

We acknowledge the contribution of Mr. Md. Abdur Rauf, Additional Secretary & Chairman, BJMC (former Additional Secretary, Policy Support Branch, Local Government Division); Mr. Eheteshamul Russel Khan, Project Director, GoB-UNICEF WASH Project, Department of Public Health Engineering (DPHE); Mr. Abu Mohammad Mohiuddin Quaderi, Joint Secretary (Planning), LGD (former Joint Chief, Planning Commission); Engr. Uttam Kumar Roy, FCMA, Deputy Managing Director, Dhaka WASA and Mr. Dara Johnston, Chief of WASH, UNICEF.

We greatly appreciate the tremendous effort of the lead Facilitator Sk. Abu Jafar Shamsuddin, PEng and Senior Consultant, UNICEF; Mr. Md. Monirul Alam, WASH Specialist, UNICEF for their active role for organizing and successful management of all divisional and national level workshops. Sincere thanks to Ms. Simone Klawitter, Senior Consultant, UNICEF for facilitating high level advocacy works, designing WASHBAT implementation plan, training the facilitators and co-facilitators and organizing the model workshop in Sylhet division.

We greatly appreciate the efforts of national and sub-national WASH, education, health, nutrition professionals and policy makersfrom GoB, UNICEF, NGO and academic institutes who attended three full-day residential workshops outside their duty station and spent almost 150,000 person hours in total to make the events successful.

We would like to express our gratitude to the representatives from GoB, UNICEF, NGO and academic institutes, who worked as facilitators and rapporteurs. They contributed immensely through their precious time, expertise, wisdom and insights in preparing the WASH Bottleneck analysis Report-Country Application Bangladesh.

We are also grateful to the following organizations namely, DPHE, Dhaka Water and Sewerage Authority (WASA), Director General of Health Services (DGHS), International Training Network - Bangladesh University of Engineering & Technology (ITN-BUET), UNICEF Bangladesh, Water Aid Bangladesh, Asia Arsenic Network (AAN) Bangladesh, Water & Sanitation for the Urban Poor (WSUP), Terre desh homes (Tdh) Foundation, International Development Enterprises (iDE) Bangladesh, who kindly spared their senior level staffs to act as the facilitators and rapporteurs of this massive exercise.

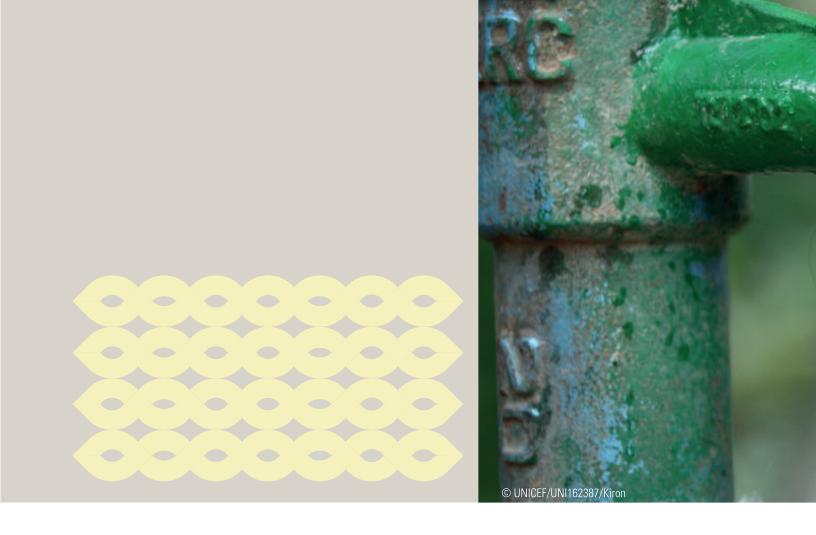
Finally, we would like to extend our wholehearted thanks to the respected Divisional Commissioners of all the eight administrative divisions of Bangladesh under whose leadership and invaluable guidance three days residential WASHBAT workshop was conducted.

The whole process was steered by the policy support branch of Local Government Division. Thanks to all the staffs of policy support branch, especially Mr. S M Moniruzzaman, National Consultant (Sector Coordination) for their whole hearted efforts. I consider myself very fortunate to be a part of it.

Wesincerely hope that thisreport will help Bangladesh Government to achieve Water, sanitation and hygiene objectives in an inclusive and sustainable manner. It will also help as achieve relevant targets of SDG by 2030 and Vision 2041 of the present government of Bangladesh.

Md. Emdadul Hoq Chowdhury





## **Executive Summary (ES)**

The PART ONE report of WASHBAT Bangladesh has basically three broad-based sections and associated sub-sections. This part is in fact the Executive Summary of the overall reporting format which includes Part Two . The PART ONE although portrays the Executive Summary, yet there is a short executive summary at the outset.

The First Section provides an overview of the national WASH sector. It is rather a synopsis of the prevailing WASH situation in the country as a whole. In other words, it provides the impression of sub-national, or regional, or divisional level existing WASH conditions, challenges and opportunities.

The Conceptual understanding about WASHBAT is discussed in Section Two. In addition to general introduction, its Links to Global Sector Processes: SWA and GLAAS is explained. Bangladesh specific scope of analysis are assessed along with methodology, approach and 'user community', identified through a consultative process. A well planned preparatory and planning phase prior to actual implementation of 'WASHBAT Workshops in all the eight Divisions' has been elaborated.

Part Two, presents the WASHBAT Bangladesh, the summary outputs from its eight workshops carried out in respective Divisions. Bottlenecks, causes of bottlenecks, activities required for removing bottlenecks, prioritization, timeline, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.



#### **Context**

## **WASHBAT Bangladesh**

Bangladesh achieved the Millennium Development Target for drinking water and has made remarkable progress towards achieving its goal of universal access to drinking water and sanitation services. According to JMP 2017, 98% of the population have access to improved water sources, open defecation is almost eliminated and 69% have access to sanitation (basic and limited). These achievements provide lessons and opportunities for Bangladesh to address the significant challenges that remain in terms of the safety and sustainability of water supply, sanitation and hygiene services.

Some of the challenges remaining include the gap between access and quality of drinking water sources with just over half of the population (56%) using safely managed water free from microbial and arsenic contamination and less than one third (32%) of the rural population uses safely managed sanitation services. Figures are unavailable for safely managed hygiene and less than half of the population has access to basic hygiene services.

In this context, a decision was taken by the Water Supply Wing of the Local Government Division, to conduct a detailed analysis of the drinking water supply, sanitation and hygiene sector through a stakeholder consultation process. The objective was to identify the gaps and proffer priority solutions to address the safety and sustainability challenges of water supply, sanitation and especially hygiene services in Bangladesh. The government requested the assistance of UNICEF Bangladesh to provide technical support and guidance to conduct joint sector review using the WASH Bottleneck Analysis Tool (WASHBAT).

In response, a highly participatory and collective approach entailing sector stakeholders, nationally and regionally, WASHBAT was conducted in the eight geographic and administrative divisions of Bangladesh under the initiative of the Policy Support Branch (PSB), of Local Government Division (LGD), MoLGRD&C & Cooperatives in partnership with UNICEF Bangladesh and the Department of Public Health Engineering (DPHE).

# WASH Thematic Groups and WASHBAT Process in Motion

The preparatory and implementation processes pertaining to the new approach 'WASHBAT' took place from March to November 2018. The process began in March 2018, with the sensitization of national level stakeholders from the WASH, Education, Health, Planning and Finance sectors. This was followed in March by a two-day training of WASHBAT master facilitators, selected from WASH, Education and Health, government and non-governmental organizations as well as academia. The training was facilitated by an international consultant with the support of UNICEF Regional of Bangladesh and country office. A WASHBAT Advisory group was also formed comprising of senior WASH technocrats and policy makers representing government, academia and non-government organizations.

A model WASHBAT workshop was carried out in Sylhet Division from 22nd to 24th April after which the remaining seven divisional workshops were conducted till November 2018. The consultations at divisional level were structured into six thematic areas namely:

- Rural Water and Hygiene
- Rural Sanitation and Hygiene
- Urban Water and Hygiene
- Urban Sanitation and Hygiene
- WASH in Schools and
- WASH in Health Care Facilities

Participants were drawn from a wide range of stakeholders from WASH, Education and Health, government and non-governmental organizations and were the key informants of the information gathering process for the six thematic groups in all of the divisions.

#### Summary of the Workshop Findings

The following section provides the major challenges and bottlenecks which are common to all the sub-sectors in all the divisions:

#### Sustainable Services Delivery:

The absence of functional Operation and Maintenance strategies at the sub-national, i.e., regional level was a recurrent bottleneck with the development of comprehensive operation and maintenance strategies as recommended priority actions.

#### Planning, Monitoring and Review:

The absence of integrated needs-based plans which were appropriate to the specific context was a common bottleneck in the thematic groups and divisions. A key recommended priority activity was the development of area-wise need-based plans that capture the specific and diverse needs of the vulnerable population in the urban slums, saline, arsenic, flood prone and other hard to reach areas and vulnerable populations in terms of gender, disabilities, climate vulnerability and socio-economic status. The development of harmonized indicators aligned with the SDG indicators was also frequently proposed.



#### Sector Policy and Strategy:

The weak alignment of key sector documents with emerging issues and the SDGs was a common bottleneck. Review and updating of the key sector documents such as the National Water and Sanitation Policy (1998) and the Sector Development Plan (FY 2011 and 2025) were key activities identified.

#### • Capacity Development:

The prioritized actions from the WASH Bottleneck Analysis reflect the need to address the current situation in which WASH institutions have limited capacity especially in terms of human resources to fulfill their sector roles and responsibilities for sustainable service delivery at scale. Other institutional capacity gaps include the weak functionality of some of the support structures, absence of harmonized and currently used tools especially for community mobilization and hygiene education and training.

#### Budget & Expenditure:

The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at division level and other governmental tiers. Activities related to developing accountability and tracking mechanisms were proposed.

#### • Communication:

Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; national and sub-national divisions; between sectors such as health, WASH and education and at the community level.

#### Cross cutting issues:

Proposed priority actions to address gender, disabilities inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues.

#### Outcomes of the WASHBAT Process

- 1. Information from WASHBAT contributed to Bangladesh Country Position Paper for the High-Level Ministers meeting for the Sanitation and Water for All.
- 2. National WASH in Health Care Facility Strategy and Framework for Action has been developed based on the WASHBAT conducted.
- 3. Information generated through the WASHBAT contributed to the ongoing review of the Water Supply and Sanitation Strategy, Revision of National Water Supply and Sanitation Policy 1998, Sector Development Plan 2011-2025 and National Water Supply and Sanitation Operation and Maintenance Strategy.

#### Next Steps - Way Forward

- Dissemination of reports at sub-national and national level through the Local Government Division (LGD) of the Ministry of Local Government Rural Development and Cooperatives.
- Local Government Division, though the Policy Support Branch liaises with the Government Institutions for Planning and Financing to ensure implementation of the priority action plans.
- •Division and National Level reports are uploaded on government website to facilitate the use of WASHBAT findings by the sector in country level plans and strategies.
- Potential alignment of WASHBAT findings to develop upcoming GoB 8th Five Year Plan



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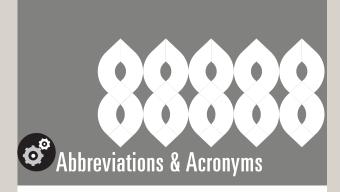


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ADP- Annual Development Programme

ATM- Automated Teller Machine

A2F- Access to Finance

**BAT-** Bottleneck Analysis Tool

BARD-Bangladesh Academy for Rural Development

**BBS-** Bangladesh Bureau of Statistics

**BCC**- Behavioural Change Communication

BDT- Bangladeshi Taka

**BPR-** Business Process Reengineering

**CC-** City Corporation

CC- Climate Change

CBO- Community Based Organization

**CHT-** Chattogram Hill Tracts

**CNA-** Capacity Need Assessment

CRI- Risk Index

CSR- Corporate Social Responsibility

**DA-** Development Agency

DC - Divisional Commissioner

**DD**- Deputy Director

**DDLG**-Deputy Director of Local Government

**DEO-** District Education Officer

**DGFP**-Directorate General of Family Planning

**DGHS**-Directorate General of Health Services

**DHIS-** District Health Information System

**DP**- Development Partner

**DPE-** Department of Primary Education

**DRR-** Disaster Risk Reduction

**DPEOs**-District Primary Education Officers

**DSHE**-Department of Secondary and Higher Education

**DPHE**-Department of Public Health Engineering

**EE**- Enabling Environment

**EED**- Education Engineering Department

**ERD-** Economic Relations Division

**ERP-** Effluent Removal Plant

FACE-Funding Authorization and Certificate of Expenditure

FSM- Faecal Sludge Management

**GLAAS**-Global Analysis and Assessment of Sanitation and Drinking Water

GO- Government Order

GoB- Government of Bangladesh

**GWT-** Ground Water Table

**HCF-** Health Care Facility

HH- Household

**HLD**- Health Engineering Department

HMIS- Health Management Information System

HR- Human Resource

HRD- Human Resource Development

HTR- Heard to Reach Areas

**HSTTI-** Higher Secondary Teachers Training Institute

ICDP- Integrated Community Development Project

ICDDRB- International centre for Diarrhoea Disease Research, Bangladesh

ICT- Information & Communication Technology

**IEC-** Information Education and Communication

IPC- Infection Prevention and Control

IRF- Institutional & Regulatory Framework for for Fecal Sludge Management

ISCG- Inter-Sector Coordination Group

ISWM- Integrated Solid Waste Management

ITN-BUET- International Training Network —Bangladesh University of Engineering & Technology

JMP- Joint Monitoring Program

JSR- Joint Sector Review

**KCC-** Khulna City Corporation

LCT- Local Quality Training

LGD- Local Government Division

LGI- Local Government Institution

LIC- Low Income Community

LP- Latrine Producer

**M&E-** Monitoring & Evaluation

MFIs- Micro Finance Institutions

MHM- Menstrual Hygiene Management

MIS/GIS- Monitoring Information System/ Geographic Information System

MICS- Multi Indicator Cluster Survey

MoE- Ministry of Education

MoEF- Ministry of Environment and Forest

MoF- Ministry of Finance

MoHFW- Ministry of Health and Family Welfare

MoPA- Ministry of Planning

MoLE- Ministry of Labour & Employment

MoLGRD& C- Ministry of Local Government-Rural Development and Cooperatives

MoPME- Ministry of Planning Monitoring & Evaluation

NAEM- National Academy for Educational Management

NAPE- National Academy for Primary Education

NGO- Non Government Organization

NHBS- National Hygiene Baseline Survey

NILG-National Institute of Local Government

**NWSP-** National Water Supply Policy

O & M- Operation & Maintenance

**ODF-** Open Defecation Free

**OPs-** Operational Plans

PC- Private Company

PHED- Public Health Engineering Department

PKSF- Palli Karma -Sahayak Foundation

PMO- Office of the Prime Minister

**PPP-** Public Private Partnership

PS-Pourashava

**PSB**- Policy Support Branch

PTI- Primary Training Institute

PWD- Public Works Department

PWSS- Piped Water Supply System

WB- World Bank

R & D- Research & Development

RCC- Rajshahi City Corporation

**RDA-** Rural Development Authority

RWASA- RaJshahi Water Supply and Sewerage Authority

SACOSAN- South Asian Conference on Sanitation

SBCC- Social and Behavioural Change
Communication

SCADA- Supervisory Control & Data Acquisition system

SDG- Sustainable Development Goals

SDP- Sector Development Plan

**SMC-** School Management Committee

SSS- Sustainable Social Services

SSS-CHT- Sustainable Social Services Chattogram
Hill Track

**TLCC-** Town Level Coordination Committee

TNA- Training Need Assessment

ToR- Terms of Reference

TTC- Teachers Training Centre

**ULGIs-** Urban Local Government Institutions

**UN-** United Nations

UNICEF- United Nations Children's Fund

**UNO-** Upazilla Nirbahi Officer

**UP-** Union Parishad

**URC-** Urban Resource Centre

WASH- Water, Sanitation, Hygiene

WASHFIT- Water and Sanitation for Health Facility
Improvement Tool

WASHBAT- Water Sanitation & Hygiene Bottleneck Analysis Tools

WASA- Water Supply and Sewerage Authority

WatSan- Water Supply & Sanitation

WC- Ward Committee

WHO- World Health Organization

WinS- WASH in School

WinHCF- WASH in Health Care facilities

WSP- Water Safety Plan

**WQ-** Water Quality

WQM&S- Water Quality Monitoring & Surveillance

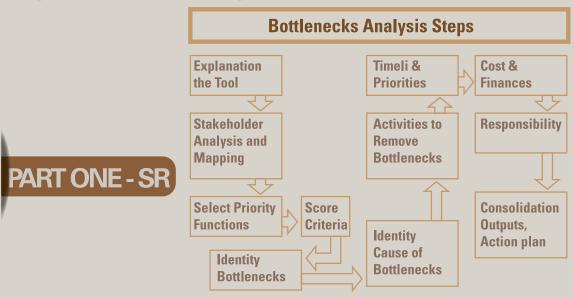






WORKSHOPS IN ALL EIGHT DIVISIONS IMPLEMENTED DURING 2018
National workshop held in 12 December 2019

## **SUMMARY REPORT**





# **Summary Report of WASHBAT Bangladesh**

## 1.1 Overview of WASH Sector

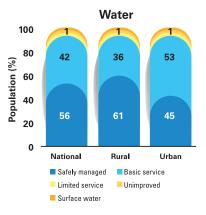
#### 1.1.1 General Overview

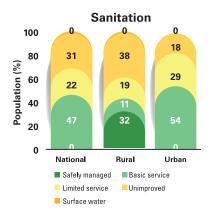
Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017 (Table 1.1), just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water. Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education.

Table 1.1: National Drinking Wtaer, Sanitation and Hygiene Estimtes, Bangladesh

Compies Lovel	Water (% of Pop)		Saniation (% of Pop)			Hygiene (% of Pop)			
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

source: Joint Monitoring Report (JMP), 2017





World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva., https://washdata.org/data#!/bgd (accessed May 2018)

Figure 1.1: Access to water and sanitation – national progress (Source: JMP 2017)<sup>2</sup>

#### 1.1.2 Synopsis of WASH Situation in Bangladesh

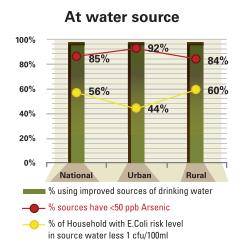
About 56% of the population that uses improved water sources lacks access to a drinking water source that is arsenic-safe and free from microbial contamination (JMP, 2017; Figure 1.1).

Only 55% of the households inhabited by children under 5 use improved latrines (MICS 2012 -2013)

National figures are unavailable for safely managed sanitation and less than one third (32%) of the rural population use safely managed sanitation services (JMP, 2017; Figure 1.1).

No figures are available for safely managed hygiene and less than half have access to basic hygiene services (JMP, 2017).

There is a substantial increase in microbial contamination from the source to the point of use in both urban and rural populations in Bangladesh (Figure 1.2).



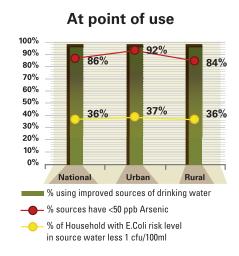


Figure 1.2: Use of improved sources of drinking water at water source and point of use, Arsenic contamination, E. coli risk level (Source: MICS 2012-2013)

#### 1.1.3 Hygiene in WASH in Communities, School and Health Facilities

Knowledge of key messages is high, but practice of effective handwashing at key times is very low (26% after defecation, 1% before preparing food and 4% before feeding a child);

Hygiene is frequently considered the 'weak link' in the WASH Sector

- Menstrual hygiene in schools for adolescent girls remains a key challenge, up to 1 in 4 girls reported that they miss school during menstruation (NHBS,2014); this equal to 20% of school time lost;
- In hospitals and health care facilities, WASH situation is highly inadequate. Access
  to handwashing stations with available soap near toilets is low for both patients and staff.
  According to the 2014 National Hygiene Baseline Survey, only 41% of rural and 46% of urban
  health facilities had available handwashing stations with soap for patients. Only 51% in
  rural and 61% in urban areas had soap available in handwashing stations for nurses; and
- An estimated 23% of neonatal mortality is due to sepsis from infections that can be prevented with improved hygiene and other forms of WASH.

#### 1.1.4 WASH in Hard to Reach areas

Difficult hydro-geological context contributes to inequities especially in hard-to-reach (HTR)
areas (i.e., urban slums, islands, coastal areas, wetlands, hilly terrain) where access to
improved water and sanitation services in terms of sufficiency and reliability is much lower
than the national average;

Large inequalities exists especially in hard to reach areas

- There exist major gender inequities in water collection by socio-economic status, age and sex as well as for people with special needs; and
- The richest economic quintile is more likely to have drinking water on their premises and more likely to spend less time
  collecting water when compared to the poorest quintile.

#### 1.1.5 WASH and Climate Change

- According to German Watch's Global Climate Risk Index (CRI) of 2011, Bangladesh is the most vulnerable country to climate change;
- Bangladesh is watered by a total of 57 trans-boundary rivers over which it has no control of water flow and volume;
- Impacts of climate change on the drinking water and sanitation sector include acute water shortages as both ground water reserves are contaminated with salinity and arsenic;
- Droughts result in tube wells and ponds becoming dry for extended periods of the year and saline intrusion due to rising sea levels renders shallow / surface water sources unusable; and

Climate change directly affects water, sanitation and hygiene (WASH) services for economic, social and environmental

Extreme weather events threaten the functionality of water and sanitation facilities; combined
effects of climate change, population growth and urban migration make Bangladesh vulnerable to the impacts of
environmental disasters which lead to the destruction of WASH facilities, as well as to the contamination of drinking
water sources with fecal matter from overflowing latrines.

#### 1.1.6 Root Causes of the WASH Quality and Sustainability Challenges

- Key sectoral documents such as the WASH Sector Development plan (SDP) 2011-2025 and the National Water Supply Policy (1998) have identified the root causes of the inability of the sector to match quantity with quality and sustainability in relation to WASH services in Bangladesh
- The objectives and scope of the Bangladesh WASHBAT was jointly determined by the GoB (LGD) during a stakeholder sensitization and consultation workshop in March 2018.

Root causes are the divergent Approaches and absence of sector wide common approaches (NWSP, 1998 and SDP, 011-2025)

## 1.2 WASHBAT in Bangladesh

#### 1.2.1 The Objectives of the WASHBAT in Bangladesh

The overall aim of the WASHBAT is to analyze the complex interplay of division level institutional structures and processes that determine how effectively human, material and financial inputs are turned into sustainable access to drinking water supply and sanitation in Bangladesh.

Further, the identified bottlenecks should help government and other stakeholders to identify the gaps in service delivery and ask questions on why these gaps exist.

## The specific objectives of the WASHBAT exercise are:

- Identify key challenges, solutions and priority actions to address the challenges with a division specific two year costed plan inform the remaining 2 years of the current 7th 5-year plan (2019 -2020) in line with the SDGs;
- Identify key challenges, solutions and priority actions to address the challenges with a 5-year costed plan of action to inform the 8th 5-year plan (2020 -2025) in line with the SDGs;
- Identify bottlenecks and key priorities for WASH in health for development of the National WASH in Health Care Facility Strategy;
- Analyze key sector stakeholders and institutions and their mandate for all SWA 'Collaborative Behaviors' supporting sector development;
- Identifying WASH sector policy recommendations based on priority actions;
- Synthesize a Division level report containing results and recommendations, facilitated and to be endorsed by Government of Bangladesh (GoB) incl. costed Action Plan; and
- Provide information for the country participation in the SACOSAN process



1.2.2 WASHBAT Scope and Thematic Areas

Within a contextualized expert discussion, the scope for Bangladesh was jointly pre – identified by the GoB (LGD) and UNICEF to include six thematic areas with the integration of cross cutting issues (Figure 4). The WASHBAT analysis was thus conducted in the eight divisions along six thematic areas namely:

- 1. Rural water and hygiene
- 2. Urban Water and Hygiene
- 3. Rural Sanitation & Hygiene
- 4. Urban Sanitation and Hygiene
- WASH in School (WinS)
- WASH in Health Care facilities (WinHCF).

Figure 1.3: Country context specific scope

#### 1.2.3 EXPECTED OUTCOME

- -Key takeaway and suggested ways forward (regional, sub-national and national levels)
- -Road map/ action plan for the next 5 years with potential alignment of GoB 8th Five Year Plan
- -At the end of this exercise the key challenges, opportunities and priority solutions for achieving WASH SDG targets in communities and institutions are identified and policy recommendations and priority actions identified

#### 1.2.4 WASHBAT & its Link to Global Sector Processes: SWA and GLAAS

Bottleneck analysis is a process of identification of factors or 'bottlenecks' preventing the attainment of sector objectives. To accelerate progress in coverage and use of services by poor and vulnerable people, specific causes of these bottlenecks are identified and how they can be removed. The overall aim of the Bottleneck Analysis is to elevate the efficiency of WASH sector resources to achieve more sustainable and equitable outcomes. This is achieved through facilitating dialogues between sector financiers and by offering practical proposals to remove barriers and increase sector development.

The WASHBAT Analysis is built around the SWA building blocks and characterizes the enabling environment (EE) as: (1) policy and strategy, (2) institutional arrangements, (3) financing and budgeting, (4) planning, M&E and learning, and (5) capacity development. It includes focus on broader enabling environment (political prioritization, decentralization, and social norms) as well as service provider level. The GLAAS (Global Analysis and Assessment of Sanitation and Drinking Water), the monitoring platform then provides the evidence for sector improvement in line with the same systematic approach.

The GLAAS monitoring then provides the evidence for sector improvement in line with the same systematic approach.

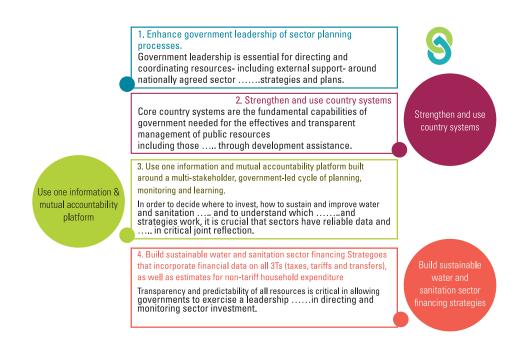


Figure 1.4: SWA Collaborative Behaviors used in WASHBAT

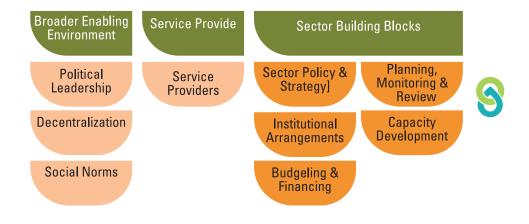


Figure 1.5: WASH BAT Building Blocks specific areas of assessment

#### 1.2.5 WASHBAT Users and Approach

The methodology was designed to cater to diverse types of users. The principal users of the WASH BAT process are expected to be line ministries responsible for water, sanitation and hygiene within a collaborative effort involving various sector stakeholders and external partners.

#### **1.2.5.1** Approach

In a step-by-step approach (Figure 1.6), the WASHBAT assists the user to:

- Assess the key enabling factors to be developed for the WASH sector based on a comprehensive set of predefined criteria;
- Identify bottlenecks that restrict sector progress;
- · Propose (sequenced) activities for the removal of bottlenecks;
- · Estimate resource requirements and costs of bottleneck removal;
- Propose priorities for utilization of additional funds; and
- Link bottleneck removal to sector and broader development objectives.

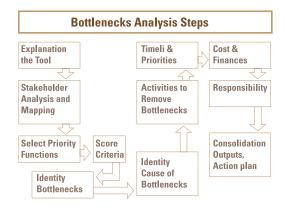


Figure 1.6: Step wise stagesof WASH BAT Process



The WASHBAT tool website is available via this link: www.washbat.org

The Software WASHBAT 2.0 (<u>www.WASHBAT.org</u>) Figure 2.5 shows a screen shot, was used to document detailed results of the discussion which automatically produces a standardized report for each sub sector analysis. (Annexes)

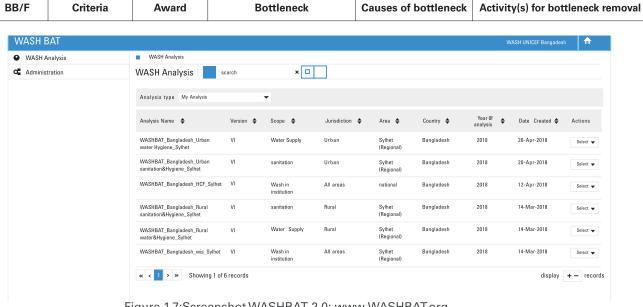


Figure 1.7:Screenshot WASHBAT 2.0: www.WASHBAT.org.



#### 1.2.5.3. Stakeholders' Roles and Responsibilities

The participants at the WASHBAT consultation workshops were technocrats and policy makers from Local Government Division (LGD), Planning Commission, Department of Public Health Engineering (DPHE), Directorate of Primary Education (DPE), Directorate of Secondary and Higher Education (DSHE), Education Engineering Department (EED), Directorate of General Health Services (DGHS), Directorate General of Family Planning (DGFP), Water and Sewerage Authorities (WASAs), City corporations (CC), Municipaties/Pourashavas, Sustanable Social Service in the CHT (SSS-CHT), Divisional Comissioner Office, Depty Comissioner Office, Academic Institutions NGOs and UNICEF. The role of the stakeholders is shown in Table 1.2.

Table 1.2: Role of Stakeholders during the WASH Bottleneck Analysis Process

F	Role of Line Departmnets, authrtities, Academic Institutes, LGIs and Line Ministries	Role of NGOs	Role of Development Partners	Role of Advisory Group
	Ensure nomination and participation of senior to mid- level governmental officials in the regional and national workshops, conducted by a national briefing  Nomination of resource persons and facilitators in regional and national planning workshops  Endorsement of outcome of the analysis and integration into sector processes and Annual Developmnet Porgramme (ADP) 2018-2019 and 2019-2020 including budget allocation  Review of Sector Development Plan in line with findings of analysis and (Sub) SDGs 6  Facilitate update of Water and Sanitation Sector Development Plan (2021 -2025) based on results of regional WASHBAT retreats  National Water and saniation Policy 1998 and sector stratgeis and protocols etc.	Ensure     nomination     and     participation     in both, the     regional     and national     WASHBAT     workshops     Nomination     of resource     persons and     facilitators     in regional     and national     planning     meeting	Ensure     nomination and     participation     of staff in both,     the regional     and national     workshops     Align country     support to     identified     sector priorities     and detailed     activities	Provide     guidance to     WASHBAT     process and     Engender     government     and sector     ownership.

## **1.2.6 WASHBAT Preparatory and Implementation Process**

The WASHBAT process began in March 2018, with the sensitization of national level stakeholders from the WASH, Education, Health, Planning and Finance sectors. This was followed in March by a two-day training of master WASHBAT facilitators, selected from WASH, Education and Health, government and non-governmental organizations as well as academia. The training was facilitated by an international consultant with the support of UNICEF regional and country offices. A WASHBAT Advisory group was also formed comprising of senior WASH technocrats and policy makers representing government, academia and non-government organizations and Development Partners.

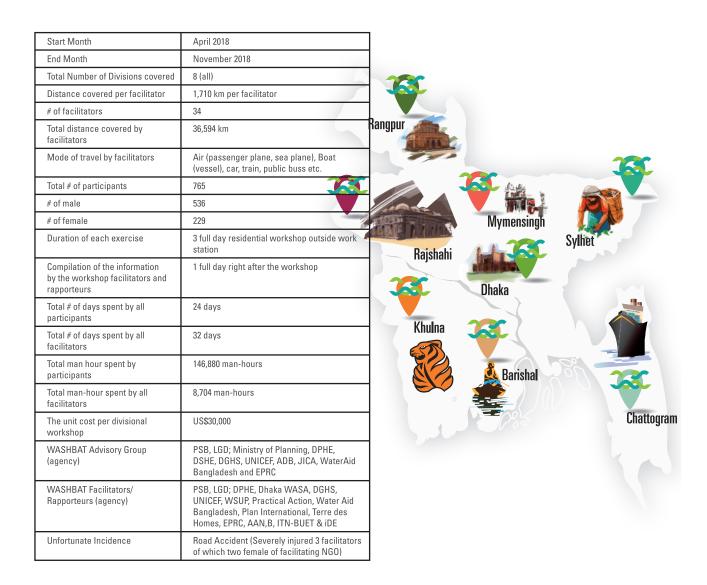
There was a preparatory process at national level before the divisional workshops. The key elements are shown in Table 2.2 below. Some of the crucial aspects include stakeholder consultation to determine the objectives in line with the country context and to train master facilitators from key government, non-governmental, development partners and academic WASH institutions. Practitioners from Education, and Health agencies were also included as master facilitators.

The WASHBAT preparatory process began in March 2018, with the sensitization of national-level stakeholders from the WASH, Education, Health, Planning and Finance sectors. The WASHBAT implementation process took place from April to November 2018. A model WASHBAT workshop was held in Sylhet Division from 22nd to 24th April after which the remaining seven divisional workshops were conducted till November 2018. Stakeholders from WASH sector, Education and Health sectors, planning commission, government and non-governmental organizations participated in 8 divisional workshops organized with the leadership of the respective Divisional Commissioner and Ministry of LGRD&C and were the key informants of the information gathering process for the six thematic groups (water & sanitation-Urban & Rural, WinS & WiHCF) in each division. Around 765 WASH sector professionals participated in this gigantic exercise (3 days residential outside duty station) in Bangladesh.

Table 1.3: WASHBAT Implementation Process

Aspect of organization	Key Issues considered, general guidance
WASHBAT 1st Advisory meeting 27/05/2018	Context of WASHBAT and feedback from 1st Divisional Model workshop, -WASH Role out implementation plan in 7 divisions
WASHBAT Online Briefing 26.02.3018, 09.00	An Online briefing was organized to initially brief key sector stakeholders on objective and roll out of WASHBAT aiming to gain high political commitment
WASHBAT Sector Stakeholder Briefing 11.03.2018, 11.00	A National Planning meeting was held to facilitate a broad stakeholder consultation on planning for WASHBAT.
WASHBAT training of Facilitators and Rapporteurs 13/14.03.2018	A 2 day training was held to train selected sector experts on main processes and facilitation/documentation of WASHBAT methodology resulting in a pool of experts for the upcoming add. Division level workshops. This also included learning on a systematic approach for a stakeholder analysis to be conducted during the WASHBAT workshops.
Briefing Session for Facilitators/ Rapporteurs 19.04.2018	A briefing session was conducted to  1. brief on workshop planning/arrangements/final agenda  2. Pre - identify key governance Functions per sub sector to be analyzed
Integration of hygiene and peri urban criteria	Separate expert working meetings were organized to systematically review and integrate hygiene criteria and peri – urban criteria
Model Workshop and Review 22.04 – 24.04.2018 Sylhet	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1 day) Sunday – Tuesday: WASHBAT workshop (3 days) Wednesday: Feedback, debriefing, finalization of documentation by facilitators/documenters
Workshop and Review 22.07 -25.07.2018 Khulna	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Monday -Wednesday -: WASHBAT workshop (3 days) Wednesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2 day)
Workshop and Review 23.09 – 26.09.2018 Rajshahi	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Sunday – Tuesday: WASHBAT workshop (3 days) Tuesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2day)
Workshop and Review 07.10 – 10.10.2018 Rangpur	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Sunday – Tuesday: WASHBAT workshop 3 days) Tuesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2day)
WASHBAT 2nd Advisory meeting 16/10/2018	Pnaiing of WASHBAT National Workshop/consultation, share key findings of 4 WASHBAT Divisional workshops
Workshop and Review 29.10 -01.11.2018 Mymensingh	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day)  Monday -Wednesday -: WASHBAT workshop (3 days)  Wednesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2 day)
Workshop and Review 30.10 – 02.11.2018 Dhaka	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Tuesday – Thursday: WASHBAT workshop (3 days) Thursday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2day)
Workshop and Review 9 -12.11.2018 Chattogram	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Saturday to Tuesday -: WASHBAT workshop (3 days) Wednesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2 day)
Workshop and Review 13.11 -16.11.2018 Barisal	WASHBAT Briefing UNICEF WASH team, finalization of planning and preparation (1/2 day) Thursday— Monday: WASHBAT workshop (3 days) Tuesday: Feedback, debriefing, finalization of documentation by facilitators/documenters (1/2day)
WASHBAT National Consolation 12 December 2019	Inaugural session with the high level dignitaries: -Presentation of WASHBAT key findings -Handover the WASHBAT report the Minister, LGRD&C -Speeches and Gallery walk  Technical session: -Overview of WASHBAT, review of 8 divisional WASHBAT outcome of 6 thematic areas -Mini WASHBAT with Climate Change Criteria as side event -Plenary discussion

#### A JOURNEY TO WASHBAT BANGLADESH



#### National consultation on WASHBAT for a collective WASH sector review in Bangladesh

Local Government Division, Ministry of Local Government, Rural Development & Co-operatives (LGRD&C) and UNICEF Bangladesh jointly organized a WASHBAT (WASH Bottleneck Analysis) National Consultation for collective WASH sector review in Bangladesh. The consultation workshop took place on 12 December 2019, at Utshab Hall, Radisson Blu Dhaka Water Garden. Mr. Md. Tazul Islam, MP, Honourable Minister, Ministry of LGRD&C, Government of the People's Republic of Bangladesh graced the inaugural session as chief guest. Md Zahirul Islam, Additional Secretary (Water Supply Wing), Local Government Division (LGD), Ministry of LGRD&C, Mr. Md. Saifur Rahman, Chief Engineer, DPHE; and Mr. Tomoo Hozumi, Representative, UNICEF Bangladesh were present as Special Guests in the inaugural session. Mr. Dara Johnston, Chief of WASH gave a presentation on WASHBAT and key findings of divisional exercise. Mr. Helal Uddin Ahmed, Secretary, LGD, Ministry of LGRD&C presided over the inaugural session of the workshop. The WASHBAT report was unveiled formally by handing-over the report to the Minister and Secretary MoLGRD&C by Mr. Tomoo Hozumi. Gallery walk i.e. poster presentation, meta-plan presentation, climate change mini WASHBAT exercise, photo exhibition was conducted by the dignitaries right after the inaugural session.



The daylong event brought together 245+ representatives from Ministry of LGRD&C, Ministry of Planning, Ministry of Finance, Ministry of Education, Ministry of Primary and Mass Education, Ministry of Health and Family Welfare, Ministry of Environment, Forest and Climate Change, Department of Public Health Engineering (DPHE), Directorate of Primary Education (DPE), Directorate of Secondary and Higher Education (DSHE), Directorate General of Health Services (DGHS), senior Government officials from Divisional Commissionaire offices, divisional/districts line departments related to WASH, WASAs, City Corporations/Municipalities, development partners, NGOs and academia. Staff from UNICEF Bangladesh and Programme Officer at Stockholm International Water Institute (SIWI) from Stockholm, Sweden also attended and provided support for the WASH Bottleneck Analysis synthesis workshop in Dhaka, Bangladesh.

A parallel mini WASHBAT workshop was also organized on Climate change in the WASHBAT process in Bangladesh:

In the consultation workshop one of the key session was on a mini WASHBAT exercise on Climate Change and DRR using the climate change standalone criteria for national level assessment. In this session, representatives of DPHE, WASA and climate change and DRR practitioners and specialists participated. The session was facilitated by Sanjoy Mukherjee, Christine Klauth, Henning Goransson and Shashanka Saadi. Group discussion method was used as a key methodology to facilitate discussion, assessment, and analysis among participants. The session was divided into three key section – a. discussion on impacts of major disasters/climate events in Bangladesh; b. prioritization of the functions and analysis of criteria using four colour codes (green, blue, yellow/amber and red); and, c. identification of bottlenecks against the yellow/amber and red coloured criteria. Six prioritized functions were – political leadership; sector policy and strategy; planning and monitoring, evaluation & learning; budget and financing; coordination; and, capacity building. Planning and MEL was combined as one function by the participants. Among 7 priorities and 14 criteria, priorities under coordination and capacity building came as red coded and, 3 criteria were coloured as red and 9 as yellow by the participants.

Bothe the inaugural and concluding session including cultural event were livestreamed to UNICEF Bangladesh's Facebook. Tweeter and Instagram platforms was were used to disseminate key messages and interesting pictures.

- Handover Crest to the facilitators/rapporteurs
- Handover of WASHBAT report to the Minister MoLGRD&C
- -Gallery walk (Poster Presentation, Meta plan presentation and Photograph display)

This consultation serves as a platform for sector financiers, policy planners and stakeholders (government ministries, line department and development partners), to share information, communicate perspectives, and identify strategic steps to system strengthening and creating enabling environment for WASH sector development.

## **1.3 WASHBAT Summary Outputs**

Only the summary outputs are provided in the following sections and sub-sections. Division-wise workshops' outputs are included in consolidated report of the respective division. All these are included in details in PART TWO and the necessary links are provided in Annexures-4 of this report.



#### 1.3.1 Costed Priorities for all Sub sectors - thematic Groups by Division

The priority bottlenecks, causes and costed actions and time frames for each thematic group are shown by division in the tables in all Division-wise reports. The detailed division level reports are attached to this report as PART TWO, while the detailed sub-thematic reports of each division can be accessed online in links within the relevant division level report.

The sub - sector working groups identified bottlenecks, rated the bottlenecks from low to high priority in terms of their importance; after which the working groups developed activities to address the high priority. Costed implementation plans with time lines were developed by the stakeholders reflecting the remaining two years of the Bangladesh 7<sup>th</sup> Five-Year Plan (2016-2020)' and 8<sup>th</sup> Five Year Plan (2021-2025).

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities. Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH Sector within the jurisdiction of the respective administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks.

#### 1.3.2 Common Bottlenecks and Priority Solutions

The following are some of the bottlenecks common to all thematic areas in most of the divisions.

**Sustainable Services Delivery:** Priority actions to facilitate sustainable services delivery is a recurrent theme running through most of the sub-sectors. They range from demonstrating scalable model of service delivery which are pro-poor to encouraging private sector engagement using public-private sector and community engagement. Relatedly the development of an Operation and Maintenance Strategy is a recurrent theme.

**Planning, Monitoring and Review:** There was a common concern about the absence of functional and harmonized monitoring systems amongst all groups. Relatedly, priority actions were identified in relation to development of inclusive and disaggregated monitoring indicators in alignment with the SDGs and establishment of Management Information Systems and domestication of National Standards at the sub-national level.

In relation to monitoring and reporting, the City Corporations were of the view that the absence of water quality laboratories and testing facilities was a major bottleneck for providing safe drinking water. Priority solutions included the establishment of water quality testing facilities within the City Corporations.

The absence of need based contextualized plans were identified as a priority bottleneck affecting the ability of the government to meet the diverse needs of the vulnerable populations in the urban centers, tea gardens, arsenic prone areas and other hard to reach areas in Bangladesh. Priority activities were identified as context specific district wise master plans for WASH; integrated need base plans for national and sub-national level which reflect issues of water quality, hydrogeology, gender, climate vulnerability and hard to reach areas.

Sector Policy and Strategy: A common bottleneck identified in relation to policy and strategy was the absence of an alignment between key sector strategic documents and the SDGs. Examples given include the national water and sanitation policy (1998) and the Sector Development Plan developed in 2011. Furthermore, the absence of a legal framework supporting documents and government orders to guide implementation at the sub-national level decrees and provide clarity about roles and responsibilities, service norms and standards. This includes service norms for WASH in schools (WinS'), and WASH in Health Care facilities (WinHCF) for sanitation and fecal sludge management. The existing National Water Supply Policy and Strategy doesn't adequately address "hard to reach areas" and the specific vulnerabilities which are specific to each division in relation to universal access to 'safely managed' drinking-water services.

Capacity Development: Weak capacity gap assessment processes, inadequate technical capacity, institutional development training packages and modules were common bottlenecks that were identified by stakeholders during the consultations. Common priority actions that were identified by the sector stakeholders include the development of comprehensive need-based capacity building plans and comprehensive staff training packages and customized training modules for relevant agencies on SBCC materials, disaster resilient and terrain specific facilities.

The prioritized actions from the Bottleneck analysis reflect the need to address the current situation in which WASH institutions have limited capacity to fulfill their sector roles and responsibilities for sustainable service delivery at scale, including the unavailability of necessary structures, harmonized up to date tools especially for community mobilization and hygiene education, training, and incentives. This is especially true at Upazila Parishad level.

**Budget & Expenditure:** The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. stakeholder consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government LGD, PSB, DPHE, DGHS, DHFP, HED, WASAs, LGIs, DPE, DSHE & EED).

Priority recommended actions include local level resource mobilization framework and financial needs assessment for different contexts and dedicated budgets for different thematic areas of WASH. Resource mobilization plan for systematic and increased budgeting through the Directorate of General Health Services (DGHS) and Directorate General of Family Planning (DGFP).

Communication: Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; of national and sub-national level; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Other examples were related to development/domestication of division specific strategies and plans.

**Cross cutting issues:** Priority actions to address gender, disabilities, and inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues. Development of gender specific and disaster resilient and terrain specific strategy, set harmonized standards for the division, review of existing training manuals, guidelines to integrate emerging issues including Menstrual Hygiene Management (MHM), disability, climate change and gender.

#### 1.3.3 Thematic Area Wise Priority Bottlenecks and Activities

The division-wise total costing for all the priority activities for each thematic area are picked up from the Divisional report and put in a summary table 1.4. This provides both division-wise and thematic area-wise costing figures of priority activities required to remove a specific bottleneck. Although information from this summarized presentation can be used for broader planning purpose, the detailed information can be available from divisional reports.

Important Priority bottlenecks and activities for bottleneck removal are piked up based 8 divisional exercise by thematic areas. Although information from this summarized presentation can be used broader planning purpose, the detailed information can be available from divisional report

Table 1.4 Priority Bottlenecks and Activities for Bottleneck Removal, WASH Sector in Bangladesh

SI No.	Bottleneck	Activity for Bottleneck Removal
Theme: 1.	Rural Water and Hygiene	
1.1	National policy and strategy not aligned with 'safely managed' drinking-water services (SDG target 6.1).	Local level consultation and report on recommendation for update and review policy according to SDG target.
1.2	Policy and legal framework partly include provisions for operational and financial sustainability of services.	Model development on sustainable operation through piloting national and global good practices.
1.3	WASH Plan is not developed considering equity, climate change and DRR.	Climate resilient affordable technology development that sustain with salinity, draught, flood and cyclone.
1.4	Absence of well-functioning body for sector coordination	Reform functional body (WASH cluster, disaster management committee), ensure regular meeting, reporting and monitoring systems in place.
1.5	Insufficient capital expenditure and insufficient water coverage data and allocation are not	Need based demand analysis of water source and formation of local areabased master plan.
	context specific.	Undertaking piloting project on district basis based on local needs and coverage.
1.6	No dedicated water hygiene and WSP awareness and behavior change budget from public sector.	Lunch national social mobilization and behavioral change campaign on WSP and water quality issues.
1.7	Rural water tariffs are not sufficient to provide adequate delivery of rural water services according to national standards.	Community mobilization for importance of safe water.  Advocacy for low/especial flat rate/tariff of electricity for drinking water supply for rural community-based water supply plant (tariff commission, Palli Bidut).
1.8	Lack of HR development and regional training institutions and logistics support on emerging issues of rural water supply and hygiene.	Modernized the existing training process and establish regional training institution capacity on rural water and hygiene for HR development.
1.9	Lack of institutional capacity to monitor the indicators to ensure compliance of national standards.	Develop water quality monitoring and surveillance system.
1.10	Bankable project is not available in rural as water is being given almost free of charge/cost for rural water & hygiene services.	Survey to identify the good practice in rural bankable business on water supply.

SI No.	Bottleneck	Activity for Bottleneck Removal
Theme: 2. R	ural Sanitation and Hygiene	
2.1	Existing policy not reviewed in line with SDG 6.2: safely managed sanitation.	Study to assess context specific practices for developing safely managed sanitation model and its assessment technique.
2.2	Policy is generic but not clearly defined strategy for regional context in terms of equity, climate, DRR and vulnerability on rural sanitation & hygiene service delivery.	Dissemination of regulatory framework and orientation of regulatory framework at local level service providers and public representatives.
2.3	No presence of context specific hygiene behaviour change strategy	Development and implementation of context specific behaviour change strategy
2.4	No equity-based resource allocation for safely managed sanitation and emerging issues i.e. gender, climate change, DRR and inclusion	Allocate context specific adequate resource to meet the need of safely managed sanitation including gender, climate change, DRR and inclusion
2.5	Less initiative for documenting learning evidence both rural sanitation service model and approaches	Develop knowledge document for documenting number of evidences (sanitation service model and approaches i.e CLTS, sanitation marketing etc.
2.6	No human resource development strategy for rural safely managed sanitation and hygiene	Organize number of training, awareness campaign, sensitization workshops, exposure visits etc.
	services	Develop harmonized training packages for rural sanitation and hygiene services to cater need of SDG 6.2
2.7	No GoB rules/Regulations to engage private sector	Conduct assessment for private sector engagement, equity criteria, HR need assessment
20		Review policy and strategy to engage private sector with appropriate delegation of authority at local level for rural sanitation service delivery
2.8	Private sector is not incentivized properly	Consultation workshop with private sector at Division and District level
2.9	SDG 6.2 monitoring system not in place	Develop a monitoring system to track SDG 6.2 (specially safely managed sanitation with appropriate assessment method develop)

SI No.	Bottleneck	Activity for Bottleneck Removal
Theme: 3. U	rban Water and Hygiene	
3.1	Urban water policy is not aligned with 'safely managed' drinking-water services (SDG target 6.1)	Review existing policy to ensure specific focus on urban and peri- urban water and hygiene, context specific hard to reach area, gender & vulnerable and aligned with SDG agenda
	Policy frameworks do not stipulate service	Provide technical support and training to develop and adopt a common framework of service delivery model and build capacity of CCs, Pourashavas to focus water quality, gender and target groups
3.2	delivery models including the policy and regulatory framework, available capacity support, financing arrangements and incentives	Develop context specific communication strategy and BCC package for religious leaders, civil society to adopt and promote urban water hygiene
		Advocacy to the LGRD&C Ministry to allocate adequate finance to operate necessary water service delivery
3.3	There is no plan exists that is led by single ministry based on local context	Establishing a Government led single plan by the ministry considering the respective local situations
3.4	Performance appraisal does not include customer satisfaction information and are not made public	Establish systems for performance appraisal, incentive system for high performance and customer satisfaction review
3.5	Need based financial system for urban water and hygiene and institutional frameworks for resource mobilization are not in place	Assessment of financial needs for urban water and hygiene and develop a profitable business model
3.6	Performance measurement system for customer satisfaction yet not been developed	Developing a monitoring system that includes performance indicators specific to the customer satisfaction (Non-Revenue Water, % of bill send out, % of bill allocated etc.)
3.7	Coordination body is non-functional and urban water issue is not prioritized in the agend	Develop an effective coordination body which ensure motivational factor as well as accountability of members towards urban water
3.8	Public allocation to urban water & hygiene as % GDP is not sufficient	Establishing modern financial management system (develop financial software) in the LGIs
3.9	Inadequate tariff to cover the cost of services (OpEx and CapEx) and cost inflation	Designing business models depending on urban water supply from surface water sources with a backup from Ground Water in each urban administrative area.
3 10	No evidence of private sector capacity to deliver safely managed urban water services in an efficient matter	Conduct research to asses private sector capacity dealing safely managed water services
3.10		Take initiative for profitable venture, setting up area specific business model for profitable venture

SI No.	Bottleneck	Activity for Bottleneck Removal
Theme: 4. U	Jrban Sanitation and Hygiene	
		Mapping and listing of the financial institutions with their interest in investment.
4.1	Absence of financing institutions and mechanisms	Development and implementation of mechanisms to raise additional financing including private sector .
4.0	Sanitation related policy and strategies lack costed plan of action and context specific.	Prepare costed plan of action should be context specific issues and addressing emerging issues i.e. FSM, climate change, DRR, gender, inclusion and disability etc. for meeting urban sanitation challenge.
4.2		Develop separate sanitation unit or department and strengthening their capacity with clearly defining their roles, responsibilities and accountabilities.
4.3	Gaps in clarity and operation in institutional roles and responsibilities.	Separate urban sanitation and hygiene unit or department with orientation on their roles and responsibilities and allocation of budget for its effective operation.
4.4	Incentive system is absent for encouraging private	Formulation, orientation and implementation of PPP model by engaging private sector with the guideline of incentive system
	sector in urban sanitation service delivery .	Incorporate private sectors through preparing their database and ensure their representation.
4.5	No approved organogram of the urban LGIs including roles and responsibilities that already been submitted to the concerned ministry in 2013.	Advocacy with the concerned ministry to accelerate the progress of approval of organogram with self-define job responsibilities (JD) and allocate budget to orient JD and its effective operation.
4.0	No tariff system for urban sanitation services	Awareness raising among the mass people and political leaders for social mobilization and create demand for taking the services with willingness to pay.
4.6	delivery.	Adequate allocation of budget for the implementation of facilities (FSM, Waste water and solid waste Mgt.) with proper guideline on tariff system considering.
4.7	Lack of National Urban Sanitation Plan	National authority will develop law and enforce to local urban authority will bound to ensure the FSM, SWM during the approval of design.
		Strengthening the capacity of the ULGIs to create skill manpower.
4.8	Concerned ministry has no by-laws to develop government led coordination plan.	Advocacy with the concerned ministry to provide directives to the urban LGIs for the development of a coordination body with emphasis to all stakeholders specially informal workers, low income community representative, for the promotion of urban sanitation.
4.9	Lack of interest and instrument for ensuring participation process and inclusion.	Issuing directives to the urban LGIs from LGD/MoLGRD&C for ensuring representation, participation and decision making by the stakeholders including female and low-income population living in slums.
4.10	Local urban LGIs have no demand to enhancing their capacity on FSM, solid waste management, waste water recycling, etc.	Advocacy with the MoLGRD&C to provide directives to the urban LGIs to establish separate WASH unit under each municipality/City Corporation and allocate budget for the facilities including infrastructures, value chain (FSM, SWM, WWR etc.) related equipment and technologies.

SI No.	Bottleneck	Activity for Bottleneck Removal
Theme: 5. W	/ASH in Schools	
5.1	No policy and legal framework exist for WASH in schools.	Formulate relevant policy in consultation with local stakeholders for revision of WASH in school standard.
5.2	No plan of actions in secondary & higher secondary level.	Develop trained & skilled facilitators at national & sub-national level.
5.3	Information on budget and expenditure is confidential and top down.	To develop information mechanism accessible to all and decentralized decision making and budget allocation need to adopted.
5.4	No specialized/dedicated HR structure exist and lack strategy for their development for WASH in school (primary & secondary).	Establish WASH in school cell or wing at all levels for capacity development of WASH in school implementation, monitoring and management of relevant stakeholders.
5.5	Inadequate budgetary allocation for WASH in school considering 0&M and hygiene education.	Provide necessary allocation for these purposes — JZM, EiE/DRR for school, Training for MHM, gender, disability & WASH in school standard, online data collection, preparation & report submission.
5.6	Geographical setting is not considered in budgeting and allocation.	Preparing budget & allocation based on geographical considerations.
5.7	Recurrent expenditure is absent in budgeting process.	Incorporate 0&M and monitoring provision to be incorporated in budgeting process.
5.8	Set of monitoring indicators following SDG is absent	Developing set of monitoring indicators as per JMP
5.9	Training institute primary & secondary (NAPE, PTI, URC, TTC, HSTTI, NAEM) does not have any dedicated/ specialized HR and training program for institutional WASH.	Establish WASH in school cell / wing at all levels for capacity development of relevant stakeholders, conducting monitoring, evaluation and research.
5.10	No context specific research / study / evaluation took place on WASH in school.	Conduct research / study on WASH in School (WinS) focusing on climate, DRR, gender, infusion and disability issues.
Theme: 6. W	ASH in Health Care Facilities	
6.1	Lack of policy and strategy for WASH in HCF.	Advocacy to the policy/decision makers to give priority to the needs of policy, strategy and costed plan of action for WASH in HCFs.
6.2	Absence of national standards for WASH in HCFs.	Development of national standards and implementation guidelines for WASH in HCFs.

SI No.	Bottleneck	Activity for Bottleneck Removal
6.3	Absence of WASH specific budget for WASH in HC facilities and awareness campaign on WASH	Allocation of funds and implementation of regional plan of action including 0&M for sustainability of WASH services.
0.3	behavior.	Advocacy for allocation of budget for hygiene awareness campaign.
6.4	Absence of an integrated risk-based regional plan for WASH in HCF.	Development of regional plan of action for addressing risk-based assessment result and local issues (i.e. cyclone, river erosion, salinity, chars, climate resilience, gender etc.)
6.5	Absence of technical working group for WASH in HCF at national level.	Formation of National technical Committee for WASH in HCF at Ministerial Level.
6.6	Inadequate budget for WASH in institution and awareness campaign on WASH in HCF.	Advocacy for allocation of budget for WASH activities in HCFs and awareness campaign.
6.7	Lack of skilled human resources to monitor WASH in HCF.	Development of need based training plan and subsequent implementation of training plan for institutional WASH.
6.8	Allocations of funds at sub national level are not done addressing local issues (i.e. Hill tracks, haor, barind, salinity, hard to reach areas, islands,	Allocation of funds and Implementation of regional plan of action for WASH in HCFs.
0.0	chars, ethnic minorities, gender, CC, disasters, emergency, urban slums, etc.)	Need based Planning & Budgeting addressing local (i.e. Hill tracks, haor, barind, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, emergency, urban slums, etc.)
6.9	No clearly defined roles and responsibilities for institutional WASH.	Assign focal person with specific roles and responsibilities (TOR) at different level for institutional WASH in HCFs.
		Address sustainability in Planning process.
6.10	Absence of sustainable plan for WASH in HCF.	Arrange Local resource mobilization for 0&M activities.
		Involve community participation in planning process.

## 1.4 Conclusion, Lessons Learnt and Recommendations

#### 1.4.1 Conclusions

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

1. The enabling environment (poor implementation and compliance with sectoral policies at national and subnational levels) non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and subnational governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and subnational government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.

- 2. <u>Services Delivery:</u> Absence of low-cost appropriate water and sanitation technologies for the Haor, Tea Gardens and saline coastal areas and other hard to reach areas; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.
- 3. <u>Behaviour Change Communication</u>: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Bangladesh. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Bangladesh specific challenges of Haor, tea gardens, islands, Chittagong Hill Tracts, high arsenic levels, salinity, water logging, cyclone, climatic effect, drought, arid, low water table, females and disabled and communication between sub-national and national level technocrats and policy makers.

#### 1.4.2 What can the WASHBAT exercise bring for Bangladesh?

This WASHBAT divisional level exercise helps to identify regional disparities and region-specific bottlenecks and prepare a costed plan for the respective division, In line with the national planning process (7th five-year plan) for achieving universal access to WASH services in rural and urban communities. These products can be used by MoLGD&C as an advocacy tools vis-a-vis the planning commission, Ministry of Finance and Cabinet division for allocating equitable resources, based on the divisional WASHBAT plan and budget.

The information and knowledge gathered from this at-scale WASBAT workshop can also serve development partners as the evidence-base for advocating with the Ministry of LGRD&C, Ministry of Finance, Ministry of Planning for effective regulation of the sector such as through setting rules, standards, compliance and oversight.



#### 1.4.3 Lessons Learned

- Government WASH Ministry should lead the WASBAT exercise upfront. Sensitization at the Ministry is critical.
- Separate stakeholder sensitization workshop at national level is needed prior to roll out at the regional/division level.
- A cadre of facilitators and reporters should be identified carefully from sector partners (Combination from government, NGO and WASH related institutes)





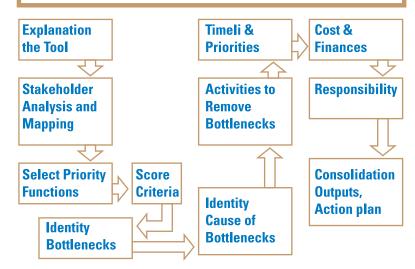




PART TWO - 01

### WASHBAT REPORT BARISHAL DIVISION BANGLADESH

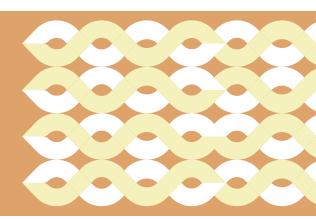
#### **Bottlenecks Analysis Steps**





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## **PART TWO-01 BARISHAL DIVISION**

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated subsections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Barishal Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

#### 2.1 WASH in Barishal Division

#### 1.1.1. Barishal Division : Administrative and Demographic Features

Barishal division was established in 1 January, 1993. It has an area of 13295.55 sq. km/mil is bounded by Dhaka division in the north, Bay of Bengal in the south, Chattogram Division in the east and Khulna Division in the west. It consists of six districts, 38upazilas, 353 union parishads, 3159 mouzas, 12municipalities, 25 wards and 4163 villages. The districts are Barisal, Jhalokati, Pirojpur, Bhola, Patuakhali and Barguna. Total Population is 7462644 of which male 50.67% and female 49.33%. About 88.06% people are Muslim, Hindu 11.7%, Christian 0.18% and others 0.06%. Average literacy is 35.25%. Main occupations of the people are agriculture (40.96%), fishing (3.4%), agricultural laborer (18%), wage laborer (4.59%), commerce (11.92%), transport (1.73%), construction (1.34%), service (7.39%) and others (10.67%) (Hasan et. al, 2018).

#### 1.1.2. WASH Sector Overview National and Barishal Division:

National and Barishal Division Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 2.1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water safety with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown inTable 2.1.1. Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.1.1.) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 2.1.2) and 25 per cent drink water with a level of arsenic above international standards.

Table 2.1.1.: National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Comice Level	Water (% of Pop)			Sanitation (% of Pop)			Hygiene (% of Pop)		
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely anaged	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	52
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

Joint Monitoring Report (JMP), 2017

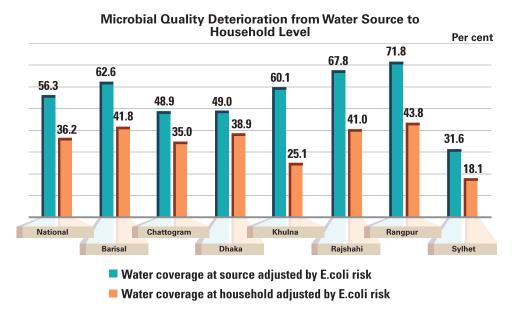


Figure 2.1.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

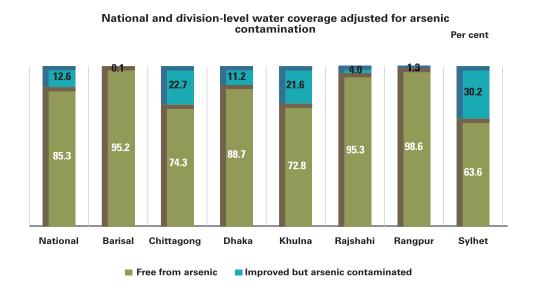


Figure 2.1.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

#### 1.1.2.1 Access to safe drinking water in Barishal

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), about three quarters (74.8%) of the households in Barisal use improved water sources that are available within 30 minutes round trip collection time (Figure 2.1.3). However less than one in five (17.1%) of these households have safe drinking water that is available when needed and free from priority contamination (Figure 2.1.4). This signifies that similar to the national level; there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

## Households Using Improved Water Sources within 30 min round trip collection time

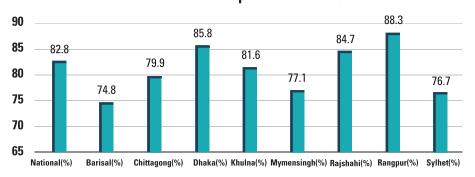


Figure 2.1.3: Households using improved Water Sources meeting Basic standards

**Household Using Safely Managed Drinking Water Sources** 

#### 20.3 17.1 14.4 15 12 12.6 9.6

Figure 2.1.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

Chattogram(%) Dhaka(%) Khulna(%) Mymensingh(%) Rajshahi(%) Rangpur(%) Sylhet(%)

#### 2.1.2.2 Access to Improved Sanitation in Barishal

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh, 2018), In Barisal Division, access to improved sanitation which is private is higher than national average i.e. 68.2% compared to the national average of 53.7% (Figure 2.1.5). However, this means that only about 2 out of three households have access to improved sanitation. Improved Sanitation is defined as the facility that safely contains excreta preventing contact with human (ha

52

25

20

15

10

#### Household using improved sanitation facilities (not shared)

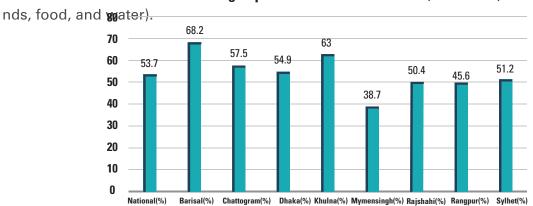


Figure 2.1.5: Households which use an improved facility which separates excreta from human contact (private)

#### 2.1.2.3 Access to Effective Handwashing in Barishal

Effective Handwashing is a challenge nationally as the survey indicated that only about half of the households were observed to wash their hands with soap and water after defection. The divisional estimate (52.5%) also found that just about half of households practice effective handwashing (Figure 2.1.6); washing their two hands with soap and water for at least six seconds after defection (BBS and UNICEF, 2018).

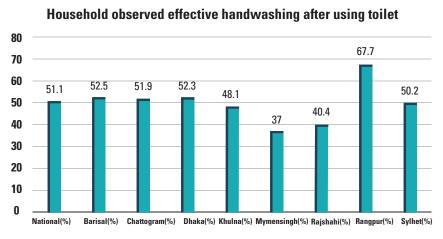


Figure 2.1.6 Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)

#### 2.1.2.4 Disparities in WASH Access in Barishal Division: Salinity, Water logging

Despite the successes achieved by government in terms of access to improved water and sanitation in Barisal, there are disparities between national coverage and hard to reach areas and vulnerable areas with the functionally diverse ecology of the coastal system of Bangladesh with the additional impact of climate change. The area is vulnerable to cyclone, flood, drainage congestion, river erosion, and river sedimentation (Hasan et. al, 2018). Water resources of the study area are divided into Rivers, Khals and Beels. Life and livelihood of the peoples of this region depend on these rivers. Unlike other coastal districts salinity intrusion in the river sand khals is not so severe. Water pollution is severe in the rivers close to towns and industrial area due to waste disposal and sewerage discharge. Excessive and unplanned use of chemical fertilizer and pesticides in the agricultural land and hanging latrine contributed to the pollution of the surface water of the study area.

#### 2.1.2.5 Access to WASH Services in Schools

Access to water in schools is stagnant at only 68% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is higher at 80%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled(Figure 2.1.7). 1 ICDDRB, Water Aid Bangladesh, Local Government Division. 2014. Bangladesh National Hygiene, Baseline Survey. Preliminary Report. Dhaka, Bangladesh.

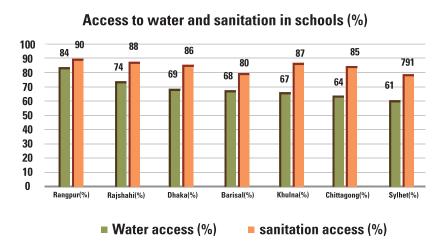


Figure 2.1.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)



# 2.1.3 WASHBAT Summary Outputs Conclusion and Next Steps

#### 2.1.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.1.4 of this report.

WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information in all 6 thematic areas in Barishal Division or sub-sector wise bottlenecks and the required actions for removing them (Table 2.1.2. to 2.1.7.). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation by GoB, NGOs and DPs such information might be very useful.

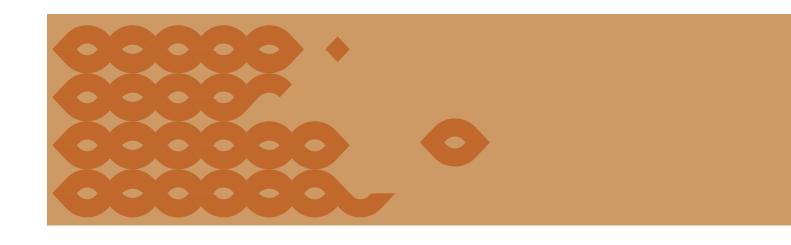
**Table 2.1.2 Theme: Rural Water and Hygiene for Barishal Division** 

SI. No.	Bottleneck	Activity for bottleneck removal
1	SDG target are not achievable with existing national water and sanitation policy (1998)	Recommendation for revision of national water and sanitation policy 1998 to cater the need of SDG 6.1 & 6.2
2	Impact of climate change is not considered	Alternate water source which is climate resilient should be searched/ identified through R&D
3	Institutional roles and accountabilities are not functioning properly	Human resource development/ capacity building/ training/ orientation should be arranged
4	Insufficient capital expenditure and insufficient water coverage data	Need based demand analysis of water source and formation of local area-based master plan
5	Resources are inadequate not adequately distributed and allocation are not context specific	Undertaking piloting project on district basis based on local needs and coverage
6	No dedicated awareness and behavior change budget from public sector	Lunch National social mobilization and behavioral change campaign on WSP and water quality issues
7	Gap of participatory planning	Develop apps for context-based participation of end users/communities
8	Lack of HR development and regional training institutions and logistics support on emerging issues of rural water supply and hygiene	Modernized the existing training process and establish regional training institution for HR development
9	Lack of institutional capacity to monitor the indicators to ensure compliance of national standards	Develop water quality monitoring and surveillance system



 Table 2.1.3 Theme: Rural Sanitation and Hygiene for Barishal Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	Absence of policy & strategy of rural sanitation and hygiene which addresses local needs and equity	Review/develop & dissemination of existing policy, strategy and develop costed plan of action including national mass campaign on sanitation & hygiene demand creation and behaviour change
2	Absence of policy & strategy of rural sanitation and hygiene which addresses safely managed sanitation issues, resilience and adoption on climate change & DRR, disability and inclusion etc	Develop slandered packages of context based service delivery models (safely managed sanitation, climate change resilience, DRR, DAP, environment friendly DWF, disability & inclusion)
3	Absence of service delivery models addressing private sector engagement and incentives	Develop strategy on sanitation marketing, FSM and clear guideline about incentivization.
4	Existing plan is not aligned with SDG-6.2 - absence of details implantation plan	Review existing data collection mechanism and benchmarking for SDG 6.2 specially safely managed sanitation with nationally agreed definition and method of data collection
5	Less initiative to address SDG 6.2 from central level and divisional level	Advocacy and capacity building to focus SDG-6.2 in planning process with divisional level sensitization
6	Lack of commitment of political leaders for allocation of sanitation products and funding to cater context specific needs	Advocacy to ensure accountability of political leaders through motivational activities (Incentives, Award, etc.)



**Table 2.1.4 Theme: Urban Water and Hygiene for Barishal Division** 

SI. No.	Bottleneck	Activity for bottleneck removal
1	No evidence of private sector partnership	Designing business models depending on urban water supply from surface water sources with a backup from ground water in each urban administrative area.
2	Coordination body is non-functional and urban water issue is not prioritized in the agenda	Develop an effective coordination body which ensure motivational factor as well as accountability of members towards urban water
3	Customer needs and satisfaction is not addressed systematically	Establishing a central and digital monitoring and feedback system (eg.999/Apps)
4	Existing plans do not have targets to reduce inequities	Develop a plan for addressing inequality by providing awareness program – among the community; specially pipe water
5	Hygiene issues are not addressed in water supply projects/sub-sector	Hygiene issue should be included in the planning process; such as — water safety and hygiene promotion, training - Advertisement
6	Inadequate tariff to cover the cost of services (OpEx and CapEx) and cost inflation	Designing business models depending on urban water supply from surface water sources with a backup from Ground Water in each urban administrative area.
7	Monitoring feedback system is not enough for decision making	Establishing a central and digital monitoring and feedback system (eg. 999/Apps)
8	There is no HR Strategy exists that identifies problems and capacity gaps regarding urban water service providing capacity	Conduct capacity gap analysis and develop a Human Resource Strategy (e.g. Training, exposure visit) based on that
9	Elected and non-elected representatives are not actively involved in planning and advocacy on water supply service delivery	The role of politician should be focused on modern water management and hygiene practices that developed and implemented as a priority issue
10	Traditional and community leaders representation and engagement are not sufficient to manage Urban water and hygiene	The role of politician should be focused on modern water management and hygiene practices that developed and implemented as a priority issue

**Table 2.1.5 Theme: Urban Sanitation and Hygiene for Barishal Division** 

SI. No.	Bottleneck	Activity for bottleneck removal		
1	Urban sanitation policy and legal framework is not aligned with SDG 6.2	Orientation of the policy and decision makers on SDG issues to review and revise the policy and strategy with adequate allocation of financial and Human Resources		
2	Inadequate budget allocation for safely managed sanitation in urban areas and expenditure for urban sanitation is not tracked	Resource mobilization through public, private and community contribution to invest for the promotion of sanitation facilities (FSM, waste water treatment and solid waste mgt.)		
3	Non-functional systems, platforms and procedures for participation by sanitation service users (e.g. households) and communities	Revitalization and reformation of existing committee.ie TLCC, WatSan committee considering the sanitation service users and give mandates to the ULGIs for the participation of service users		
4	Inadequate capacity to fulfill sector roles and responsibilities	Amendment of the rules and regulations regarding the institutional capacity development for sustainable urban sanitation service delivery focusing service chain, value chain of FSM and solid waste, gender, climate change adaptation, salinity, cyclone		
5	Lack of ownership of urban sanitation by government stakeholders	Sensitization programme with the political leaders on urban sanitation and hygiene (MHM) considering SDG 6.2 to make them more attentive and accountable and increase allocation of budget in this issue		
6	National urban Sanitation plan is inadequate regarding local context	Situational analysis to collect information on sanitation issues including FSM, Waste Water, Solid waste, MHM, private sectors, financing, gender, climatic effects, etc.		
7	Inadequate financing and human resource for innovative approaches for scaling up	Advocacy with the ministry for the allocation of sanitation budget for its scaling up through bring best practices at home and abroad.		
8	Inadequate government-led monitoring system on urban sanitation.	Advocacy with the ministry to approve the monitoring cell/unit/ assigned person at ULGIs and Central level and allocation of budget for establishment of adequate facilities and equipment		
9	Inadequate capacity to fulfil sector roles and responsibilities.	Identification, orientation and implementation of new income/ revenue generating activities/windows regarding urban sanitation and hygiene that enable the ULGIs self-driven operating system		
10	Inadequate capacity of private sector to deliver safely managed urban sanitation services in an efficient matter	Identification, orientation and motivation to the CSR companies and institutions for promoting CSR schemes considering urban sanitation and hygiene issues.		

Table 2.1.6 Theme: WASH in Schools (WinS) for Barishal Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	No policy and legal framework exists for WASH in schools	Formulate relevant policy in consultation with local stakeholders for WASH in school standard
2	No specialized/dedicated HR structure exist and lack strategy for their development for WASH in school (primary & secondary)	Establish WASH in school cell or wing at all levels for capacity development of WASH in school implementation, monitoring and management of relevant stakeholders
3	Inadequate budgetary allocation for WASH in school considering O&M and hygiene education	Provide necessary allocation for these purposes – JZM, EiE/DRR for school, Training for MHM, gender, disability & WASH in school standard, online data collection, preparation & report submission
4	No formal practice for accumulating learning and findings for future improvement on WASH in school issues	Conduct periodic study/research/ evaluation to see the impact of WASH in school & use the data for future intervention
5	Training institute primary & secondary (NAPE, PTI, URC, TTC, HSTTI, NAEM) does not have any dedicated/ specialized HR and training program for institutional WASH	Establish WASH in school cell / wing at all levels for capacity development of relevant stakeholders, conducting monitoring, evaluation and research
6	No harmonized monitoring system exists in WASH in school	Formulate policy strategy guidelines for participatory monitoring system and operationalize the strategy for WASH in school
7	No operation and maintenance support and policy exist on WASH in school issues	Introduce costed plan of action at division/district/ upazila level for WASH in school O & M support
8	No advocacy plan to influence political leaders on WASH in school issues	Prepare policy notes on WASH in school for policy makers/ legislators/ LGI leaders/ parliamentarians
9	No plan in place for translating knowledge into practice on WASH in school issues	Establish post training follow-up mechanism from central to school level to ensure practice.
10	No WASH in school standard (water quality, hygiene, access and maintenance)	Formulate relevant policy in consultation with local stakeholders for WASH in school standard

Table 2.1.7 Theme: WASH in Health Care Facilities (HCF) for Barishal Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	Absence of National Policy and Strategy for WASH in HCF	Development of National Policy and Strategy for WASH in HCFs
2	Absence of technical working group for WASH in HCF at national level	Formation and activation of coordination committee for WASH in HCFs with specific roles and responsibilities (TOR) at different levels
3	Absence of WASH specific budget for WASH in HCF	Allocation of funds and implementation of regional plan of action including O&M for sustainability of WASH services
4	Absence of an integrated risk-based regional plan for WASH in HCF	Development of regional plan of action for addressing risk based assessment result and local issues (i.e. cyclone, river erosion, salinity, chars, climate resilience, gender etc.)
5	Lack of skilled human resources to monitor WASH in HCF	Development of need based training plan and subsequent implementation of training plan for institutional WASH
6	No clearly defined roles and responsibilities for institutional WASH in HCFs	Assign focal person with specific roles and responsibilities (TOR) for institutional WASH in HCFs
7	Lack of policy and strategy for WASH in HCF	Advocacy to the policy/decision makers to give priority to the needs of policy, strategy and costed plan of action for WASH in HCFs
8	Absence of institutional WASH committee for HCFs at sub national level	Formation and Activation of coordination committee for WASH in HCFs with specific roles and responsibilities (TOR) at different levels
9	Absence of financial institutions and mechanism for institutional WASH in HCF	Advocacy for WASH specific budget for HCF
10	Absence of WASH indicators in health- related survey, study and assessments	Inclusion of WASH indicators in different health related survey, study and assessments

#### 2.1.3.2 Key Bottlenecks Affecting all Sub sectors/Thematic Groups

#### Sustainable Services Delivery:

Priority actions to facilitate sustainable services delivery in Barisal Division is a recurrent theme running through most of the sub-sectors. They range from demonstrating scalable model of service delivery which is pro poor to encouraging private sector engagement through the use of public-private sector and community engagement. Development of an Operation and Maintenance Strategy is a recurrent theme.

#### Planning, Monitoring and Review:

Common activities were related to contextualized planning to meet the diverse needs of the population of Barisal Division in the urban centers, hard to reach areas and vulnerable populations. They include context specific district wise master plans on context specific WASH issues; develop need based integrated plans for various levels; and the development of standards and monitoring indicators that align with SDGs and prepare costed plan of action reflecting the issues of Geo-hydrological, salinity intrusion, climatic effect, gender and disability of Barisal.

There was a common concern about monitoring amongst all groups which was indicated by the priority actions related to identification of inclusive and disaggregated indicators and establishment of Management Information Systems and Domestication of National Standards.

#### Sector Policy and Strategy:

The priority actions that were identified address the current situation in which the national water and sanitation policy is outdated; a legal framework reflecting the need of Division level decision making is not available nor supported by a set of supporting documents and implementing decrees that provide clarity of roles and responsibilities, service norms and standards. This includes service norms for WASH in schools (WinS], Health Care Facilities and technical standards for sanitation and faecal sludge management. The existing water policy and strategy doesn't adequately address "hard to reach areas" and the specific vulnerabilities which are specific to Barisal Division in relation to universal access to 'safely managed' drinking-water services.

#### Capacity Development:

Common Priority Actions that were identified by the sector stakeholders were related to the development of comprehensive need based capacity building plans and comprehensive staff training packages and customized training modules for relevant agencies on SBCC materials, disaster resilient and terrain specific facilities.

The prioritized actions from the Bottleneck analysis reflect the need to address the current situation in which WASH institutions have limited capacity to fulfill their sector roles and responsibilities for sustainable service delivery at scale, including the unavailability of necessary structures, harmonized up to date tools especially for community mobilization and hygiene education, training, and incentives. This is especially true at Upazilas and Union Parishad level.

#### Budget & Expenditure:

The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. The solutions identified to address this building block cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division [District Administration, and Division/National government [LGD, PSB, DPHE, DPE.

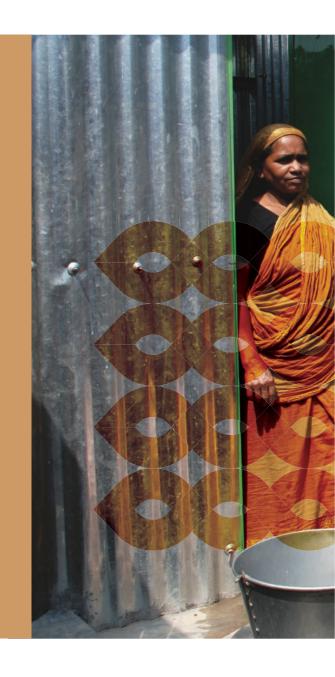
Priority Recommended Actions include: Local level resource mobilization framework and financial needs assessment for different context [Urban Sanitation and hygiene]; resource mobilization plan for funding increase through the DGHS and DGFP

#### Communication:

Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; national and sub-national divisions; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Other examples were related to development/domestication of division specific strategies and plans.

#### Cross cutting issues:

Priority actions to address gender, disabilities, and inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues. Development of gender specific and disaster resilient and terrain specific strategy, set harmonized standards for the division, review of existing training manuals, guidelines to integrate emerging issues including MHM, disability, climate change, gender.



## 2.1.3.3 High Priority Activities to Remove Bottlenecks: Cost, Timeline, Responsibility

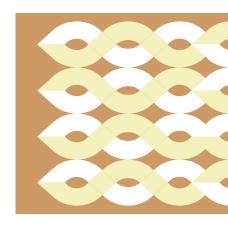
The Sub - sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH sector within Barishal administrative division. The activity plan is the outcome of a high



level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.



## **Priority Action Plan for Six Thematic Areas**

Table 2.1.8: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Barishal Division

	Rural Water and Hygiene							
SL. No.	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	thous	(BDT in ands)	Responsibility	
					2019 - 2020	2021 - 2025		
1	SDG targets are not achievable with existing policy (1998)	Policy is not aligned with SDG	Recommendation for policy review	High	92,950	-	LGD, DPHE, District admin, NGO, LGI, MoF	
2	Insufficient funding for capital expenditure and insufficient water coverage data to carry out need based planning	Less emphasis to the water supply sector	Undertaking piloting project on district basis for the water supply coverage (Jhalokathi)	High	2000,000	8000,000	LGD, DPHE, LGI, MoF, NGO, District admin	
3	No sensitization and awareness raising on software issues of WASH	Focus is on hardware based water supply increase to coverage (Absence of software based work)`	Mass sensitization using Radio,TV and other media	High	230,000	358,300	LGD, DPHE, LGI, MoF, NGO, District admin	
4	Gap in participatory planning	End users/ communities are not incorporated in planning process	Develop apps for content based participation of end users/ communities	High	6,000	00.00	District admin, DPHE, LGI, LGD, MoF, NILG, PM office	
5	Absence of training institutes that use modern techniques and keep abreast with developments within the sector	Over dependence on central training institution	Modernized the existing training process by providing logistics and skilled manpower by ICT based training	High	25,000	250,000	LGD, DPHE, MoF, NGO, LGI, PM office	
	Total				2,353,950	8,608,300		

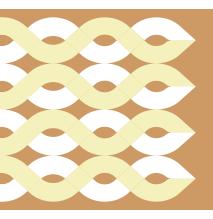




Table 2.1.9: Priority Costed Activities of 'Rural Sanitation and Hygiene' thematic area for Barishal Division

	Rural Sanitation and Hygiene								
SL. No	Bottlenecks	Causes of Priority Activity	Priority Activity	Priority	Costs (BDT in thousands)		Responsibility		
		Bottlenecks	, ,	ĺ	2019 - 2020	2021 - 2025	,,		
1	Less commitment towards safely managed sanitation     Less priority on SDG 6.2	ODF ODF decleration Hygiene not addressed properly	Undertalke CLTS/ sanitation marketing approaches	High	352,941	0	Divisional Commissioner, DPHE, PSB		
2	Absence of effective coordination body at different level	Less clarity on SDG 6.2     Lack of monitoring tools (sanitation     hygiene) Information gap	Organize regular coordination meeting at different level	High	23,529	94,118	Divisional Commissioner, DPHE, DC, UNO, UP Chairman		
3	No HR strategy	Lack of quipped expert agency     Lack of adequate resources     Less priority on sanitation issues	Organize training/ workshop for different stakeholders	High	70,588	282,353	Divisional Commissioner, DPHE, DC, UNO, NGO		
4	Lack of multi -year budget allocation	Existing system of budgetary model	Conduct on equity assessment towards and remodeling the budgetary system	High	517,647	2070,588	DPHE, PSB		
5	Lack of annual review system	l allocation in		High	117,647	0	DPHE,PSB,DP		
	Total				1,082,352	2,447,059			



Table 2.1.10: Priority Costed Activities of 'Urban Water Supply and Hygiene' thematic area for Barisal Division

	Urban Water and Hygiene							
SL: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	thou	Costs (BDT in thousands)		
1	No evidence of private sector partnership	Water supply projects are not treated as a profitable venture	Designing business     models depending on urban     water supply from surface     water sources with a backup     from Ground Water in each     urban administrative area.	High	588,235	29,411,765	LGD, PSB, LGIs, MoF, MoPA	
2	Absence of a harmonized government led plan for urban water supply	Government yet to develop any area specific plan for Urban water	2. Developing a divisional level plan by the ministry with help of local political authorities and traditional leaders; furthermore, Division need to develop a comprehensive plan for the district and respective LGIs.	High	352,941		LGD, PSEL DA,LGIs	
3	Customer needs and satisfaction is not addressed systematically	Customer complaints are not totally addressed by LGIs	3. Establishing a central and digital monitoring and feedback system (eg.999/ Apps)	High	176,471	352,941	LGD, PSEL DA,LGIs	
4	Existing plans do not have targets to reduce inequities	Reduction of inequality in WASH sector is a recent practice in this division	4. Develop a plan for addressing inequality by providing awareness program — among the community; specially pipe water	High	588,235	1,176,471	PSB, LGD, LGI, Mol ,NGO	
5	Water hygiene issues are not addressed in water supply projects	lack of awareness about hygiene issues	5. Water hygiene issue should be included in the planning process; such as - Hygiene promotion, WSP training - Advertisement	High	588,235 2,294,117	1,176,471	PSB, LGIs, DG Health, MoPE, NGOs, MoI, MoE	

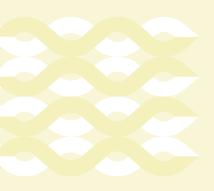




Table 2.1.11. Priority Costed Activities of 'Urban Sanitation and Hygiene' thematic area for Barisal Division

	Uban Sanitation and Hygiene							
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT in thousands)		Responsibility	
		Bottleneoks			2019 - 2020	2021 - 2025		
1	Urban Saniatation Policy and legal framework is not aligned with SDG	Low prioritization of policy review and alignment with SDGs by the policy makers	Orientation of the policy and decision makers on SDG issues to review and revise the policy and strategy with adequate allocation of financial and Human Resources	High	25,000,000	15,000,000	LGD, PSG, Administration, ULGIs, DPs, UNICEF, Private Sector, Financing Institution	
2	Budget is only partially disaggregated and allocation to and expenditure for urban sanitation is not tracked	Local urban authority does not prioritize urban sanitation in the plans	Resource mobilization through public, private and community contribution to invest for the promotion of sanitation facilities (FSM, Waste water treatment and solid waste mgt.)	High	2,000,000,000	3,000,000,000	LGD,DPHE, Administration, NGOs, Private Sector, Financing Institution, UNICEF	
3	Non-functional systems, platforms and procedures for participation by sanitation service users (e.g households) and communities	Lack of ownership and awareness in the community Lack of initiative	Revitalization and reformation of existing committee.ie TLCC, WatSan committee considering the sanitation service users and give mandates to the ULGIs for the participation of service users	High	200,000,000	100,000,000	LGD. Administration, ULGIs, DPs, Private Sector, UNICEF	
4	I n a d e q u a t e capacity to fulfill sector roles and responsibilities	Poor mechanism to ensure systematic in stitutional capacity development	Amendment of the rules and regulations regarding the institutional capacity development for sustainable urban sanitation service delivery focusing service chain, value chain of FSM and solid waste, gender, climate change adaptation, salinity, cyclone	High	30,000,000	20,000,000	LGD, Administration, DPs, Private Sector, UNICEF	
5	Partial onership of urban sanitation any governmnet stakeholders	I n a d e q u a t e political will and prioritization for urban sanitation	Sensitization programme with the political leaders on urban sanitation and hygiene (MHM), Environmnetal hygiene considering SDG to make them more attentive and accountable and increase allocation of budget in this issue	High	70,000,000	30,000,000	LGD, Administration, DPHE, ULGIs, DPs, Private Sector. Financial Institutions, UNICEF	
		Total			2,325,000,000	3,165,000,000		

**Table 2.1.12 Priority Costed Activities of 'WASH in schools' thematic area for Barishal Division** 

	WASH in Schools							
SL: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	thous	(BDT in sands)	Responsibility	
1	No policy and legal framework exists for WASH in schools	Need for policy & legal framework not well realized at policy level	Formulate relevant policy in consultation with local stakeholders for WASH in school standard	1	23,529	17,176,471	MoE- DD, DPE, & DDDSHF, MoF, LGD	
2	Inadequate awareness about strength of communities and lower level local government institutes for WASH in school	Lack of awareness about importance of local community & local government participation in WASH in school	Identify & functionalize the relevant coordination structures at different level under the leadership of lead agencies - 2	2	10,588	131,765	MoE-DD, DPE/ DPEOs and DD- DSHE/DEO, MoF, LGD	
3	In adequate budgetary allocation for WASH in school considering 0&M and hygiene education	Inadequate prioritization for systems strengthening WASH in school components	Provide necessary allocation for these purposes — EED, EiE/DRR for school, Training for MHM, Gender, Disability & WASH in school standard, Online data collection, preparation & report submission - 3	3	0	564,706	MoPME, DPE &MoE/DSHE, MoF, LGD	
4	Absence of guideline for participatory monitoring system	Low awareness about benefits of harmonized monitoring system	Formulate policy strategy guidelines for participatory monitoring system and operationalize the strategy for WASH in school - 4	4	23,529	82,353	MoPME, MoE, DD-DPE and DD-DSHE, MoF, LGD	
5	Training institute primary & secondary (NAPE, PTI, URC, TTC, HSTTI, NAEM) does not have any dedicated/ specialized HR and training program for institutional WASH	WASH In school realized adequate training for different stakeholders not included in subsector development plan	Establish WASH in school cell / wing at all levels for capacity development of relevant stakeholders, conducting monitoring, evaluation and research	5	11,765	3072,941	MoPME, MoE, DD-DPE and DD-DSHE, MoF, NGO	
		Total			69,411	21,028,236		

Table 2.1.13 Priority Costed Activities of 'WASH in Health Care Facilities' thematic area for Barishal Division

			WASH in Health (	are Fac	ili <b>tie</b> s		
SL:	D-44ll-	Causes of	Dalanten Aneloden	Dul - vite -	Costs (		D
No	Bottleneck	Bottleneck	Priority Activity	Priority	2019 - 2020	2021 - 20125	Responsibility
1	Absence of National Policy and Strategy for WASH in HCF	Priority was not given to the needs of having policy and strategy for WASH in HCFs	Development of National Policy and Strategy for WASH in HCFs	High	30,000		MoHFW, MoF, LGRD&C, MoW, DPs, MoP, Private Sector
2	Absence of technical working group for WASH in HCF at national level	It was not a felt need to have an inter ministerial/ intersectoral technical group at national level	Formation and Activation of coordination committee for WASH in HCFs with specific roles and responsibilities (TOR) at different levels	High	25,000		MoHFW, MoF, LGRD&C, MoW, DPs, MoP, Private Sector
3	Absence of WASH specific budget	No priority was given to the needs of having WASH specific budget in HCF plans	Allocation of funds and implementation of regional plan of action including 0& M	High	1,000,000	11,200,000	DGHS, DGFP, PWD, HED, LGI, DPHE, DPs, Nursing Institutions
4	Absence of an integrated risk-based regional plan for WASH in HCF	No importance given to have an integrated risk informed regional plan for WASH in HCFs	Development of regional Plan of Action addressing risk based assessment result and local issues (i.e. Cyclone, river erosion, salinity, chars, climate resilience, gender etc.)	High	20,000		MoHFW, MoF, MoLGRD&C, MoW, DPs, MoP, Private Sector, Academia
5	Lack of skilled human resources to monitor WASH in HCF dedicated/ specialized HR and training program for institutional WASH	Absence of capacity building plan for systematic monitoring and information management	Development of need based training plan and subsequent implementation of training plan	High	20,000	180,000	DGHS, DGFP, PWD, HED, LGI, DPHE, DPs, (WHO, UN, WB etc.), Nursing Institutions, POs, NIPORT
	Total				1,095,000	11,380,000	

#### 2.1.3.4 Conclusion and Recommendations

#### **2.1.3.4.1 Conclusions**

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Barisal Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

- 1. The Enabling Environment: Poor implementation and compliance with sectoral policies at national and sub-national levels, non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-National government; weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub-national government institutions and with communities insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.
- 2. Services Delivery: Absence of low-cost appropriate water and sanitation technologies for the climate vulnerable costal belt area, island, char land, testing facilities; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.
- 3. Behaviour Change Communication: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Barishal Division. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Barishal specific challenges of river bank erosion, flood, cyclone, sea level rise, females and disabled and communication between sub-national and national level technocrats and policy makers.

#### 2.1.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office
- 2. The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a subnational level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Plans.
- 3. Liaison with the Ministry of Planning and Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.
- 4. The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8<sup>th</sup> 5 year plan.

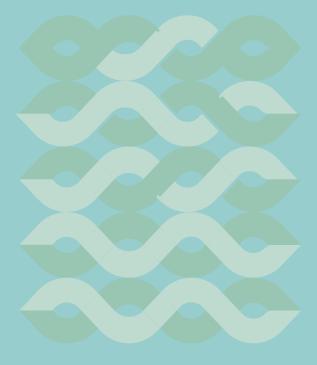


# **2.1.3.4.3 Next steps**

Dissemination of report by Divisional Comissioner office and national level through Additional Secretary, Water Wing of Local Government Division

# 2.1.4 Link to Thematic Groups Report

SI No.	Thematic Groups	Link					
1	Rural Water and hygiene	https://www.dropbox.com/s/oh61sx98ty7nxo0/Rural_ Water%20%26%20hygiene_ Washbat%20Analysis%20_ Barishal.doc?dl=0					
2	Rural Sanitation and Hygiene https://www.dropbox.com/s/dwdj07m30wcgfek/Rural_Sanitation%20Washbat% Analysis_at%20Barish al%20on13%20to%2015%20November%20-2018.doc?dl=0						
3	Urban Water and Hygiene	https://www.dropbox.com/s/f4ie75kptxwbtvh/Reporting_Ur ban%20Water_ Washbat%20Analysis_Barisal.doc?dl=0					
4	Urban Sanitation and Hygiene	https://www.dropbox.com/s/gzt5vqeh4m4t1dk/WASHBAT%20Re port%20_%20 Barishal%20workshop_Urban_Sanita tion%20%26%20Hygiene.doc?dl=0					
5	WASH in School	https://www.dropbox.com/s/xe7l8he636mrk67/Wash bat%20%20Analysis%20 WASH%20in%20schools%20of%20Ba rishal.doc?dl=0					
6	WASH in Health care	https://www.dropbox.com/s/gs6hjmrajd90h4l/WASHBAT%20Re port-Barisal_HCF. docx?dl=0					





PART TWO-02

# DATE: 09 to 12 Nov. 2018 WASHBAT REPORT CHATTOGRAM DIVISION

# BANGLADESH Bottlenecks Analysis Steps

#### **Explanation** Timeli & Cost & the Tool **Priorities Finances** Stakeholder **Activities to Responsibility Analysis and** Remove **Bottlenecks Mapping Select Priority** Score Consolidation **Functions Criteria** Outputs, **Identity Action plan Cause of Identity Bottlenecks Bottlenecks**

75







# **PART TWO-02 Chattogram Division**

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Chattogram Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, at the end presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

# 2.2. WASH in Chattogram Division

## 2.2.1. Chattogram Division : Administrative and Demographic Features

Chittagong Division, officially renamed as Chattogram Division, is geographically the largest of the eight administrative divisions of Bangladesh. It covers the south-easternmost areas of the country, with a total area of 33,771.18 km2 (13,039.13 sq mi) and a population at the 2011 census of 28,423,019. The division is surrounded by Dhaka and Sylhet Division and Tripura state of India on the north, south-eastern part by Myanmar and south-western part by the Bay of Bengal. Chattagram division is subdivided into 11 districts which are 1) Brahmanbaria, 2) Cumilla, 3) Chandpur, 4) Lakshmipur, 5) Noakhali, 6) Feni, 7) Khagrachhari, 8) Rangamati, 9) Bandarban, 10) Chattagram, and 11) Cox's Bazar. The division has two city corporations, i.e. Chattagram and Cumilla.

Among 11 districts of the division, 06 districts (Brahmanbaria, Cumilla, Noakhali, Chandpur, Lakshmipur, and Feni) comprise the north-western portion (37.6%) of the division while the remaining 05 districts (Chattogram, Cox's Bazar, Rangamati, Khagrachhari and Bandarban) comprise the south-western portion (62.4%) of the division. The two portions being separated by the lower (or Bangladeshi) stretch of the Feni River. The highland districts of Rangamati, Khagrachhari and Bandarban together comprise the area known as Chattagram Hill Tracts (CHT).

## 2.2.2 WASH Sector Overview: National and Chattogram Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor faecal sludge management and the low access to improved sanitation services (47%) as shown in Table 2.1.1

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.1.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 2.1.2) and 25% drink water with a level of arsenic above international standards.

Table 2.2.1: National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Service Level	Wate	er (% of Pe	op)	Sanita	tion (% of	Pop)	Hygiene (% of Pop)			
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban	
Safely managed	56	61	45	-	32	-	-	-	-	
Basic service	42	36	53	47	11	54	40	31	58	
Limited service	1	1	1	22	19	29	45	51	32	
Unimproved	1	1	1	31	38	18	-	-	-	
No service	1	1	1	0	0	0	15	18	10	

source: Joint Monitoring Report (JMP), 2017

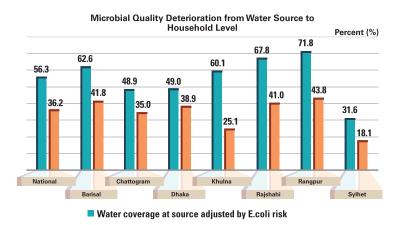


Figure 2.2.1: Microbial contamination of drinking water sources and deterioration from source to household MICS 2012-2013)

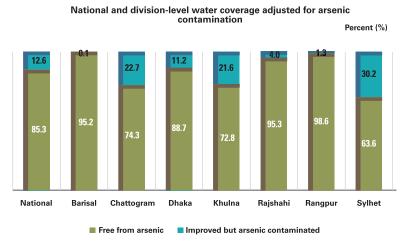


Figure 2.2.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

# 2.2.2.1 Access to Safe Drinking water in Chattogram

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), about three quarters (79.8%) of the households in Chattogram use improved water sources that are available within 30 minutes round trip collection time (Figure 2.2.3). However just about one in five (20.3%) of these households have safe drinking water that is available when needed and free from priority contamination (Figure 2.2.4). This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

# Households Using Improved Water Sources within 30 min round trip collection time

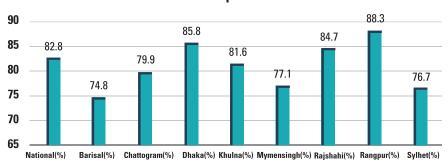


Figure 2.2.3: Households using improved Water Sources meeting Basic standards

#### **Household Using Safely Managed Drinking Water Sources**

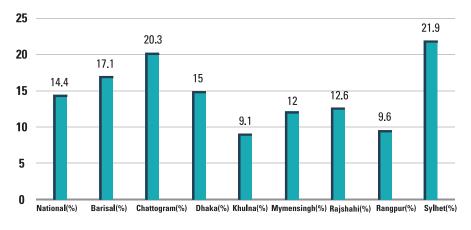
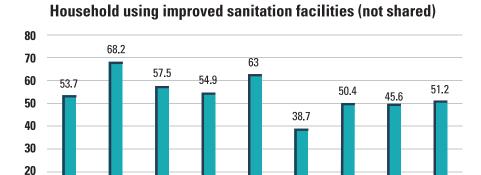


Figure 2.2.4: Household Using Safely Managed Drinking Water Sources

# 2.2.2.2 Access to Improved Sanitation in Chattogram

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh, 2018), In Chattogram Division, access to improved sanitation which is private is higher than national average i.e.57.5% compared to the national average of 53.7% (Figure 2.2.5). However, this means that only about half out of the households have access to improved sanitation. Improved Sanitation is defined as the facility that safely contains excreta preventing contact with human s (hands, food, and water).



#### Figure 2.2.5: Households which use an improved facility which separates excreta from human contact (private)

Chattogram(%) Dhaka(%) Khulna(%) Mymensingh(%) Rajshahi(%) Rangpur(%) Sylhet(%)

# 2.2.2.3 Access to Effective Handwashing in Chattogram

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Effective handwashing is a challenge nationally as the survey indicated that only about half of the households (51.1%) were observed to wash their hands with soap and water after defection. The divisional estimate (51.9%) also found that just about half of households practice effective handwashing (Figure 2.2.6); washing their two hands with soap and water for at least six seconds after defection (BBS and UNICEF, 2018).

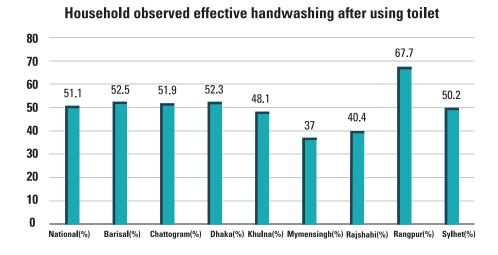


Figure 2.2.6: Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)

#### 2.2.2.4 Disparities in WASH Access in Chattogram Division: Urban Slums, Ethnic Minorities

There is a narrow strip of coastal plain in the Chattogram district and a very narrow strip of beach from Cox's Bazar to Teknaf, between the hills and the Bay of Bengal. The plain comprises of beach-dune complexes, the piedmont plain and mud flats (Khan et al., 2001). In the coastal plain aquifers groundwater condition is highly variable with the possibility of saline water intrusion.

Despite the successes achieved by government in terms of access to improved water and sanitation in Chattogram Division, there are disparities between national coverage and hard to reach areas and vulnerable areas. These areas will need to be targeted as part of needs based plans.

**Urban slums:** Chattogram has experienced a steady growth in its slum settlements as a result of the increasing economic activities in the city and emigration from rural areas. According to a poverty reduction publication of the International Monetary Fund, there were 1,814 slums within the city corporation area, inhabited by about 1.8 million slum dwellers, the second highest in the country after the capital, Dhaka.

Chattogram Hill Tracts (CHT): Communities in hard to reach areas of Rangamati, Bandarban and Khagrachhari districts have acute needs to for drinking water, sanitation facilities, hygiene behavior. The access to improved water sources of drinking water in CHT is significantly lower (60.5%) than the average in Chattagram Division (97.0%) and the national average (97.9%) (MICS survey 2012-2013). Some of the activities of the government include the Sustainable Social Services in CHT (SSS-CHT) previously known as Integrated Community Development Project (ICDP), which is implemented in collaboration with UNICEF. There is a need to further scale up WASH services to such hard to reach areas in needs based WASH action plans.

WASH at emergency response programme: By October 2017, the total number of Rohingya people who have fled from Myanmar into Bangladesh, had reached 1.2 million as estimated by the Inter-Sector Coordination Group (ISCG). It is estimated that 80 per cent of the new arrivals are children and women including newborn babies and pregnant and lactating women. A total of 720,000 children, both from new arrivals, existing Rohingyas, contingency and vulnerable host communities, are affected and needed urgent humanitarian

assistance including critical life-saving interventions. The Government of Bangladesh and their development partners identified the areas of WASH, health, nutrition, food security and shelter to save lives in both settlements and host camps including ensuring protection and psychosocial support for children and their caregivers. The WASH activities include construction of new water points, rehabilitation of dysfunctional water sources, construction of emergency latrines, rehabilitation of damaged latrines, and installation of hand washing stations, distribution of hygiene kits and conducting hygiene promotion session at the targeted communities.

#### 2.2.2.5 Access to WASH Services in Schools

Access to water in schools is stagnant at only 64% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is higher at 85%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled (Figure 2.1.7).



#### Access to water and sanitation in schools (%)

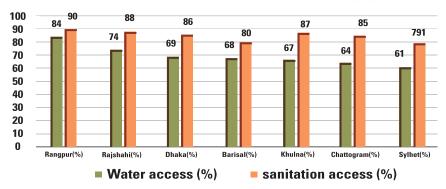


Figure 2.1.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)

# 2.2.3 WASHBAT Summary Outputs, Conclusion and Next Steps

### 2.2.3.1 Bottlenecks Identified in all Sub sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.2.4 of this report. WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them in all 6 thematic areas in Chattogram Division (Table 2.2.2 to 2.2.7). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project





program formulation such information might be very useful.

**Table 2.2.2 Theme: Rural Water and Hygiene for Chattogram Division** 

SI No.	Bottleneck	Activity for Bottleneck Removal			
1	Policy and strategy not aligned with 'safely managed' drinking-water services (SDG target 6.1)	Local level consultation and report on recommendation for update and review policy according to SDG target.			
2	Policy and legal framework partly include provisions for operational and financial sustainability of services	Model development on sustainable operation through surveying good example in rural water supply by appointing consultant.			
	Water Supply and sanitation Policy 1998 not	Need assessment survey to identify household water treatment and storage management system necessity.			
3	include household water treatment and storage management	Revision of WS policy 1998 to include household water treatment and storage management			
4	One government-led plan for the WASH sector not exist	Develop Upazila wise master plan through blanket survey including water quality, water point registration on MISGIS unit, water point registration system, unsaved areas and recommended water point type for effective coordination, monitoring and evaluation			
5	Rural water tariffs are not sufficient to provide adequate delivery of rural water services	Advocacy for low/especial flat rate/tariff of electricity for drinking water supply for rural community-based water supply plant (tariff commission, Palli Bidut)			
	according to national standards	Community mobilization for importance of safe water			
6	Monitoring feedback system not properly functioning	Gap Analysis and initiative for develop appropriate monitoring mechanism and feedback system to improve decision making in different level			
7	No any set of indicators reflecting relevant aspects of service delivery (access, availability, affordability, quality, acceptability)	Review and update water hygiene indicator giving special focus on practice.			
8	No regional level training institutions	Empower local water supply related training institute at division/regional level with training plan, skilled manpower and necessary logistic.			



**Table 2.2.3 Theme: Rural Sanitation and Hygiene for Chattogram Division** 

SI. No.	Bottleneck	Activity for bottleneck removal
1	Existing policy not reviewed in line with SDG 6.2: safely managed sanitation	Study to assess context specific practices for developing safely managed sanitation model and its assessment technique
2	No presence of context specific hygiene behaviour change strategy	Development and implementation of context specific behaviour change strategy
3	No regular effective coordination meeting takes place among major stakeholders	Organize number of coordination meeting with follow-up at different levels
4	No equity-based resource allocation for safely managed sanitation and emerging issues i.e. gender, climate change, DRR and inclusion	Allocate context specific adequate resource to meet the need of safely managed sanitation including gender, climate change, DRR and inclusion
5	Less initiative for documenting learning evidence both rural sanitation service model and approaches	Develop knowledge document for documenting number of evidences(sanitation service model and approaches i.e CLTS, sanitation marketing etc.  Development and implementation of sanitation service model by revising relevant policy document and preparing costed plan of action
6	No human resource development strategy for rural safely managed sanitation and hygiene services	Organize number of training, awareness campaign, sensitization workshops, exposure visits etc.  Develop harmonized training packages for rural sanitation and hygiene services to cater need of SDG 6.2

**Table 2.2.4 Theme: Urban Water and Hygiene for Chattogram Division** 

SI. No.	Bottleneck	Activity for bottleneck removal				
1	No authenticated coordination mechanism has been established yet	Developing a framework and creating a functional coordination body to coordinate local administration activities on urban water and hygiene				
2	There is no plan exists that is led by single ministry based on local context	Establishing a Government led single plan by the ministry considering the respective local situations				
3	Conditions are not adequate for the application of service delivery models including the policy and regulatory framework, available capacity support, financing arrangements and incentives	Advocacy to the LGRD&C Ministry to allocate adequate finance to operate necessary water service delivery				
4	Need based financial system exists for urban water and hygiene and institutional frameworks for resource mobilization are not in place	Assessment of financial needs for urban water and hygiene and develop a profitable business model				
5	No Hygiene related plan in exists	Organize workshop to influence policymakers to aware about hygiene issues with its benefits				
6	Performance measurement system for customer satisfaction yet not been developed	Developing a monitoring system that includes performance indicators specific to the customer satisfaction (Non-Revenue Water, % of bill send out, % of bill allocated etc.)				
7	Sector Development Plan/FYP does not contain advocacy activities to influence politicians and key	Review existing plan to include the role of politicians and influencing activities				
,	influencers	Awareness campaign, regular meetings with local elected politicians to increase awareness about their role in planning				
8	Politicians are not involved in planning and advocacy for urban water and hygiene interventions	Establish a separate WASH wing led by a WASH professional. The elected representative might be the chairman of the Board				
9	No community and traditional leaders are involved and represented in the planning process	To include specific framework for involving community and traditional leaders in the legal documents of the proposal wings				
10	Coordination body is non-functional and urban water issue is not prioritized in the agenda	Develop an effective coordination body which ensure motivational factor as well as accountability of members towards urban water				
11	Public allocation to urban water & hygiene as % GDP is not sufficient	Establishing modern financial management system (develop financial software) in the LGIs				
12	Inadequate tariff to cover the cost of services (OpEx and CapEx) and cost inflation	Designing business models depending on urban water supply from surface water sources with a backup from Ground Water in each urban administrative area.				
13	No evidence of private sector capacity to deliver safely managed urban water services in an efficient	Conduct research to asses private sector capacity dealing safely managed water services				
	matter	Take initiative for profitable venture, setting up area specifi business model for profitable venture				

 Table 2.2.5 Theme: Urban Sanitation and Hygiene for Chattogram Division

SI. No.	Bottleneck	Activity for bottleneck removal				
1	Mandated government agency is absent	Designated secretariat under the ministry (MLGRD &C) with appropriate HR, financial resources				
2	Absence of financing institutions and mechanisms	Mapping and listing of the financial institutions with their interest in investment;				
		Development and implementation of mechanisms to raise additional financing including private sector				
3	Sanitation related policy and strategies lack costed plan of action and context specific	Prepare costed plan of action should be context specific issues and addressing emerging issues i.e. FSM, climate change, DRR, gender, inclusion and disability etc. for meeting urban sanitation challenge				
	pian of action and context specific	Develop separate sanitation unit or department and strengthening their capacity with clearly defining their roles, responsibilities and accountabilities				
4	Monitoring and feedback system is absent	Raising awareness at all level to realize the importance of establishing monitoring feedback system and contribute to the decision making system				
5	Partially represented and engaged	Strengthening the capacity of traditional and community leaders with facilities through training and orientation on FSM, IRF, ISWM considering SDG				
6	Gaps in clarity and operation in institutional roles and responsibilities	Separate urban sanitation and hygiene unit or department with orientation on their roles and responsibilities and allocation of budget for its effective operation				
7	Incentive system is absent for encouraging private sector in urban sanitation service delivery	Formulation, orientation and implementation of PPP model by engaging private sector with the guideline of incentive system				
8	Well -functioning body is absent	Guideline development and implementation for the functionality of the coordination body with orientation and allocation of budget from the ministry in ADB of ULGIS				
9	No tariff system for urban sanitation services	Awareness raising among the mass people and political leaders for social mobilization and create demand for taking the services with willingness to pay				
9	delivery '	Adequate allocation of budget for the implementation of facilities (FSM, Waste water and solid waste Mgt.) with proper guideline on tariff system considering				
10	Lack of National Urban Sanitation Plan	National authority will develop law and enforce to local urban authority will bound to ensure the FSM, SWM during the approval of design				
11	Human resource strategy is absent	Planning, budgeting and facilities to develop and implement the human resource strategy				
12	No consultative platform, coordination and learning	Strengthening the capacity of the ULGIs to create skill manpower				

**Table 2.2.6 Theme: WASH in schools-(WinS) for Chattogram Division** 

SI. No.	Bottleneck	Activity for bottleneck removal
1	State of WASH in school was not realized properly	Consultation meeting with stake holders at sub-national & national level
2	Top down approach is in practice	To ensure involvement and coordination with communities and lower level government in planning one implementation
3	No plan of actions in secondary & higher secondary level	Develop trained & skilled facilitators at national & sub-national level
4	Information on budget and expenditure is confidential and top down	To develop information mechanism accessible to all and decentralized decision making and budget allocation need to adopted
5	No specific directives from authority level for internal control mechanism	WASH to integrated with education for internal control mechanism
6	Geographical setting is not considered in budgeting and allocation	Preparing budget & allocation based on geographical considerations
7	No capacity development plan exists on Wash in School	To conduct needs assessment & develop implementation plan accordingly
8	No / insufficient training module on WASH in schools	Training curriculum in line with emergency issues on WASH to be developed
9	Recurrent expenditure is absent in budgeting process	Incorporate 0&M and monitoring provision to be incorporated in budgeting process
10	Set of monitoring indicators following SDG is absent	Developing set of monitoring indicators as per JMP
11	No capacity development plan exists on Wash in School	To conduct needs assessment & develop implementation plan accordingly
12	Common understanding within the relevant sectors	To develop harmonized monitoring system
13	No research / study / evaluation took place in Chattogram on WASH in school	Conduct research / study on WASH in School (WinS) focusing Chattogram and Hill Tracs

Table 2.2.7 Theme: WASH in Health Care facilities -(WinHCF) for Chattogram Division

SI. No.	Bottleneck	Activity for Bottleneck Removal				
1	Lack of policy and strategy for WASH in HCF	Advocacy to the policy/decision makers to give priority to the needs of policy, strategy and costed plan of action for WASH in HCFs				
		Situation analysis and baseline survey for WASH in HCFs				
2	Inadequate evidence based information for WASH in HCFs	Inclusion of WASH indicators into health related survey & assessment				
3	Absence of national standards for WASH in HCFs	Development of national standards and implementation guidelines for WASH in HCFs.				
4	Absence of technical working group for WASH in HCF at national level	Formation of National technical Committee for WASH in HCF at Ministerial Level				
5	No clearly defined roles and responsibilities for institutional WASH	Assign focal person with specific roles and responsibilities (TOR) at different level for institutional WASH in HCFs				
6	Inadequate budget for WASH in institution and awareness campaign on WASH in HCF	Advocacy for allocation of budget for WASH activities in HCFs and awareness campaign				
7	Lack of defined 0&M framework for WASH in HCFs	Development of O&M framework and guidelines for WASH in HCFs				
	Allocations of funds at sub national level	Allocation of funds and Implementation of regional plan of action for WASH in HCFs				
8	are not done addressing local issues (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, emergency, overcrowding, etc.)	Need based Planning & Budgeting addressing local issues (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, emergency, overcrowding, etc.)				
9	Lack of integrated risk informed regional plan for WASH in HCF	Development of regional plan of action addressing risk based assessment result and local issues (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, emergency, overcrowding, etc.)				
		Address sustainability in Planning process				
10	Absence of sustainable plan for WASH in HCF	Arrange Local resource mobilization for 0&M activities				
		Involve community participation in planning process				

# 2.2.3.2 Key Bottlenecks affecting all Sub sectors/thematic Groups

Planning, Monitoring and Review: Activities related to contextualized planning to meet the diverse needs of the population of Chattogram Division ranging from the urban centers and hard to reach areas and Chittagong hill tracts were highlighted. Development of a WASH Needs based District wise master plan (Rural water and sanitation); Development of a plan of action for WASH in secondary schools (WASH in Schools); Development, funding and implementation of divisional level plan for WASH in HCF, address, issues of saline intrusion, difficult geohydrological condition in hill tracks,, hard to reach areas and the islands (WASH in Health Care Facilities).

The common concern of all groups about the need for monitoring was indicated by the following priority actions from the different thematic groups: Development of an integrated monitoring system with feedback mechanism at all levels (Rural Water Supply and Hygiene); Develop monitoring system with relevant performance monitoring indicators such as non-revenue water (Urban water and Hygiene); Domestication of national standards and guidelines for WASH in HCF.

**Sector Policy and Strategy:** Domesticate Water Supply and Hygiene policy and align with the SDGs (Rural Water and Hygiene); Facilitate integrated policy for WASH in schools; Development of National Strategy for WASH in Health Care Facilities and domestication at the Divisional Level.

The priority actions that were identified address the current situation in which the national water and sanitation policy is outdated; a legal framework reflecting the need of Division level decision making is not available nor supported by a set of supporting documents and implementing decrees that provide clarity of roles and responsibilities, service norms and standards. This includes service norms for WASH in schools (WINS), Health Care Facilities and technical standards for sanitation and faecal sludge management. The existing Water policy and strategy doesn't adequately address "hard to reach areas" such as islands addressing 'safely managed' drinking-water services.

#### **Capacity Development:**

Common Priority Actions that were identified by the sector stakeholders were: Establishment of a separate WASH wing headed by a WASH technocrat (Urban Water and hygiene); Develop dedicated sanitation unit and strengthen capacity of the staff (Urban Sanitation and Hygiene implementation. Develop Job Descriptions specifying roles and responsibilities for staff at facilities (WASH in Health Care Facilities).

The prioritized actions from the Bottleneck analysis reflect the need to address the current situation in which WASH institutions have limited capacity to fulfill their sector roles and responsibilities for sustainable service delivery at scale, including the unavailability of necessary structures, harmonized up to date tools especially for community mobilization and hygiene education, training, and incentives. This is especially true at Upazila and Union Parishad level.

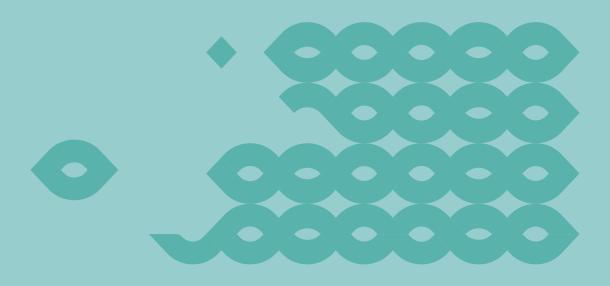
**Budget & Expenditure**: The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. The solutions identified to address this building block cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED).

Priority Recommended Actions include: Creation of a pro-poor tariff structure (Rural Water and Sanitation); Develop a Tariff system based on actual costs of production and operation (Urban Water and Hygiene); Develop a mapping of local investors and investor focused domestic resource mobilization strategy (Urban Sanitation and hygiene); Needs based funding for construction, Operation and Maintenance and Hygiene Promotion based on geo-hydrological context (WASH in Schools).

**Communication:** Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats of national and subnational level; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees.

Examples are: Prioritize sensitization and awareness raising of policy makers and technocrats by organizing workshops, training, and exchange visits (Rural Sanitation and Hygiene); Hygiene awareness strategy for target groups (Urban Water and Hygiene); Develop Chattogram Specific Communication Strategy and Behavior Change Communication Package for Religious Leaders, (Urban Sanitation and Hygiene);

**Cross cutting issues:** Priority actions to address gender, disabilities, inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues. For example, Development of Division wide Plan of Action addressing risk based assessment result—and local issues (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, climate change, disasters, emergency, overcrowding, etc) disability and aligned with SDG 3 and 6 (WASH in HCF);



## 2.2.3.3 High Priority Activities to Remove Bottlenecks: Cost, Timeline, Responsibility

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH Sector within Chattogram administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.2.8 Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Chattogram Division

			Rural Water Supply and	Hygiene			
SI:		Causes of			Costs	(USD)	
N0	Bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 2025	Responsibility
1	Policy not aligned with 'safely managed' drinking- water services (SDG target 6.1)	Policy developed before SDG and not updated. Hygiene policy is not in place	Local level consultation and report on recommendation by external consultant for update and review policy according to SDG target.	High	555,000	0	DPHE, LGI, CBO, LGD, NGOs, DPs
2	Non-existence of sector wide government-led plan for the sector	Private water points not considered in government-led plan	Develop Upazila wise master plan through blanket survey including water quality, water point registration on MISGIS unit, water point registration system, unsaved areas and recommended water point type for effective coordination, monitoring and evaluation	High	0	15,000,000	LGD, BBS, DPHE,NGOs
3	Tariffs are not sufficient to provide adequate delivery of rural water services according to national standards	Lack of ownership and awareness of user. Highcommercial electricity bill	Advocacy for low/especial flat rate/tariff of electricity for drinking water supply for rural community based water supply plant (tariff commission, PalliBidut) and Community mobilization for importance of safe water	High	20,000	480,000	DPHE, LGD, CBOs,NGOs
4	Monitoring feedback system not properly functioning	Lack of security     especially in remote     areas like; Hill Tracks.      Lack of resources     like; manpower,     transportation, skills	Gap Analysis and initiative for develop appropriate monitoring mechanism and feedback system to improve decision making in different level	High	60,000	0	LGD, DPHE, CBOs, NGOs
5	No regional level training institutions	Top down approach for training and selecting trainees.	Empower local training division with skilled manpower and necessary logistic.     Develop training calendar for the targeted persons and arrange training accordingly.	High	30,000	20,000	DPHE, LGD
		То	tal		665,000	15,500,000	

Table 2.2.9: Priority Costed Activities of 'Rural Sanitation and Hygiene' thematic area for Chattogram Division

SI:	Bottlenecks	6 (5 (1)	A adjusters	Priority	Costs (USD)		
No		Causes of Bottlenecks	Activity		2019 - 2020	2021 - 2025	Responsibility
1	Policy not reviewed in line with SDG 6.2: safely managed sanitation	Low priority and less initiative taken to review sector policy in line with SDG 6.2     No comprehensive project to address SDG 6.2     No comprehensive project to address SDG 6.2	Conduct survey or study to assess context specific practices for developing behavior change strategy	High	10,000,000	0	DPHE, LGI, NGO, DP
2	Absence of context specific hygiene and behaviour change strategy	Data gap on current status     No evidence on context specific practice     No initiative taken for developing context specific hygiene strategy     No initiative taken for developing context specific hygiene strategy	Development and implementation of context sanitation and hygiene behavior change strategy	High	5,000,000	5,000,000	DPHE, LGI, NGO, DP
3	No regular coordination meeting takes place among major stakeholders	Weak capacity of DPHE to ensure information access to different stakeholders Information is not updated regularly     No clarity on roles and responsibility of different takeholders • Less accountability on roles and responsibility of different stakeholders at implementation level	Organize number of coordination meeting with follow-up at different levels	High	10,000,000	30,000,000	DPHE, Divisional Commissioner, LG NGO, DP, Private Sector
4	No equity- based resource allocation	No strategy for context specific resource allocation • Lower prioritization of SDG 6.2 Weak coordination with ministry	Allocate context specific adequate resources	High	1,000,000,000	6,000,000,000	DPHE, MoLGRDC MoP, MoF, DP, LG
5	Less initiative for documenting learning evidence in term of service model and approach	Inadequate resources	Document number of evidences (sanitation service model and approaches)	High	10,000,000	0	DPHE, PSB, DP, NGO, Private Sector, ITN-BUET
		Less priority given compared to/ with other current issues	Development and implementation of sanitation service models	High	0	30,000,000	DPHE, PSB, DP, NGO, Private Sector, ITN-BUET
6	No human resource development strategy	Insufficient expert human resources Inadequate resource allocation plan	Organize number of training, awareness campaign, sensitization workshops, exposure	High	40,000,000	60,000,000	LGD, NGO, DP, Private Sector, NILG, LGI, ITN- BUET



Table 2.2.10: Priority Costed Activities of 'Urban Water Supply and Hygiene' thematic area for Chattogram Division

		Ur	ban Water Supply a	and Hygie	ne		
SI: N0	Bottlenecks	Causes of Bottlenecks	Activity	Priority	Costs 2019 - 2020	(USD) 2021 - 2025	Responsibility
1	No authentic coordination mechanism has been developed yet	Less awareness and importance has been given to the urban water and hygiene     Legal relationship between administrative wings are not well defined	A concrete framework should be established, so that all the local administrative wings can sit together for coordination of activities to urban water and hygiene	High	416,666	416,666	PSB, MoLGRDC
2	Absenceof need basis financial system and arrangement	Absence of profitable business model in urban water and hygiene	Facilitating the service providers to design traffic rate considering production and operating cost	High	119,047	476,188	PSB, MoLGRD&C
3	no comprehensive hygiene related plan	Lack of awareness of hygiene related issues	Taking appropriate measures to aware the beneficiaries about hygiene issues with its benefits	High	119,047	357,141	DPHE, MoLGRDC, PSB, Pourashava, WASA, UNICEF
4	Performance measurement system for customer satisfaction yet not been developed	Government is the service monopoly provider in urban water and hygiene sector	Establishing some performance indicators (Non Revenue Water, % of bill send out, % of bill allocated etc) of the service provider	High	148,809	446,427	PSB, MoLGRD&C, WASA, CC
5	Politicians are not involved in planning and advocacy	Public representatives are not aware     Urban WASH sector is less prioritized in the political system     Political leaders lack political will for urban WASH	To establish a separate Urban WASH wings leaded by a WASH professional. The elected representative might be the chairman of the Board	High	416,666	416,666	PSB, MoLGRD&C, MoF, MoP
	Total 1,220,235 2,113,08						

Table 2.2.11: Priority Costed Activities of 'Urban Sanitation and Hygiene' thematic area for Chattogram Division

	Urban Water Supply and Hygiene										
SI:	Bottlenecks	Causes of	Activity	Priority Co		(USD)	Responsibility				
N0	Domenecks	Bottlenecks	Activity		2019 - 2020	2021 - 2025	nesponsibility				
1	Mandated government agency is absent	Lack of demand from the sub- national level LGIs	Allocation of budget from the national government to create a designated secretariat under the ministry (MoLGRD&C) with strengthening their capacity	High	15,000,000	5,000,000	LGD, PSB, DPHE, ULGIs, DPs, UNICEF, MoF, MoP				
2	Absence of financing institutions and mechanisms	low importance given to the impact of improper sanitation on environment     Lack of initiatives	Mapping and listing of the financial institutions with their interest for investment; and development and implementation of mechanisms to raise additional finances	High	80,000,000	60,000,000	LGD, MoF, DPs, ULGIs, Private Sector, UNICEF				
3	No Plan	Lack of initiative and guideline from the national level	Develop separate sanitation unit or department and strengthening their capacity with clearly defining their roles, responsibilities and accountabilities	High	1,500,000,000	2,000,000,000	LGD, PSB, DPHE, MoF, MoP, DPs, ULGIs, UNICEF				
4	Monitoring Feedback system is absent	negligence or low priority	Raising awareness at all level to realize the importance of establishing monitoring feedback system and contribute to the decision making system	High	100,000,000	100,000,000	LGD, DPHE, ULGI, Private Sector, DPs, UNICEF				
5	Partially represented and engaged	Low prioritization of urban sanitation & hygiene	Strengthening the capacity of traditional and community leaders with facilities through training and orientation on FSM, IRF, ISWM considering SDG 6.2	High	50,000,000	50,000,000	LGD, DPHE, NILG, ITN-BUET, ULGIs, DPs, BARD, RDA				
		Tota		1745,000,000	105,000,000						



Table 2.2.12: Priority Costed Activities of 'WASH in School' thematic area for Chattogram

## **Division**

	Urban Water Supply and Hygiene									
SI: N0	Bottlenecks	Causes of Bottlenecks	Activity	Priority	Costs 2019 - 2020	(USD) 2021 - 2025	Responsibility			
1	No Policy guideline for integrated approach	No situation analysis report/data to inform integrated policy guideline	Integrated policy formulation & implementation	1	588,235	11,764,706	MoE, MoPME, MoLGRD&C, DPs			
2	Quality facilitators/ motivators was not developed	Lack of importance & realization/ awareness	Develop plan of action on WASH in schools in secondary & higher secondary level	2	552,941	0	MoE, MoLGRD&C, DPs			
3	No specific directives from authority level for internal control mechanism	Importance of WASH in schools is neglected at authority level	WASH to integrated with education for internal control mechanism	3	14,706	14706	MoPME, MoE, MoLGRD&C, DPs			
4	Geographical setting is not considered in budgeting and allocation	Situation assessment in the content of Chattogram Hill Tracs is not conducted	Preparing budget & allocation based on geographical considerations	4	705,882	705,882	MoE, MoF, MoPME DPs,			
5	No capacity development plan exists on Wash in School	Need based capacity assessment is not identified	To conduct needs assessment & develop implementation plan accordingly	5	658,824	658,824	MoE, MoPME, MoLGRD&C			
		Tota		2,520,588	13,144,118					

Table 2.2.13: Priority Costed Activities of 'WASH in Health Care Facilities' thematic area for **Chattogram Division** 

	WASH in Health Care Facilities										
SI:	Bottlenecks	Causes of Bottlenecks	Activity	Priority	Costs (USD)		Responsibility				
N0	Dottieffecks	Causes of Dottieffecks	Activity		2019 - 2020	2021 - 2025	responsibility				
1	Lack of Policy and Strategy for WASH in HCF	Priority is not given to the needs of having Policy and Strategy for WASH in HCFs	Development of National Policy and Strategy for WASH in HCFs	High	30,000	0	MoHFW, MoF, MoPlnning, MoLGRD&C, Mo Works DPs, Private sectors				
2	No clearly defined roles and responsibilities for institutional WASH i.e WASH in Health Care Facilities	Focal person is not assigned with specific roles and responsibilities for institutional WASH.	Assign focal person with specific roles and responsibilities (TOR) at different level for institutional WASH in HCFs	High	5,000	0	MoHFW (DGHS, DGFP)				
3	Absence of National Standards for WASH in HCF	Necessity was not felt for National Standards for WASH in HCFs	Development of National Standards and Guidelines for WASH in HCFs.	High	50,000		MoHFW, MoF, MoP, MoLGRD&C, MoW, DPs, Private sectors				
4	Allocations of funds at sub national level is not context specific (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters , emergency, overcrowding, etc)	Local issues ( i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, e m e r g e n c y, overcrowding, etc) are not considered during budget allocation.	and Implementation of regional Plan of Action for	High	1,000,000	9,000,000	DGHS, DGFP, PWD, HED, LGIs, DPHE, DPs (WHO UN, WB) & POs				
5	Lack of integrated risk informed regional plan for WASH in HCF	No importance given to have an integrated risk informed regional plan	Development of regional Plan of Action addressing risk based assessment result and local issues (i.e. Hill tracks, salinity, hard to reach areas, islands, chars, ethnic minorities, gender, CC, disasters, emergency, overcrowding, etc)	High	35,000	0	DGHS, DGFP, LGD, DPHE, MoPME, MoEdu, DPs, Private sector				
		Total			1,120,000	9,000,000					



# 2.2.3.4 Conclusion and Recommendations and Next Steps

#### **2.2.3.4.1 Conclusions**

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Chattogram Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

1. The Enabling Environment: Poor implementation and compliance with sectoral policies at national and subnational levels; non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and subnational governments ) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub-national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.

#### 2. Services Delivery:

Absence of low-cost appropriate water and sanitation technologies for the CHT inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.

#### 3. Behaviour Change Communication:

Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Chattogram Division. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Chattogram specific challenges of Islands, Chittagong Hill Tracts, and high arsenic levels in Comilla, Brahmanbaria districts etc.



#### 2.2.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office.
- 2.The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a sub-national level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Plans.
- 3. Liaison with the Ministry of Planning and Finance to facilitate incorporation of the priority activities in the Annual Development Programme (ADP) for 2019 and 2020 and budget allocation for the post 2020.
- 4. Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division

#### 2.2.3.4.3 **Next steps**

Dissemination of reports at sub-national and national level through the Local Government Division and Development; Additional Secretary Water Supply Wing.

## 2.2.4 Link to Thematic Groups Teports:

SI No.	Thematic Groups		Link				
1	Rural Water and hygiene :		https://www.dropbox.com/s/g53ta9918pfe3wa/Report%20Chottogram_Rural_Wate and%20Hygiene_Washbat%20Analysis.doc?dl=0				
2	Rural Sanitation and Hygiene		https://www.dropbox.com/s/szw1pjkmvzhkhcs/Washbat%20Report%20Rural%20 Sanitation%20and%20Hygiene%20Chattogram.docx?dl=0				
3	Urban Water and Hygiene :		https://www.dropbox.com/s/16cleiu0b3wlea0/Report Chattogram%20 Urban Water%20 and%20Hygiene.doc?dl=0				
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/hq3lawaozqlas32/Washbat%20Report%20Urban%20 Sanitation%20and%20Hygiene%20Chottogram.doc?dl=0				
5	WASH in School		https://www.dropbox.com/s/j6n4nkqyoomkxpc/Reporting%20Tamplate%20 School %20 Washbat%20%20Analysis%20Chittagong.doc?dl=0				
6	WASH in Health care		https://www.dropbox.com/s/i5k32eevk5efuyv/WASH%20BAT%2C%20Chattagram%20HCF.docx?dl=0				

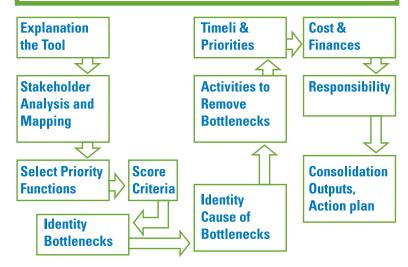
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PART TWO-03

**DATE: 30 October - 01 Nov 2018** WASHBAT REPORT **DHAKA DIVISION BANGLADESH** 

# **Bottlenecks Analysis Steps**





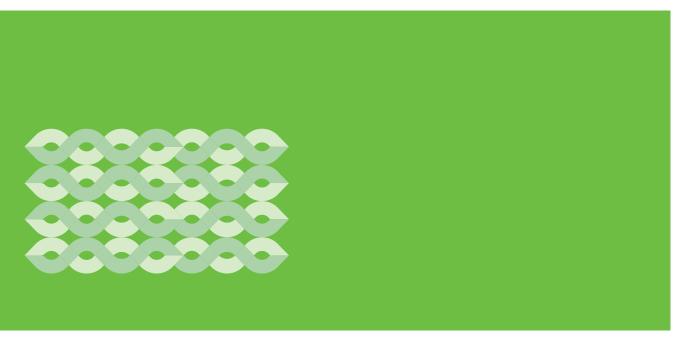


# **PART TWO-03 Dhaka Division**

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Dhaka Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.



# 2.3.1 Dhaka Division : Administrative and Demographic Features

Dhaka Division spans an area of 31,051 sq km and is located between 23°42′37.44″N latitudes and in between 90°24′26.78″E longitudes. It is bounded by Mymensingh Division to the north, Barishal Division to the south, Dhaka Division to the east and south-east, Sylhet Division to the north-east, Rangpur Division to the north-west, and Rajshahi Division to the west and Khulna Divisions to the south-west. The division has a total population of 36,433,505 male 51.05% and female 48.95% (Census 2011).

In terms of administrative areas, the Dhaka Division is sub-divided into thirteen districts Dhaka, Gazipur, Kishoreganj, Manikganj, Munshiganj, Narayanganj, Narsingdi, Tangail, Faridpur, Gopalganj, Madaripur, Rajbari and Shariatpur. Further, the Dhaka Division contains 88 sub-districts (Upazila/Thana), 893 Union Parishad, 6,638 villages and 36 municipalities and one City Corporation.

#### 2.3.2 WASH Sector Overview: National and Dhaka Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 2.3.1.2.1.

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.3.1.2.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 2.3.1.2.2) and 25 per cent drink water with a level of arsenic above international standards.

Table 2.3.1 National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

	Wa	ter (% of Po	p)	Sanita	Sanitation (% of Pop)			Hygiene (% of Pop)		
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban	
Safely managed	56	61	45	-	32	-	-	-	-	
Basic service	42	36	53	47	11	54	40	31	58	
Limited service	1	1	1	22	19	29	45	51	32	
Unimproved	1	1	1	31	38	18	-	-	-	
No service	1	1	1	0	0	0	15	18	10	

Source: Joint Monitoring Report (JMP), 2017

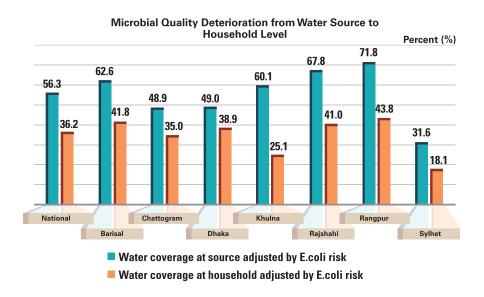
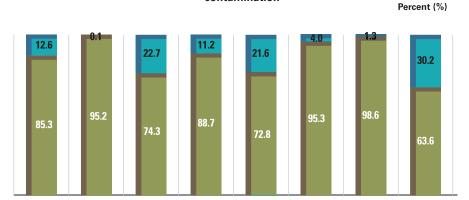


Figure 2.3.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

# National and division-level water coverage adjusted for arsenic contamination



Khulna

Rajshahi

Rangpur

Sylhet

■ Free from arsenic ■ Improved but arsenic contaminated

Dhaka

Figure 2.3.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

Chattogram

### 2.3.2.1 Access to safe drinking water in Dhaka

**Barisal** 

National

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), more than three quarters (85.8%) of the households in Dhaka Division use improved water sources that are available within 30 minutes round trip collection time (Figure 2.3.1.2.3). However less than a quarter of these households (15%) have safe drinking water (Figure 2.3.1.2.4) that is available when needed and free from priority contamination. This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

# Households Using Improved Water Sources within 30 min round trip collection time

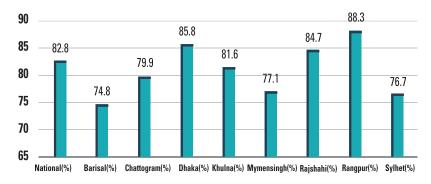


Figure 2.3.3: Households using improved Water Sources meeting Basic standards



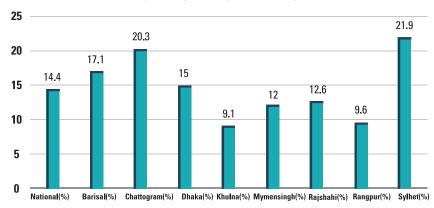


Figure 2.3.4: Household using improved sanitation facilities (not shared)

#### 2.3.2.2 Access to Improved Sanitation in Dhaka

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Dhaka Division, access to improved sanitation which is private is higher than national average i.e. 54.9% compared to the national average of 53.7% (Figure 1.5). However, this means that only about 1 out of 2 households have access to improved sanitation. Improved sanitation is defined as the facility that safely contains human excreta preventing contact with human (hands, food, and water).

#### Household using improved sanitation facilities (not shared)

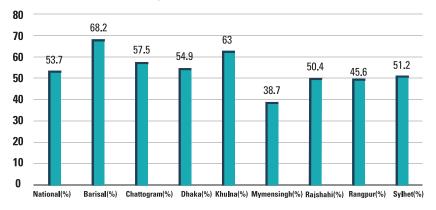


Figure 2.3.5: Households which use an improved facility which separates excreta from human contact (private)

#### 2.3.2.3 Access to Effective Handwashing in Dhaka

Effective Handwashing is a challenge nationally as the survey indicated that only about half of the households were observed to wash their hands with soap and water after defecation. The Dhaka divisional estimate (52.3%) also found that just about 1 of 2 households practice effective handwashing (Figure 2.3.1.2.6); washing their hand with soap and water for at least six seconds after defecation (BBS and UNICEF, 2018).

#### Household observed effective handwashing after using toilet 80 67.7 70 60 52.5 52.3 51.1 51.9 50.2 48.1 **50** 40.4 37 40 30 20 10 Chattogram(%) Dhaka(%) Khulna(%) Mymensingh(%) Rajshahi(%) Rangpur(%) Sylhet(%) National(%)

#### Figure 2.3.6: Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)

# 2.3.2.4 Disparities in WASH Access in Dhaka Division: Lowering of groundwater table, increasing Slum and pollution/encroachment of river Basin

Despite the successes achieved by government in terms of access to improved water and sanitation in Dhaka there are disparities between national coverage and hard to reach areas and vulnerable areas such as the slum, slum is less accessible and difficult area that is water logged every year due to drainage congestion even during off monsoon period, the land mass is flooded, and there is high contamination.

The rivers basins (Buriganga, Shitolakha, Meghna, Padma and Turag) are polluted continuously with the ingestion of untreated industrial effluent, illegal sewerage connection and disposal and other industrial waste disposal. The natural flow of the most of the rivers are threatened and main channel are reducing day by day due to the mostly man made reasons.

Water management in Dhaka faces numerous challenges such as flooding, poor service quality, groundwater depletion, inadequate sanitation, polluted river water, unplanned urban development, and the existence of large slums where more than one third of its population lives. Every year during the dry season, in some areas people demonstrate in Dhaka's streets demanding an uninterrupted supply of clean water.

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#### 2.3.2.5 Access to WASH Services in Schools

Access to water in schools Dhaka division is stagnant at only 69% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation at schools is high at 86%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled (Figure 2.3.1.2.7).

#### Access to water and sanitation in schools (%) 100 88 86 84 87 90 791 ጸበ 80 69 68 67 64 70 60 50 40 30 20 10 0 Rajshahi(%) Chattogram(%) Rangpur(%) Dhaka(%) Barisal(%) Khulna(%) Water access (%) sanitation access (%)

Figure 2.3.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)1

## 2.3.3 WASHBAT Summary Outputs, Conclusion and Next Steps

## 2.3.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.3.4 of this report.

WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (Table 2.3.2.1). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful. However, subsequent section 2.3.2.2, may discuss on the priority activities corresponding to identified bottlenecks.

1 (CDDRB, Water Aid Bangladesh, Local Government Division. 2014, Bangladesh National Hygiene, Baseline Survey. Preliminary Report. Dhaka, Bangladesh.

Table 2.3.1 Theme: Rural Water and Hygiene for Dhaka Division

SI. No.	Bottleneck	Activity for bottleneck removal		
1	Water supply and snatiation policy 1998 is not updated	Policy needs to be updated regarding equitable service allocation, targeting poor and vulnerable people and considering WSP, hygiene & gender issues		
		Revisions on policy based on R&D, environment, sustainability, WQ, climate change resilient technology		
2	Absence of coordination body (Well-functioning)	Empowering WATSAN committee i.e. site selection of water point allocation and 0&M and also ensuring women participation		
3	Non-existence of incentives for private sector to	Advocacy program to inform about environmental sustainable and efficient technology development and rewarding		
	manage rural water & hygiene services	Develop mechanism for rewarding		
4	Tariff system are not well structured	Govt. allocation on technology based 0&M		
5	Absence of detailed monitoring and evaluation indicators	Develop a well-functioning monitoring system with detailed indicators and allocation of manpower & resources		
6	Myopic view of Long-term development and political commitment	Controlled mechanism for implementing policy		

Table 2.3.2 Theme: Rural Sanitation and Hygiene for Dhaka Division

SI. No.	Bottleneck	Activity for bottleneck removal		
1	Priority on SDG 6.2 by concerned ministry is limited	Advocacy with the policy makers to review the existing policy addressing emerging issues like climate change, DRR, gender, disability for sanitation services		
2	Less priority on SDG 6.2Less commitment towards safely managed sanitation for sanitation and hygiene services	Advocacy with the policy makers to review the existing policy and strategy to meet the SDG 6.2 safely managed sanitation for rural areas and no one should left behind (haor, char land etc).		
		Formative study on hygiene issue		
2	About of effective and in the body of different level	Organize regular coordination meeting at different level		
3	Absence of effective coordination body at different level	Establish monitoring mechanism to track safely managed sanitation and hygiene practices for rural sanitation & hygiene services		
	Lack of government regulation, bi-laws to involve private	Advocacy for formulating standard bench mark arrangement for rural sanitation services		
4	sector for rural sanitation service delivery	Scope and need assessment for engagement of private sector and strengthening supply chain for rural sanitation and services		

-	Lack of adequate, need based allocation to sub-national level & lack of funding for community mobilization,					
5	behaviour change on rural sanitation and hygiene service delivery	Organize comprehensive community mobilization, behaviour change campaign				
C	Lack of annual review system and system for	Development of a unique/sector monitoring system for rural sanitation 8 hygiene service delivery				
6	implementation for learning by stakeholders and evaluation	Document number of learnings (sanitation service model/ approaches)				
7	No HR strategy	Organize training/workshop for different stakeholders				
,	No ini strategy	Development of HR engagement strategy for rural sanitation & hygiene service delivery				
8	No private sector engagement strategies	Development of private sectors engagement strategy for rural sanitation hygiene service delivery				

Table 2.3.3 Theme: Urban Water and Hygiene for Dhaka Division

SI. No.	Bottleneck	Activity for bottleneck removal		
1	No incentive exists for environment sustainable and efficient technologies for urban water & hygiene	Start incentive mechanism for good practices in service delivery at every tier at urban water and hygiene		
		Introduce water regulatory commission.		
2	Tariffs are not adjusted to cover cost of services, inflation	Self-development implementation authority/WASA		
2	and capital expenditure	Progressive tariff mechanism considering LIC and quantity of water consumption		
	No existence of financing institutions and mechanisms to	Develop a policy and strategy to involve finance institutions for investment in urban water and hygiene.		
3	raise additional finances for urban water	Financial mechanism needs to be developed with opportunities to borrowing fund from bond market for private, authorities, organizations and agencies		
		Develop proper guideline for feasibility study		
4	No clear responsibilities and accountabilities	Need assessment survey for beneficiaries		
		Develop comprehensive plan for responsibilities and accountabilities to ensure urban water system and include perspective plan priority basis		
5	Poor institutional capacity for sustainable water & hygiene service delivery	Develop infrastructures to organize training, workshop and BPR for sustainable water & hygiene service delivery		
6	Very little human resource strategies for urban water supply	Develop a Human resource strategy to remove all constraints.		
7	Absence of privet sector capacity for urban water supply	Promote PPP in urban water and hygiene sector		
8	Very few indolence elected and non-elected	Dissemination workshop, seminar, symposium for the awareness of public representatives (elected/non-elected).		
0	representatives actively involved in planning and advocacy	Incorporate a agenda for piped water supply instead of point source political leader.		



Table 2.3.4 Theme: Urban Sanitation and Hygiene for Dhaka Division

SI. No.	Bottleneck	Activity for bottleneck removal			
1	Lack of ownership	Advocacy with central Govt. and political leaders showing the best practices and orient them on the benefit of total urban sanitation programme.			
2	Not actively involved in planning and advocacy	Central Govt. will take action for capacity building and awareness raising of elected and non-elected representatives along with fund allocation, and transparency & accountability.			
3	Inadequate planning	Advocacy with central Govt. for conducting urban sanitation baseline survey and develop appropriate plan in a consultative way to address urban sanitation problem.			
4	The urban sanitation budget is not disaggregated and expenditure not tracked	Central authority initiate order to the ULGIs to develop disaggregated budget for urban sanitation considering the local need, risks and challenges			
5	Reporting does not consolidated by engaging different line Ministry	Develop and implement urban sanitation act/law considering SDG by engaging relevant govt. and non Govt. stakeholders including private sectors and financing institutions.			
6	Roles, responsibilities and accountabilities are specifies but not operationalized	Establish separate sanitation and hygiene unit at central and local ULGIs with strengthening their capacity and specific allocation of fund for its effective operation			
7	Non-functioning body to coordinates stakeholders and meet	Directives from the authority with proper monitoring and follow up of the recommendations to take into decision and planning with the allocation of fund			
8	Incentive system not exists	Develop and rolling out of guidelines for provision of incentives with budgetary provision			
9	Resource allocation and expenditure not available or open to public	Advocacy with the central authority to issue government order to the ULGIs for ensuring the updating budget and expenditure into A2Ion regular basis and mandate to practice citizen charter in all ULGIs including enhancing capacity and allocation of budget			
10	No Human resource strategy for urban sanitation  Non-functioning body to coordinates stakeholders and meet	Capacity needs assessment to identify problems and capacity gaps and develop implementation strategy for the ULGIs  Directives from the authority with proper monitoring and follow up of the recommendations to take into decision and planning with the allocation of fund			
11	One Government led plan is absent	Strengthening the capacity of Govt. and Advocacy with the decision makers to develop one Govt. led plan			
	one deventment for plan to absent	A dedicated and well equipped secretariat to consolidate reports coming from different line ministries			

Table 2.3.5 Theme: WASH in Schools- (WinS) for Dhaka Division

SI: No	Bottleneck	Activity for bottleneck removal				
		Stakeholders and community consultation meeting at sub national level;				
1	No policy/strategy exists.	Situation assessment on the status of WASH in Schools;				
		National level advocacy workshop for policy formulation;				
2	The necessity of technical working group was not considered seriously	Inter-ministerial meeting led by Ministry of Education and preparing plan of Action				
3	WINS is not defined for each ministry	Specific roles and responsibilities to be defined and disseminated in relevant ministry				
4	No directives from higher authority	Developing guidelines for WASH club in school and dissemination through MoE, MoPME				
5	No recurrent allocation for WINS	Recurrent expenditure allocation to provide adequate delivery of WASH in schools				
6	Limited fund for WINS and national sensitization	Sensitization campaign to motivate stakeholders and community people;				
7	Not enough capital expenditure	Budget allocation to deliver of WASH in Schools as per national standards;				
8	Sustainability option is overlooked	Preparing sustainable plan of actions and implementation				
9	Participation of local govt. and communities are neglected	Bottom up approach in planning				
10	Participatory planning and development at local level is absent	Planning to be decentralized with proper information & guidelines				
11	Lack of directions from concern ministry	Develop harmonized monitoring system within relevant sectors for institutional WASH & disseminated				
12	Absence of monitoring tools, checklist	Developing monitoring tools and checklist				
13	There is no established sector learning process	Exposure visit for good practices and knowledge sharing				
14	Absence of human resource strategy to identify problems and capacity gaps	WASH in schools and relevant human resources to be incorporated in human resources strategy				
15	Lack of privet sector participation	A significant portion of the profit of privet sector to be invested on institutional WASH				
16	Emerging issues on WASH are not sensitized & dissemination	To review and update the training curriculum on emerging issues				

Table 2.3.6 Theme: WASH in Health Care Facilities - HCF for Dhaka Division

SI: No	Bottleneck	Activity for bottleneck removal
1	No Dollow and Chrotomy for WACH in HCFo	Advocacy for giving priority for Policy and Strategy for WASH in HCFs
	No Policy and Strategy for WASH in HCFs	Development of national Policy and Strategy for WASH in HCFs
2	Lack of evidence for WASH in HCFs	Inclusion of indicators for WASH in HCFs in heath assessment/survey or monitoring system
		Execute R&D activity
3	No National Standards for WASH in HCFs	Development of National Standards for WASH in HCFs
4	No technical group exist for dealing with WASH in HCFs	Advocacy to policy decision makers for having a technical group at national level
5	No Specific ToR for WASH in HCFs	Assign a focal person with specific ToR
6	No Sub National level committee for WASH in HCFs	Formation of Coordination Committee at national and sub-national level with specific ToR
7	No National Standards for WASH in HCF	Conduct facility based need assessment using WASHFIT (+ Awareness on, training and development of sub-national level plan of actions)
8	Lack of Skilled human resources	Organize training on WASH in HCF
9	No 0&M framework for WASH in HCF	Development of O&M Framework for WASH in HCF
10	Lack of funding for awareness building for WASH in HCFs	Allocation of fund from GoB revenue budget for sensitization campaign for WASH in HCF
	WASITIITIOIS	Utilization of funds from ongoing Operational Plans
11	Absence of need based budget allocation (Addressing geographical area, local needs, hard to reach area, ethnic minority, climate change impacts etc.)	Allocation of funds based on local needs (Addressing geographical area, local needs, hard to reach area, ethnic minority, climate change impacts etc.)
	No MACIL or a sife budget allocation	Advocacy for WASH specific budget
12	No WASH specific budget allocation including 0&M	Implementation and Allocation of funds for regional WASH plan from ongoing OPs including O&M
13	Lack of regional plan for WASH in HCFs	Development of regional plan for WASH in HCF with specific targets at regional level addressing local issues (geographical area, local needs, hard to reach area, ethnic minority, climate change impacts, gender, equity etc.)
14	No convergent plan	Advocacy for convergent planning for WASH in HCFs
15	Lack of Sustainable Plan	Ensure participation of beneficiaries and stakeholders in planning process
16	Lack of Harmonized monitoring system	Establish a harmonized monitoring system for WASH in HCFs
17	Lack of indicators for monitoring WASH in HCFs	Identification of WASH monitoring indicators and inclusion in HMIS(DHIS2 and MIS DGFP)
		Inclusion of WASH in HCFs in the agenda of JSR
18	Very limited discussion in JSR	Formation & activation of monitoring team for WASH in HCFs at district level

## 2.3.3.2 Key Bottlenecks Affecting all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors – a detailed analysis for each sub sector and each bottleneck and governance function is provided in the web link in section 2.3.4 of this report.

**Sustainable Services Delivery:** Priority actions to facilitate sustainable services delivery in Dhaka is a recurrent theme running through most of the thematic. Area wise need based assessment & mapping on water table, water quality and hydrogeology (Rural Water and Hygiene Thematic group); Conduct research to identify root level needs and magnitude of climate change effect, Dhaka specific issues and hygiene and organize workshop to review WASA & Pourashava policy guideline (water act 1996) to include findings (Urban Water and Hygiene); Development of an Operation and Maintenance Strategy (WASH in Schools).

Planning, Monitoring and Review: Activities related to contextualized planning to meet the diverse needs of the population of Dhaka Division ranging from the urban centers and hard to reach areas like the Beels and Madupur track were highlighted. Conduct Planning process is centralized, top down and does not include beneficiaries/appropriate stakeholders such as LGI staff/Pourashava technical experts (Urban Water and Hygiene); conduct equity assessment/need assessment for ethnic communities, resource allocation and access to resource (Rural Sanitation and hygiene); Needs based planning tool development (WASH in Schools); Preparation of Divisional level Action Plan based on the National Plan (Wash in health Care Facilities).

The common concern about monitoring was indicated by the following priority actions from the different thematic groups: Need to establish community based water quality monitoring and surveillance system (Rural water Supply and Hygiene); Advocacy with the LGD of MoLGRD&C to increase ADP allocation focusing on sanitation standing committee to ensure its functionality and capacity to set monitoring indicators regarding urban sanitation service delivery, type of service providers and the part of service chain. (Urban Sanitation and Hygiene); Awareness creation on the importance participatory monitoring (WASH in Schools); Harmonized monitoring system is in placed (+ Identification of indicators, inclusion into DHIS2, identification of focal person with responsibilities, training on monitoring and inclusion of WASH issue in JSR agenda, (WASH in HCF);

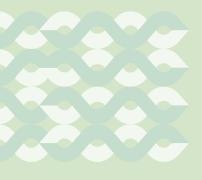
**Sector Policy and Strategy:** The priority actions that commonly identified by the groups were the current national water and sanitation policy is outdated and not aligned with SDG target, legal framework reflecting the need of Division level decision making is not available, existing supporting documents and implementing decrees which provide roles and responsibilities, service norms and standards were not clearly defined. Some general observation from groups is given below:

Area wise need based assessment & mapping on water table, water quality and hydrogeology (Rural Sanitation and Hygiene); Develop a context specific behavior change strategy for scaling up rural sanitation (Rural Sanitation and Hygiene); Guideline and strategy for private sector involvement in WH in Schools (WASH in School); Advocacy for policy formulation; Need based context specific planning & design (WASH in HCF)

Capacity Development: Establishment of regional HRD center, Develop sector information summarized handbook in Bangla and disseminate by local workshop (Rural water and hygiene); Conduct Capacity Assessment for stakeholders and organize capacity development events (Training, workshop, help for Scaling up rural sanitation (Rural sanitation and Hygiene); Workshop to strengthen DDLGs role and influence City and pourashava Mayors to be accountable to convene coordination meetings regularly and discuss water and hygiene issues (Urban water and Hygiene); Generate local resources from revenue and tariff and advocacy to MoLGRD&C to allocate budget in ADP for the provision of facilities for collection, transportation, disposal and treatment of FSM, solid waste value chain, waste water and hygiene (Urban sanitation and hygiene); Formation and capacity building of technical coordination committee on the importance of WinS;

**Budget & Expenditure:** The consultations indicated that Financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. Division level financial needs for each sub sector are not known and cannot be addressed/prioritized. The solutions identified to address this cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED).

Priority Recommended Actions include: Issuing directives/government order by LGD/MoLGDR&C to the urban LGIs to develop costed action plan for urban sanitation value chain, solid waste management, waste water management and hygiene promotion (Urban sanitation and hygiene); Provision of specific budget for 0&M of school, health hygiene (WinS);





#### **Communication:**

Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats of national and sub-national level; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Action discussed and suggested by groups is summarized in below in which some of them are not taken in 5 high priority activities. Suggestions are: Activate WATSAN Committee by reviewing role and responsibility and incorporating performance based incentives; Development of Social Behavior Change Communication Strategy and execute GoB circular to ensure well-functioning WATSAN Committees; Develop Dhaka Specific Communication Strategy and Behavior Change Communication Package for Religions Leaders, civil society for urban water and hygiene; Circulate a Government Order from Local Government Division to the Local Government Institutions about reporting and communication lines and capacity building of the WATSAN Committee; Establishment of National and Division level coordinating body for WASH in HCF.

Cross cutting issues: Priority actions to address gender, disabilities, and inclusion climate change adaption issues, ethnic groups, hard to reach areas, poor and ultra poor's were integrated into the priority actions of the various sector building blocks rather than separate issues. For example, Issuing directives to the urban LGIs from LGD/MoLGRD&C for ensuring representation, participation and decision making by the stakeholders including female and low-income population living in slums (Urban water and hygiene); Conduct equity assessment (need assessment for Ethnic communities; Resource allocation and access to resource (Rural sanitation)

## 2.3.3.3 High Priority Activities to Remove Bottlenecks: Cost, Timeline, Responsibility

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH sector within Dhaka administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.3.7: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Dhaka Division

	Rural Water and Hygiene							
SL:	Bottlenecks	Causes of	Dui avita Aativita	<b>5</b>	Costs (		Responsibility	
No	вотпепескѕ	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 2025		
1	Policy is not updated	Lack of Priority	Policy needs to be updated regarding equitable service allocation, targeting poor and vulnerable people and considering WSP, hygiene & gender issues	High	375,000	-	MoF/PC/ LGD/ DPHE/ DP/NGO and District administration	
2	Absence of coordination body (Well-functioning)	Importance was not realized	Empowering WATSAN committee i.e site selection of water point allocation and 0&M and also ensuring women participation	High	375,000	-	MoF/LGD/ DPHE/ LGI/ DP/NGO and District administration	
3	Nonexistence of incentives	Not realized and no initiative taken	Advocacy program to inform about environmental sustainable and efficient technology development and rewarding	High	100,000	150,000	MoF/LGD/ MoPA/ PM office/ DP	
4	Absence of detailed monitoring and evaluation indicators	Lack of proper monitoring and learning system	Develop a well-functioning monitoring system with detailed indicators and allocation of manpower & resources	High	200,000	675,000	MoF/LGD/ DPHE/ DP/NGO and District administration	
5	Myopic view of Long term development and political commitment	Biasness, lack of commitment and vision	Controlled mechanism for implementing policy	High	100,000	150,000	MoF/LGD/ DPHE/ LGI/ DP/NGO and District administration	
		Total			1150,000	975,000		



**Table 2.3.8: Rural Sanitation and Hygiene** 

	Rural Sanitation and Hygiene						
SI:		Causes of				in thousands)	
No	Bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 2025	Responsibility
1	Less commitment towards safely managed Less priority on SDG 6.2	ODF satisfaction     Hygiene not addressed properly	Organize seminar / workshop with the policy makers to review the existing policy	High	352,941	0	Divisional Commissioner, DPHE, PSB
2	Absence of effective coordination body at different level	Less clarity on SDG 6.2     Lack of monitoring tools (sanitation & hygiene)     Information gap	Organize regular coordination meeting at different level	Medium	23,529	94,118	Divisional Commissioner, DPHE, DC, UNO, UP Chairman
3	No HR strategy	Lack of quipped & expert agency     Lack of adequate resources     Less priority on sanitation issues	Organize training/ workshop for different stakeholders	High	70,588	282,353	Divisional Commissioner, DPHE, DC, UNO, NGO
4	Lack of multi-year budget allocation	Existing system of budgetary model	Conduct on equity assessment towards and remodeling the budgetary system	High	517,647	2070,588	DPHE, PSB
5	Lack of annual review system	Lack of proper monitoring tools      Lack of budgetary allocation in monitoring evaluation and learning	Development of a unique monitoring system	High	117,647	0	DPHE, PSB, DP
		Total			1,082,352	2,447,059	

Table 2.3.9: Priority Costed Activities of 'Urban Water Supply and Hygiene' thematic area for Dhaka Division

	Urban Water and Hygiene							
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority		Costs (BDT in thousands)		
INO		Bottleffecks			2019 - 2020	2021 - 2025		
1	Very few indolence elected and non- elected representatives actively involved in planning and advocacy	Public representative elected/non-elected is not aware on WASH.      Urban sector is not prioritized in political system.	Dissemination workshop, seminar, symposium for the awareness of public representatives (elected / non-elected).	High	588,235	588,235	DPHE, PSB, WASA, LGI.NGO	
2	Poor institutional capacity for sustainable service delivery	Inadequate infrastructure and materials      Lack of proper guideline	Introduce E – Governance and supervisory control & data acquisition system (SCADA).	High	1,000,000	764,706	DPHE, PSB, WASA	
3	No clear responsibilities and accountabilities	Responsibilities & accountabilities are not specified	Develop comprehensive plan for responsibilities and accountabilities to ensure urban water system and include perspective plan priority basis.	High	588,235	823,529	DPHE, LGI, CC, WASA, PSB	
4	Tariffs are not adjusted to cover cost of services, inflation and capital expenditure	No water commission	Introduce water regulatory commission.	High	40,000	18,824	DPHE, PSB, WASA, BIWTA, BWDB	
5	No incentive exists for environment sustainable and efficient technologies.	No incentives mechanism for environmental sustainable project	Start incentive mechanism for good practices in service delivery at every tier at urban water and hygiene.	High	117,647	117,647	DPHE, PSB, Pourashava	
			2,334,117	2,312,941				

Table 2.3.10: Priority Costed Activities of 'Urban Sanitation and Hygiene' Thematic area for Dhaka Division

	Urban Sanitation and Hygiene							
SI:	Bottlenecks	Causes of Priority Activity		Priority	Costs (BDT i	n thousands)	Responsibility	
No	Dottierieurs	Bottlenecks	Thomas Activity	lilonty	2019 - 2020	2021 - 2025	пеэропавшту	
1	Lack of ownership	Lack of motivational effort	Advocacy with central Govt. and political leaders showing the best practices and orient them on the benefit of total urban sanitation programme.	High	100,000,000	50,000,000	MLGRD&C (LGD, PSB), Planning Ministry (ERD), Private Sector, Financing Institutions, Development Partners	
2	Not actively involved in planning and advocacy	Lack of capacity, interest and awareness	Central Govt. will take action for capacity building and awareness raising of elected and non-elected representatives along with fund allocation, and transparency & accountability.	High	150,000,000	15,000,000	MLGRD&C (LGD, PSB, Urban LGIs, NILG, DPHE), Private Sector, Financing Institutions, Development Partners	
3	Inadequate planning	Top down, not realistic and detailed, lack of integration	Advocacy with central Govt. for conducting urban sanitation baseline survey and develop appropriate plan in a consultative way to address urban sanitation problem.	High	100,000,000	400,000,000	MLGRD&C (LGD, PSB), Private Sector, Media, Financing Institutions, Development Partners	
4	The urban sanitation budget is not disaggregated and expenditure not tracked	Budget is not need based	Central authority initiate order to the ULGIs to develop disaggregated budget for urban sanitation considering the local need, risks and challenges	High	1,000,000	5,000,000	LGD (PSB, Urban LGIs, DPHE), Private Sector, Financing Institutions, Development Partners	
5	Reporting does not consolidated by engaging different line Ministry	No authority to consolidate reports	Develop and implement urban sanitation act/law considering SDG by engaging relevant govt. and non Govt. stakeholders including private sectors and financing institutions	High	70,000,000	30,000,000	MLGRD&C (LGD, PSB), Private Sector, Financing Institutions, Development Partners	
		Т	otal		421,000,000	455,000,000		

Table 2.3.11: Priority Costed Activities of 'WASH in School' Thematic area for Dhaka Division

	WASH in School								
SI:	Bottlenecks	Causes of	Priority Activity	Priority	Costs (BDT in thousands)		Dannanaihilitu.		
No	Dottieriecks	Bottlenecks	Phonty Activity	Filolity	2019 - 2020	2021 - 2025	Responsibility		
1	No policy/strategy exists.	Lack of advocacy and awareness at sub national and national level	National level advocacy workshop for policy formulation	High	365,000	0	DPHE, DSHE, DPE, LGD		
2	The necessity of technical working group was not considered seriously	Lack of common understanding and awareness at ministry level	Inter ministerial meeting led by Ministry of Education and preparing plan of actions	High	6,000	0	DPHE, DSHE, DPE		
3	No recurrent allocation for WinS	Less importance on recurrent expenditure allocation	Recurrent expenditure allocation to provide adequate delivery of WASH in schools	High	14,635,000	3,658,5000	MoE, MoPME, DSHE,DPE		
4	Sustainability option is overlooked	Sustainability options is not in practice	Preparing sustainable plan of actions and implementation	High	61,000	97,500	DPHE, DSHE, DPE		
5	Lack of directions from concern ministry	Lack of initiatives by concern ministry	Develop harmonized monitoring system within the relevant sectors & disseminated	High	6,100	12,200	DPE,DSHE		
		Total			15,073,100	36,694,700			



Table 2.3.12: Priority Costed Activities of 'WASH in Health Care Facilities' Thematic area for Dhaka Division

			WASH in Health Ca	re Facili	ties		
SI:	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT i	Responsibility	
1	There is no specific policy for WASH in HCF; though WASH is included in National Health Policy & National Wash Strategy but no specific set standards/indicators for WASH in HCF.	No priority given to the need of policy and strategy for WASH in HCFs	Development of National Strategy and guidelines ( + Advocacy and Documentation)	High	30,000	2021 - 2025	MoHFW, LGD, Private Sector, DP
2	No National Standards for WASH in HCF	National Standards are not fixed	Development of National Standards (+ Advocacy for, Sensitization on and generation of evidence based information)	High	20,000		MoHFW, LGD, Private Sector, DP
3	No National Standards for WASH in HCF	National Standards are not fixed	Conduct facility based need assessment using WASHFIT (+ Awareness on, training and development of sub-national level plan of actions)	High	15,000		MoHFW, Private Sector, DP, NGO
4	No WASH specific budget allocation including 0&M	No importance given to WASH specific Budget including 0&M	Implementation of Plan and Allocation of funds for regional WASH plan from ongoing OPs including 0&M	High	4,543,000	34,000,000	MoHFW, MoF, LGI, DP, Private sector, PWD, HED, DPHE
5	Lack of indicators for monitoring WASH in HCFs	Necessity was not felt for having Indicators for WASH in HCFs	Identification of WASH monitoring indicators and inclusion in HMIS (DHIS2 and MIS DGFP)	High	53,000		MoHFW, NGOs, POs, other stakeholders
		Total			4,661,000	34,000,000	



## 2.3.3.4 Conclusion, Recommendations and Next Steps

#### **2.3.3.4.1 Conclusions**

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Dhaka Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

- 1. The enabling environment: Poor implementation and compliance with sectoral policies at national and sub-national levels) non-existent strategies/guidelines for operation and maintenance of water and sanitation facilities; shortage of skilled manpower, absence of training calendar for local staff, inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.
- 2. Services Delivery: Absence of low-cost appropriate water and sanitation technologies for the Beel and hard to reach areas; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.
- 3. Behaviour Change Communication: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by careers and caregivers in WASH in HCF.
  - The multi-sectoral for creating new section stakeholder analysis has identified priority coasted short and medium-term actions with estimated costs to address the key WASH challenges in Dhaka Division. These priority actions range from the simple ones such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Dhaka specific challenges of female of barind track, person with disability and communication between sub-national and national level technocrats and policy makers.



#### 2.3.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division, Divisional Commissioner's office.
- The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a subnational level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Programme (ADP) for 2019
- 3. Liaison with the Ministry of Planning and Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.
- 4. The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5-year plan and for the 8th 5-year plan

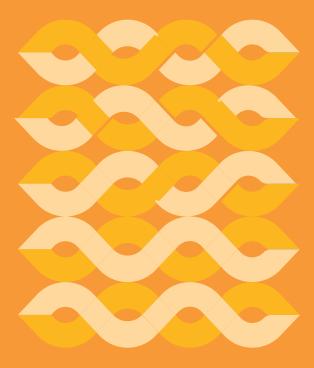
## 2.3.3.4.3 **Next steps**

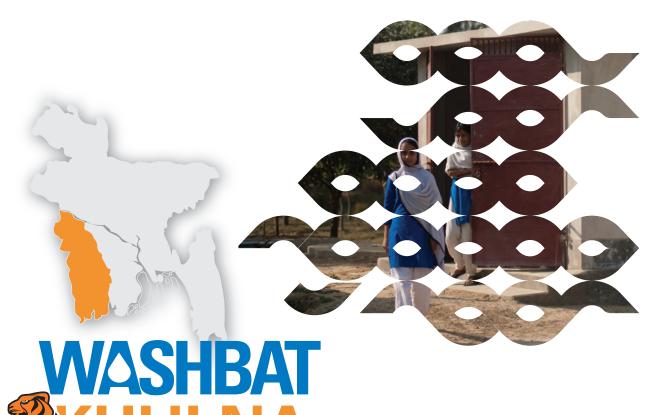
Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division

## 2.3.4 Link to Thematic Groups Reports:

SI No.	Thematic Groups	Link				
1	Dural Water and hyrians		https://www.dropbox.com/s/t5wgngzpg3qvrye/Rural_Water%20%26%20Hygiene_			
1	Rural Water and hygiene	·	Washbat%20Analysis%20_Dhaka.doc?dl=0			
2	Dural Conitation and Husiana		https://www.dropbox.com/s/bvnqfolpccekj64/Rural_Sanitation%20%26%20			
2	Rural Sanitation and Hygiene		Hygiene%20Washbat%20Analysis%20Dhaka.doc?dl=0			
3	H.L. Weter and H. C.		https://www.dropbox.com/s/09memqf2ba15692/final%20Dhaka%20_Urban_			
3	Urban Water and Hygiene	:	Water%20%26%20Hygiene%20Washbat%20Analysis.docx?dl=0			
4	Hahan Canitatian and Huniana		https://www.dropbox.com/s/7uvy7k1mr7r60b9/Final%20Report%20 %20Dhaka%20			
4	Urban Sanitation and Hygiene		workshop Urban Sanitation%20Washbat%20Analysis.doc?dl=0			
5	WACII in Cabaal		https://www.dropbox.com/s/swknvd3fd9rprm1/20181104-DHAKA%20WASHBAT%20			
5	WASH in School		WINS.doc?dl=0			
	MACH :- Haalthaana		https://www.dropbox.com/s/8c5m04fy8mj3yfg/WASH%20BAT%2C%20DHAKA%20			
6	WASH in Health care		%20WASH%20in%20HCF.docx?dl=0			

To open above link please press and hold 'Ctrl' then click on the link or copy the link and past on your browser. If you received hard copy of this report than type the link you needed to your browser. You may get warning from Microsoft office that some file may contain virus. Click ok on it.



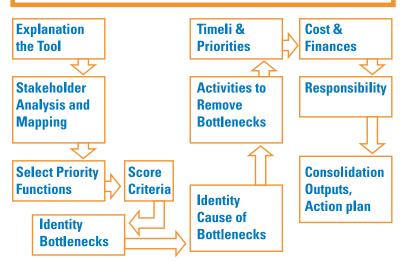


PART TWO-04

**VENUE: Hotel City Inn, Khulna DATE: 22-24 July 2018** 

# WASHBAT REPORT **BANGLADESH**

## **Bottlenecks Analysis Steps**









## **PART TWO-04 WASH in Khulna Division**

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Khulna Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

## 2.4.1 Khulna Division : Administrative and Demographic Features

Khulna Division spans an area of 22,285 sq km and is located between 21°60′ and 24°13′ north latitudes andin between 88°34′ and 89°58′ east longitudes. Its boundaries are India in the West and Bay of Bengal in the South, Rajshahi in the North and Barishal in the East. The division has a total population of 15,563,000; male 51.05% and female 48.95% (Census 2011).

In terms of administrative areas, the Khulna Division is sub-divided into ten districts: Khulna, Bagerhat, Chuadanga, Jessore, Jhenaida, Kushtia, Magura, Meherpur, Narail and Satkhira. Further, the Khulna Division contains 66 sub-districts (Upazila/Thana), 569 Union Parishad, 9,277 villages and 36 municipalities and one City Corporation.

#### 2.4.2 WASH Sector Overview: National and Khulna Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 2.4.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 2.4.1

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (2.4.1 & 2.4.2.) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 8) and 25 per cent drink water with a level of arsenic above international standards.

Table 2.4.1: National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Service Level	Water % of Pop			Sanitation % of Pop			Hygiene % of Pop		
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

Joint Monitoring Report (JMP), 2017

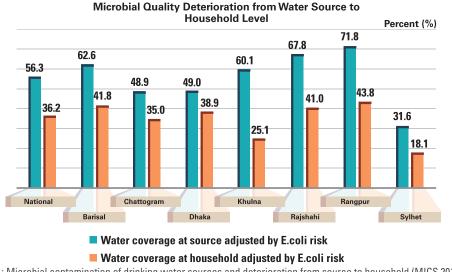


Figure 2.4.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

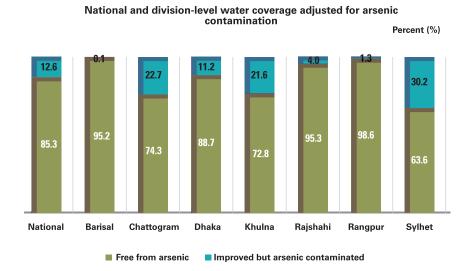


Figure 2.4.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

## 2.4.2.1 Access to safe drinking water in Khulna

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), more than three quarters (81.6%) of the households in Khulna use improved water sources that are available within 30 minutes round trip collection time (Figure 2.4.1.3). However less than a one tenth of these households (9.1%) have safe drinking water that is available when needed and free from priority contamination (Figure 2.4.1.4). This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

# Households Using Improved Water Sources within 30 min round trip collection time

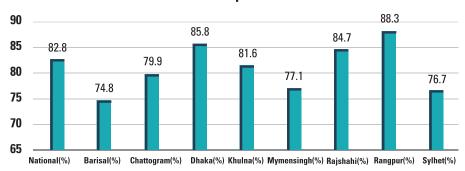


Figure 2.4.3: Household using safely managed drinking water facilities

## **Household Using Safely Managed Drinking Water Sources**

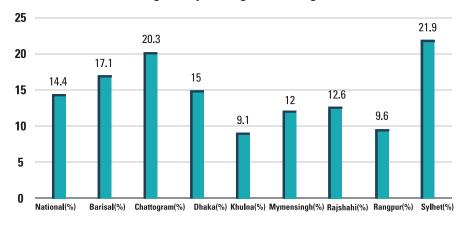


Figure 2.4.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

## 2.4.2.2 Access to Improved Sanitation in Khulna

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Khulna Division, access to improved sanitation which is private is higher than national average. Improved sanitation is defined as the facility that safely contains human excreta preventing contact with human hands excreta from human contract Figure 2.4.1.5).

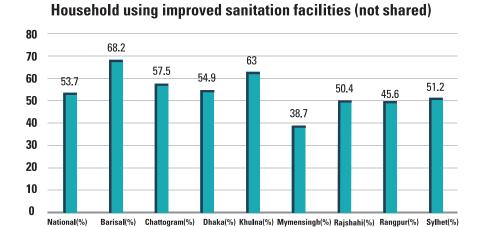


Figure 2.4.5: Household using improved sanitation facilities (not shared)

## 2.4.2.3. Access to Effective Handwashing in Khulna

Effective Handwashing is a challenge nationally and in Khulna, households are lower than the national average (Figure 2.4.6)washing their hand with soap and water after defecation (BBS and UNICEF, 2018).

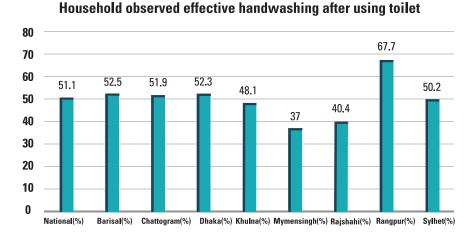


Figure 2.4.6 Household observed effective handwashing after using toilet

## 2.4.2.4. Disparities in WASH Access in Khulna Division: Salinity and Water logging

Despite the successes achieved by government in terms of access to improved water and sanitation in Khulna there are disparities between national coverage and hard to reach areas and vulnerable areas such as those affected by salinity and water Logging and Islands in Bay of Bengal.

Salinity is a major water quality challenge in the coastal areas of Bangladesh. Natural drinking water sources, such as rivers and groundwater, are threatened by saltwater intrusion from the Bay of Bengal. Since 1948, river salinity in the southern districts of Satkhira, Bagerhat, and Khulna has risen by 45% (Integrated Regional Information Networks, 2007). Consequently, the coastal population of Bangladesh relies heavily on rivers, tube wells (groundwater), and ponds for washing, bathing, and obtaining drinking water and approximately 20 million people living along the coast are affected by varying degrees of salinity in drinking water obtained from various natural sources [Ministry of Environment and Forest (MoEF) 2006]. High salinity levels in drinking water may have numerous direct and indirect impacts on health of women and children.

The water logging basin is a remote and difficult area that is water logged every year during monsoon, hence for about 4 months of the year, the land mass is flooded, and there is high contamination and washing away of water points. Considering the water log access and sustainability to WASH services in Khulna division is severely affected in terms of the wide expanse of the water log as the wetland basin or the Khulna wetland, is estimated to spread over an area about 32,830 hectares were extracted as waterlogged areas, which is 13% of the total land (www.ijsrp.org) of Jessore district. The local people are affected especially in the rainy season when peak monsoon intercepts the region. Due to the permanent water congestion sudden flood is occurred during the rainy months. Loss of livelihoods due to submergence of land often forces male to go far away for weeks in search of alternative livelihoods. Women being the primary care giver of the family are compelled to live within the waterlogged premises, shouldering the entire burden for managing and cooking food, collecting drinking water, taking care of the family members and their livestock as well. Social demoralization, diseases, unemployment and migration have increased in the locality where the places protracted by water-logging

Bay of Bengal basin covers southern part of the Khulna Division. Free-flow of waters into lower riparian Bangladesh is gradually decreasing due to different man made reasons and degrade natural environment. As a result, the saline sea waters have been pushing up inland because of the poor flow in the rivers that cannot adequately push out the sea waters. Big areas near the coasts have been affected by salinity especially the underground aquifer and progressively more and more areas are meeting a similar fate.

#### 2.4.2.5. Access to WASH Services in Schools

Access to water in schools is stagnant at only 67% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is high at 87%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled (Figure 2.4.7).

#### 100 86 84 87 90 791 80 80 69 68 67 64 70 60 50 40 30 20 10 Rangpur(%) Barisal(%) ■ Water access (%) sanitation access (%)

Access to water and sanitation in schools (%)

Figure 2.4.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)2





<sup>2</sup> ICDDRB, Water Aid Bangladesh, Local Government Division. 2014. Bangladesh National Hygiene, Baseline Survey. Preliminary Report. Dhaka, Bangladesh.





## 2.4.3 WASHBAT Summary Outputs, Conclusion and Next Steps

## **2.4.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups**

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the detail report link in section 2.4.4 of this report.

WASHBAT exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (from table 2.4.2 to table 2.4.7). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful.

## **Table 2.4.2 Theme: Rural Sanitation and Hygiene for Khulna Division**

SI. No.	Bottleneck	Activity for bottleneck removal			
1	Water supply and sanitation policy is not aligned with SDG 6.1	Review and update existing policy to align with national priority (SDG, WQM&S, five-year plan)			
2	Technology specific operation and maintenance strategy	Develop technology specific operational maintenance strategy and execution			
2	is missing	Capacity development of community and LGIs on operation, maintenance and management			
3	Stakeholders are not aware about existing policy and strategy	Summarize and translate existing WASH policy in a user friendly and easy to understand and disseminate/ orient to relevant division level stakeholders			
4	Absence of well-functioning body for sector coordination	Reform functional body (WASH cluster, disaster management committee), ensure regular meeting, reporting and monitoring systems in place			
5	Plan is not developed considering equity, climate change and DRR	Develop district wise master plan on WASH issues /project aligned with national level plan to enhance coordination and accountability mechanism			
6	Water user's participation does not exist	Climate resilient affordable technology development that sustain with salinity and cyclone			
7	Water user's participation does not exist	Develop and domesticate communication strategy to influence policy decision and ensure community participation (focusing women, adolescent, disable).			
8	No capacity development plan for rural water & hygiene service providers	Establish district level training institute to enhance staff and institutional capacity on rural water and hygiene			
9	Local level planning is dominated by elected representative	Develop and implement a rural water supply project model to demonstrate community level planning and mapping to ensure the rights of pro poor and most vulnerable communities.			

 Table 2.4.3 Theme: Rural Sanitation and Hygiene for Khulna Division

SI. No.	Bottleneck	Activity for bottleneck removal			
		Establish a functional DPHE led coordination platform for periodic coordination among concern stakeholders at sub-national level			
1	Lack of functional coordination among concern stakeholders at regional level for rural sanitation and hygiene service delivery	Advocacy with LGD to review roles and responsibilities of concern stakeholders (issue revised circular)			
		Training /orientation and resources mobilization to Upazila and Union Upazilla level WATSAN Committees			
2	Absence of standard service delivery arrangement	Develop SBCC materials produced through proper need assessment to cater local need and context i.e. climate, DRR, gender and disability etc.			
		Create demand for quality sanitation products			
		Training for local level sanitation supply chain actors/service providers			
		Regular monitoring by DPHE LGI over local supply chain actors			
3	Weak policy implementation	Costed plan of action for rural safely managed sanitation service provision			
		Promote public private partnership for rural safely managed sanitation, hygiene service provision			
4	Weak supply chain	Demand creation through mass awareness/campaign			
5	Lack of participatory and inclusive plan for rural safely managed sanitation, hygiene service provision	Establishing of bottom-up planning process by DPHE, LGIs Training orientation on planning process			
6	Plan is not aligning with SDG 6.2	Develop local level implementation plans including adequate M&E activities considering to local context and challenges at all levels (District, Upazila, Union as well as users)			
		Training /Orientation on planning process Joint need assessment			
7	Lack of proper implementation of existing plans	Training /orientation for DDLG & LGI officials			
8	Lack of proper work plan at root level service providers	Develop a comprehensive plan to build capacity of the local entrepreneur on business modules and technological options			

# **Table 2.4.4 Theme: Urban Sanitation and Hygiene for Khulna Division**

SI:	<b>-</b>				
No	Bottleneck	Activity for bottleneck removal	Priority		
		Support LGIs to establish a research and planning section in LGIs	Medium		
1	No evidence based comprehensive, inclusive urban water policy exists	Provide technical support to develop and functionalize GIS based MIS at LGI level and updated periodically			
		Organize workshop and develop plan to strengthen central level research and planning section	High		
2	No water hygiene Policy exists	Consultative workshop at district level and Divisional level to sensitize policy makers and technocrats on existing hygiene strategy and domesticate to the Khulna regional context	High		
	Institutional roles in coordination in water &	Organize workshop at central level to disseminate draft policy  Workshop to review existing participants & roles of the coordination	Medium		
3	hygiene issues are not defined	committee and provide support to strengthening committee's functionality	High		
4	Coordination process is slow and irregular. Water	Develop an action plan to strengthen coordination committee	High		
4	and hygiene issue get less priority in the discussion	Orientation meetings for LGI officials on water related hygiene and its importance	Medium		
5	No legal and institutional framework for resource mobilization is present	Develop institutional framework for resource mobilization	Medium		
6	Lack of private sector interested in investing in water infrastructure	Promote PPP and encourage private sector engagement in investing in water supply and hygiene promotion	Medium		
7	No additional financing mechanism exists. Additional funding is relying on external donors/loan	Support LGIs to develop financial master plan and influence investment in water sector	High		
8	No comprehensive plan exists that includes periurban, gender, climate resilience, and equity issues. Responsibilities and accountabilities of execution of plan is not clearly mentioned	Set up separate planning and research section by assigning technical staff skilled in planning and technology (at least in 10 institutes at District level) to develop comprehensive planning that includes regional need, climate resilience issues, gender Urban Sanitation and Hygiene	High		
9	Planning process is centralized, top down and does not include beneficiaries/appropriate stakeholders (LG staff/implementer)	Involve stake holders and generate proper consultation system in the planning process	Medium		
10	Plans are mostly interim / project based, no indication about financial, investment and human resource mobilization				
11	No Capacity Development plan present in Khulna	Enhance institutional capacity of urban water supply by establishing Khulna divisional level training institutes with appropriate training modules for technical and administrative cadres.	High		
	Water sector	Assign responsibility to LGIs to develop capacity development plan of LGI staffs and ensure human and financial resources to organize that			
12	No training package available and no traininginstitutes exists in Khulna Division/district level to develop capacity in improving water supply and quality (service)	Develop a comprehensive package to train staff in 'urban water supply system'	Medium		
40	Salinity, arsenic issues are not properly addressed	Awareness raising on use of consumption of saline and arsenic contaminated	Medium		
13	in water supply service and water quality is not ensured	Support to conduct research for innovative, users friendly and cost -effective technology to removal of salinity and arsenic from drinking water	High		
14	No comprehensive training need assessment for the development of service providers skills on water service	Support LGIs to conduct TNA and use results in developing service providers skill	Medium		
15	No water safety plan for urban water exists	Develop and implement water safety plan to ensure safely managed water supply to the urban consumers	High		
16	High tech laboratory is unavailable at district level to detect salinity and other impurities in water	Establish water quality assessment laboratory at district level	High		
17	Urban poor need for safe water supply is not met	Introduce digitalized ATM water treatment dispensers with comprehensive 0&M strategy at water points (at least in 100 water sources by the year 2020) in public places and close to slums to ensure safe water for the floating peopleand people living in slums	High		

# **Table 2.4.5 Theme: Urban Sanitation and Hygiene for Khulna Division**

SI. No.	Bottleneck	Activity for bottleneck removal
1	Lack of skill and qualified staff at Urban LGIs to create demand and address social norm in sanitation and hygiene	Review and revise the existing hygiene strategy considering SDG and prepare costed plan of action with HR and necessary resources allocation for implementation
2	Lack of full delegation for local decision making from LGD	Issuance of GoB circular and directives for full delegation of authority and financial power by mayor to fire and hire staff and local resource mobilization for safely managed sanitation service delivery
3	Absence of urban sanitation and hygiene plan at LGIs level	Advocacy with MoLGRD&C for approval of organogram for Urban LGI with clearly defined roles and responsibilities, making necessary adjustment to cater needs of SDG and fully delegation of authority to Mayor
4	No financing and HR plan for achieving SDG targets for sanitation and hygiene at City Corporation and Pourashava level	Issue GoB circular to prepare need based financing and HR plan to meet the SDG sanitation and hygiene targets by City Corporation and Pourashavas
5	Lack of resources of NILG for catering Human resource development needs for Urban local government institutes	Established decentralize training outlets under NILG for safely managed sanitation and hygiene, solid waste management at Khulna division i.e. 3 training hub in 3 locations (Khulna, Jessore and Kushtia)
6	Lack of implementation plan of action for FSM, SWM and Hygiene at City Corporation and Pourshava/Municipality level	Develop and execute costed implementation plan for IRF regarding FSM from LGD
7	Lack of government regulations, bi-laws, GoB directives for enraging private sector for safely managed sanitation/ FSM and hygiene services in urban areas	Advocacy with LGD to prepare necessary guidelines, circular for the city corporation and municipalities for engaging private sector in safely managed sanitation based of good practices in Khulna City Corporation, Shatkhira, Kushtia and Jhinaidha Pourashava
8	Lack of incentive for enraging private sector for safely managed sanitation/FSM and hygiene services in urban areas	Document good practices in KCC, Shatkhira, Kushtia and Jehanidha on FSM and SWM and prepare PPP guideline for safely managed sanitation by LGD
9	Lack of control mechanism on subsidy for urban satiation service provision	Prepare poverty database based on consultation with different stakeholder for smart-subsidy to ensure the inclusion of most vulnerable group
10	Lack of enforcement and implementation of regulations and guidelines	Establish SDG monitoring cell/mechanism for Urban WASH by LGD and compliance of regulatory system
11	Lack of supply chain for sanitation and hygiene services	Develop protocol and GoB circular from LGD for supply chain mechanism for urban LGIs on safely managed sanitation
12	Lack of equipment to cater need of safely managed sanitation for engaging private sector	Develop and approve Human Resource Plan for improving the technical capacity regarding the operation and maintenance of FSM and solid waste management service equipment and materials
13	Lack of full delegation for local decision making from LGD	Issuance of GoB circular and directives for full delegation of authority and financial power by Mayor to fire and hire staff and local resource mobilization for safely managed sanitation service delivery
14	Lack of HR plan and resources by NILG for development of human resources for urban local government	Conduct need assessment by NILG of current situation regarding FSM, solid waste management, hygiene and develop Human Resource strategy

Table 2.4.6 Theme: WASH in School-(WinS) for Khulna Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	Policy doesn't include provision of O&M cost.	Facilitate developing costed district wise 0&M plan for WinS  Allocate funds for 0&M of WASH facilities in schools  Dissemination of policy and strategies at district level including Khulna division.
2	WASH in School national standard is not context specific does not reflect local needs and emerging issues like gender, inclusion, climate change and DRR	Review and domesticate national WinS Standards for Khulna division (Climate resilient, gender, disability & MHM) in line with national and global standards and incorporate in WinS Monitoring Information system (MIS).
3	Less importance of activating student groups for WASH activities in schools.	Develop a comprehensive school led BCC plan to sensitize and orient teachers/parents/students on O&M and hygienic use of school WASH facilities.
4	Lack of human resources, tools, equipment, logistics & updated knowledge on WinS activities including MHM, disability, climate change, gender etc.	Review existing teacher training manuals, text books and curriculum of primary and secondary school and integrate emerging issues including MHM, disability, climate change, gender etc and build capacity of the relevant stakeholders to implementation
5	No decentralized policy and resource allocation for WinS.	Develop the guideline for decentralized planning for quality improvement for WinS and local level resource mobilization.
6	No regular report back mechanism exists for WinS to line ministries.	Develop report back mechanism through consultation with the respective line ministry and create provision of fund to make it functional
7	Participatory monitoring system is absent involving relevant stakeholders including children, Parents & Teachers Associations (PTA).	Issue circular and guideline for inclusion of participatory monitoring, engagement of PTA and feedback mechanism for WiNS Role out WASHBAT at sub-national level at periodic basis
8	Joint sector review system doesn't exist at sub- national level.	Issue circular and guideline for compliance
9	Informed planning process focusing behavioral change, gender & equity issues are not fully addressed.	Decentralized planning, decision making and budgeting should be practise and introduced through Government order
10	Local planning and review process doesn't exist at sub national level.	Learning visit in country and out of country for sharing the best practices on WASH in HCF solutions;

Table 2.4.7 Theme: WASH in Health Care Facilities- (WinHCF) for Khulna Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	No gender, climate resilient focus policy and strategy for WiHCF	Development of gender specific and climate resilient and context specific strategy for Khulna division and action plan implementation
2	No priority settings and WASH specific Budget for WiHCF	To conduct baseline survey of Khulna division on the status of WASH in HCFs and disseminate the assessment results.
3	Inadequate public allocations for WiHCF	Develop a resource mobilization plan to increase fund by the divisional offices of DGHS and DGFP
4	Systematic institutional capacity development on WASH in WiHFC is not prioritized in the operational plan of the relevant departments (DG-HS, DG-FP, DPHE, HED, PWD)	Development of comprehensive capacity development plan and customized training modules for relevant agencies on SBCC materials, infection prevention control, quality of care with the provisions of WASH, disaster resilient and terrain specific facilities
5	No harmonized Khulna specific indicators on WASH in HCFs	Development of MIS with harmonized indicators following SDG targets 3.1, SDG targets 3.2, SDG targets 6.1, SDG 6.2 to monitor and measure WASH provisions and utilization in HCF
6	Absence of focal person for WASH in HCF	Advocacy for issuing the circular (MoHFW=MoLGRD& C+ Mo Housing and public works) for inter ministry agreement.
		Mobilization of fund from zilla/district parishad and upazila parishad for WiHCF management
7	Lack of private sector investment for WiHCF management	Mobilization of fund from business community (CSR) for WiHCF management
8	Absence of strategic and risk informed plan	Dissemination of gender specific strategy and disaster resilient/ terrain specific facilities improvement;
9	Lack of coordination in planning	Formation and activating a coordination body on WASH in HCF at national level;
10	Absence of human resource strategy.	Learning visit in country and out of country for sharing the best practices on WASH in HCF solutions;
		Inclusion of all relevant stakeholders in monthly meeting
11	Lack of coordination in planning for WiHCF management & implementation	Formation and activating a coordination body on WASH in HCF at national level;

### 2.4.3.2 Key Bottlenecks Affecting all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub sector and each bottleneck and governance function is provided in the link (section 2.4.4).

#### **Sustainable Services Delivery:**

Priority actions to facilitate sustainable services delivery in Khulna Division is a recurrent theme running through most of the thematic areas. Demonstrate scalable modeling by implementing rural water supply project which is pro-poor and for at risk populations (Rural Water and Hygiene Thematic group); Develop needs based context specific service delivery guideline with public-private sector partnerships with community engagement (Rural Sanitation and Hygiene); Organize planning workshop to promote PPP and encourage private sector engagement investments (Urban Water and Hygiene); Development of an Operation and Maintenance Strategy (WASH in Schools)

#### Planning, Monitoring and Review:

Activities related to contextualized planning to meet the diverse needs of the population of Khulna Division ranging from the urban centers and hard to reach areas coastal and arsenic prone areas were. District wise master plan on context specific WASH issues (Rural Water supply); develop need based integrated district, Upazilas, union sanitation implementation plans with focus on hard to reach and vulnerable groups (Rural Sanitation and Hygiene); Establish planning and technology units with skilled staff to support planning (Urban Water and Hygiene); Revise existing hygiene strategy to align with SDGs and prepare costed plan of action reflecting the issues of Geo-hydrological, salinity intrusion, climatic effect, gender and disability of Khulna (Urban Sanitation); Review and Domesticate National WinS standards for the Division inculcating menstrual hygiene Management, Climate Resilience, Gender, Disability) (WASH in Schools); Preparation of Divisional level Khulna specific action plan which is gender specific and climate resilient (Wash in health Care Facilities).

The common concern about monitoring amongst all groups was indicated by the following priority actions from the different thematic groups: Establish water quality assessment laboratory (Urban Water Supply and Hygiene); Identification of WASH in HCF indicators and Inclusion of Indicators in Management Information Systems and Development of National Standards (WASH in HCF); the need for joint reviews was emphasized.

#### **Sector Policy and Strategy:**

Summarize and translate existing WASH police in a user-friendly way for sub-national level technocrats and policy makers (Rural Water and Hygiene); Development of gender specific and disaster resilient and terrain specific strategy for WASH in Health Care Facilities and decentralization at the Divisional Level.

The priority actions that were identified address the current situation in which the national water and sanitation policy is outdated; a legal framework reflecting the need of Division level decision making is not available nor supported by a set of supporting documents and implementing decrees that provide clarity of roles and responsibilities, service norms and standards. This includes service norms for WASH in schools (WINS), Health Care Facilities and technical standards for sanitation and faecal sludge management. The existing Water policy and strategy doesn't adequately address "hard to reach areas", with issues related to saline intrusion, displacements, arsenic which are some of the Khulna specific challenges in relation to universal access to 'safely managed' drinking-water services.

#### **Capacity Development:**

Common Priority Actions that were identified by the sector stakeholders were: Establish district level training institute (Rural water and hygiene); Develop a comprehensive need based capacity building plan (Rural Sanitation and Hygiene); Develop a Comprehensive staff training package (Urban Water and Hygiene); Establish decentralized training outlets under NILG for safely managed sanitation with three training hubs in Khulna, Jessore and Kushtia (Urban Sanitation and Hygiene); Development of comprehensive capacity development plan and customized training modules for relevant agencies on SBCC materials, infection prevention control, quality of care with the provisions of WASH, disaster resilient and terrain specific facilities (WASH in Health Care Facilities).

The prioritized actions from the Bottleneck analysis reflect the need to address the current situation in which WASH institutions have limited capacity to fulfill their sector roles and responsibilities for sustainable service delivery at scale, including the

unavailability of necessary structures, harmonized up to date tools especially for community mobilization and hygiene education, training, and incentives. This is especially true at Upazila and Union Parishad level.

#### **Budget & Expenditure:**

The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. The solutions identified to address this building block cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED).

#### **Priority Recommended Actions include:**

Local level resource mobilization framework and financial needs assessment for different context (Urban Sanitation and hygiene); Resource mobilization plan for funding increase through the DGHS and DGFP

#### Communication:

Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; national and sub-national divisions; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees.

Examples are, activate Development and domestication of Communication Strategy to address Khulna specific WASH issues (Rural Water and Hygiene); develop a comprehensive school led BCC plan to sensitize and orient teachers/parents/students on 0&M and hygienic use of school WASH facilities. (WASH in Schools)

#### **Cross cutting issues:**

Priority actions to address gender, disabilities, inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues. Development of gender specific and disaster resilient and terrain specific strategy, set harmonized standards for Khulna division (WASH in HCF), Review existing teacher training manuals, text books and curriculum of primary and secondary school and integrate emerging issues including MHM, disability, climate change, gender (WASH in Schools).

#### 2.4.3.3 High Priority Activities to Remove Bottlenecks: Cost, Timeline, Responsibility

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH sector within Khulna administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.4.8: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Khulna Division

	Rural Water and Hygiene							
SI: No	Bottlenecks	Causes of	Driggity Activity	Priority	Costs (BDT i	n thousands)	Responsibility	
SI: IVO	bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 2025	Responsibility	
1	Policy is not aligned with SDG	Policy is not updated to address SDG	Review, update and domesticate existing WASH policy (NWSSP 1998, Arsenic Policy 2004) to align with national priority (SDG, WQM&S, 7th five year plan) and roll out at division level.	High	10,000,000	0	LGD and DivC	
2	Stakeholders are not aware about existing policy and strategy	Lack of proper guidance, awareness and finance	Summarize and translate existing WASH policy in a user friendly and easy to understand and disseminate/ orient to relevant division level stakeholders	High	24,500,000	0	LGD/DPHE/DP/ DivC	
3	Not functioning	Lack of coordination, accountability, mechanism	Develop district wise master plan on WASH issues /project aligned with national level plan to enhance coordination and accountability mechanism	High	60,000,000	140,000,000	DPHE/DP/DC	
4	Water users participation does not exist	Water users have not been given proper attention by the authority	Develop and domesticate communication strategy to influence policy decision and ensure community participation (focusing women, adolescent, disable).	High	10,000,000	0	LGD/PSB/DP/DC	
5	No capacity development plan	Lack of willingness on staffs capacity development by the senior authority	Establish district level training institute to enhance staff and institutional capacity on rural water and hygiene	High	45,000,000	55,000,000	DPHE/LGI/DP/ Private Sector/DC	
6	No capacity development plan	Others opinion are not valued	Develop and implement a rural water supply project model to demonstrate community level planning and mapping to ensure the rights of pro poor and most vulnerable communities.	High	20,000,000	0	DPHE/LGI/DP/ Private Sector/ NGO	
		Suk	o-Total		169,500,000	195,000,000		



Table 2.4.9: Priority Costed Activities of 'Rural Sanitation and Hygiene' thematic area for Khulna Division

iabic	Rural Sanitation and Hygiene							
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT i 2019 - 2020	Responsibility		
1	Lack of proper work plan at root level service provider	lack of capacity to developing work planning	Develop a comprehensive need based capacity building plan to build capacity of the service provider including local entrepreneur on business modules and appropriate climate resilient technological options	High	20,000,000	2021 - 2025 20,000,000	DP, DPHE, LGD	
2	Absence of standard service delivery arrangement	Regular monitoring by DPHE LGI over local supply chain actors Promote public private partnership	Develop SBCC materials produced through proper need assessment and use it to enhance awareness and create demand of quality sanitation products  T • raining for local level supply chain actors	High	20,000,000	20,000,000	DPHE, LGD, Private Sector	
3	Plan is not aligning with SDG	Policy revision yet to be completed Existing sectoral plan is not updated	Develop local level area wise sanitation implementation plans with context specific inclusive M&E framework (District, Upazila, Union as well as users focusing gender, disable and children)	High	24,000,000	24,000,000	DP, DPHE	
4	Lack of proper work plan at root level service provider	Lack of capacity to developing work planning	Develop standard and comprehensive module, manual, guideline on different components of rural sanitation for different stakeholders (PPP, sanitation business model , FSM, solid waste management, climate change impact on sanitation )	High	15,000,000	0	DP, DPHE, LGD	
5	Lack of functional coordination among concern stakeholders	Absence of defined role and responsibilities of stakeholders	Establish a operationalize DPHE led coordination platform for periodic coordination among concern stakeholders	High	18,000,000	18,000,000	DP, DPHE, LGD	
		Su	b-Total		97,000,000	82,000,000		



Table 2.4.10: Priority Costed Activities of 'Urban Water and Hygiene' thematic area for Khulna Division

	Urban Water and Hygiene							
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT in 2019 - 2020	thousands) 2021 - 2025	Responsibility	
1	No comprehensive plan exists that includes periurban, gender, climate resilience, and equity issues. Responsibilities and accountabilities of execution of plan is not clearly mentioned	Lack of resources to carry out the planning process     No feasibility study to include peri-urban, gender, environment issues     No separate planning section to operate planning process is present within LGIs	Set up separate planning and research section by assigning technical staff skilled in planning and technology (at least in 10 institutes at District level) to develop comprehensive planning that includes regional need, climate resilience issues, gender and equity issues	High	82,000,000	0	LGD, MoF	
2	No water hygiene Policy exists	Lack of sector interest on hygiene promotion     Sector confusion about responsible ministries for hygiene policy formulation     Lack of coordination between LGD and MoH&FW	Consultative workshop at district level and Divisional level to sensitize policy makers and technocrats on existing hygiene strategy and domesticate to the Khulna regional context	High	24,000,000	0	LGD, PSB	
3	Salinity, arsenic issues are not properly addressed in water supply and ensuring water quality	Cost-effective technical solutions are inadequate to combat salinity and arsenic issue	Provide technical and financial support to conduct research for innovative, users friendly and cost-effective technology to removal of salinity and arsenic from drinking water		10,000,000	0	DPHE, MoF	
4	High tech laboratory is unavailable at district level to detect salinity and other impurities in water	LGIs technical skills and resources are insufficient to establish high tech lab	Establish water quality assessment laboratory at district level		60,000,000	0	MoF, District admin, DPHE, UNICEF	
5	Urban poor need for safe water supply is not met	Limited options for providing safe saline free drinking water to urban poor The need of urban poor for safe water is not counted in the policy	Introduce digitalized ATM water treatment dispensers with comprehensive 0&M strategy at water points (at least in 100 water sources by the year 2020) in public places and close to slums to ensure safe water for the floating people and people living in slums		40,000,000	0	LGD DPHE DWASA	
		Sub-Tota	al		216,000,000	0		

Table 2.4.11: Priority Costed Activities of 'Urban Sanitation and Hygiene' thematic area for Khulna Division

	Urban Sanitation and Hygiene									
SI:	Bottlenecks	Causes of	Priority Activity	Priority	Costs (BDT in	thousands)	Responsibility			
No	Bottleffecks	Bottlenecks	Thoney Activity	Thomas	2019 - 2020	2021 - 2025	Пезропзівшту			
1	Lack of skill and qualified staff at urban LGIs to create demand and address social norm in sanitation and hygiene	Lack of interest from LGD     No demand from urban LGIs for having separate and updated national urban strategies meeting the SDG need	Review and revise the existing hygiene strategy considering SDG and prepare costed plan of action with HR and necessary resources allocation for implementation	High	1,000,000	3,500,000	LGD, PSB, DPHE, MoHFW, UNICEF			
2	Lack of full delegation for local decision making from LGD	Lack of Government order and directives	Issuance of GoB circular and directives for full delegation of authority and financial power by Mayor to hire and fire staff and local resource mobilization for safely managed sanitation service delivery	High	5,000,000	0				
3	Absence of urban sanitation and hygiene plan at LGIs level	Lack of fund     Delay approval of organogram by LGD     Lack of demand raising imitative	Advocacy with LGD for approval of organogram for Urban LGI with clearly defined roles and responsibilities, making necessary adjustment to cater needs of SDG and fully delegation of authority to Mayor	High	3,000,000	0	LGD, DP, LGI			
4	No financing and HR plan for achieving SDG targets for sanitation and hygiene at City Corporation and Pourashava level	No directive from LGD for formulation of need based HR plan at decentralized level for catering need of urban sanitation and hygiene to meet the SDG targets     Limited resource allocation from Planning commission/ Ministry of Finance for catering need of urban sanitation and hygiene to meet the SDG	Issue GoB circular to prepare need based financing and HR plan to meet the SDG sanitation and hygiene targets by City Corporation and Pourashavas	High	5,000,000	0	LGD, PSB, DPHE, DP			
5	Lack of resources of NILG for catering Human resource development needs for urban local government institutes	Lack of budgetary allocation for NILG to develop skill manpower of urban LGIs	Established decentralize training outlets under NILG for safely managed sanitation and hygiene, solid waste management at Khulna division i.e. 3 training hub in 3 locations (Khulna, Jessore and Kushtia)	High	20,000,000	30,000,000	LGD, NILG, LGI, DP			
		Sub	o-Total		34,000,000	33,500,000				

# Table 2.4.12: Priority Costed Activities of 'WASH in Schools' thematic area for Khulna Division

	WASH in Schools							
SI:	Dattle	Causes of	Dulander Andrila	Duite it	Costs (BDT i	n thousands)	Danner (1911)	
No	Bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 2025	Responsibility	
1	Policy doesn't include provision of 0&M cost.	0&M allocation and expenditure strategy is absent for both primary and secondary schools.	Facilitate developing costed district wise Operation and Maintenance (0&M) plan for WASH in Schools and allocate funds for 0&M of WASH facilities in schools and dissemination of policy and strategies at district level including Khulna division.	High	200,000	426,000	LGD, MoE, MoPME	
2	Non existence of national standards for WASH in schools.	Lack of understanding of importance of WASH standards for policy makers.	Review and domesticate national WASH in Schools Standards for Khulna division (Climate resilient, gender, disability & MHM) in line with national and global standards and incorporate in WASH in Schools Monitoring Information system (MIS).	High	5,000,000	20,000,000	LGD, MoE, MoPME	
3	Less importance of activating student groups for WASH activities in schools.	No hard and fast rule for formulating and functionality of student groups for WASH in Schools.     Negative perception of teachers/parents/ students to be involved in cleanliness and maintenance of WASH facilities in schools.	Develop a comprehensive school led BCC plan to sensitize and orient teachers/ parents/students on 0&M and hygienic use of school WASH facilities.	High	200,000	1,500,000	MoI, MoE, MoPME, LGD	
4	Lack of human resources, tools, equipment, logistics & updated knowledge on WASH in Schools activities including MHM, disability, climate change, gender etc.	Emerging issues not supported by human resources and logistics and not considered earlier.	Review existing teacher training manuals, text books and curriculum of primary and secondary school and integrate emerging issues including MHM, disability, climate change, gender etc and build capacity of the relevant stakeholders to implementation.	High	10,000	100,000	MoE, MoPME, LGD	
5	No decentralized policy and resource allocation for WASH in Schools.	Lack of understanding of importance of decentralized planning for WASH in Schools.     Lack of initiatives to strengthen sub national level decentralized planning and implementation.	Develop the guideline for decentralized planning for quality improvement for WASH in Schools and local level resource mobilization.	High	4,000	20,000	LGD, MoE, MoPME	
		Sub-	Total		5,414,000	22,046,000		

Table 2.4.13: Priority Costed Activities of 'WASH in Health Care Facilities' thematic area for Khulna Division

	WASH in Health Care Facilities								
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT ir 2019 - 2020	thousands) 2021 - 2025	Responsibility		
1	No Gender Specific Policy and Strategy	No WASH Priority in 7th 5 year Sector Development plan	Development of gender specific and disaster resilient and terrain specific strategy, set harmonized standards for Khulna division and action plan implementation	High	230,000,000	450,000,000	MoHFW		
2	No priority settings and WASH specific Budget	Policy makers and planners are not sensitized in WASH in HCF, division on the status of WASH in HCFs and disseminate the advocacy.		High	20,000,000	0	MoHFW, LGD		
3	Inadequate public allocations	Lack of WASH related situation assessment     Not prioritized in GoB policy	Develop a resource mobilization plan to increase fund by the divisional offices of DGHS and DGFP	High	2,500,000	0	MoHFW, LGD		
4	Systematic institutional capacity development on WASH in Health Care Facilities is not prioritized in the Operational Plan of the relevant departments (DG-HS, DG-FP, DPHE, HED, PWD)	Lack of knowledge and information on the importance of WASH in IPC	Development of comprehensive capacity development plan and customized training modules for relevant agencies on SBCC materials, infection prevention control (IPC), quality of care with the provisions of WASH, disaster resilient and terrain specific facility	High	120,000,000	130,000,000	MoHFW, DPHE		
5	No harmonized Khulna specific indicators on WASH in HCFs	It is a growing concern and Khulna specific monitors was not set earlier	Development of MIS with harmonized indicators following SDG targets 3.1, SDG targets 3.2, SDG targets 6.1, SDG 6.2 to monitor and measure WASH provisions and utilization in HCF	High	35,000,000	15,000,000	MoHFW, DPHE		
		Sub-Tota	al		407,500,000	595,000,000			



# 2.4.3.4 Conclusion, Recommendations and Next Steps 2.4.3.4.1 Conclusions

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Khulna Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

The enabling environment: Poor implementation and compliance with sectoral policies at national and sub-national levels non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub national government institutions and with communities and insufficient division wide time-bound plansandpoor engagement of the private sector in delivery of WASH services; and absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.

**Services Delivery:** Absence of low-cost appropriate water and sanitation technologies for the costal belt areas; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.

**Behaviour Change Communication**: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Khulna Division. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing females and disabled and communication between sub-national and national level technocrats and policy makers.

### 2.4.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office.
- 2. The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a subnational level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in



the Annual Development Programme (ADP) for 2019.

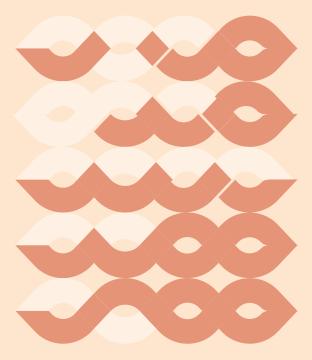
- 3. Liaison with the Ministry of Planning and Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.
- 4. The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8th 5 year plan.

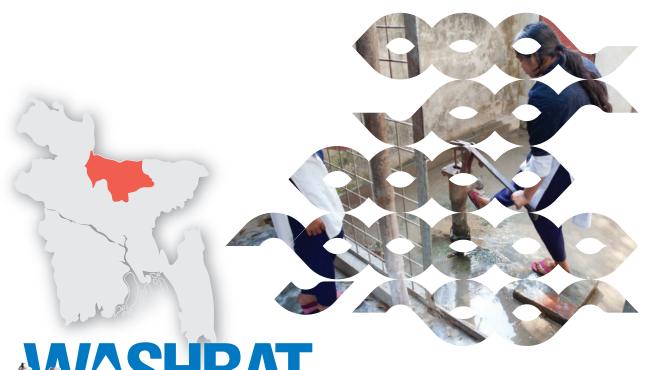
# 2.4.3.4.3 **Next steps**

Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division

# 2.4.4 Link of Khulna Division WASHBAT Report

SI No.	Thematic Grou	ps	Link
1	Rural Water and hygiene	:	https://www.dropbox.com/s/39nxox7xhe0qyr4/Report%20_Rural%20Water_Khulna_Washbat%20 Analysis.docx?dl=0
2	Rural Sanitation and Hygiene	:	https://www.dropbox.com/s/0axm9ys4klsip54/Reporting%20Tamplate%20_Rural_Sanitation%20 Washbat%20Analysis_%2013-9-2018.doc?dl=0
3	Urban Water and Hygiene	:	https://www.dropbox.com/s/ql2m5baxdpv4zpy/Washbat%20Analysis_Urban%20Water%20and%20 Hygiene_Khulna.doc?dl=0
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/j8g8juaet20iydq/Reporting%20Tamplate%20_Urban_Sanitation%20 Washbat%20Analysis%20Khulna.doc?dl=0
5	WASH in School		https://www.dropbox.com/s/48z00sg8wub57pq/Report_Khulna%20_School_%20Washbat%20 Analysis_30.09.18.doc?dl=0
6	WASH in Health care Facilities		https://www.dropbox.com/s/nb4nnorie61qjgg/20180918-Final%20version-WASHBAT%20Report-WASH%20in%20HCF-Khulna%20version%202.docx?dl=0



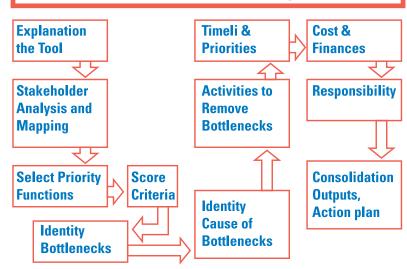


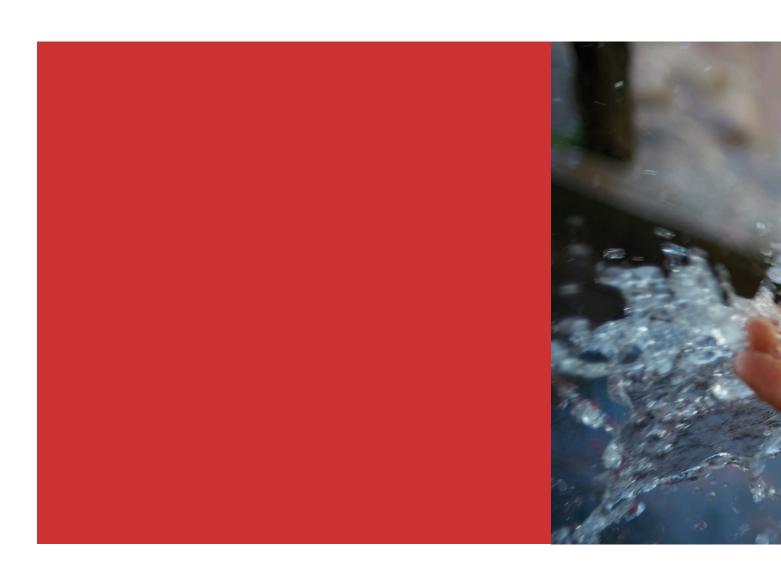
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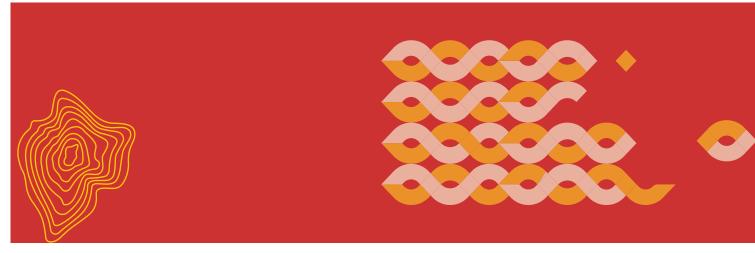
**VENUE: Brac CDM-Rajendrapur DATE: 29 to 31 Oct 2018** 

# **WASHBAT REPORT MYMENSINGH DIVISION BANGLADESH**

# **Bottlenecks Analysis Steps**







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# **PART2-05 WASH in Mymensingh Division**

Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Mymensingh Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

### 2.5.1 Mymensingh Division: Administrative and Demographic Features

Mymensingh Division spans an area of 10,584 sq km and is located between 24°45′14″ N latitudes and in between 90°24′11″E longitudes. Its boundaries are India in the North, Rangpur North-West, Rajshahi in the South-West and Sylhet in the East.The division has a total population of 1,370,000; male 51.05% and female 48.95% (Census 2011).

In terms of administrative areas, the Mymensingh Division is sub-divided into four districts: Mymensingh, Netrokona, Jamalpur and Sherpur. Further, the Mymensingh Division contains 35 sub-districts (Upazila/Thana), 355 Union Parishad, 2,639 villages and 24 Municipalities and one City Corporation.

### 2.5.2 WASH Sector Overview: National and Mymensingh Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 1.1.

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.5.1.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 2.5.1.2) and 25% drink water with a level of arsenic above international standards.

Table 2.5.1 National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Service Level	Wate	er (% of Po	р)	Sanitation (% of Pop) Hygiene (% of			ne (% of P	of Pop)	
	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

Source: Joint Monitoring Report (JMP), 2017





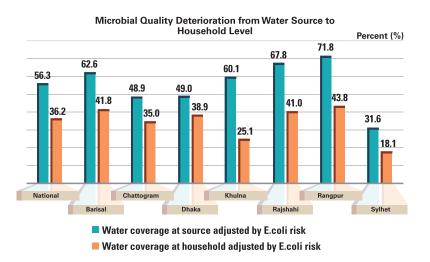
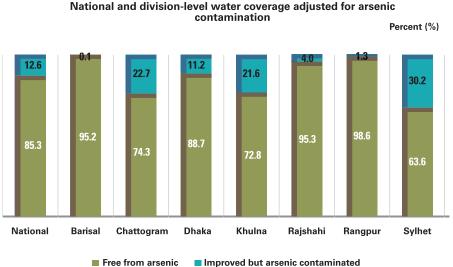


Figure 2.5.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)



FFigure 2.5.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

## 2.5.2.1 Access to safe drinking water in Mymensingh

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), close to three quarters (77.1%) of the households in Mymensingh use improved water sources that are available within 30 minutes round trip collection time (Figure 2.5.1.3). However, less than a one eighth of these households (12%) have safe drinking water that is available when needed and free from priority contamination (Figure 2.5.1.4). This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

### Households Using Improved Water Sources within 30 min round trip collection time

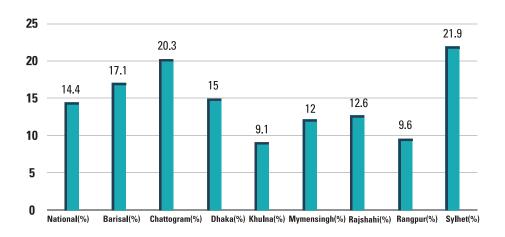


Figure 2.5.3 Household using safely managed drinking water facilities

### **Household Using Safely Managed Drinking Water Sources**

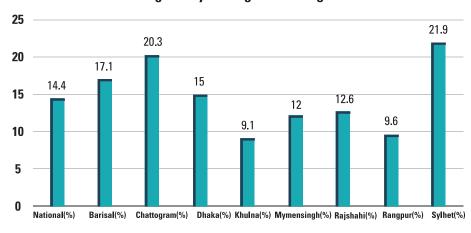


Figure 2.5.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

## 2.5.2.2 Access to Improved Sanitation in Mymensingh

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Mymensingh Division, access to improved sanitation which is private is lower than national average i.e. 38.7% compared to the national average of 53.7% (Figure 2.5.1.5). However, this means that only about 1 out of 3 households have access to improved sanitation. Improved Sanitation is defined as the facility that safely contains human excreta preventing contact with human (hands, food, and water).

# **Household using improved sanitation facilities (not shared)**

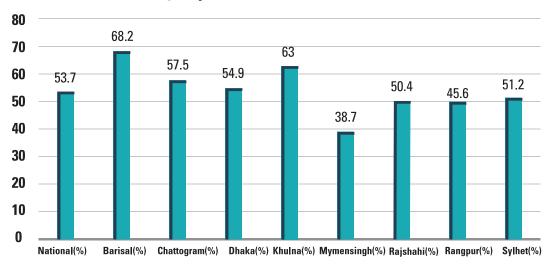


Figure 2.5.5: Households which use an improved facility which separates excreta from human contact (private)

### 2.5.2.3 Access to Effective Handwashing in Mymensingh

Effective Handwashing is a challenge nationally as the survey indicated that only about half of the households were observed to wash their hands with soap and water after defecation. The divisional estimate (37%) also found that just about 1 of 3 households practice effective handwashing (Figure 2.5.1.6); washing their hand with soap and water for at least six seconds after defecation (BBS and UNICEF, 2018).

## Household observed effective handwashing after using toilet

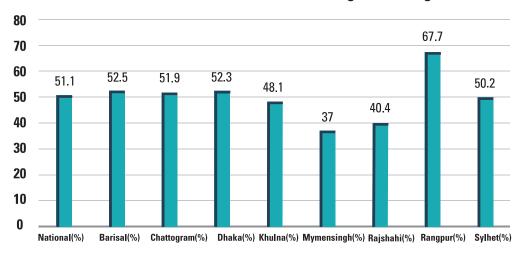


Figure 2.5.6 Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)



# 2.5.2.4 Disparities in WASH Access in Mymensingh Division: Haor, Water logging and Hilly area

Despite the successes achieved by government in terms of access to improved water and sanitation in Mymensingh there are disparities between national coverage and hard to reach areas and vulnerable areas such as those affected by Haor and water Logging. The water logging basin is a remote and difficult area that is water logged every year during monsoon, hence for about 4 months of the year, the land mass is flooded, and there is high contamination and washing away of water points. Considering the water log access and sustainability to WASH services in Mymensingh division is severely affected in terms of the wide expanse of the water log as the wetland basin or the Mymensingh wetland.

The haor basin is bounded by the hill ranges of Meghalaya (India) on the north. The basin includes about 47 major haors and some 6,300 beels of varying size, out of which about 3,500 are permanent and 2,800 are seasonal. Numerous rivers rising in the hills of India provide an abundant supply of water to the plains and cause extensive flooding during the monsoon upto a depth of 6m. Small permanent water bodies within the haors are called beels, which occupy the lowest part of the depressions.

During the dry season, most of the water drains out leaving one or more shallow beels which become mostly overgrown with aquatic vegetation or completely dry out by the end of dry season (National Encyclopedia of Bangladesh). Garo Hills also are in this division which also create land slide and flush flood in this areas.

Jamalpur and Sherpur districts are also facing flood every year due to the Brahmaputra river that carries water drained out from India especially during monsoon, so, people residing to the flooding side are facing challenges regarding safe drinking water and sanitation during this disaster situation.



### 2.5.2.5 Access to WASH Services in Schools (Data same as Dhaka Division)

Access to water in schools is stagnant at only 69% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is high at 86%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled (Figure 2.5.1.7).

#### Access to water and sanitation in schools (%) 100 88 84 85 90 791 80 80 69 68 67 70 60 50 40 30 20 10 Rangpur(%) Rajshahi(%) Dhaka(%) Barisal(%) Khulna(%) Chattogram(%) Water access (%) sanitation access (%)

### Figure 2.5.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)

# 2.5.3 WASHBAT Summary Outputs, Conclusion and Next Steps 2.5.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.5.4 of this report.

WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (from table 2.5.2 to 2.5.7.). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful. However, subsequent section 2.5.2.2, may discuss on the priority activities corresponding to identified bottlenecks.



# **Table 2.5.2 Theme: Rural Water and Hygiene for Mymensingh Division**

SI. No.	Bottleneck	Activity for bottleneck removal		
1	Current policy and strategy is not supported to SDG 6.1 target (Policy covers 50 persons with one water point but SDG requires for all)	Rural water policy is to review and update to meet the SDG 6.1 targets		
2	Water hygiene part is not broadly highlighted to the existing policy	Advocacy or workshop is to be arranged to meet the water hygiene part to be incorporated related policy, strategy and costed plan of action		
3	Coordination body not properly functionalized	WATSAN committee to be functionalized by allocating sufficient funds and accountability		
4	Private water point in rural areas is not regulated	Policy, strategy, government circular for registration or regulation for private water point installation need to revised with proper institutional arrangement		
5	No local level capacity building institutional body for rural water and hygiene service delivery	Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar		
		Government led awareness program including WSP is to be propagated through appropriate media		
6	Private sector not involved for rural water and hygiene service delivery	Incentivize for encouraging provide water service provider for rura water & hygiene service deliver		
		Piloting development appropriate modelling for rural water service provision through private service provider		
7	Lack of commitment and work overload for the non- elected representatives	To be involved elected and non-elected representatives in water and hygiene management and statistics		
8	Informal service provider for rural water service provision and installation/drilling is not registered	Union wise water point service providers/drillers is to be developed		
	,	College or school wise WQ testing system to be developed		

# Table 2.5.3 Theme: Rural Sanitation and Hygiene for Mymensingh Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	No review of existing policy in line with SDG 6.2,	Review of existing policies and ensure its dissemination at local level
2	No behavioural hygiene promotion context based strategy	Existing policy & strategy review and developed context specific hygiene behavioural change strategy
3	Absence of standard packages/ benchmarking for rural sanitation services in line with SDG 6.2	Develop standard institutional packages /guideline for rural sanitation services in line with SDG 6.2
4	Absence of PPP (public-private-partnership) in rural sanitation services	Implement PPP model to improve rural sanitation and hygiene services
5	Absence of financial policies in line with SDG6.2	Cascading workshop from division to ward level for new financial policies implementation
6	Lack of resource integration	Develop sector financing strategy (resource, integration, coverage of hard core, private sector incentives)
7	Absence of government led monitoring system	Develop effective monitoring & evaluation protocol & tool introduce award systems for the best performance
8	No evidences on sanitation services model & approaches	Yearly dissemination workshop on best practices at regional level
9	Lack of technical knowledge	Holistic training for capacity development and increase trained human resources to cater need for SDG 6.2
10	Absence of comprehensive human resource strategy and capacity to meet SGD 6.2	Development of HR strategy & private sector engagement strategy and organize workshop & seminar with stakeholder

# Table 2.5.4. Theme: Urban Water and Hygiene for Mymensingh Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	No incentives and sanctions with financial monitoring mechanisms (Hygiene).	Formation of regulatory commission to ensure quality services and regulate service providers.
2	Weak internal control mechanisms.	Developed the skills of staffs for internal control by providing different types of training
3	Weak Monitoring System	Develop Institutions specific monitoring and evaluation plan and systemic periodic follow up
4	Absence of Water Safety Plan	Developed a monitoring guideline and training module to increase the capacity of staffs to implement water safety plan in PWSS
5	No training package available and no training institutes exists in Mymenshing Division/district level to develop capacity in improving water supply and quality (service)	Identify a functional capacity development institution/ organization including development of TNA, module, trainer and conduct training.
6	Private sector are not allowed for safely managed urban water service.	Develop a comprehensive package to train water sector staff including private sector in urban water supply.
7	No capacity development urban water plan presents for human resources management in Mymenshing water sector.	Enhance institutional capacity for urban water supply by establishing Mymenshing divisional level training institutes with appropriate training modules for technical and administrative cadres.
8	No capacity development urban water plan presents for human resources management in Mymenshing water sector.	To ensure human and financial resources and institutional support to develop staff capacity to ensure water quality monitoring water safety and water related hygiene issues
9	Political representatives are not actively involved in planning and advocacy.	Introduction of performance based incentive system for urban water & hygiene service delivery and advocacy workshop agenda
10	At present urban water service sector has no costed plan.	Introducing and developing the mechanism for costed plan of action
11	Private sector are not allowed for safely managed urban water service.	Develop a comprehensive package to train water sector staff including private sector in urban water supply.
12	Informal service providers are not registered and monitored.	Introduction of registration & Monitoring mechanism for informal service providers.

# Table 2.5.5. Theme: Urban Sanitation and Hygiene for Mymensingh Division

SI: No	Bottleneck	Activity for bottleneck removal
1	Except IRF-FSM, no other policy is aligned with SDG 6.2	Relevant policy and Legal framework review and revise considering the SDGs 6.2 by engaging relevant stakeholders of Urban LGIs and sector partners
2	Policy and legal framework are not implementing fully	Development of operational guideline for FSM business model, IRF implementation plan, solid waste management business model including waste water and hygiene issue
3	No initiative for sensitization campaign has been taken and reflected in budget	Policy dialogue with the high level policy makers to increase budget allocation specially for the awareness campaign (Campaign, advertisements, publicity) and promotion of Sanitation Safety Plan
4	Lack of legal provision in place	Policy dialogue workshop with high level policy makers for developing incentive mechanism for service providers with legal enforcement and penalties to ensure a safely managed service delivery chain (FSM, Solid waste management, wastewater, hygiene)
5	No developed business model	Capacity building training to the urban LGIs staff and sector stakeholders on development of business model focusing FSM, Solid Waste Management, waste water treatment focusing SDG 6.2 by NILG
6	Policy includes but not in practice level	Carryout dissemination events at local level and observe and monitor practice
7	There is no tariff system a nd national standard	Organize workshop for settle down tariffs for sanitation services including FSM, waste water, solid waste management and operation and mai ntenance in Ii ne with national standard
8	No investment target is set for sanitation sector at LGI level	Organize policy dialogue with LGIs regarding target setting for sanitation sector
9	There is no government-led monitoring system in place	Organize Workshop with ministry level policy makers for sensitizing to introduce monitoring system for sanitation coverage
10	No monitoring indicators has been developed	Organize training for ULGI representatives to set monitoring indicators
11	Government led capacity development plan has not been formulated	Organize workshop with Govt. representatives on capacity development
12	Private sector involvement in urban sanitation is insignificant	Arranged workshop with private sector entrepreneur regarding sanitation service
13	Capacity does not exist	Organize capacity development training for sector actors to monitor sanitation service based on national standard
14	LGIs are less interest does not to own the urban sanitation program	orientation program for LGIs leaders on sanitations and exposure visit on best practices
15	Partial involvement, but not up to the mark	Create opportunity to involve the LGIs in top level planning process
16	No effective participation	Office order/circular from LGD to LGIs for involving traditional and community leaders
17	Lack of information and willingness	Organize different horizontal learning session

# Table 2.5.6 WASH in School- (WinS) for Mymensingh Division

SI. No.	Bottleneck	Activity for bottleneck removal			
1	No policy or strategy exists which will serve as a guiding instrument for improving WASH services in schools	National level advocacy workshop for policy formulation			
2	No privet sector engagement in on institutional WASH	Networking and communication with the privet sector for corporate society responsibility (CSR) in regional level			
3	The plan is not reviewed at early stage by all stakeholder	Bottom to top up planning approach and preparing plan of actions to ensure that it attains planned objectives			
4	No participatory monitoring system was developed for WASH in schools	Make the stakeholders aware about the importance of monitoring on WASH in school and set up roles and responsibility of different stakeholders for monitoring WINS situation.			
5	No participatory monitoring system was developed for WASH in schools	Provision of incentive/award for good WASH facilities in school			
6	No institutional capacity exists to fulfil sector roles and responsibility	Build capacity of the institutions to fulfil sector roles and responsibilities to augment sustainable institutional WASH at scale including the availability of necessary structures, tools, training and incentives			
		Institutional capacity development assessment and sharing with concern authority			
7	Limited Participation of community in program design	Awareness raising and capacity building of all relevant stakeholders			
8	No legal and institutional framework for financial transaction in regional level	Legal and institutional framework formulation for regional level and action for dissemination			
9	No private sector engagement in on institutional WASH	Networking and communication with the privet sector for corporate society responsibility (CSR) in regional level			
10	Sustainability equity and scaling are not prioritized in planning process	Quality of the WASH facility in school should be consider in planning process			
		Training module development on WASH in schools.			
11	Training institution have no capacity and resources for scaling up institutional WASH	National and sub-national teachers training institutes need to have separate WinS HR capacity building cell/wing with adequate resources			

# Table 2.5.7 WASH in Health Care Facilities- (WinHCF) for Mymensingh Division

SI: No	Bottleneck	Activity for bottleneck removal
1	N. D. Francisco and streets on the WARL in 11050	Advocacy for giving priority for Policy and Strategy for WASH in HCFs
1	No Policy and strategy for WASH in HCFS	Development of Policy and Strategy for WASH in HCFs
2	Lack of evidence for WASH in HCFs	Inclusion of indicators for WASH in HCFs in heath assessment/survey or monitoring system
_		Execute R&D activity
3	No National Standards for WASH in HCFs	Development of National Standards for WASH in HCFs
4	No technical group exist dealing with WASH in HCFs	Advocacy to policy decision makers for having a technical group at national level
5	No Specific ToR for WASH in HCFs	Assign a focal person with specific ToR
6	No Sub National level committee for WASH in HCFs	Coordination committee formation at national and sub -national level with specific ToR
7	No National Standard is developed	Development of National Standard and Guidelines for WASH in HCF
8	Lack of Skilled human resource	Organize training on WASH in HCF
9	No 0&M framework for WASH	Development of O&M framework
10	Lack of funding for awareness building for	Allocation of fund from GoB revenue budget
10	WASH in HCFs	Utilization of funds from ongoing Operational Plans ( OPs)
11	Absence of need based budget allocation (addressing geographical area, local needs, hard to reach area, ethnic minority, climate change impacts etc.)	Allocation of funds based on local needs (geographical area, local needs, hard to reach area, ethnic minority, climate change impacts etc.)
	N	Advocacy for WASH specific budget
12	No importance given to WASH specific budget allocation including 0&M	Implementation of Plan and Allocation of funds for regional WASH plan from ongoing OPs
13	Lack of plan for WASH in HCFs	Development of plan for WASH in HCF with specific targets at regional level addressing local issues (geographical area, local needs, hard to reach area, ethnic minority, climate change impacts, gender, equity etc.)
14		change impacts, gender, equity etc.)
15	No convergent plan	Advocacy for convergent planning for WASH in HCFs
16	Lack of Sustainable Plan	Ensure participation of beneficiaries and stakeholders in planning process
17	Lack of Harmonized monitoring system	Establish a harmonized monitoring system for WASH in HCFs
18	Lack of indicators for monitoring WASH in HCFs	Identification of WASH monitoring indicators and inclusion in HMIS (DHIS2 and MIS DGFP)
		Inclusion of WASH in HCFs in the agenda of JSR
19	Very limited discussion in JSR	Formation & activation of monitoring team for WASH in HCFs at district level



# 2.5.3.2. Key Bottlenecks Affecting all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors – a detailed analysis for each sub sector and each bottleneck and governance function is provided in the link of section 2.5.4 of this report.

Sustainable Services Delivery: Priority actions to facilitate sustainable services delivery in Mymensingh is a recurrent theme running through most of the thematic areas. Area wise need based assessment & mapping on water table, water quality and hydrogeology (Rural Sanitation and Hygiene Thematic group); Conduct baseline and periodic monitoring data for sub group people and include sub group in planning and monitoring system, Mymensingh specific issues and hygiene and organize workshop to review City Corporation & Pourashava policy guideline (water act 1996) to ensure participation of beneficiaries and stakeholders in planning process (Wash in health Care Facilities); Quality of the WASH facility in school should be considered in planning process (WASH in Schools).

Planning, Monitoring and Review: Activities related to contextualized planning to meet the diverse needs of the population of Mymensingh Division ranging from the urban centers and hard to reach areas like the Haor, water logging and Hilly area were highlighted. Need to develop a government led specific plan for co-ordination and to introduce the mechanism for costed plan (Urban Water and Hygiene); Need to create opportunity to involve the LGIs in top level planning process (Urban Sanitation and Hygiene); Need to develop a participatory plan for WASH in HCF with specific targets at regional level addressing local issues (geographical area, local needs, hard to reach area, ethnic minority, climate change impacts, gender, equity etc.) (Wash in health Care Facilities); Conduct bottom to top up planning approach and preparing plan of actions to ensure that it attains planned objectives with Quality of the WASH facilities; the progress status of WASH facilities in schools should be incorporated in progress report and set priority activities for following years (WASH in Schools).

The common concern about monitoring was indicated by the following priority actions from the different thematic groups: Conduct workshop to develop effective monitoring & evaluation protocol & tool Introduce award systems for the best performance and yearly dissemination workshop on best practice; Need to declare incentives for the monitoring team for quality assurance and to establish functioning WATSAN committee and responsible for M & E Develop monitoring systems & documentation of learning (sanitation service model approach) (Rural Sanitation and Hygiene); Need to develop Institutions specific monitoring and evaluation plan and systemic periodic follow up and to develop a monitoring guideline and set a training module to increase the capacity of staff to implement water safety plan in PWSS; Need to introduce registration & Monitoring mechanism for informal service providers (Urban Water and Hygiene); Need to organize Workshop with ministry level policy makers for sensitizing to introduce monitoring system for sanitation coverage and training for ULGI representatives to set monitoring indicators (Urban Sanitation and Hygiene); Need to Inclusion of indicators for WASH in HCFs in heath assessment/survey or monitoring system and execute Research & Development activity and to establish a harmonized monitoring system and identification of WASH monitoring indicators and inclusion in HMIS (DHIS2 and MIS DGFP) (Wash in health Care Facilities); Need to develop monitoring mechanism and update and upgrade the existing monitoring system in a harmonized system based on emerging issues (WASH in Schools).

**Sector Policy and Strategy:** The priority actions that commonly identified by the groups were the current national water and sanitation policy is outdated and not aligned with SDG target, legal framework reflecting the need of Division level decision making is not available, existing supporting documents and implementing decrees which provide roles and responsibilities, service norms and standards were not clearly defined. Some general observation from groups is given below:

Rural water policy is to review and update to meet the SDG goals by appointing national level consultant& Hygiene part will be broadly included to the policy rather than strategy (Rural Water and Hygiene); Existing policy & strategy review and developed context specific hygiene behavioral change strategy (Rural Sanitation and Hygiene); Formation of Regulatory commission to ensure quality services and regulate service providers (Urban Sanitation and Hygiene); Policy dialogue with the high level policy makers to increase budget allocation specially for the awareness campaign (Campaign, advertisements, publicity) and promotion of Sanitation Safety Plan and workshop with high level policy makers for developing incentive mechanism for service providers with legal enforcement and penalties to ensure a safely managed service delivery chain (FSM, Solid waste management, waste water, hygiene) (Urban Sanitation and Hygiene); Advocacy for giving priority to develop Policy and Strategy (Wash in health Care Facilities); Need to develop national level advocacy workshop for policy formulation (WASH in Schools).

Capacity Development: Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar (Rural water and hygiene); Conduct development of HR strategy & private sector engagement strategy and organize workshop & seminar with stakeholder (Rural sanitation and Hygiene); Identify a functional capacity development institution/Organization including development of TNA, module, trainer and conduct training. (Urban water and Hygiene); Capacity building training to the urban LGIs staff and sector stakeholders on development of business model focusing FSM, Solid Waste Management, waste water treatment focusing SDG 6.2 by NILG (Urban sanitation and hygiene); Organize training on WASH for the health staff (Wash in health Care Facilities); Build capacity of the institutions to fulfil sector roles and responsibilities to augment sustainable institutional WASH at scale including the availability of necessary structures, tools, training and incentives (WASH in Schools).

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**Budget & Expenditure:** The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. Division level financial needs for each sub sector are not known and cannot be addressed/prioritized. The solutions identified to address this cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED). Priority Recommended Actions include: Develop sector financing strategy (resource, integration, coverage of hard core, private sector incentives) (Rural sanitation and hygiene); Provision of specific budget for O&M of school, health hygiene (WIN); Organize workshop for settle down tariffs for sanitation services including FSM, waste water, solid waste management) and operation and maintenance in line with national standard (Urban Sanitation and Hygiene); Conduct implementation of Plan and allocation of funds for regional WASH plan from ongoing Ops including O&M (Wash in health Care Facilities); Resource mobilization (WASH in Schools).

Communication: Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; national and sub-national divisions; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Action discussed and suggested by groups is summarized in below in which some of them are not taken in 5 high priority activities. Suggestions are: Government led awareness program including WSP is to be propagated through appropriate media; Union wise water point service providers is to be developed and College or school wise W0 testing system to be developed. Introduction of performance based incentive system and advocacy workshop agenda; orientation program for LGIs leaders on sanitations and Exposure visit on best practices; Office order/circular from LGD to LGIs for involving traditional and community leaders; Coordination committee formation at national and sub-national level with specific TOR; Networking and communication with the privet sector for corporate society responsibility (CSR) in regional level; Increase coordination and sharing information to develop plan.

Cross cutting issues: Inclusion & engagement of public sector to improve rural sanitation and hygiene services; organize different horizontal learning session; Create opportunity to involve the LGIs in top level planning process; Inclusion of WASH in HCFs in the agenda of JSR; Allocation of funds based on local needs (Geographical area, local needs, hard to reach area, ethnic minority, disabilities, climate change impacts etc.)

# 2.5.3.3. High Priority Activities to Remove Bottlenecks: Cost, Timeline, Responsibility

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH sector within Khulna administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise.

It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously take

Table 2.5.8: Priority Costed Activities of 'Rural Water and Hygiene' thematic area for Mymensingh Division

	Rural Water Supply and Hygiene								
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) 2019 - 2020	in thousand 2021-2025	Responsibility		
1	Current policy is not supported to SDG 6.1 target (Policy covers 50 persons with one water point but SDG requires for all)	Policy developed before SDG and Hygiene is less important to existing rural water policy	Rural water policy is to review and update to meet the SDG goals by appointing national level consultant & Hygiene part will be broadly included to the policy rather than strategy	High	425,000	-	MoF/MoPA/ PC/LGD/ DPHE/ LGI/ DP/NGO and District administration		
2	Private water point is out of coordination	No standard guidelines to control the private water point installation	Registration or permission system is to be developed for private water point installation	High	-	109,250	MoF/LGD/ DPHE/ LGI/ DP/NGO and District administration		
3	No local level capacity building institutional body	Not realized about the importance of local level capacity building institutional body	Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar	High	165,000	3,000,000	MoF/LGD/ MoLaw/ MoPA/DPHE/ DP		
4	Private sector not involved	Non profitable service for private sector	Government led awareness program including WSP is to be propagated through appropriate media	High	55,000	-	MoF/LGD/ MoPA/ DPHE/ DP/NGO and District administration		
5	Informal service provider is not registered	Necessity and importance is not realized	Union wise water point service providers is to be developed and College or school wise WQ testing system to be developed	High	5,500	128,900	MoF/LGD/ MoE/ MoPME/ DSHE/ / DPHE/ LGI/ DP/ NGO and District administration		
		Tota	I		650,500	3,238,150			

Table 2.5.9: Priority Costed Activities of 'Rural Sanitation and Hygiene' thematic area for **Mymensingh Division** 

	Rural Sanitation and Hygiene									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) in thousand 2019 - 2020 2021-2025		Responsibility			
1	No review of existing policy in line with SDG 6.2	Unclarity of SDG 6.2     No priority on sanitation & hygiene	Existing policy & strategy review and developed context specific hygiene behavioral change strategy	High	4,000	17,000	LGD, MoF, DP			
2	Less priority on SDG 6.2 in discussion	No central instruction *Less priority  No clarity about SDG 6.2 No clarity of ivisional responsibility of coordination body	Regular coordination meeting at different level	Regular coordination		8,000	LGD, DP, MoF, District admin			
3	Absence of financial policies in line with SDG 6.2     Lack of resource integration	Lack of government initiatives     Duplication of resources	Develop sector financing strategy (resource, integration, coverage of hard core, private sector incentives)	High	500,000	2,000,000	MoF, LGD, DP, NGO			
4	Absence of government led monitoring system	Lack of reporting tools *Lack of resources *Lack of reporting protocol      Absence of feedback system	Develop monitoring systems & documentation of learning sanitation service model approach)	High	50,000	200,000	MoF, LGD, DP, NGO			
5	Lack of technical knowledge      Absence of comprehensive policies of human resource strategy	Lack of human resources      Lack of planning and implementation capacity      Lack of sufficient training	Development of HR strategy & private sector engagement strategy and organize workshop & seminar with stakeholders	High	15,000	50,000	MoF, LGD, DP, NGO			
		Total			571,000	2,275,000				

Table 2.5.10: Priority Costed Activities of 'Urban Water and Hygiene' thematic area for **Mymensingh Division** 

	Urban Water and Hygiene									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) 2019 - 2020	in thousand 2021-2025	Responsibility			
1	Political representatives are not actively involved in planning and advocacy.	Urban water is less priority issue in the list of political agenda	Introduction of performance based incentive system and advocacy workshop	High	40,000	60,000	PSB, LGD			
2	Weak Monitoring System	Lack of capacity to established monitoring feedback system.     Specific role and responsibilities are not defined clearly.      No standard guideline for monitoring.	Develop Institutions specific monitoring and evaluation plan and systemic periodic follow up.	High	50,000	100,000	DPHE, LGD			
3	Absence of Water Safety Plan.	Water safety plan is not in priority.      Lack of capacity to implement ater safety plan.	Developed a monitoring guideline and set a training module to increase the capacity of staffs to implement water safety plan in PWSS	High	50,000	250,000	DPHE			
4	No training package available and no training institutes exists in Mymenshing Division/district level to develop capacity in improving water supply and quality (service)	No allocated resource to establish training institutes for water sector     Lack of political will to develop sector capacity	Identify a functional capacity development institution/ Organization including development of TNA, module, trainer and conduct training.	High	30,000	70,000	DPHE, LGED			
5	No incentives and sanctions with financial monitoring mechanisms (Hygiene).	Less priority has given from service provider.	Formation of Regulatory commission to ensure quality services and regulate service providers.	High	20,000	30,000	LGD			
		Total			190,000	510,000				

Table 2.5.11: Priority Costed Activities of 'Urban Sanitation and Hygiene' thematic area for **Mymensingh Division** 

	Urban Sanitation and Hygiene									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs 2019 - 2020	(BDT) 2021-2025	Responsibility			
1	Except IRF-FSM, no other policy is aligned with SDG 6.2	Policy updating through review has not been done yet	Relevant policy and Legal framework review and revise considering the SDGs 6.2 by engaging relevant stakeholders of urban LGIs and sector partners	High	350,000,000	450,000 ,000	LGD, DPHE, DP, DPE, DSHE, LGI, MoF, ILG, Private Sector, UNICEF			
2	Lack of legal provision in place	<ul> <li>Initiative has been taken from the govt. side yet</li> <li>No monitoring system developed yet</li> </ul>	Policy dialogue workshop with high level policy makers for developing incentive mechanism for service providers with legal enforcement and penalties to ensure a safely managed service delivery chain (FSM, Solid waste management, waste water, hygiene)	High	20,000,000	15,000,000	LGD, PSB, Private Sector, DP, LGI			
3	No initiative for sensitization campaign has been taken and reflected in budget	• Software components (campaign, rally etc) are given lessimportance in budget preparation • No/low ADP allocation • Limited campaing strategy	Policy dialogue with the high level policy makers to increase budget allocation specially for the awareness campaign Campaign, advertisements, publicity) and promotion of Sanitation Safety Plan	High	20,000,000	25,000,000	LGD, PSB, Private Sector, DPHE, DPE, LGI, MoF, UNICEF			
4	Policy and legal framework are not implementing fully	Existing policy     and strategy were     not formulated     considering SDG      Not exists perational     guidelines	Development of operational guideline for FSM business model, IRF mplementation plan, solid waste management business model including waste water and hygiene issue	High	25,000,000	-	LGD, LGI, DPHE, Private Sector, DP, UNICEF			
5	No developed business model	Shifting from service delivery to business modality has not been thought yet at LGIs level	Organize training for development of business model for ULGIs officials focusing FSM, Solid Waste Management including facilities and equipment	High	800,000,000	-	LGD, Private Sector, DPHE, DPE, LGI, MoF,DP, DSHE, NILG, UNICEF			
		Total		1215,000,000	490,000,000					

Table 2.5.12: Priority Costed Acyivities of 'WASH in School' themtic area for Mymensingh **Division** 

	WASH in School									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) in thousand 2019 - 2020 2021-2025		Responsibility			
1	No policy or strategyexists which will serve as a guiding instrument for improving WASH services in schools	Lack of advocacy and awareness raising at subnationa and national level	National level advocacy workshop for policy formulation	High	550,000	0	MoPME, MoE, LGD, (DPHE, PSB), DPS, Media			
2	No privet sector engagement in on institutional WASH	Lack of initiative by the relevant stakeholders	Networking and communication with the privet sector for corporate society responsibility (CSR) in regional level	High	12,000	6,000	MoF, MoE, MoPME, MoPA, DPHE,			
3	The plan is not reviewed at early stage by all stakeholder	No opportunity to review the plan at early level by all stakeholders	Bottom up planning approach and preparing plan of actions	High	250,000	0	MoPME, MoE, DPHE, DPs			
4	No participatory monitoring system was developed for WASH in schools	Stakeholders are not interested to be a part of monitoring process     No fixed roles and responsibility exist for stakeholder to monitoring WASH in school.	Make the stakeholders aware about the importance of WASH in school monitoring and set up roles and responsibility of different stakeholders for monitoring WINS situation	High	97,500	183,000	MoPME, MoE, DPHE			
5	No institutional capacity exists to fulfill sector roles and responsibility	Lack of available resource	Build capacity of the institutions to ful fill sector roles and responsibilities to augment sustainable institutional WASH at scale including the availability of necessary structures, tools, training and incentives	High	12,000,000	36,000,000	MoPME, MoE, DPHE, DPs			
		Total		12,909,500	36,189,000					

Table 2.5.13: Priority Costed Ativities of 'WASH in Health Care Facilities' thematic area for **Mymensingh Division** 

	WASH in Health Care Facilities									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) 2019 - 2020	in thousand 2021-2025	Responsibility			
1	No institutional capacity exists to fulfill sector roles and responsibility	No priority given to the need of policy and strategy for WASH in HCFs	Development of Policy and Strategy for WASH in HCFs	ategy for WASH High 30,000		MoHFW, MoF, MoLGRD&C,, Mo Works DPs, Private sectors				
2	No National Standards for WASH in HCFs	National Standard is not fixed	Development of National Standard and Guidelines for WASH in HCF	High	20,000		MoHFW, MoF, Mo MoLGRD&C, Mo Works DPs, Private sectors			
3	Lack of plan for WASH in HCFs	Need for plan of WASH in HCF was not felt	Development of plan for WASH in HCF with specific targets at regional level addressing local issues (geographical area, local needs, hard to reach area, ethnic minority, climate change impacts, gender, equity etc.)	High	15,000		MoHFW, MoF, Mo Planning Mo LGRD&C,, Mo Works DPs, POs			
4	No importance given to WASH specific Budget including 0&M	No importance given to WASH specific Budget including 0&M	Implementation of plan and allocation of funds for regional WASH plan from ongoing OPs including O&M	High 2,335,000 17,000,000		DGHS, DGFP,PWD, HED,LGI, DPHE, DPs (WHO UN, WB) & POs				
5	Lack of indicators for monitoring WASH in HCFs	Necessity was not felt for having Indicators for WASH in HCFs	Identification of WASH monitoring indicators and inclusion in HMIS (DHIS2 and MIS DGFP)	High	30,000		DGHS, DGFP DPs			
		Total			2,430,000	17,000,000				

## 2.5.3.3 Conclusion, Recommendations and Next Steps

### 2.5.3.3.1 Conclusions

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Mymensingh Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

- 1. The enabling environment: Existing water and sanitation policy not updated for long time and not aligned with SDG targets, Poor implementation and compliance with sectoral policies at national and sub-national levels, non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; shortage of skilled manpower, absence of training calendar for local staff, inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.
- 2. Services Delivery: Absence of unique and low-cost appropriate water and sanitation technologies; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.
- 3. Behaviour Change Communication: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority coasted short and medium-term actions with estimated costs to address the key WASH challenges in Mymensingh Division. These priority actions range from the simple ones such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Mymensingh specific challenges of Hoar, tea gardens, females and disabled and communication between sub-national and national level technocrats and policy makers.

### 2.5.3.3.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office
- The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a sub-national level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Programme (ADP) for 2019
- Liaison with the Ministry of Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.
- 4. The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8th 5 year plan.



# **2.5.3.3.3 Next steps**

Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division.

### 2.5.4 Link to thematic Groups reports:

SI No.	Thematic Groups		Link
1	Rural Water and hygiene	:	https://www.dropbox.com/s/t5wgngzpg3qvrye/Rural_ Water%20%26%20Hygiene_Washbat%20Analysis%20_Dhaka. doc?dl=0
2	Rural Sanitation and Hygiene	;	https://www.dropbox.com/s/bvnqfolpccekj64/Rural_Sanitation%20%26%20Hygiene%20Washbat%20Analysis%20Dhaka.doc?dl=0
3	Urban Water and Hygiene	:	https://www.dropbox.com/s/09memqf2ba15692/final%20 Dhaka%20 Urban Water%20%26%20Hygiene%20 Washbat%20Analysis.docx?dl=0
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/7uvy7k1mr7r60b9/Final%20 Report%20 %20Dhaka%20workshop Urban Sanitation%20 Washbat%20Analysis.doc?dl=0
5	WASH in School		https://www.dropbox.com/s/swknvd3fd9rprm1/20181104- DHAKA%20WASHBAT%20WINS.doc?dl=0
6	WASH in Health care		https://www.dropbox.com/s/8c5m04fy8mj3yfg/WASH%20 BAT%2C%20DHAKA%20%20WASH%20in%20HCF.docx?dl=0

To open above link please press and hold 'Ctrl' then click on the link or copy the link and past on your browser. If you received hard copy of this report than type the link you needed to your browser. You may get warning from Microsoft office that some file may contain virus. Click ok on it.





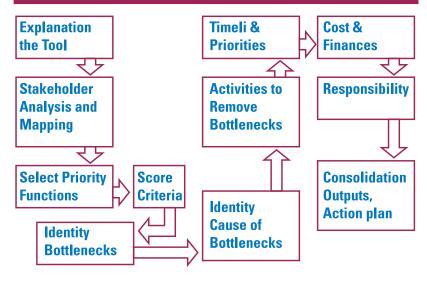
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PART TWO-06

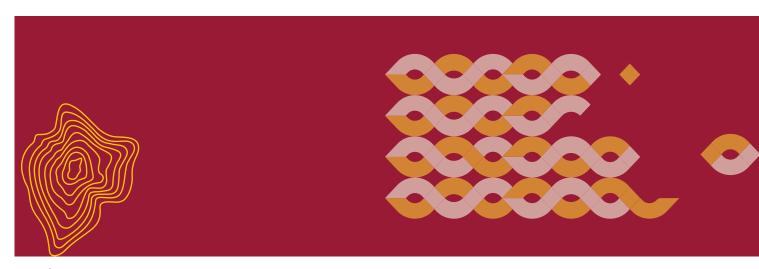
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**WASHBAT REPORT RAJSHAHI DIVISION BANGLADESH** 

# **Bottlenecks Analysis Steps**









# PART TWO-06 WASH in Rajshahi Division

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections. The First Section provides an overview of the WASH sector of the concerned division, e.g., Rajshahi Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

### 2.6.1 Rajshahi Division: Administrative and Demographic Features

Rajshahi Division spans an area of 18,174.4 sq km and is located between 24° 22′ 26.40″ N latitudes and Longitude 88° 36′ 4.10″ E. Its boundaries are India in the North and west. The division has a total population of 18,484,858; male 51.53% and female 48.47% (Census 2011). In terms of administrative areas, the Rajshahi Division is sub-divided into eight districts: Rajshahi, Pabna, Bogura, Naogaon, Nawabganj, Nator, Joipurhat and Sirajganj. Further, the Rajshahi Division contains 70 sub-districts (Upazila/Thana), 1,092 Union Parishad, 43,751 villages and 57 Municipalities and one City Corporation.

### 2.6.2 WASH Sector Overview: National and Rajshahi Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 2.6.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water sources with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 2.6.1.

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.6.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water

Table 2.6.1 National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

(Figure 2.6..2) and 25% drink water with a level of arsenic above international standards.

Service Level	Water (% of Pop)			Sanitation (% of Pop)			Hygiene (% of Pop)		
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-		-
No service	1	1	1	0	0	0	15	18	10

source: Joint Monitoring Report (JMP), 2017

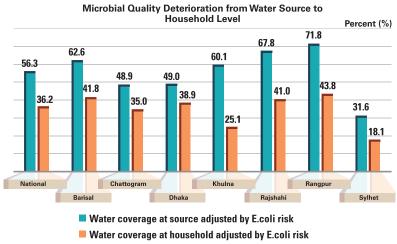


Figure 2.6.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

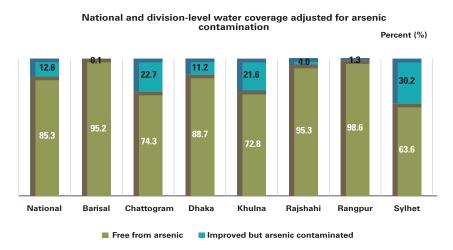


Figure 2.6.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

## 2.6.2.1 Access to safe drinking water in Rajshahi

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), more than three quarters (84.7%) of the households in Rajshahi use improved water sources that are available within 30 minutes round trip collection time (Figure 2.6.3). However less than a quarter of these households (12.6%) have safe drinking water (Figure 2.6.4) that is available when needed and free from priority contamination. This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

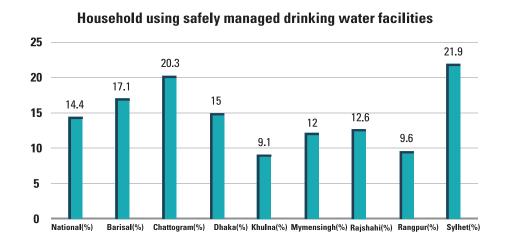


Figure 2.6.3: Households using improved Water Sources meeting Basic standards

#### **Household Using Safely Managed Drinking Water Sources**

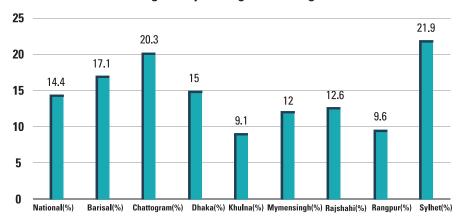


Figure 2.6.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

## 2.6.2.2 Access to Improved Sanitation in Rajshahi Division

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Rajshahi Division, access to improved sanitation which is private is lower than national average i.e. 50.4% compared to the national average of 53.7% (Figure 2.6.1.5). However, this means that only about 1 out of 2 households have access to improved sanitation. Improved sanitation is defined as the facility that safely contains human excreta preventing contact with human (hands, food, and water).

#### Household using improved sanitation facilities (not shared) 80 68.2 70 57.5 54.9 60 53.7 51.2 50.4 45.6 **50** 38.7 40 30 20 10 0 Barisal(%) Chattogram(%) Dhaka(%) Khulna(%) Mymensingh(%) Rajshahi(%) Rangpur(%) Sylhet(%)

Figure 2.6.5: Households which use an improved facility which separates excreta from human contact (private)

## 2.6.2.3 Access to Effective Handwashing in Rajshahi Division

Effective Handwashing is a challenge nationally as the survey indicated that only about half of the households were observed to wash their hands with soap and water after defecation. The divisional estimate(40.4%) also found that just about 2 of 5 households practice effective handwashing (Figure 2.6.1.6); washing their hand with soap and water for at least six seconds after defection (BBS and UNICEF, 2018).

#### Household observed effective handwashing after using toilet

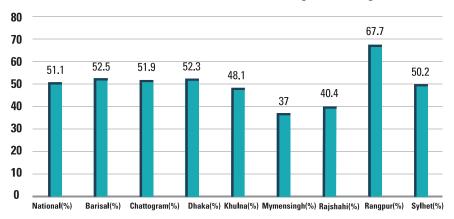


Figure 2.6.6: Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)

### 2.6.2.4 Disparities in WASH Access in Rajshahi Division: Beel and Barind Tract

Despite the successes achieved by government in terms of access to improved water and sanitation in Rajshahi there are disparities between national coverage and hard to reach areas and vulnerable areas such as the Beel and Barind Tract, the Beel basin is a remote and difficult area that is water logged every year during monsoon, hence for about 4 months of the year, the land mass is flooded, and there is high contamination and washing away of water points. Considering the Beel access and sustainability to WASH services in Rajshahi division is severely affected in terms of the wide expanse of the Beel as the Beel basin or the Rajshahi wetland, is estimated to spread over an area between 1,424 km 2 and 2,072 square kilometers. It spreads around 4 districts, 8 sub-districts, 60 unions, 1,600 villages and 14 rivers.

The area of Barind Tract is around 7,770 sq. Kilometers which is arid in nature, so, average annual rainfall is less than the other parts of the country. The average annual rainfall is 1,400 mm. It spreads around 4 district of the division. The people of these areas are facing a lot of problems regarding safe drinking water and sanitation during peak dry season.

#### 2.6.2.5 Access to WASH Services in Schools

Access to water in schools is stagnant at only 74% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is high at 88%; however, there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled Figure 2.6.7

#### Access to water and sanitation in schools (%) 100 86 87 90 791 80 74 80 69 68 67 64 61 70 60 50 40 30 20 10 0 Rangpur(%) Rajshahi(%) Dhaka(%) Barisal(%) Khulna(%) Chattogram(%) Svlhet(%) Water access (%) sanitation access (%)

Figure 2.6.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)1

<sup>1</sup> ICDDRB, Water Aid Bangladesh, Local Government Division. 2014. Bangladesh National Hygiene, Baseline Survey. Preliminary Report. Dhaka, Bangladesh.



## 2.6.3 WASHBAT Summary Outputs, Conclusion and Next Steps

## 2.6.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.6.4 of this report. WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (from table 2.6.2 to 2.6.7). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful.

Table 2.6.2 Theme: Rural Water and Hygiene for Rajshahi Division

SI. No.	Bottleneck	Activity for bottleneck removal			
1	No localized one government-led plan exist	Develop division/district wise rural water supply master plan			
2	Institutional/Stakeholders willingness & commitment missing	Develop e-database and make it publish to website regularly			
3	No defined procedures for participation of water users	Area wise need-based assessment & mapping on water table, water quality and hydrogeology			
4	Absence of hygiene focused planning	Sensitization and behavioural change coordination development			
5	Lack of institutional capacity for rural water & hygiene services	Establishment of regional HRD centre for rural water & hygiene servic			
6	Insufficient capacity to monitor period water quality to meet SDG 6.1 for rural water & hygiene services	Need to establish community based water quality monitoring and surveillance system			
7	Lack of willingness to pay 1 for rural water & hygiene	Develop sector information summarized handbook in Bangla and disseminate			
,	services	Sensitize and mass awareness for encourage community pay and use for rural water supply services			
8	Absence of need assessment by service provider for rural water & hygiene services	Identify local service provider for rural water & hygiene services: register and provide training to develop skill & capacity developmet with incentive			

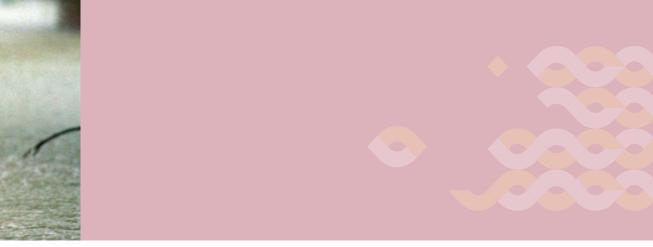


Table 2.6.3 Theme: Rural Sanitation and Hygiene for Rajshahi Division

		,			
SI. No.	Bottleneck	Activity for bottleneck removal			
1	Less initiative to address SDG 6.2 no instruction from central-level for its compliance	Develop a context specific behaviour change strategy for scaling up rural sanitation to meet the SGD 6.2			
2	Commissioner)  Organize coordination meeting of stakeholder's regular different level (Under the leadership of UP, UNO, DC &D Commissioner)				
3	No evidence (study, research)	Conduct equity assessment (need assessment for Tribal communities, barind areas			
		Equitable resource allocation and access to resource to the hard to reach areas for rural sanitation & hygiene services			
4	No evidence, on lessons learn documentation	Learning documentation (Approaches, Model, Coverage, emerging issues like climate change, DRR, gender disability etc.)			
5	No human resource development strategy for rural sanitation & hygiene service delivery	Conduct Capacity Assessment for stakeholders and organize capacity development events(Training, workshop, HLP for Scaling up rural sanitation)			

Table 2.6.4 Theme: Urban Water and Hygiene for Rajshahi Division

SI. No.	Bottleneck	Activity for bottleneck removal			
1	No policy exists to address Rajshahi specific needs particularly geo-hydrological (Iron, Manganese and Arsenic in drinking water), gender, equity issues and is not informed by evidence	Conduct research to identify root level needs and magnitude of climate change effect, Rajshahi specific issues and hygiene and organize workshop to review RWASA & Pourashava policy guideline (water act 1996) to include findings			
2	Few Guidelines are available for RWASA but there is no policy and guidelines available for Pourashavas water supply and ensuring quality. Inadequate capacity to address Pourashava specific needs	Review WASA and Pourashava water act should specify the regional problems			
	Urban water policy is not aligned with 'safely	Review water safety plan to align it with SDG 6.1 taking into account iron and manganese contamination and ground water depletion			
3	managed' drinking-water services (SDG target 6.1) and water source hygiene	Organize training for LGI staff about implementation & monitoring Water Safety Plan			
4	Institutional role and accountabilities for coordination are not clearly defined and operationalized	Issue Govt circular from LGD to strengthen DDLGs role and influence city corporation and pourashava Mayors to be accountable to convene coordination meetings regularly and discuss water and hygiene issues			
5	Lack of proper involvement of private sector in investing in water infrastructure	Support Rajshshi LGIs to develop regulation to monitor water qualit private sector initiatives in water supply. (Ground water depletio to be prevented)			
6	Tariff is not based on realistic review; no systematic review of existing tariff system is present	Government order by LGRD&C need to be issued for decentralized decision making by City Authority for deciding the tariff structure based on local context and need including HR  Advocacy meetings with City & Pourashava Mayors, local political leaders, RWASA Board members to review existing water tariff and Lobby to line ministry to increase allocation for pourashava level water sector improvement			
7	Planning process is centralized, top down and does not include beneficiaries/appropriate stakeholders (LGI staff/Pourashava technical experts)	Organize workshop (68 PS) to sensitize plan makers/DPP makers to include all level needs of Rajshahi division and include stakeholders in the planning process			
8	Plan does not state environmental resilience, poor access to safe drinking water of the urban poor and ethnic group, gender specific need, disability, geographical diversity & hygiene	Support RWASA to 0&M of surface water treatment plan & pourashava to establish and renovate iron removal plant, RWH, Effluent removal plant (ERP) & water quality lab			
9	Consultative platform for addressing hygiene issue is absent in Rajshshi	Improve coordination with RCC and RWASA to construct drainage and water supply pipeline in a planned way to prevent drinking water contamination			
10	Political representatives are not actively involved in planning advocacy	Advocacy workshop to influence political leaders to add urban water issue into the political agenda			
11	Budget line for urban water supply is not decentralized	Advocacy to influence central level administrators to delegate authority to LG for budget decentralization			

 Table 2.6.5 Theme: Urban Sanitation and Hygiene for Rajshahi Division

SI:								
No	Bottleneck	Activity for bottleneck removal						
1	No plan for capital expenditure to meet urban sanitation and hygiene targets including FSM, solid waste management, waste water treatment and hygiene promotion	Generate local resources from revenue and tariff and advocacy to LGD of MoLGRD&C to allocate budget in ADP for the provision of facilities for collection, transportation, disposal and treatment of FSM, solid waste value chain, waste water and hygiene						
2	No database/information related to financing institutions an their financing mechanism for supporting urban sanitation and hygiene	Advocacy with Mayors and LGIs representatives to prepare database on related information of financing institutions an their financing mechanism working for urban LGIs						
3	No costed urban sanitation and hygiene plan	Issuing directives/ government order by LGD Of/ MoLGDR& to the urban LGIs to develop costed action plan for urban sanitation value chain, solid waste management, waster water management and hygiene promotion						
4	Sanitation standing committee for Urban LGIs is not properly functioning	Advocacy with LGD to increase ADP allocation focusing on sanitation standing committee to ensure its functionality and capacity to set monitoring indicators regarding urban sanitation service delivery, type of service providers and the part of service chain.						
5	Lack of interest and instrument for ensuring participation process and inclusion	Issuing directives to the urban LGIs from LGD for ensuring representation, participation and decision making by the stakeholders including female and low-income population living in slums						
6	No interest and plan to allocate budget for allocation of GoB resources to plan and implement urban sanitation and hygiene	Allocate fund to strengthen the capacity of urban LGIs on IRF and SDGs specially 6 (6.1 and 6.2)						
7	Lack of govt. rules and regulations for the incentives to the private sector	Incorporate private sectors through preparing their database and ensure their representation						
8	No costed Hygiene plan	Advocacy with PSB/LGD to issue directives to the urban LGIs for the development of hygiene plan						
9	Sanitation standing committee for Urban LGIs is not properly functioning	Advocacy with LGD to increase ADP allocation functioning on sanitation standing committee to set monitoring indicators regarding urban sanitation service delivery, type of service providers and the part of service chain						
10	No Govt. led capacity development plan for human resources of urban LGIs	Advocacy to LGD, NILG to undertake initiatives for capacity development of human resources						
11	No Govt. led overarching capacity development plan	Consultative meeting at local level with LGI Representatives and other stakeholders						
12	No human resource development strategy but the related problems and gaps are to some extent identified at local level	Strengthening NILG and other training institutions focusing current urban sanitation issues, changes and challenges						
13	No human resource strategy but the related problems and gaps are to some extent identified at local level	Capacity need assessment regarding the urban sanitation of the urban LGIs and prepare plan of action						
14	Lack of private sector capacity regarding urban sanitation services but they exist in other services i.e. LSEs, water vendor	Ensure representation of private sector and participation to share their opinion in the related TLCC, WC and WatSan committee meeting ensure representation of private sector and participation to share their pinion in the related TLCC, WC and WatSan committee meeting.						
15	Lack of priority setting during planning and budgeting	Strengthening urban governance system on participatory and inclusive planning process						



## able 2.6.6 Theme: WASH in School - (WinS) for Rajshahi Division

SI. No.	Bottleneck	Activity for bottleneck removal					
1	No policy or strategy exist on WASH in Schools	Advocacy for policy formulation					
2	Generic planning for all regions (not considering GWT, Iron, Arsenic, Bacteriological contamination)	Need based context specific planning & design					
3	No specific budget allocation for WASH in Schools	Provision of specific budget for O&M of school, health hygiene					
4	No technical coordination committee exist on WASH in schools	Formation and capacity building of technical coordination committee on the importance of WASH in School.					
5	No participatory monitoring system exist in WASH in Schools	Awareness creation on the importance participatory monitoring					
6	There is limited space of information exchange between service provider and users, civil society and government	Include responsibilities of regulatory body in SMC roles					
7	No set regulatory body for accountability and regulation of WASH in schools	Joint advocacy with LGD, department of education and health service					
8	No technical coordination committee exist on WASH in schools	Organized technical periodic coordination meeting with involving community people, children representative, LGIs etc.					
9	Have no established mechanism exist review of LGI's plan	Advocacy for direction from ministries					
10	There is no set arrangement for research and knowledge management approaches	Include and strengthen existing R&D (DPHE, DPE, DSHE) for WINS					

## Table 2.6.7 Theme: WASH in Health Care Facilities - (WinHCF) for Rajshahi Division

SI: No	Bottleneck	Activity for bottleneck removal				
1	No national policy and strategies for WASH in HCF	Development of National Strategy and guidelines ( + Advocacy and Documentation)				
2	Absence of evidence on WASH in HCF	Implementation and documentation of Research and Development (R&D) activities				
3	Absence of national standards for WASH in HCF	Development of National Standards (+ Advocacy for, Sensitization on and generation of evidence based information)				
4	Absence of coordination body at sub national levels	Advocacy at different level in favour of having coordination body at sub-national level				
5	Absence of specific roles and responsibilities assigned	Assign focal person at facility level to monitor WASH in HCF and development of ToR for focal person				
6	Absence of coordination body at divisional level and below level	Advocacy and sensitization for having a coordination body at divisional and below level				
7	Absence of sensitization for resource mobilization	Preparation and implementation of need based plan of actions for WASH in HCF. Additionally, advocacy and campaign at sub national level for resource mobilization				
8	Absence of specific sub-national level plan of actions addressing local needs (e.g. Hard to Reach areas, water quality, climate change, ethnic groups etc.)	Conduct facility based need assessment using WASHFIT (+ Awareness on, training and development of sub-national level plan of actions)				
9	No WASH specific budget	Preparation of need based plan of actions for WASH in HCF and implementation of plan of actions at subnational level				
10	Absence of strategic plan of actions related to WASH in HCF	Development and implementation of plan of actions including 0 & M (+ Conduct facility based 0 & M need assessment and allocation of funds)				
11	Absence of operation and maintenance (0&M) strategic plan of actions	Development and documentation of O&M strategic plans and guidelines for WASH in HCF addressing poor sustainability and absence of systematic maintenance				
12	Absence of Harmonised monitoring system for WASH in HCF	Harmonized monitoring system is in placed (+ Identification of indicators, inclusion into DHIS2, identification of focal person with responsibilities, training on monitoring and inclusion of WASH issue in JSR agenda)				
13	Absence of monitoring indicators for WASH in HCF	Identification of monitoring indicators for WASH in HCF and introduce identified indicators in regular monitoring system				
14	No importance/priority given to review WASH situations in HCF in annual JSR	Advocacy to JSR for inclusion of review of WASH situation in HCF as a regular agenda of JSR meeting				
15	Necessity of sustainable capacity of institutions for WASH in HCF was not a priority agenda	Development of training manuals and guidelines for WASH in HCF based on need based training plans and implement training plans for capacity development to address poor sustainability of WASH in HCF and systematic 0&M				
16	Absence of need based annual training plans	Conduct facility based need assessment				
17	Absence of skilled HR to monitor WASH in HCF	Development of need based training programme and subsequent implement of training programme				

## 2.6.3.2 Key Bottlenecks Affecting all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors – a detailed analysis for each sub sector and each bottleneck and governance function is provided in section 2.6.4.

Sustainable Services Delivery: Priority actions to facilitate sustainable services delivery in Rajshahi is a recurrent theme running through most of the thematic. Area wise need based assessment & mapping on water table, water quality and hydrogeology (Rural Water and Hygiene Thematic group); Conduct research to identify root level needs and magnitude of climate change effect, Rajshahi specific issues and hygiene and organize workshop to review RWASA & Pourashava policy guideline (water act 1996) to include findings (Urban Water and Hygiene); Formation and capacity building of technical coordination committee on the importance of WINS etc.

Planning, Monitoring and Review: Activities related to contextualized planning to meet the diverse needs of the population of Rajshahi Division ranging from the urban centers and hard to reach areas like the beel/low lying areas and the Barind tract were highlighted. Conduct Planning process is centralized, top down and does not include beneficiaries/appropriate stakeholders such as LGI staff/Pourashava technical experts etc. (Urban Water and Hygiene); Conduct equity assessment/need assessment for ethnic communities, resource allocation and access to resource (Rural Sanitation and hygiene); Needs based planning tool development (WASH in Schools); Preparation of Divisional level Action Plan based on the National Plan (Wash in health Care Facilities). The common concern about monitoring was indicated by the following priority actions from the different thematic groups: Need to establish community based water quality monitoring and surveillance system (Rural water Supply and Hygiene); Advocacy with LGD to increase ADP allocation focusing on sanitation standing committee to ensure its functionality and capacity to set monitoring indicators regarding urban sanitation service delivery, type of service providers and the part of service chain. (Urban Sanitation and Hygiene); Awareness creation on the importance participatory monitoring (WASH in Schools); Harmonized monitoring system is in placed (+ Identification of indicators, inclusion into DHIS2, identification of focal person with responsibilities, training on monitoring and inclusion of WASH issue in JSR agenda) (WASH in HCF).

**Sector Policy and Strategy:** The priority actions that commonly identified by the groups were the current national water and sanitation policy is outdated and not aligned with SDG target, legal framework reflecting the need of Division level decision making is not available, existing supporting documents and implementing decrees which provide roles and responsibilities, service norms and standards were not clearly defined. Some general observation from groups is given below:

Area wise need based assessment & mapping on water table, water quality and hydrogeology (Rural Sanitation and Hygiene); Develop a context specific behavior change strategy for scaling up rural sanitation (Rural Sanitation and Hygiene); Guideline and strategy for private sector involvement in WH in Schools; (WASH in School); Advocacy for policy formulation, Need based context specific planning & design (WASH in HCF).

Capacity Development: Establishment of regional HRD center, Develop sector information summarized handbook in Bangla and disseminate by local workshop (Rural water and hygiene); Conduct Capacity Assessment for stakeholders and organize capacity development events (Training, workshop, HLP for Scaling up rural sanitation (Rural sanitation and Hygiene); Workshop to strengthen DDLGs role and influence City and pourashava Mayors to be accountable to convene coordination meetings regularly and discuss water and hygiene issues (Urban water and Hygiene); Generate local resources from revenue and tariff and advocacy to LGD to allocate budget in ADP for the provision of facilities for collection, transportation, disposal and treatment of FSM, solid waste value chain, waste water and hygiene (Urban sanitation and hygiene); Formation and capacity building of technical coordination committee on the importance of WinS.



**Budget & Expenditure:** The consultations indicated that Financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. Division level financial needs for each sub sector are not known and cannot be addressed/prioritized. The solutions identified to address this cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED). Priority Recommended Actions include: Issuing directives/government order by LGD/MoLGDR&C to the urban LGIs to develop costed action plan for urban sanitation value chain, solid waste management, waste water management and hygiene promotion (Urban sanitation and hygiene); Provision of specific budget for O&M of school, health hygiene (WinS).

Communication: Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats of national and sub-national level; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Action discussed and suggested by groups is summarized in below in which some of them are not taken in 5 high priority activities. Suggestions are: Activate WATSAN Committee by reviewing role and responsibility and incorporating performance based incentives; Development of Social Behavior Change Communication Strategy and execute GoB circular to ensure well-functioning WATSAN Committees; Develop Rajshahi Specific Communication Strategy and Behavior Change Communication Package for Religions Leaders, civil society for urban water and hygiene; Circulate a Government Order from Local Government Division to the Local Government Institutions about reporting and communication lines and capacity building of the WATSAN Committee; Establishment of National and Division level coordinating body for WASH in HCF.

**Cross cutting issues:** Priority actions to address gender, disabilities, and inclusion climate change adaption issues, Ethnic groups, hard to reach areas, poor and ultra poor's were integrated into the priority actions of the various sector building blocks rather than separate issues. For example, Issuing directives to the urban LGIs from LGD for ensuring representation, participation and decision making by the stakeholders including female and low-income population living in slums (Urban water and hygiene); Conduct equity assessment (need assessment for Ethnic communities, Resource allocation and access to resource (Rural sanitation).

## 2.6.3.3 High Priority Activities to Remove Bottlenecks:

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH Sector within Khulna administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.6.8: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Rajshahi Division

		Rural Water and Hygiene							
SI:	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (		Responsibility		
110		Bottlollooks			2019 - 2020	2021-2025			
1	No defined procedures for participation of water users	Absence of bottom-up planning	Area wise need based assessment & mapping on water table, water quality and hydroge- ology	High	2,178,125	0	LGD/DPHE/ LGI/ DP/ NGO and District administration		
2	Absence of hygiene focused planning	Hygiene not yet priori- tized in planning	Sensitization and behav- ioral change coordina- tion development	High	27,965	14,280	LGD/DPHE/ LGI/ DP/ NGO and District administration		
3	Lack of institu- tional capacity	Lack of manpower, money and materials	Establishment of region- al HRD center	High	0	6,481,250	LGD/DPHE/ DP		
4	Insufficient ca- pacity to monitor	Community based water quality monitoring and surveillance system not available	Need to establish community based water quality monitoring and surveillance system	High	2,125,000	3,400,000	LGD/DPHE/ LGI/ DP/ NGO		
5	Lack of willing- ness	*Lack of motivation *Traditional leaders are not well recog- nized *Opinion of traditional leaders are not valued	Develop sector information summarized handbook in Bangla and disseminate by local workshop	High	5,950	0	LGD/DPHE/PSB LGI/ DP/NGO		
		Sub -To		4,337,040	9,895,530				



Table 2.6.9: Priority Costed Activities of 'Sanitation and Hygiene' thematic area for Rajshahi **Division** 

	Rural Sanitation and Hygiene									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	•	Costs (BDT) in thou- sand				
INO		Domenecks			2019 - 2020	2021-2025				
1	Less initiative to address SDG link from central -level	No central instruction regarding SDG-6 linkage with relevant polices and strategies	Develop a context specific behavior change strategy for scaling up rural sanitation	High	850,000	850,000	MoLGRD, LGD, DPHE			
2	Lack of dynamic leadership	Lack of political commitments towards safely managed sanitation	Organize coordination meeting of stakeholder's regular basis at different level (Under the leadership of UP, UNO, DC & Divisional Commissioner)	High	2,975,000	2,975,000	Lead=DPHE Supporting -Others GO, NGOs, Admin, Dev. Partners, Private sector & LGD			
3	Lack of dynamic leadership	Less coordination	Conduct equity assessment (need assessment for Ethnic communities, Resource allocation and access to resource	High	34,425,000	34,425,000	MoLGRD, LGD, DPHE, MoF			
4	Lack of dynamic leadership	No initiatives for documenting learning on sustainable sanitation services	Learning documentation (Approaches, Model, Coverage etc.)	High	2,550,000	2,550,000	LGD, DPHE, LGIs, DPE, DSHE, DGHS, NGOs			
5	Lack of dynamic leadership	Limited human & financial resources  No initiatives for capacity development regarding sanitation	Conduct Capacity Assessment for stakeholders and organize capacity development events (Training, workshop, HLP for Scaling up rural sanitation)	High	4,250,000	4,250,000	LGD, DPHE, GOS (DPE, DSHE,DGHS) NGOS Private sector			
	Sub-Total				45,050,000	45,050,000				

Table 2.6.10: Priority Costed Activities of 'Urban Water and Hygiene' thematic area for Rajshahi Division

			Urban Water and	Hygiene	•			
SI:		Causes of			Costs in t		_	
No	Bottlenecks	Bottlenecks	Priority Activity	Priority	(BDT) 2019 - 2020   2021-2025		Responsibility	
1	No policy exists to address Rajshahi specific needs particularly geo-hydrological (Iron, Manganese and Arsenic in drinking water), gender, equity issues and is not informed by evidence	Rajshahi divisional guidelines for urban water are based on old documents and project based  Lack of resources and technical capacity for research to informing policy	Conduct research to identify root level needs and magnitude of climate change effect, Rajshahi specific issues and hygiene and organize workshop to review RWASA & Pourashava policy guideline (water act 1996) to include findings	High	50,000	0	LGD, DPHE RWASA, RCC Pourashavas PSB	
2	Plan does not state environmental resilience, poor access to safe drinking water of the urban poor and ethnic group, gender specific need, disability, geographical diversity & hygiene	Innovative & cost effective water technology & hygiene plan is absent	Support RWASA to manage surface water treatment plant & pourashava to establish and renovate iron removal plant, effluent treatment plant (ETP) & RWH at 10 PS & establish water quality lab	High	750,000	750,000	LGD, MOF, Rajshahi Development Authorrity, DP, Unicef	
3	Planning process is centralized, top down and does not include beneficiaries/ appropriate stakeholders (LGI staff/ Pourashava technical experts)	Lack of political commitment for participatory planning	Develop capacity of LGIs to develop long term planning in consultation with other stakeholders	High	8,000	0	District administrator, LGD, PSB	
4	Tariff is not based on realistic review, no systematic review of existing tariff system is present	Tariff is not based on the realistic review, no systematic review of existing tariff system is present  Elected leaders in the local govt. is not supportive for review of water tariff due to political reasons	Advocacy meetings with City & Pourashava Mayors, local political leaders, RWASA Board members to review existing water tariff and Lobby to line ministry to increase allocation for pourashava level water sector improvement	High	1,000	0	PSB, UNICEF DPHE	
5	Institutional role and accountabilities for coordination are not clearly defined and operationalized	The policy of local institutions is not strong and effective. Few circulars are available that are not sufficient to cover sectoral coordination roles	Workshop to strengthen DDLGs role and influence City and pourashava Mayors to be accountable to convene coordination meetings regularly and discuss water and hygiene issues	High	1,000	0	District administrator LGD, PSB, UNICEF	
		Sub-Tota			810,000	750,000		

Table 2.6.11: Priority Costed Activities of 'Urban Sanitation and Hygiene' thematic area for **Rajshahi Division** 

			Urban Sanitation	and Hygi	ene		
SI:	Bottlenecks	Causes of	Dui a vita e A atia sita e	Duianita	Costs in thou	Deeneneihilitu	
No	Bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021-2025	Responsibility
1	No costed urban sanitation and hygiene plan	Less attention to develop urban sanitation plan by the urban LGIs and political leaders including hygiene     Less attention to develop urban sanitation plan by the urban LGIs and political leaders including hygiene	Issuing directives/ government order by LGD to the urban LGIs to develop costed action plan for urban sanitation value chain, solid waste management, waste water management and hygiene promotion	High	10,000,000	7,000,000	MLGRD&C (LGD, PSB), Planning Ministry (ERD), Private Sector, Financing Institutions, Development Partners
2	Sanitation standing committee for Urban LGIs is not properly functioning	Local urban authority has no technical capacity and budget provision to develop monitoring indicators and its execution	Advocacy with LGD to increase ADP allocation focusing on sanitation standing committee to ensure its functionality and capacity to set monitoring indicators regarding urban sanitation service delivery, type of service providers and the part of service chain.	High	6,000,000	3,000,000	MLGRD&C (LGD, PSB, Urban LGIs, NILG, DPHE), Private Sector, Financing Institutions, Development Partners
3	Lack of interest and instrument for ensuring participation process and inclusion	Lack of rules and regulations for providing minimum authority and incentives for the traditional and community leaders      Lack of political commitment to engage elected and non-elected members in planning and advocacy process	Issuing directives to the urban LGIs from LGD for ensuring representation, participation and decision making by the stakeholders including female and lowincome population living in slums	High	4,500,000	0	MLGRD&C (LGD, PSB), Private Sector, Media, Financing Institutions, Development Partners
4	No database/ information related to financing institutions and their financing mechanism for supporting urban sanitation and hygiene	There is no initiative and budget for database preparation of financing institutions and their service delivery mechanism is not publicly opened and monitored	Advocacy with Mayors and LGIs representatives to prepare database on related information of financing institutions and their financing mechanism working for urban LGIs	High	2,000,000	1,000,000	LGD (PSB, Urban LGIs, DPHE), Private Sector, Financing Institutions, Development Partners
5	No plan for capital expenditure to meet urban sanitation and hygiene targets including FSM, Solid waste management, waste water treatment and hygiene promotion	Less interest and priority to prepare costed plan for capital expenditure to meet the FSM, solid waste value chain and waste water management.	Generate local resources from revenue and tariff and advocacy to LGD to allocate budget in ADP for the provision of facilities for collection, transportation, disposal and treatment of FSM, solid waste value chain, waste water and hygiene	High	650,000,000	1,000,000,000	MLGRD&C (LGD, PSB), Private Sector, Financing Institutions, Development Partners
		Sub-To	tal		672,500,000	11,000,000	



Table 2.6.12: Priority Costed Activities of 'WASH in School' thematic area for Rajshahi Division

	WASH in School								
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs ( thous 2019 - 2020		Responsibility		
1	No policy or strategy exist on WASH in Schools	WASH is not considered as a matter of health and well being for children in education	Advocacy for policy formulation	High	48,200	0	DPHE, DSHE, DPE, LGD		
2	Generic planning for all regions (not considering GWT, Iron, Arsenic, Bacteriological contamination)	Lack of information on risk factors	Need based context specific planning & design	High	60,240	1,506,100	DPHE, DSHE, DPE		
3	No specific budget allocation for WASH in Schools	Less attentions to the consequence of WASH in Schools issues	Provision of specific budget for 0&M of school, health hygiene	High	6,024,100	15,060,250	MoE, MoPME, DSHE,DPE		
4	No technical coordination committee exist on WASH in schools	WASH in school is less emphasized by the authority	Formation and capacity building of technical coordination committee on the importance of WASH in School.	High	24,100	0	DPHE, DSHE, DPE		
5	No participatory monitoring system exist in WASH in Schools	Lack of awareness of community people	Awareness creation on the importance participatory monitoring	High	602,410	0	DPE,DSHE		
	Sub-Total				6,759,050	16,566,350			



Table 2.6.13: Priority Costed Activities of 'WASH in Health Care Facilities' thematic area for Raishahi Division

,	ajsnani division									
	WASH in Health Care Facilities									
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) 2019 - 2020	in thousand 2021-2025	Responsibility			
1	No national policy and strategies for WASH in Health Care Facilities	No priority is given to the needs of having national policy and strategies for WASH in Health Care Facilities	Development of National Strategy and guidelines ( + Advocacy and Documentation)	High	30,000	0	MoHFW, LGD, Private Sector, DP			
2	Absence of national standards for WASH in Health Care Facilities	Importance not given to having a national standard for WASH in Health Care Facilities	Development of National Standards (+ Advocacy for, Sensitization on and generation of evidence based information)	High	20,000	0	MoHFW, LGD, Private Sector, DP			
3	Absence of specific sub-national level plan of actions addressing local needs (e.g. Hard to Reach areas, water quality, climate change, ethnic groups etc.)	Non availability of information regarding facility based needs at sub national level	Conduct facility based need assessment using WASHFIT (+ Awareness on, training and development of sub-national level plan of actions)	High	50,000	0	MoHFW, Private Sector, DP, NGO			
4	Absence of strategic plan of actions related to WASH in Health Care Facilities	Lack of strategic plan and guidelines	Development and implementation of plan of actions including 0 & M (+ Conduct facility based 0 & M need assessment and allocation of funds)	High	12,500,000	51,500,000	MoHFW, MoF, LGI, DP, Private sector, PWD, HED, DPHE			
5	Absence of Harmonized monitoring system for WASH in Health Care Facilities	Not felt the need of Harmonized monitoring system for WASH in Health Care Facilities	Harmonized monitoring system is in placed (+ Identification of indicators, inclusion into DHIS2, identification of focal person with responsibilities, training on monitoring and inclusion of WASH issue in JSR agenda)	High	16,000	34,000	MoHFW, NGOs, POs, other stakeholders			
	Sub-Total Sub-Total				12,616,000	51,534,000				



## 2.6.3.4 Conclusion, Recommendations and Next Steps 2.6.3.4.1 Conclusions

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Rajshahi Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

The enabling environment: The poor implementation and compliance with sectoral policies at national and sub-national levels) non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.

**Services Delivery:** Absence of low-cost appropriate water and sanitation technologies for the Haor; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.

**Behaviour Change Communication:** Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.

The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Rajshahi Division. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Rajshahi specific challenges of Haor, Barind areas, females and disabled and communication between sub-national and national level technocrats and policy makers.



#### 2.6.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

Divisional level report is shared with all key stakeholders though the Local Government division and Divisional Commissioners office.

The Ministry of Local Government in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a sub-national level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Programme (ADP) for 2019

Liaison with the Ministry of Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.

The Local Government division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8th 5 year plan

Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division

### 2.6.3.4.3 Next steps

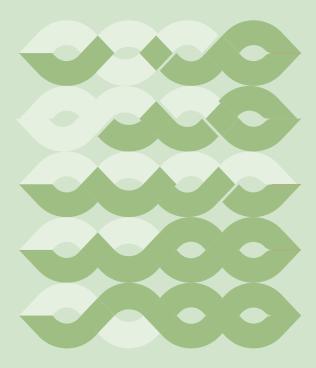
Dissemination of reports at sub-national and national level through the Ministry of Local Government and Development; Additional Secretary Water Supply Wing.

## 2.6.4 Link to thematic Groups reports:

SI No.	Thematic Groups		Link
1	Rural Water and hygiene	:	https://www.dropbox.com/s/t5wgngzpg3qvrye/Rural_Water%20%26%20Hygiene_Washbat%20Analysis%20_Dhaka.doc?dl=0
2	Rural Sanitation and Hygiene	:	https://www.dropbox.com/s/bvnqfolpccekj64/Rural_Sanitation%20%26%20Hygiene%20 Washbat%20Analysis%20Dhaka.doc?dl=0
3	Urban Water and Hygiene	:	https://www.dropbox.com/s/09memqf2ba15692/final%20Dhaka%20_Urban_Water%20%26%20Hygiene%20Washbat%20Analysis.docx?dl=0
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/7uvy7k1mr7r60b9/Final%20Report%20 %20Dhaka%20workshop Urban Sanitation%20Washbat%20Analysis.doc?dl=0
5	WASH in School		https://www.dropbox.com/s/swknvd3fd9rprm1/20181104-DHAKA%20WASHBAT%20WINS.doc?dl=0
6	WASH in Health care		https://www.dropbox.com/s/8c5m04fy8mj3yfg/WASH%20BAT%2C%20DHAKA%20%20 WASH%20in%20HCF.docx?dl=0

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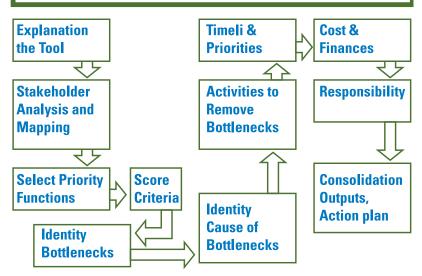


PART TWO-07

VENUE: RDRS Guest House, Rangpur DATE: 07-09 October 2018
WASHBAT REPORT

WASHBAT REPORT RANGPUR DIVISION BANGLADESH

## **Bottlenecks Analysis Steps**









# PART TWO-07 WASH in Rangpur Division

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Rangpur Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section.

## 2.7.1 Rangpur Division : Administrative and Demographic Features

Rangpur Division spans an area of 16,184.99sq km and is located between 25°50′54.02″N latitudes and Longitude 88°56′28.99″E. Its boundaries are India in the North, East and west, Rajshahi in the South West and Mymensingh in the South East. The division has a total population of 15,665,000; male 51.18% and female 48.82% (BBs Census 2011).

In terms of administrative areas, the Rangpur Division is sub-divided into eight districts: Rangpur, Panchagarh, Thakurgaon, Dinajpur, Nilphamari, Lalmonirhat, Kurigram and Gaibandha. Further, the Rangpur Division contains 58 sub-districts (Upazila/Thana), 540 Union Parishad, 9,591 villages and 30 municipalities and one City Corporation.

## 2.7.2 WASH Sector Overview: National and Rangpur Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDG targets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 1.1.

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.7.1.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water (Figure 2.7.1.2) and 25% drink water with a level of arsenic above international standards.

Table 2.7.1: National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Service Level	Water (% of Pop)		Sanitation (% of Pop)			Hygiene (% of Pop)			
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

Source: Joint Monitoring Report (JMP), 2017

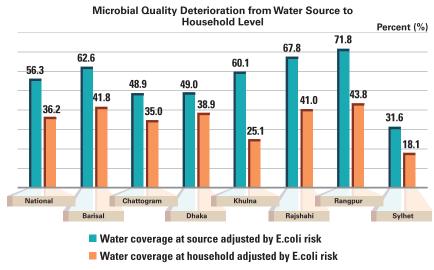


Figure 2.7.1.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

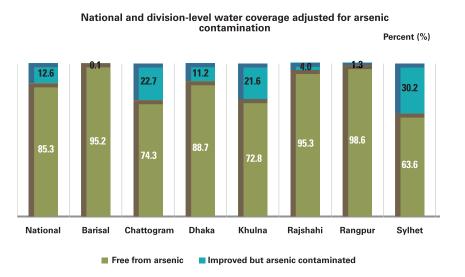


Figure 2.7.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

## 2.7.2.1 Access to safe drinking water in Rangpur Division

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), more than three quarters (88.3%) of the households in Rangpur use improved water sources that are available within 30 minutes round trip collection time (Figure 2.7.1.3). However less than a one tenth of these households (9.6%) have safe drinking water (Figure 2.7.1.4) that is available when needed and free from priority contamination. This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed

#### Household using safely managed drinking water facilities

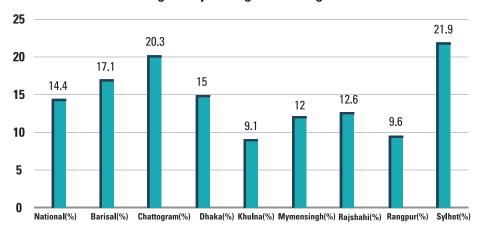


Figure 2.7.3: Households using improved Water Sources meeting Basic standards

#### **Household Using Safely Managed Drinking Water Sources**

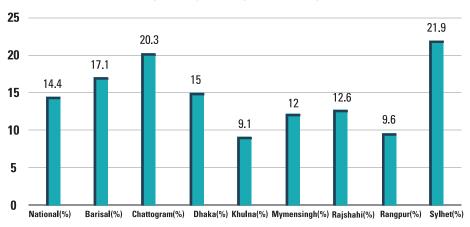


Figure 2.7.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

## 2.7.2.2 Access to Improved Sanitation in Rangpur

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Rangpur Division, access to improved sanitation which is private is lower than national average i.e. 45.6% compared to the national average of 53.7% (Figure 2.6.1.5). However, this means that only about 1 out of 2 households have access to improved sanitation. Improved Sanitation is defined as the facility that safely contains human excreta preventing contact with human (hands, food, and water).

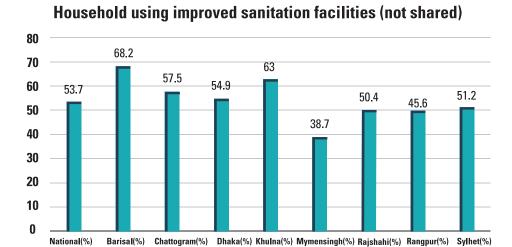


Figure 2.7.5: Households which use an improved facility which separates excreta from human contact (private)

## 2.7.2.3 Access to Effective Handwashing in Rangpur

Effective Handwashing is a challenge nationally as the survey indicated that only about half of the households were observed to wash their hands with soap and water after defectation. The divisional estimate(67.7%) also found that just about 3 of 5 households practice effective handwashing (Figure 1.6); washing their hand with soap and water for at least six seconds after defectation (BBS and UNICEF, 2018).

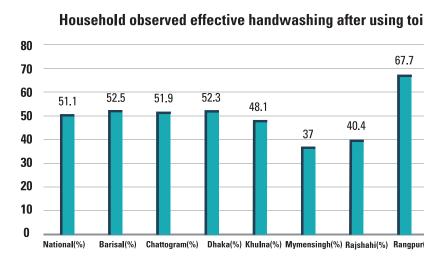


Figure 2.7.6: Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)

# 2.7.2.4 Disparities in WASH Access in Rangpur Division: Monga, Flood and River Bank Erosion

Despite the successes achieved by government in terms of access to improved water and sanitation in Rangpur, there are disparities between national coverage and hard to reach areas and vulnerable areas such as flood prone, river bank erosion. The rapid growth of nonfarm activities in Rangpur division is particularly significant given the fact that during the early years of the last decade, Rangpur suffered from acute seasonal unemployment in the form of Monga. This was happened during the agricultural lean month of Kartik due to lack of alternative non-farm employment opportunities. However, targeted public investment and special credit programme facilitated growth of off-farm activities in these areas, which has eased the problem of Monga guite significantly in recent years.

Teesta, Dharla, Gage, and Brahmaputra-Jamuna River are the major river basins under this division through which during peak monsoon and in addition of upstream water from the neighboring country cross the danger level of water. This causes flood, river bank erosion and inundation every year. As a result affected people face a lot of sufferings especially of safe drinking water, sanitation, hygiene and livelihood each year. Most of the victims shifted to the nearest town, city and opportunistic areas (Water Development Board, Agriculture Extension Department).

## 2.7.2.5 Access to WASH Services in Schools

Access to water in schools is stagnant at only 84% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is high at 90%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled (Figure 2.7.7).

### Access to water and sanitation in schools (%)

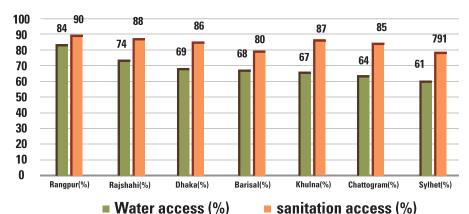


Figure 2.7.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)2

2 ICDDRB, Water Aid Bangladesh, Local Government



© UNICEF/UNI170747/Paul

Survey. Preliminary Report. Dhaka, Bangladesh.

Division. 2014. Bangladesh National Hygiene, Baseline





## 2.7.3 WASHBAT Summary Outputs, Conclusion and Next Steps

## 2.7.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the detail report link in section 2.7.4 of this report.

WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (Table from 2.7.2 to table 2.7.7). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful.

**Table 2.7.2 Theme: Rural Water and Hygiene for Ranpur Division** 

SI No.	Bottleneck	Activity for Bottleneck Removal
1	Current policy is not aligned with the SDG 6.1 target	Appointing national level consultant to review and update the policy to align with SDG 6.1
I	Current policy is not aligned with the SDG 6.1 target (Policy covers 50 persons with one water source but SDG requires for all	Rural WQ monitoring and surveillance need to be included to policy with sufficient financial allocation and plan of action
2	Lack of awareness and ownership for community based water point	Awareness activity on behaviour change on water hygiene and 0&M
3	Lack of governance to operate and execution of development works	Bottom up planning will be conducted in planning process by conducting workshop at local level
4	Coordination body exists but not properly functionalized	WATSAN committee need to functional with accountability and performance indicators and monitoring their works
5	Bankable project is not available in rural as water is being given almost free of charge/cost for rural water & hygiene services	Survey to identify the good practice in rural bankable business on water supply
6	No capacity building institution in divisional level	Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar
7	Lack of knowledge about the national standards	Prepare a summarized handbook about national standards (Act, policy, strategy etc.) in Bangla on rural water supply and hygiene;



Table 2.7.3 Theme: Rural Sanitation and Hygiene for Ranpur Division

SI. No.	Bottleneck	Activity for bottleneck removal				
1	No policy addressing safely managed sanitation in line with SDG 6.2	Revision of policy, strategies addressing SDG 6.2 including context specific social behavioural change communication SBCC & human resource strategy and private sector engagement				
2	No sanitation movement addressing safely managed sanitation	Initiative national sanitation movement for safely managed sanitation at all level  Observe number of sanitation month in line with SDG 6.2				
3	No well-functioning body addressing SDG-6.2	HR development to cater the need of SDG 6.2				
4	No costed plan for rural sanitation and hygiene services delivery	Prepare costed plan of action for rural sanitation & hygiene service delivery				
5	No GoB rules/Regulations to engage private sector	Conduct assessment for private sector engagement, equity criteria, HR need assessment				
6	rural sanitation and hygiene services delivery expenditure reports are not publicly available	Ensure access to information through enhance information system				
7	Lack of adequate resource for addressing equity	No to survey on equity criteria for resource allocation				
,		Organize joint stakeholder workshop on dissemination survey result				
0	SDG 6.2 monitoring system not in place	Develop a monitoring system to track SDG 6.2 (specially safely managed sanitation with appropriate assessment method develop)				
8	SDB 6.2 monitoring system not in place	Document learning / good practices (approaches, sanitation service model, research findings)				
9	No adequate recourses to develop and implement monitoring strategy	Develop/update monitoring system including up-date database				
10	No human resource on capacity gap assessment addressing SDG 6.2	Organize number of capacity building events (Workshop, training, seminar, campaigns)				

Table 2.7.4 Theme: Urban Water and Hygiene for Ranpur Division

SI. No.	Bottleneck	Activity for bottleneck removal		
1	No separate urban water policy exists addressing the specific needs of Rangpur Division, coverage and service targets and 0&M issues & Hygiene	Conduct consultative workshop to review existing policy to include specific needs of City corporation and 29 pourashavas & hygiene		
2	Policy does not address adequately the Rangpur specific need for environmental and climate change issues	Conduct research to identify Rangpur specific needs and advocacy workshops to influence Central Govt. to involve divisional LGIs policy making to reflect the regional needs.		
3	Lack of innovative technologies to address iron, manganese and Arsenic issues.	Conduct feasibility study for appropriate technology for removal of iron , manganese and arsenic from drinking water		
4	No comprehensive, user friendly and modern service delivery model exists	Support LGIs to review existing service guideline to develop a long term sustainable modern and user friendly service model considering gender needs, local geographical issues and hygiene		
5	Weak legal and institutional framework for resource mobilization	Support to strengthening institutional framework for resource mobilization		
6	Tariff is not sufficient to cover the OpEx and inflation	Review tariff based on improved water services		
7	There is no ready pipeline bankable project exists	Technical and financial support from central level to develop pipeline bankable projects		
8	Plan are mostly interim, project based, no indication about financial investment and human resource mobilization. PS level needs are unmet, Need of vulnerable group in the city is not fulfilled	Advocacy workshop at District (19) and National Level (1) for development of a separate Division for PS at central level		
9	Plan does not indicate specific approaches to address hygiene, specified with regional context	Divisional workshop to influence policy to incorporation of hygiene, taking regional context into account with provision of implementation guideline		
10	Institutions have inadequate technical and financial capacity and structure to provide full-service coverage in the urban areas. There is no separate coordination body for urban water exist	Provide technical support to conduct TNA, develop monitoring guide and organize staff training on service monitoring Support LGIs to establish a separate urban water coordination body		
11	Standing committees of LGIs is not active. Water issues are not discussed in the coordination meeting	Support LGIs to strengthen standing committee through reviewing roles and responsibilities and convene regular meetings with specific agenda on urban water		
12	No comprehensive, user friendly and modern service delivery model exists	Support LGIs to review existing service guideline to develop a long term sustainable modern and user friendly service model considering gender needs, local geographical issues and hygiene		
13	Financial and human resource mobilization is poor in hygiene promotion	National level advocacy to allocate sufficient budget and human resources for hygiene promotion in LGI levels		



Table 2.7.5 Theme: Urban Sanitation and Hygiene for Ranpur Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	Local Urban LGIs and concerned ministry are not aware enough about the role of private sector into the service delivery arrangement	Pilot demonstration of private sector led urban sanitation service delivery model in at least Rangpur city cooperation and two municipalities (FSM, solid waste) to learn lesion and prepare guideline for planning
2	Concerned ministry has no policy, strategy and guideline on incentive to the private sector that make them aware to invest in this issue	Govt. will develop context specific public private partnership model (PPP) on urban sanitation and hygiene issues i.e. FSM, SWM and WWR by engaging private sector and financial institutions and rolling out plan by involving related stakeholders specially informal waste and sanitation workers
3	Absence of urban sanitation plan	Advocacy with the Member of Parliament to raise the issue of city and municipal sanitation plan in the parliament to develop urban sanitation act (FSM, SWM, WWR and hygiene
4	No government led monitoring system on urban sanitation and its services, service delivery and supply chain	Local stakeholders (CSOs, Media, CBO, Dept. of education, health, INGOs, Un bodies) promote advertisement and campaign programme to raise awareness among the public sectors, decision and policy makers to take initiative to develop government led computerized/ digital/GIS based monitoring system and allocate budget in ADP to make it operationalize.
5	Local urban LGIs have no demand to enhancing their capacity on FSM, solid waste management, waste water recycling, etc.	Advocacy with the MoLGRD&C to provide directives to the urban LGIs to establish separate WASH unit under each municipality/City Corporation and allocate budget for the facilities including infrastructures, value chain (FSM, SWM, WWR etc.) related equipment and technologies
6	Concerned ministry has no by-laws to develop government led coordination plan	Advocacy with the concerned ministry to provide directives to the urban LGIs for the development of a coordination body with emphasis to all stakeholders specially informal workers, low income community representative, for the promotion of urban sanitation
7	No approved organogram of the urban LGIs including roles and responsibilities that already been submitted to the concerned ministry in 2013	Advocacy with the concerned ministry to accelerate the progress of approval of organogram with self-define job responsibilities (JD) and allocate budget to orient JD and its effective operation
8	In the existing organogram of the local urban LGIs has no provision of facilitators/motivators to create demand and address social norms	Advocacy with the MLGRD&C to incorporate hygiene facilitators/motivators into the current organogram of the urban LGIs and allocation of required budget in ADP to perform the responsibilities against this position
9	Budget prepared based on assumption, no structured need assessment and situational analysis done, also there is no guideline	Concerned ministry will prepare guideline that will be detailed and sector specific and circulate govt. order to follow this guideline for the development of ADB by the urban LGIs.
10	No proposal and initiatives undertaken for bankable project	Govt. will call request for proposal on bankable / PPP led project where the urban LGIs will get priority in this call for sensitize and adopt mass people with this type of system
11	Urban LGIs service delivery arrangement for the supply chain (PPP led faecal sludge management, solid waste management, waste water recycling etc.) are not well equipped and not much awarea bout the role of private sectors to engage into the supply chain	Capacity building of urban LGIs on supply chain of urban sanitation services (FSM, Solid waste, waste water etc.), IRF,PPP, SDG
12	No proposal and initiatives undertaken for bankable project	Govt. will call request for proposal on bankable / PPP led project where the urban LGIs will get priority in this call for sensitize and adopt mass people with this type of system
13	No priority or interest to identify the equalities (Hard to reach area, slums, unserved areas, political influences)	Concerned ministry should identify the inequalities exists in the urban locations by research/study and share the findings with the political leaders/public representatives to influence for taking measures to reduce



Table 2.7.6 Theme: WASH in School- (WinS) for Ranpur Division

SI. No.	Bottleneck	Activity for Bottleneck Removal
1	No such technical working group exists comprising of ministries.	Consultation meetings with different stakeholders at national and sub-national level.
2	No such technical working group exists comprising of ministries.	Situation analysis jointly by DPHE, DoE, DPE, SMC to know the state of WASH in schools and accordingly make plan of actions for influencing internal control mechanisms.
3	Limitation of budget allocation	More investment and budget allocation on WASH in schools
4	No context specific risk informed plan is in practice	Regional basis risk factors analysis & especially capacity building on WASH/IPC, hygiene education, climate resilient WASH facilities development
5	Inadequate fund allocation and priority setting for WASH in schools including secondary schools	Needs assessment for demand creation & providing support on WASH functionality and proper management in schools
6	No participatory development mechanisms is in place at grass root level	Develop participatory development mechanism and build capacities to implement it.
7	No such inter-ministerial roles & accountabilities defined while each ministry is not relevant to WASH schools.	Evidence based awareness raising initiatives and advocacy
8	Improper formation and lack of resource and enriching capacity of the sector regulatory body	Upgrade the existing guidelines and provide resources as well as enrich capacity to carry out functions efficiently on WASH in schools
9	No effective mechanisms for feedback & complaints is in place	Mass awareness and change in the complain mechanism
10	No national plan of actions is in place which will serve the basis for compliance check like state audit on WASH in schools	Situation analysis jointly by DPHE, DoE, DPE, SMC to know the state of WASH in schools and accordingly make plan of actions for influencing internal control mechanisms.
11	No effective mechanisms for feedback & complaints is in place	Mass awareness and change in the complain mechanism
12	No joint sector review is in practice on WASH in schools	WASHBAT rolled out periodically including WiNS at sub-national level

Table 2.7.7 WASH in Health Care Facilities- (WinHCF) for Ranpur Division

SI.			
No.	Bottleneck	Activity for Bottleneck Removal	
1	Lack of evidence on WASH in HCFs	Advocacy for giving priority to R&D activities for WASH in HCFs	
'	Lack of evidence off WASH in HCFS	Inclusion of WASH indicators in different national surveys/assessment related to health	
2	Absence of coordination body at national and sub national level	Formation of a coordination body with specific Terms of References at different level.	
3	No Specific roles, accountability and responsibility are defined for WiHCF	Assign focal person with specific roles and responsibilities.	
	management and implementation		
4	Absence of coordinating body at sub national level	Formation of coordination body at sub national level with specific Terms of References.	
5	Absence of specific sub national level plan of actions addressing local needs and equity (i.e. Ethnic minority, climate change impact, water quality, hard to reach areas/chars etc.)	Develop and implement Sub national level Plan of Actions addressing regional needs and equity (i.e. Ethnic minority, climate change impact, water quality, hard to reach areas/chars etc.).	
6	Lack of WASH specific budget including 0 & M	Allocation of funds for regional WASH Plan of Actions including 0 & M from ongoing OPs MoHFW.	
7	Lack of strategic Plan of Actions for WASH in HCFs	Development of sub national Plan of Actions addressing regional issues and Implementation along with budget allocation	
8	Lack of O & M framework for WASH In HCFs	Development of 0 & M framework for WASH in HCFs	
9	Absence of set of monitoring indicators for WASH in HCFs	Identify Monitoring Indicators and Inclusion in DHIS2 ( District Health Information System 2)	
10	No Specific roles,. accountability and responsibility are defined	Assign focal person with specific roles and responsibilities.	
11	Absence of sensitization for explicitly addressed WASH budget	Advocacy for separate WASH budget for HCFs	
10	Lack of need based capacity development plan	Advocacy for need based assessment for capacity development for WASH in HCFs at subnational level	
12		Conduct need based assessment for capacity development for WASH in HCF at sub national level using WASH FIT	

## 2.7.3.2 Key Bottlenecks Affecting all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors – a detailed analysis for each sub sector and each bottleneck and governance function is provided in the link (section 2.7.4).

Sustainable Services Delivery: Priority actions to facilitate sustainable services delivery in Rangpur is a recurrent theme running through most of the thematic. Document learning / good practices (approaches, sanitation service model, research findings) (Rural Sanitation and Hygiene); Survey to identify the good practice in rural bankable business on water supply; Conduct feasibility study for appropriate technology for removal of iron , manganese and arsenic from drinking water; Support LGIs to review existing service guideline to develop a long term sustainable modern and user friendly service model considering gender needs, local geographical issues and hygiene; concerned ministry should identify the inequalities exists in the urban locations by research/study and share the findings with the political leaders/public representatives to influence for taking measures to reduce; Govt. will call request for proposal on bankable / PPP led project where the urban LGIs will get priority in this call for sensitize and adopt mass people with this type of system (Urban Sanitation and Hygiene); Advocacy for giving priority to R&D activities for WASH in HCFs (WASH in Health Care Facilities); Conduct situation analysis jointly by DPHE, DoE, DPE, SMC to know the state of WASH in schools and accordingly make plan of actions for influencing internal control mechanisms (WASH in Schools).

**Planning, Monitoring and Review:** Activities related to contextualized planning to meet the diverse needs of the population of Rangpur Division ranging from the urban centers and hard to reach areas like Monga, Flood, Inundation and River Bank Erosion were highlighted.

Conduct bottom up planning will be conducted in planning process by conducting workshop at local level (Rural Water and Hygiene); Need to prepare costed plan of action for rural sanitation & hygiene service delivery (Rural Sanitation and Hygiene); Conduct advocacy with the Member of Parliament to raise the issue of city and municipal sanitation plan in the parliament to develop urban sanitation act (FSM, SWM, WWR and hygiene) (Urban Sanitation and Hygiene); Need to develop and implement Sub national level Plan of Actions addressing regional needs and equity (i.e. Ethnic minority, climate change impact, water quality, hard to reach areas/chars etc.) (WASH in Health Care Facilities); Conduct situation analysis jointly by DPHE, DoE, DPE, SMC to know the state of WASH in schools and accordingly make plan of actions for influencing internal control mechanisms. (WASH in Schools).

The common concern about monitoring was indicated by the following priority actions from the different thematic group: WATSAN committee need to functional with accountability and performance indicators and monitoring their works (Rural Water and Hygiene); Develop a monitoring system to track SDG 6.2 (especially safely managed sanitation with appropriate assessment method develop) and update monitoring system including up-date database (Rural Sanitation and Hygiene); Conduct Local stakeholders (CSOs, Media, CBO, Dept. of education, health, INGOs, Un bodies) promote advertisement and campaign programme to raise awareness among the public sectors, decision and policy makers to take initiative to develop government led computerized/ digital/GIS based monitoring system and allocate budget in ADP to make it operationalize (Urban Sanitation and Hygiene); Need to identify Monitoring Indicators and Inclusion in DHIS2 (District Health Information System 2) (WASH in Health Care Facilities); Conduct Mass awareness and change in the complain mechanism (WASH in Schools).

**Sector Policy and Strategy:** The priority actions that commonly identified by the groups were the current national water and sanitation policy is outdated and not aligned with SDG target, legal framework reflecting the need of Division level decision making is not available, existing supporting documents and implementing decrees which provide roles and responsibilities, service norms and standards were not clearly defined. Some general observation from groups is given below:

Rural WQ monitoring and surveillance need to be included to policy with sufficient financial allocation and plan of action (Rural Water and Hygiene); Conduct Revision of policy, strategies addressing SDG 6.2 including context specific social behavioural change communication SBCC & human resource strategy and private sector engagement (Rural Sanitation and Hygiene); Conduct research to identify Rangpur specific needs and advocacy workshops to influence Central Govt. to involve divisional LGIs policy making to reflect the regional needs (Urban Water and Hygiene); Conduct Govt. will develop context specific public private partnership model (PPP) on urban sanitation and hygiene issues i.e. FSM, SWM and WWR by engaging private sector and financial institutions and rolling out plan by involving related stakeholders specially informal waste and sanitation workers (Urban Sanitation and Hygiene); Conduct situation analysis jointly by DPHE, DoE, DPE, SMC to know the state of WASH in schools and accordingly make plan of actions for influencing internal control mechanisms (WASH in Schools).

**Capacity Development:** Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar and prepare a summarized handbook about national standards (Act, policy, strategy etc.) in Bangla on rural water supply and hygiene (Rural Water and Hygiene); Organize number of capacity building events (Workshop, training, seminar, campaigns) (Rural Sanitation and Hygiene); Advocacy with the MoLGRD&C to provide directives to the urban LGIs to establish separate WASH unit under each municipality/City Corporation and allocate budget for the facilities including infrastructures, value chain (FSM, SWM, WWR etc.) related equipment and technologies and capacity building of urban LGIs on supply chain of urban sanitation services (FSM, Solid waste, waste water etc.), IRF,PPP, SDG (Urban Sanitation and Hygiene); Conduct need based assessment for capacity

development for WASH in HCF at sub national level using WASH FIT (WASH in Health Care Facilities); Upgrade the existing guidelines and provide resources as well as enrich capacity to carry out functions efficiently on WASH in schools (WASH in School 3 star approach).

**Budget & Expenditure**: The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. Division level financial needs for each sub sector are not known and cannot be addressed/prioritized. The solutions identified to address this cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED). Priority Recommended Actions include: No to survey on equity criteria for resource allocation (Rural Sanitation and Hygiene); National level advocacy to allocate sufficient budget and human resources for hygiene promotion in LGI levels (Urban Sanitation and Hygiene); Concerned ministry will prepare guideline that will be detailed and sector specific and circulate govt. order to follow this guideline for the development of ADB by the urban LGIs (Urban Sanitation and Hygiene); Need allocation of funds for regional WASH Plan of Actions including 0 & M from ongoing OPs MoHFW (WASH in Health Care Facilities); Need more investment and budget allocation on WASH in schools (WinS).

Communication: Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats; national and subnational divisions; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees. Action discussed and suggested by groups is summarized in below in which some of them are not taken in 5 high priority activities. Suggestions are: Conduct aawareness activity on behaviour change on water hygiene and 0&M (Rural Water and Hygiene); Ensure access to information through enhance information system and initiative national sanitation movement for safely managed sanitation at all level (Rural Sanitation and Hygiene); Support LGIs to strengthen standing committee through reviewing roles and responsibilities and convene regular meetings with specific agenda on urban water (Urban Water and Hygiene); Advocacy with the concerned ministry to provide directives to the urban LGIs for the development of a coordination body with emphasis to all stakeholders specially informal workers, low income community representative, for the promotion of urban sanitation (Urban Sanitation and Hygiene); Formation of a coordination body with specific Terms of References at different level (WASH in Health Care Facilities); Develop participatory development mechanism and build capacities to implement it (WASH in Schools).

Cross cutting issues: Priority actions to address Gender, Disabilities, and inclusion climate change adaption issues, Ethnic groups, hard to reach areas, poor and ultra-poor's were integrated into the priority actions of the various sector building blocks rather than separate issues. For example, cconduct assessment for private sector engagement, equity criteria, HR need assessment (Rural Sanitation and Hygiene); Inclusion of WASH indicators in different national surveys/assessment related to health (WASH in Health Care Facilities); Evidence based awareness raising initiatives and advocacy (WASH in Schools).

## 2.7.3.3 High Priority Activities to remove Bottlenecks

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH sector within Khulna administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.7.8: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Rangpur Division

	Rural Water and Hygiene							
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Costs (BDT) in			Responsibility	
1	Current policy is not aligned with the SDG 6.1 target (Policy covers 50 persons with one water source but SDG requires for all)	Policy developed before SDG and Hygiene is less important to existing rural water policy	Rural water policy is to review and update to meet the SDG goals by appointing national level consultant & Hygiene part will be broadly included to the policy rather than strategy	High	425,000	-	MoF/MoPA/PC/ LGD/DPHE/ LGI/ DP/ NGO and District administration	
2	Private water point are not regulated	No standard guidelines to control the private water point installation	Registration or permission system is to be developed for private water point installation	High	-	109,250	MoF/LGD/ MoLaw/ MoPA/DPHE/ DP	
3	No local level capacity building institutional body	Not realized about the importance of local level capacity building institutional body	Establish divisional level training institutions with appropriate human resources and proper facilities with annual training calendar	High	750,000	3,000,000	MoF/LGD/DPHE/ LGI/ DP/NGO/District administration and Upazila administration	
4	Private sector not involved for rural water and hygiene	Non profitable service for private sector	Government led awareness program including WSP is to be propagated through appropriate media	High	165,000	3,000,000	MoF/LGD/ MoPA/DPHE/ DP/NGO and District administration	
5	Informal service provider is not registered	Necessity and importance is not realized	Union wise water point service providers is to be developed and College or school wise WQ testing system to be developed	High	55,000	-	MoF/LGD/ MoE/ MoPME/ DSHE/ / DPHE/ LGI/ DP/ NGO and District administration	
		Sub-Total			650,500	3,238,150		



Table 2.7.11 : Priority Costed Activites of 'Urban Sanitaton and Hygiene' thematic area for Rangpur Division

	Urban Sanitation and Hygiene						
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority	Costs (BDT) 2019 - 2020	in thousand 2021-2025	Responsibility
1	Except IRF-FSM, no other policy is aligned with SDG 6.2	Policy updating through review has not been done yet	Relevant policy and legal framework review and revise considering the SDGs 6.2 by engaging relevant stakeholders of urban LGIs and sector partners	High	350,000,000	450,000,000	LGD, DPHE, DP, DPE, DSHE, LGI, MoF, NILG, Private Sector, UNICEF
2	Lack of legal provision in place	• Initiative has been taken from the govt. side yet *No monitoring system developed yet	Policy dialogue workshop with high level policy makers for developing incentive mechanism for service providers with legal enforcement and penalties to ensure a safely managed service delivery chain (FSM, Solid waste management, waste water, hygiene)	High	12,000	6,000	LGD, PSB, Private Sector, DP, LGI
3	No initiative for sensitization campaign has been taken and reflected in budget	Software     components     (campaign, rally     etc) are given less     importance in budget     preparation      No/low ADP     allocation      Limited campaign     strategy	Policy dialogue with the high level policy makers to increase budget allocation specially for the awarenesscampaign (Campaign, advertisements, publicity) and promotion of Sanitation Safety Plan	High	2,50,000	0	LGD, DPHE, Urban LGIs, Private Sector, DPs, Financing Institutions, UNICEF
4	Policy and legal framework are not implementing fully	Existing policy and strategy were not formulated considering SDG      Not exists operational guidelines	Development of operational guideline for FSM business model, IRF implementation plan, solid waste management business model including waste water and hygiene issue	High	97,500	183,000	LGD, PSB, Urban LGIs, DPs, financial Institutions, Private Sectors, UNICEF
5	No developed business model	Shifting from service delivery to business modality has not been thought yet at LGIs level	Organize training for development of business model for ULGIs officials focusing FSM, Solid Waste Management including facilities and equipment	High	12,000,000	36,000,000	LGD, DPHE, Urban LGIs, DPs, Private Sector, Financial Institutions, UNICEF
		Sub-Tot	al		12,909,500	36,189,000	



Table 2.7.12: Priority Costed Activities of 'WASH in School' thematic area for Rangpur Division

	WASH in School						
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Priority		s (BDT) in ousand	Responsibility
140		Bottleffecks			2019 - 2020	2021-2025	
1	No policy/strategy exists particularly on WASH in schools including secondary schools	Lack of advocacy and awareness raising at subnational and national level	National level advocacy workshop for policy formulation	High	550,000	0	MoPME, MoE, LGD, (DPHE, PSB), DPS, Media
2	No private sector engagement in on institutional WASH	Lack of initiative by the relevant stakeholders	Networking and communication with the private sector for corporate society responsibility (CSR) in regional level	High	12,000	6,000	MoF, MoE, MoPME, MoPA, DPHE,
3	The plan is not reviewed at early stage by all stakeholder	No opportunity to review the plan at early level by all stakeholders	Bottom up planning approach and preparing plan of actions	High	250,000	0	MoPME, MoE, DPHE, DPs
4	No participatory monitoring system developed for WASH in schools	Stakeholders are not interested to be a part of monitoring process     No fixed roles and responsibility exist for stakeholder to monitoring WASH in school.	Make the stakeholders aware about the importance of WASH in school monitoring and set up roles and responsibility of different stakeholders for monitoring WinS situation	High	97,500	183,000	MoPME, MoE, DPHE
5	No institutional capacity exists to fulfill sector roles and responsibility	Lack of available resource	Build capacity of the institutions to fulfill sector roles and responsibilities to augment sustainable institutional WASH at scale including the availability of necessary structures, tools, training and incentives	High	12,000,000	36,000,000	MoPME, MoE, DPHE, DPs
		Sub-Total			12,909,500	36,189,000	

Table 2.7.13: Priority Costed Activites of 'WASH in Health Care Facilities' thematic area for Rangpur Division

		WAS	H in Health Ca	re Fac	ilities		
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity Priority		Costs (BDT) 2019 - 2020	Responsibility	
IVO	There is no national	No importance or	Development of National		2019 - 2020	2021-2025	
1	policy and strategy for WASH in Health Care Facilities	priority given to WASH in Health Care Facilities	Policy, Strategy and Standards for WASH in Health Care Facilities	High	50,000	0	MoHFW, LGD, DPs, Private sectors
2	Lack of WASH specific budget including 0 & M	No importance given for a WASH specific budget	Allocation of funds for regional WASH Plan of Actions including 0 & M from ongoing OPs MoHFW	High	500,000	2,000,000	MoHFW, Mo Finance, Mo Planning Mo Works
3	Lack of strategic Plan of Actions for WASH in Health Care Facilities	No priority/importance for National and sub national level plan of action.	Development of sub national Plan of Actions addressing regional issues and Implementation along with budget allocation	High	1,000,000	9,000,000	MoHFW, MoF, MoP, MoW, LGD, DP, Private sectors
4	Absence of set of monitoring indicators for WASH in Health Care Facilities	Non availability of set of monitoring indicators	Identify Monitoring Indicators and Inclusion in DHIS2 ( District Health Information System 2)	High	50,000	0	MoHFW, DP, Private sector
5	No strategic training plan for WASH in Health Care Facilities	No importance given to have a sub national Strategic Training Plan	Development of Capacity Development Plan and Manual for WASH in HCFs at sub national level and Implementation	High	50,000	1,20,000	MoHFW, LGD, DP, private sector
	Sub-Total				1,650,000	11,120,000	

# 2.7.3.4 Conclusion, Recommendations and Next Steps

#### 2.7.3.4.1 Conclusions

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Rangpur Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process. The identified bottlenecks were related to the following key aspects.

- 1. The enabling environment: Existing water and sanitation policy not updated for long time and not aligned with SDG targets, Poor implementation and compliance with sectoral policies at national and sub-national levels, non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; shortage of skilled manpower, absence of training calendar for local staff, inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing.
- 2. Services Delivery: Absence of unique and low-cost appropriate water and sanitation technologies; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.

3. Behaviour Change Communication: Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF. The multi-sectoral stakeholder analysis has identified priority coasted short and medium-term actions with estimated costs to address the key WASH challenges in Rangpur Division. These priority actions range from the simple ones such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Rangpur specific challenges of Haor, females and disabled and communication between sub-national and national level technocrats and policy makers.

#### 2.7.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

- 1. Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office
- 2. The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a subnational level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Programme (ADP) for 2019-2020.
- 3. Liaison with the Ministry of Finance to facilitate incorporation of the priority activities in the Annual Development programme for 2019 and 2020 and budget allocation for the post 2020.
- 4. The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8th 5 year plan

#### 2.7.3.4.3 **Next steps**

Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division

## 2.7.4 Link to thematic Groups reports:

SI No.	Thematic Groups		Link
1	Rural Water and hygiene	:	https://www.dropbox.com/s/t5wgngzpg3qvrye/Rural_Water%20%26%20Hygiene_Washbat%20Analysis%20_Dhaka.doc?dl=0
2	Rural Sanitation and Hygiene	:	https://www.dropbox.com/s/bvnqfolpccekj64/Rural_Sanitation%20%26%20Hygiene%20 Washbat%20Analysis%20Dhaka.doc?dl=0
3	Urban Water and Hygiene	:	https://www.dropbox.com/s/09memqf2ba15692/final%20Dhaka%20_Urban_Water%20%26%20Hygiene%20Washbat%20Analysis.docx?dl=0
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/7uvy7k1mr7r60b9/Final%20Report%20_%20Dhaka%20workshop_Urban_Sanitation%20Washbat%20Analysis.doc?dl=0
5	WASH in School		https://www.dropbox.com/s/swknvd3fd9rprm1/20181104-DHAKA%20WASHBAT%20WINS.doc?dl=0
6	WASH in Health care		https://www.dropbox.com/s/8c5m04fy8mj3yfg/WASH%20BAT%2C%20DHAKA%20%20 WASH%20in%20HCF.docx?dl=0

To open above link please press and hold 'Ctrl' then click on the link or copy the link and past on your browser. If you received hard copy of this report than type the link you needed to your browser. You may get warning from Microsoft office that some file may contain virus. Click ok on it.



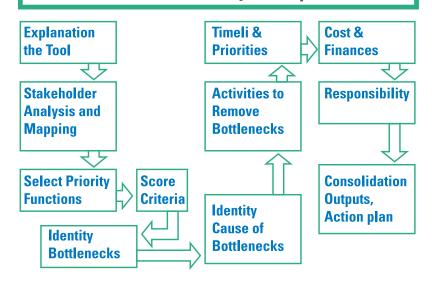


PART TWO-08

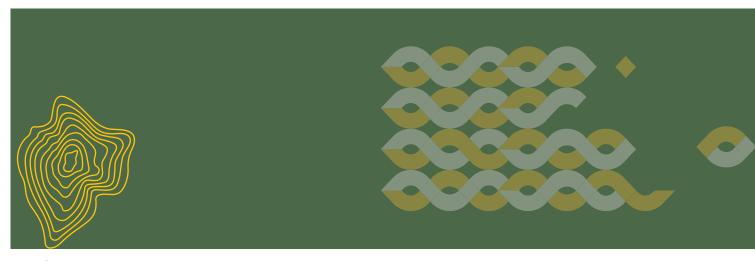
**VENUE: Hotel Star Pacific, Sylhet DATE: 22-24 Apr2018** 

# **WASHBAT REPORT SYLHET DIVISION BANGLADESH**

# **Bottlenecks Analysis Steps**









# **PART TWO-08 WASH in Sylhet Division**

The Division-wise consolidated report of WASHBAT has basically two broad-based sections and associated sub-sections.

The First Section provides an overview of the WASH sector of the concerned division, e.g., Sylhet Division and touch upon the national scenario as well. It also gives pertinent administrative, geographic and demographic information in short.

Section Two, presents the WASHBAT workshop's summary outputs. Bottlenecks, causes of bottlenecks, required activities for removing bottlenecks, prioritization, time-line, costing and responsible stakeholder institutions are identified in a tabular format. Conclusions and next steps are also included in this section

# 2.8.1 Sylhet Division: Administrative and Demographic Features

Sylhet Division spans an area of 12,298.4 sq km and is located between 23°58′ and 25°12′ latitudes and Longitude 90°56′ and 92°30′. Its boundaries are India in the North, South and East and \*in the west. The division has a total population of 8,107,766; male 50.67% and female 49.33% (BBS 2016). In terms of administrative areas, the Sylhet Division is sub-divided into four districts: Habiganj, Moulvibazar, Sunamganj and Sylhet. Further, the Sylhet Division contains 35 sub-districts (Upazila/Thana), 323 Union Parishad, 10,185 villages and 14 municipalities.

# 2.8.2 WASH Sector Overview: National and Sylhet Division

Nationally, Bangladesh has made considerable progress towards achieving its goal of universal access to improved water supply and sanitation facilities. According to JMP 2017, just about 1% of the population still practice open defecation while 47% use improved sanitation facilities (Not counting shared/limited services 22%); about 98% of the population have access to improved sources of drinking water (Table 1.1). Though there has been laudable progress, some key challenges remain in terms of the safety and sustainability of water supply, sanitation and especially hygiene services, if the country is to meet the SDGtargets for drinking water and sanitation, health and education. Two major challenges facing Bangladesh, the first is the gap between access to improved water sources (97.9%) and safely managed drinking water drinking water with just about half of the population having access to safely managed drinking water (56%). The second key challenge is the poor fecal sludge management and the low access to improved sanitation services (47%) as shown in Table 2.8.1.

Microbial and Arsenic contamination of water supplies remains a key challenge nationally, with deterioration of microbial quality from source to household (Figure 2.8.1) and about 19 million people (12.6%) exposed to arsenic above the GoB standards through drinking water and 25% drink water with a level of arsenic above international standards (Figure 2.8.2).

Table 2.8.1: National Drinking Water, Sanitation and Hygiene Estimates, Bangladesh

Service Level	Water (% of Pop)		Sanitation (% of Pop)			Hygiene (% of Pop)			
Service Level	National	Rural	Urban	National	Rural	Urban	National	Rural	Urban
Safely managed	56	61	45	-	32	-	-	-	-
Basic service	42	36	53	47	11	54	40	31	58
Limited service	1	1	1	22	19	29	45	51	32
Unimproved	1	1	1	31	38	18	-	-	-
No service	1	1	1	0	0	0	15	18	10

Source: Joint Monitoring Report (JMP), 2017



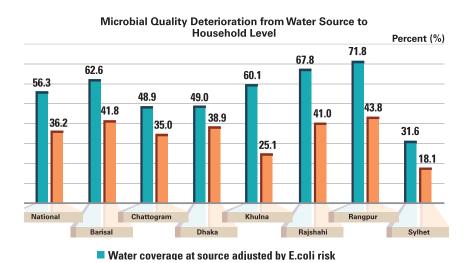


Figure 2.8.1: Microbial contamination of drinking water sources and deterioration from source to household (MICS 2012-2013)

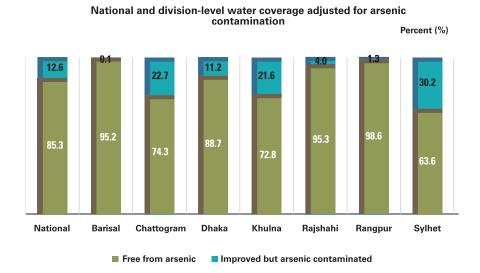


Figure 2.8.2: Arsenic Contamination of improved water sources (MICS 2012 -2013)

## 2.8.2.1 Access to safe drinking water in Sylhet

According to the Assessment on Coverage of Basic Social Services Survey (BBS and UNICEF 2018), three quarters (76.7%) of the households in Sylhet use improved water sources that are available within 30 minutes round trip collection time (Figure 2.8.3). However less than a quarter of these households (21.9%) have safe drinking water (Figure 2.8.4) that is available when needed and free from priority contamination. This signifies that like the national level, there is a challenge with the gap between access to drinking water at a basic level and access to safe drinking water that is safely managed.

# Households Using Improved Water Sources within 30 min round trip collection time

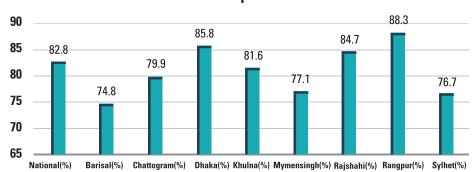


Figure 2.8.3: Households using improved Water Sources meeting Basic standards

#### Household using safely managed drinking water facilities

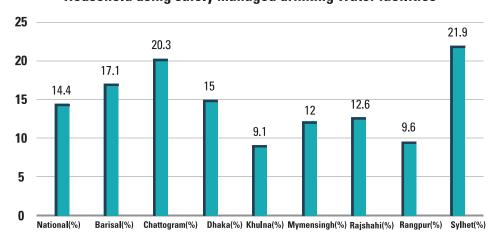


Figure 2.8.4: Households using safely managed drinking water sources (improved water facility, available when needed and free from contamination)

## 2.8.2.2 Access to Improved Sanitation in Sylhet

According to the BBS, Coverage of Basic Social Services Survey (BBS and UNICEF Bangladesh 2018), In Sylhet Division, access to improved sanitation which is private is lower than national average. Improved sanitation is defined as the facility that safely contains human excreta preventing contact with human hands excreta from human contract (Figure 2.8.5).

### Household using improved sanitation facilities (not shared)

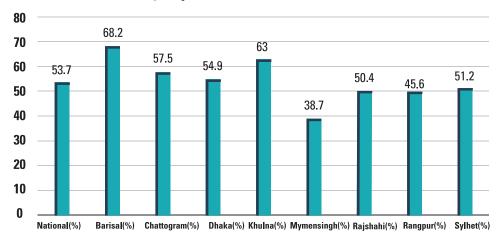


Figure 2.8.5 Households which use an Improved facility which separates excreta from human contact (private)

# 2.8.2.3 Access to Effective Handwashing in Sylhet

Effective Handwashing is a challenge nationally and in Syhlet with just about half of households washing their hand with soap and water after defecation (BBS and UNICEF, 2018). figure 2.8.6

### Household observed effective handwashing after using toilet

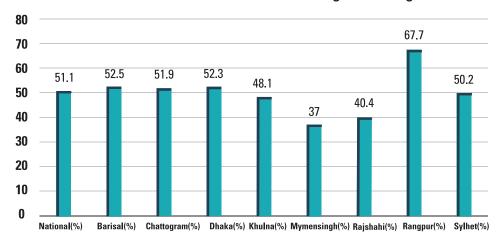


Figure 2.8.6: Percentage of observed latrine visits which were followed by effective handwashing (with both hands, with soap for at least 6 seconds)



### 2.8.2.4 Disparities in WASH Access in Sylhet Division: Haor and Tea Gardens

Despite the successes achieved by government in terms of access to improved water and sanitation in Sylhet there are disparities between national coverage and hard to reach areas and vulnerable areas such as the haors and tea gardens. The haor basin is a remote and difficult area that is flooded every year during monsoon, hence for about 4 months of the year, the land mass is flooded, and there is high contamination and washing away of water points. Considering the Haor access and sustainability to WASH services in Sylhet division is severely affected in terms of the wide expanse of the Haor as the Haor basin or the Sylhet basin, is estimated to spread over an area between 4,450 km2 and 25,000 square kilometres.

The tea gardens are also deprived areas and in many cases the sufficiency and reliability of access to improved water and sanitation services is lower than in Sylhet Division.

Table 2.8.2: Access to WASH Services in Tea Gardens in Sylhet (BBS and UNICEF, 2018)

Indicator	Division	District			
indicator	Sylhet(%)	Habiganj(%)	Maulvibazar(%)	Sylhet(%)	
HH with access to improved water sources	91.1	97.9	89	88.8	
water treatment by users of unimproved water sources	19.4	28.5	18.3	22.9	
Access to improved sanitation by HH	33.2	34.5	32.4	35.6	
Safe disposal of child faces (age 0 -2 years)	25.6	21.3	28	21.3	
HH with place for handwashing with soap and water	48.5	45.8	48.5	54.3	

Table 2.8.2 gives an indication of the disparities within districts, this information is important as it provides evidence to enable the local government authorities to target programs to the areas where the services are mostly needed. For example access rates to improved water sources in Sylhet district is much lower than the national average and access figures in Sylhet division and other districts.



#### 2.8.2.5 Access to WASH Services in Schools

Access to water in schools is stagnant at only 61% with only a limited number of schools tested for Arsenic contamination as there is no system for monitoring and reporting water quality. Access to sanitation is high at 79%, however there are challenges with issues such as gender separated toilets, which are climate friendly and accessible to the disabled Figure 2.8.7.

## Access to water and sanitation in schools (%)

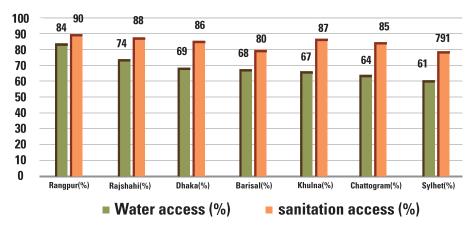


Figure 2.8.7: Access to water and sanitation in schools per Division (Source: World Bank using NHBS 2014 data)3

# 2.8.3 WASHBAT Summary Outputs, Conclusion and Next Steps

#### 2.8.3.1 Bottlenecks Identified in all Sub-sectors/Thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub-sector and each bottleneck and governance function is provided in the link in the detail report link in section 2.8.4 of this report.

WASHBAT Exercises ultimately look for key bottlenecks, and the priority activities required to remove all those bottlenecks. WASHBAT team engaged to facilitate the overall exercise decided to keep all the constraints or bottleneck rather highlighted and focused in the Divisional Report itself. They apprehended that many important findings which emanated through a rigorous consultative process might be lost and remain out of sight.

In this context it has been decided to include all such information of all thematic area or sub-sector wise bottlenecks and the required actions for removing them (Table from 2.8.3 to table 2.8.8). The primary user of all such information are the planning wing or, planning cell of sector stakeholders, be it government, non-government or private sector organization. During project program formulation such information might be very useful.

Table 2.8.3 Theme: Rural Water Supply and Sanitation for Sylhet Division Table 2.8.4 Theme: Rural Sanitation and Hygiene for Sylhet Division

SI. No.	Bottleneck	Activity for bottleneck removal
1	Common policy but not clearly defined strategy for Sylhet Division in terms of equity and vulnerability on rural sanitation & hygiene service delivery	Dissemination of regulatory framework and orientation of regulatory framework at local level service providers and public representatives
2	FSM & hygiene behaviour change issues not addressed properly for Sylhet Division	Consultation for policy reviewing, resource allocation,
3	Coordination body does not prioritise rural	FSM IRF and SBCC strategy
3	sanitation and hygiene issues	Organized regular WATSAN committee meeting of different level
4	Lack of GO-NGO collaboration at sub- national level	Stakeholders workshop for GOB executive and circular to functionalize WATSAN committee at different levels
5	Lack of awareness on safely managed sanitation & hygiene	Initiate Upzila/sub-district based piloting
6	Private sector is not incentivized properly	Review policy and strategy to engage private sector with appropriate delegation of authority at local level for rural sanitation service delivery
		Consultation workshop with private sector at Division and District level
7	No adequate fund	Policy advocacy on rural sanitation financing
8	Lack of proper evidence and documentation of planning approaches	Joint reviewing meeting on proper documentation of evidences (innovative approaches)
	or planning approaches	National level / division sharing of innovative approaches
9	Lack of initiatives for Influencing capacity building of rural sanitation staff	Consultation workshop at Division and District level for capacity development plan

# **Table 2.8.5 Theme: Urban Water and Hygiene for Sylhet Division**

SI. No.	Bottleneck	Activity for bottleneck removal
1	Urban water policy is not aligned with 'safely managed' drinking-water services (SDG target 6.1)	Workshop to review existing policy to ensure specific focus on urban and peri-urban water and hygiene, Sylhet specific hard to reach area, tea garden, haor, target group-gender & vulnerable and aligned with SDG agenda
2	There is no coordination body for Sylhet division water services exists	Conduct workshop and meetings to strengthening existing coordination committees to convene regular coordination meeting
3	Policy frameworks do not stipulate service delivery models including the policy and regulatory	Provide technical support and training to develop and adopt a common framework of service delivery model for Sylhet and build capacity of CCs, Pourashavas to focus water quality, gender and target groups
J	framework, available capacity support, financing arrangements and incentives	Develop Sylhet specific communication strategy and BCC package for religious leaders, civil society to adopt and promote urban water hygiene
4	Insufficient public allocation for the urban water sector	Conduct Study on impact and return of investments in urban and peri-urban water supply and advocate for increase investment and tariff review
		Provide technical support and hold WASHBAT periodically
5	Absence of joint sector review in Sylhet division for regular progress assessment	Conduct workshops (4 WS at different levels) to develop a comprehensive division wide plan for urban water and hygiene focusing on Sylhet specific issues and target groups
6	No financial investment plan for Sylhet division exists	Build capacity of CCs and PSs to develop water safety plan
7	Absence of joint sector review in Sylhet division for regular progress assessment	Provide technical support to develop an integrated and functional MIS for urban water and hygiene and common indicators include gender, age, disability
8	Performance appraisal does not include customer satisfaction information and are not made public	Establish systems for performance appraisal, incentive system for high performance and customer satisfaction review
9	No capacity development plan exists for Sylhet division water sector	Conduct capacity need assessment on urban water and hygiene services, develop capacity building plan and training package for decision making testing, water treatment
10	No capacity development plan exists for Sylhet division water sector	Develop capacity of CCs and PSs to establish water quality testing lab



# **Table 2.8.6 Urban Sanitation and Hygiene for Sylhet Division**

SL: NO	Bottleneck	Activity for bottleneck removal
1	Not clearly identified the provision of financial resource allocationand priority setting.	Development and operationalization of costed action plan for policy and legal framework reflecting the issues of Haor, tea garden, geo-hydrological challenges, climatic effect, gender issue, inclusion, disability of Sylhet Division
2	No functional coordination body or mechanism	Circulate a GO from LGD to the LGIs for reporting procedure (WatSan Committee should be reportable to TLCC-Town Level Coordination Committee) and strengthening their capacity of TLCC based on the Capacity Need Assessment (CNA)
3	No disaggregated budget	Advocacy and influence at national level policy and decision makers for dis-aggregation of urban sanitation and hygiene budget and expenditure as well with the provisioning of need based block grant allocation considering local context of Sylhet Division
4	No financial need assessment and no institutional resource mobilization framework	Facilitate local level financial need assessment on urban sanitation and hygiene followed by directives form the respective line ministry. Formulation and orientation of local level resource mobilization framework like (Tax, Block grant, MFIs, PKSF loan)

SL: NO	Bottleneck	Activity for bottleneck removal
5	Absence of urban sanitation plan.	Development aynd implementation of local level sanitation and hygiene plan reflecting the special need of female, children, disability, Haor, climate change and tea garden of Sylhet Division and advocacy for feed into national level plan. 40% achieved by 2020 and 60% achieved by 2021-25
6	Lack of Govt. led monitoring system	Development of Govt. led monitoring system by reviewing existing related documents, context and provide orientation to the related stakeholders at Sylhet level
7	Lack of capacity (Financial and skilled manpower) and lack of delegation of authority.	City Corporation and Pourashova organograms review and revise with the approval from the respective authority and strengthening their capacity plus incentivizing of retention of staff in remote area like Haor on urban sanitation and hygiene considering local context of Sylhet Division.
8	Lack of private sector capacity	City or Pourashova wide PPP led business plan for sanitation value chain and hygiene development and orientation to the related stakeholders. Initiate GO (Government Order) circular from the respective ministry for creating business enabling environment
9	Lack of active representation.	Initiate advocacy programme for political leaders to sensitize for urban sanitation and hygiene considering other factors like inclusiveness, climate resilient, gender, equitable budget allocation, disability
10	Absence of urban sanitation policy	Formulation of urban sanitation and hygiene policy highlighting hard to reach area issues, climatic factors, gender, disability and inclusion issues of Sylhet Division
11	Absence of accountability mechanism	Formulation of urban sanitation policy with clearly defined accountability mechanism
12	Lack of clarity and not operationalized	Review, revise and execution of operational manual and guideline with the clearly defined roles and accountabilities
13	Partially functional coordination body	Review, revise and execution of operational manual and guideline with the clearly defined roles and accountabilities
14	Not publicly available	Upload budget and expenditure at website annually. Annual grassroots consultation, media briefing by local expert body on review and analysis of annual budget
15	No formal or informal body that acts in favour of sanitation service customer	Formulation and orientation of local expert body on budgeting process
16	Inadequate allocation compare other sectors like education, health.	Advocacy for creating separate budget code for urban sanitation and hygiene at national level and demand based budget allocation for sanitation and hygiene with special emphasis to climate change, gender, inclusion, HtR, disability, equity etc.
17	No dedicated bankable projects in urban sanitation	Formulation of smart and business oriented market based bankable project on urban sanitation and hygiene considering local context
18	No advocacy activities.	GO circulation form LGD for the formulation and implementation plan on sanitation and hygiene by engaging political leaders
19	No formal procedures for participation	GO circulation form LGD for the formulation and implementation plan on sanitation and hygiene by engaging political leaders including clearly defined roles and responsibilities of stakeholders for participation
20	No effective monitoring system to track progress	Formulate and orient monitoring team under the supervision of Mayor but they should provide special attention to the vulnerable and pocket people during monitoring
21	No internal monitoring system.	Regular review performance of the monitoring team and ensure reward and recognition as well
		Policy Support Branch will conduct Capacity Need Assessment on sanitation value chain and
22	Not done TNA for capacity development	hygiene considering other issues like climate change, gender, equity, disability, governance for the
		relevant staff of City Corporation (CC) and Pourashova (PS)
23	Absence of urban sanitation programme	Formulation of urban sanitation policy implementation plan and preparation of local level sanitation programme in linking with implementation plan at national level
		Orientation, motivation, facilitation and engagement of traditional and community leaders on
24	Lack of effective engagement	sanitation agenda

# Table 2.8.7 WASH in School- (WinS) for Sylhet Division

SL: NO	Bottleneck	Activity for bottleneck removal
1	Allocation are not need based	Develop need based planning tools and allocate as per need
2	Priority not set as need for the users and not contexts specific	Orient sub national level stakeholders on using need based planning tools
3	Inequality not addressed properly	Update national policy to address inequity
4	Less involvements of concerned experts in setting standard	Develop comprehensive operational guidelines involving concerned experts
5	No accountability framework exists for WinS for different stakeholders	Development of accountability framework to be rolled out for schools (Both Primary and secondary) with special emphasis on Hard to Reach (HtR) areas at Division and District levels under Sylhet Region
6	Lack of allocation in sub national level for WinS	Sensitize national level to allocate fund for 0&M of School WASH facilities on yearly basis in Sylhet division
7	Lack of budget considering inclusion/menstrual hygiene	Sensitize national level to allocate need based fund for construction, 0&M of School WASH facilities including MHM and related supply mainly toilet for girls and hygiene promotion with hand washing facilities with soap
8	Centralized and flat rate budgeting system does not reflect the local need	Assess the needs for WASH in school to generate evidence and then advocate to the national level policy and decision makers for allocating funds accordingly for the Sylhet division.
9	Lack of institutionalized system to provide incentives	Institutionalize the participation of private sectors and build linkage and network with the related govt. agencies and make some provision of fund as incentives for the promotion of WASH in schools by the private sectors
10	No provision for encouraging private sector	Develop & Disseminate guideline and strategy to involve private sector in WINS
11	No scope of Limited inceptive from Govt for WinS'.	Advocacy with the policy and decision makers to create subsidy for private sector by providing incentives to promote WASH in School activities in Sylhet division.
12	Lack of motivation, awareness and reinforcement for generating new revenue	Popularize public private partnership for WASH services at school level in Sylhet division.
13	Gaps in demand creation from schools	Need assessment of WASH facilities and reinforce for capacity of SMC, PTA and Teachers to plan and partnership with private sector for funding WinS at Sylhet Division.
14	Lack of initiative in attracting philanthropist	Sensitization and development of partnership with philanthropists/diaspora.
15	No provision of joint sector review at divisional/ District and Upazala levels	Organize joint sector review at Division/District/ Upazila level under Sylhet Region with special emphasis to hard HtR, climate vulnerability, gender inclusion, equitable allocation.
16	Absence of clear guidelines and mechanism of participatory monitoring	Introduce the process of participatory monitoring system for WinS (5th high priority)
17	No human resource development strategy exist in education sector for WinS	Capacity assessment of human resource needs and develop a comprehensive human resource strategy/action plan.
18	Limited capacity development training for different stakeholders (in service training, subject based training, training for scout and CUB members	Include WASH in school related topics in all relevant curriculum and training tools.
19	No existence of such institutions at sub national level for capacity development	Include WinS training package for all training institutions
20	Existing Training institutions don't have WinS Training, package (PTI,URC, TTC, NAPE, NAEM)	Include WINS training package for all training institutions
21	No such institution identified at sub national level	Include WinS training package for all training institutions
22	Knowledge gaps on national standard and indicators	Development of Wins national standards with clear indicators and milestones to be disseminated at all levels.
23	National standards and indicators are not included in monitoring tools	Development of monitoring tools as per national standards and national monitoring system



Table 2.8.8 WASH in Health Care Facilities- (WinHCF) for Sylhet Division

SI: No	Bottleneck	Activity for bottleneck removal
	There is no specific policy for WASH in HCF; though	Review of existing National Health Policy
1	WASH is included in National Health Policy & National Wash Strategy but no specific set standards/ indicators for WASH in HCF.	Development of national strategy for WASH in HCF including hygiene promotion
2	No specific policy for WASH in HCF. Inclusion of gender sensitive WASH in HCF is not in the WASH Strategy.	Advocacy for Gender sensitive WASH in HCF
3	No set of standards for WASH in HCF	Advocacy for WASH in HCF in Operational Plan addressing hard to reach area & vulnerable groups
4	There is no specific allocation for WASH in HCF	Develop and Implement Action plan for operational and financial sustainability of services
5	There is no technical working group to work for WASH in HCF	Policy level advocacy among stakeholders to build technical working group
6	There are no specific roles and accountability for institutional WAH	Awareness raising among stakeholders
7	At sub - national level there is no committee for WASH in HCF	Activation of WASH in HCF committees at different level
8	There is no coordination body or any kind of committee for WASH in HCF	Establishment of national coordination body for WASH in HCF
9	No expenditure reports are publicly available	Establishment of budget allocation & expenditure reporting mechanism
10	There is no allocation for WASH in HCF	Preparation of segregated WASH budget
11	No budget utilization rate	Develop and establish reporting system
12	WASH in HCF planning is absent in operational plan	Preparation of Action Plan in each (national & sub national) governance level
13	No harmonized monitoring system and reporting mechanism about WASH in HCF	Establishment of harmonized monitoring mechanism
14	No set indicators to monitor the progress of WASH in HCF	Identify WASH in HCF indicators & include the indicators in MIS
15	WASH in HCF is not considered for joint sector review	Inclusion of WASH in HCF in joint sector review plan.
16	Absence of established sector learning process and absence of evidence /data	Conduct research/study to produce quality data and evidence based information.
17	No Training need assessment conducted yet to build up the capacity of staffs on WASH in HCF	Conduct training need assessment (TNA) for capacity development on WASH in HCF
18	No human resource strategy developed to identify the gaps and prepare capacity development plan	Development of training modules for Infection Prevention Control & BCC material
19	No training institute has capacity to deliver training on WASH in HCF	Development of training plan and execution of training plan
20	No monitoring indicators for WASH in HCF	Identification of WASH indicators & include the indicators in MIS

#### 2.8.3.2 Key Bottlenecks affecting all Sub sectors/thematic Groups

The following are some of the key bottlenecks identified for all subsectors. A detailed analysis for each sub sector and each bottleneck and governance function is provided in links.

#### Sustainable Services Delivery:

Priority actions to facilitate sustainable services delivery in Sylhet is a recurrent theme running through most of the thematic. Development of an Operation and Maintenance Strategy (Rural Water and Hygiene Thematic group); Establishment of of-inhouse water quality testing laboratory for City Corporations and Porashavas (Urban Water and Hygiene); Development of a common framework for contextualized service delivery model etc.

#### Planning, Monitoring and Review:

Activities related to contextualized planning to meet the diverse needs of the population of Sylhet Division ranging from the urban centers and hard to reach areas like the Haor and the tea gardens were highlighted. WASH Needs Assessment and Plan for Haor, tea gardens and ethnic people (Rural Water supply); Comprehensive Division Wide Water Supply plan with targets for woman and children and vulnerable groups (Urban Water and Hygiene); Development and Operalization of costed action plan reflecting the issues of Haor, Tea garden, Geo-hydrological challenges, climatic effect, gender and disability of Sylhet (Urban Sanitation); Private Sector Involvement Action Plan (Rural Sanitation and hygiene) Needs based planning tool development (WASH in Schools); Preparation of Divisional level Action Plan based on the National Plan (Wash in health Care Facilities).

The common concern about monitoring amongst all groups was indicated by the following priority actions from the different thematic groups: Technical support for integrated and functional MIS for urban water and hygiene (Urban Water Supply and Hygiene); Development of Government Led monitoring system (Urban Sanitation and Hygiene) Institutionalized Participatory Monitoring system (WASH in Schools); Identification of WASH in HCF indicators and Inclusion of Indicators in Management Information Systems and Development of National Standards (WASH in HCF); the need for joint reviews was emphasized

#### Sector Policy and Strategy:

Mechanism for technology selection and allocation taking into consideration climate change, gender and disabilities (Rural Water and Hygiene); Technical Assistance to review and disseminate urban water policy to include focus on peri-urban, tea garden, haor an vulnerable target groups, DRR and SDG alignment (Urban Water and Hygiene); Guideline and strategy for private sector involvement in WASH in Schools; Development of National Strategy for WASH in Health Care Facilities and domestication at the Divisional Level.

The priority actions that were identified address the current situation in which the national water and sanitation policy is outdated; a legal framework reflecting the need of Division level decision making is not available nor supported by a set of supporting documents and implementing decrees that provide clarity of roles and responsibilities, service norms and standards. This includes service norms for WASH in schools (WINS), Health Care Facilities and technical standards for sanitation and faecal sludge management. The existing Water policy and strategy doesn't adequately address "hard to reach areas", Haors, Tea Gardens, Ethnic minorities including coverage and service targets addressing 'safely managed' drinking-water services.

#### **Capacity Development:**

Common Priority Actions that were identified by the sector stakeholders were: Capacity Gap Assessment and Capacity Development Plan (Rural Sanitation and hygiene); Conduct Capacity Need Assessment and develop capacity building plan and training package for water testing, treatment, planning, financing, DRR and Water safety planning and implementation (Urban Water and Hygiene); Review City Corporation and Pourashava organogram, strengthen capacity and incentivize staff in remote areas like Haor (Urban Sanitation and Hygiene); Include Training Package for WASH in Schools in the sector Training Institutions; Development of Training modules for Infection Prevention Control and Behavior Change Communication (WASH in Health Care Facilities.

The prioritized actions from the Bottleneck analysis reflect the need to address the current situation in which WASH institutions have limited capacity to fulfill their sector roles and responsibilities for sustainable service delivery at scale, including the unavailability of necessary structures, harmonized Up to date tools especially for community mobilization and hygiene education, training, and incentives. This is especially true at Upazilas and Union Parishad level.

#### **Budget & Expenditure:**

The consultations indicated that financial flows and commitment are unpredictable, not separated and ring-fenced for WASH at Division level or any subsequent governmental tiers. The solutions identified to address this building block cover budgeting and accountabilities; as stakeholders consultations also indicated that a key bottleneck is the absence of a functional accountability mechanism between users such as Water User Groups, the different service providers in the Division (District Administration, and Division/National government (LGD, PSB, DPHE, DPE, DSHE & EED). Priority Recommended Actions include: Creation of a dedicated Operation and Maintenance Fund (Rural Water and Sanitation); Disaggregation of urban sanitation and hygiene budget and expenditure and need based block grant allocation (Urban Sanitation and Hygiene); Local level resource mobilization framework and financial needs assessment for different context (Urban Sanitation and hygiene); Needs based funding for construction, Operation and Maintenance and Hygiene Promotion (WASH in Schools).

#### **Communication:**

Stakeholder consultations indicated that some of the critical bottlenecks are related to the absence of mechanisms and functional structures at the divisional level to facilitate communication between policy makers and technocrats ofnational and sub-national level; between sectors such as health, WASH and education and at the community level. Priority actions ranged from strategies, IEC materials, Government orders and operationalization of existing committees such as the WATSAN committees.

Examples are activate WATSAN Committee by reviewing role and responsibility and incorporating performance based incentives (Rural Water and Hygiene); Development of Social Behavior Change Communication Strategy and execute Gob circular to ensure well-functioning WATSAN Committees (Rural Sanitation and Hygiene); Develop Sylhet Specific Communication Strategy and Behavior Change Communication Package for Religious Leaders, civil society for urban water and hygiene; Circulate a Government Order from Local Government Division to the Local Government Institutions about reporting and communication lines and capacity building of the WATSAN Committee (Urban Sanitation and Hygiene); Development of Accountability Framework and roll out at Division and District levels (WASH in Schools) and Establishment of National and Division level coordinating body for WASH in HCF.

#### **Cross cutting issues:**

Priority actions to address gender, disabilities, and inclusion and climate change adaption issues were integrated into the priority actions of the various sector building blocks rather than as separate issues. For example, develop and introduce regulatory mechanisms for technology selection and sitting while considering climate change, gender, disabilities (Rural Water and Sanitation); review & disseminate existing policy to ensure specific focus on urban and peri-urban water and hygiene; Sylhet specific hard to reach area, tea garden, haor, target group-gender & vulnerable, DRR and aligned with SDG; an integrated and functional MIS for urban water and hygiene and common indicators include gender, age, disability and aligned with SDG 6.1 (Urban water and hygiene); costed action plan for policy and legal framework reflecting the issues of Haor, tea garden, geo-hydrological challenges, climatic effect, gender issue, inclusion, disability (Urban Sanitation).

### 2.8.3.3 High Priority Activities to remove Bottlenecks:

The Sub - Sector Working Groups scored all activities in relation to their importance and identified Priority Activities, related implementation costs (BDT, lump sum option) and timeline for implementation within the 2019 and 2020 and 2020 to 2025 in alignment with the national planning process and five year plans.

The tabular presentation entails prevailing bottlenecks, causes of bottlenecks, priority activities to remove bottlenecks, priority level, time-line, costs and the identified organizations in carrying out the activities.

Rigorous exercises have been carried out through a participatory process which ensured active participation of the stakeholders of the WASH Sector within Sylhet administrative division. The activity plan is the outcome of a high level of participation which confidently bring out the prioritized activities to overcome prevailing constraints, rather bottlenecks. However, costing for carrying out various activities are rather based on general assessment. It is only possible for those who have prior experience on different elements of cost estimates to perform a meticulous exercise. It is therefore conceded that these costing figures are just suggested as possible estimates and not to be seriously taken.

Table 2.8.9: Priority Costed Activities of 'Rural Water Supply and Hygiene' thematic area for Sylhet Division

		Rural Water and Hygiene								
		0		D:	Costs	D				
SI: No	Bottlenecks	Causes of Bottlenecks	Priority Activity	Prior- ity	2019 - 2020	2021 - 2025	Responsi- bility			
1	Appropriate Operative and Finical Management Strategy Missing Right & responsibility are not clearly delineated	Importance and complexity of 0 & M issues are not prioritized and realized	Develop context specific comprehensive Operation and Maintenance strategy	High	30,000,000	0	LGD, PSB			
2	Existing coordinating body (WATSAN) are not Functional	Lack of interest and incentive decision making is centralized	Activate WATSAN commit- tee by reviewing role and responsibility and incorpo- rating performance-based incentives	High	5,000,000	0	District admin, LGD, PSB			
3	No harmonized process for selection & service delivery model in place	No well-regulated harmonized mechanism for technology selection and setting in consideration with climate change, gender, disabilities.	Develop and introduce regulatory mechanism for technology selection, siting considering climate change, gender, and disabilities.	High	250,000,000	250,000,0000	LGD			
4	No tariffs structure for Operation and Maintenance	Importance of complexity of operational and maintenance are not prioritized and realized	Create dedicated Operation and Maintenance fund	High	250,000,000	0	LGD			
5	No Context & need base assessment in place (Hilly, Haor, Tea garden, disabili- ty, ethnic group etc.	Context specific need assessment not prioritized	Conduct WASH needs assessment & plan for Hoar, tea garden, ethnic people	High	25,000,000	25,000,000	DPHE			
6	No private sector capacity exists to deliver safely managed for water	Absence of skilled development institute	Develop and implement com- prehensive WASH training package for public, private, user committee etc.	High	250,000,000	250,000,000	DPHE			
		Total			810,000,000	2,775,000,000				

Table 2.8.10: Priority Costed Activities of 'Rural Sanitation and Hygiene' thematic area for Sylhet Division

			Rural Sanitation and Hyg	iene			
SI:	Bottlenecks	Causes of Bottle-	Priority Activity	Prior-	Cost	Responsi-	
No	Dottieffecks	necks	Phonty Activity	ity	2019-2020	2021 - 2025	bility
1	Lack of active representation.	,, ,		High	2,200,000	2,500,000	District admin, DPHE, PSB UNICEF
2	No functional coordination body or mech- anism	Less interest and lack of resources to make it functional	Circulate a GO from LGD to the LGIs for reporting procedure (WatSan Committee should be reportable to TLCC-Town Level Coordination Committee) and strengthening their capacity of TLCC based on the Capacity Need Assessment (CNA)	High	1,500,000	1,700,000	DPHE, PSB UNICEF, District admin
3	No disaggregated budget	No channelized budget from national to local level as WASH budget	Advocacy and influence at national level policy and decision makers for dis-aggregation		3,100,000	4,500,000	District admin, DPHE, PSB UNICEF
4	Lack of active representation.	Lack of resources and emphasis on the traditional services and practice	Facilitate local level financial need assessment on urban sanitation and hygiene followed by directives from the respective line ministry. Formulation and orientation of local level resource mobilization framework like (Tax, Block grant, MFIs, PKSF loan)	High	1,500,000	2,100,000	District admin, DPHE, PSB UNICEF
5	No functional coordination body or mech- anism	Less priority and interest, HR, finance, lack of advocacy and influence by sector actors	Development and implementation of local level sanitation and hygiene plan reflecting the special need of female, children, disability, Haor, climate change and tea garden of Sylhet Division and advocacy for feed into national level plan. 40% achieved by 2020 and 60% achieved by 2021-25	High	8,500,000	6,000,000	District admin, DPHE, PSB, UNICEF
6	Lack of Govt. led monitoring system.	Lack of resources, less interest and prior- ity, lack of account- ability	Development of Govt. led monitoring system by reviewing existing related documents, context and provide orientation to the related stakeholders at Sylhet level	High	2,900,000	3,500,000	District admin, DPHE, PSB, UNICEF
7	Lack of capacity (Financial and skilled manpow- er) and lack of delegation of authority.	Less priority, no plan and budget for capaci- ty development.	City Corporation and Pourashova organo- grams review and revise with the approval from the respective authority and strength- ening their capacity plus incentivizing of retention of staff in remote area like Haor on urban sanitation and hygiene considering	High	1,300,000	1,700,000	District admin, DPHE, PSB, UNICEF
8	Not clearly identified the provision of fi- nancial resource allocation and priority setting.	Lack of capacity and skill	Development and operationalization of costed action plan for policy and legal framework reflecting the issues of Haor, tea garden, geo-hydrological challenges, climatic effect, gender issue, inclusion, disability of Sylhet Division	High	1,900,000	2,900,000	DPHE, UNICEF, District admin, PSB
9	Lack of private sector capacity.	Less business oppor- tunity, lack of invest- ment, no technical and financial support	City or Pourashova wide PPP led business plan for sanitation value chain and hygiene development and orientation to the related stakeholders. Initiate GO (Government Order) circulation from the respective ministry for creating business enabling environment	High	2,300,000	3,700,000	District admin, DPHE, PSB, UNICEF
		Т	otal		22,900,000	24,900,000	

Table 2.8.11: Priority Costed Activities of 'Urban Water and Hygiene' thematic area for Sylhet Division

			Urban Sanitation and Hygie	ene				
N. N.	D-#ll	Causes of Bottle-	Duissies Assistes	Duinuitus	Costs	Responsi-		
SI: No	Bottlenecks	necks	Priority Activity	Priority	2019-2020	2021 - 2025	bility	
1	Lack of active representation.	Lack of account- ability and commit- ment, transparen- cy, lack of enabling environment programme for political leaders to participate	Initiate advocacy programme for political leaders to sensitize for urban sanitation and hygiene considering other factors like inclusiveness, climate resilient, gender, equitable budget allocation, disability	High	2,200,000	2,500,000	2,500,000 District admin, DPHE, PSB, LGD, UNICEF	
2	No functional co- ordination body or mechanism	Less interest and lack of resources to make it func- tional	Circulate a GO from LGD to the LGIs for reporting procedure (WatSan Committee should be reportable to TLCC-Town Level Coordination Committee) and strengthening their capacity of TLCC based on the Capacity Need Assessment (CNA)		1,700,000	DPHE, PSB, UNICEF, District admin		
3	No disaggregat- ed budget	No channelized budget from nation- al to local level as WASH budget	Advocacy and influence at national level policy and decision makers for dis-aggregation of urban sanitation and hygiene budget and expenditure as well with the provisioning of need based block grant allocation considering local context of Sylhet Division	High	3,100,000	4,500,000	District ad- min, DPHE, PSB, LGD, UNICEF	
4	No financial need assessment and no institu- tional resource mobilization framework	Lack of resources and emphasis on the traditional ser- vices and practice	Facilitate local level financial need assessment on urban sanitation and hygiene followed by directives from the respective line ministry. Formulation and orientation of local level resource mobilization framework like (Tax, Block grant, MFIs, PKSF loan)	High	1,500,000	2,100,000	District ad- min, DPHE, PSB,LGD, UNICEF	
5	Absence of urban sanitation plan.	Less priority and in- terest, HR, finance, lack of advocacy and influence by sector actors	Development and implementation of local level sanitation and hygiene plan reflecting the special need of female, children, disability, Haor, climate change and tea garden of Sylhet Division and advocacy for feed into national level plan. 40% achieved by 2020 and 60% achieved by 2021-25			6,000,000	District ad- min, DPHE, PSB, LGD, UNICEF	
6	Lack of Govt. led monitoring system.	Lack of resources, less interest and priority, lack of accountability	Development of Govt. led monitoring system by reviewing existing related documents, context and provide orientation to the related stakeholders at Sylhet level	High	2,900,000	3,500,000	District ad- min, DPHE, PSBLGD, , UNICEF	
7	Lack of capacity (Financial and skilled manpow- er) and lack of delegation of authority.	Less priority, no plan and budget for capacity develop- ment.	City Corporation and Pourashova organograms review and revise with the approval from the respective authority and strengthening their capacity plus incentivizing of retention of staff in remote area like Haor on urban sanitation and hygiene considering	High	1,300,000	1,700,000	District ad- min, DPHE, PSB, LGD, UNICEF	
8	Not clearly identified the provision of financial resource allocation and priority setting.	Lack of capacity and skill	Development and operationalization of costed action plan for policy and legal framework re- flecting the issues of Haor, tea garden, geo-hy- drological challenges, climatic effect, gender issue, inclusion, disability of Sylhet Division	High	1,900,000	2,900,000	DPHE, UNICEF, District ad- min, PSB, LGD,	
9	Lack of private sector capacity.	Less business opportunity, lack of investment, no technical and financial support	City or Pourashova wide PPP led business plan for sanitation value chain and hygiene develop- ment and orientation to the related stakeholders. Initiate GO (Government Order) circulation from the respective ministry for creating business enabling environment	High	2,300,000	3,700,000	District ad- min, DPHE, PSB, LGD, UNICEF	
			Total		22,900,000	24,900,000		



Table 2.8.13: Priority Costed Activities of 'WASH in School' thematic area for Sylhet Division

		WASH in School								
Cl. Na	Dottley calco	Causes of Pulsarity Astinity	Duit a vide a A setivide a	Deignitu	Costs (BTD)		Responsi-			
SI: No	Bottlenecks	Bottlenecks	Priority Activity	Priority	2019 - 2020	2021 - 20125	bility			
1	Allocation are not need based	TBC	Develop need based plan- ning tools and allocate as per need	High	800,000	800,000	DPHE, UNICEF, LGD			
2	Less involvements of concerned experts in setting standard	ТВС	Develop comprehensive op- erational guidelines involving concerned experts	High	40,000,000	40,000,000	DPHE, UNICEF, LGD			
3	No accountability framework exists for WinS for different stakeholders	TBC	Development of accountability framework to be rolled out for schools (Both Primary and secondary) with special emphasis on Hard to Reach (HtR) areas at Division and District levels under Sylhet Region	High	5,000,000	5,000,000	DPHE, UNICEF, LGD			
4	No provision for encouraging private sector	TBC	Develop & Disseminate guide- line and strategy to involve private sector in WINS	High	1,000,000	1,000,000	DPHE, LGD, UNICEF			
5	No human resource development strategy exist in education sector for WinS	TBC	Capacity assessment of human resource needs and develop a comprehensive human resource strategy/ action plan.	High	15,600,000	15,600,000	DPHE, UNICEF, PSB			
6	No existence of such institu- tions at sub national level for capacity development	TBC	Include WINS training package for all training institutions	High	10,800,000	10,800,000	DPHE, LGD, UNICEF			
		Total			73,200,000	73,200,000				



Table 2.8.14: Priority Costed Activities of 'WASH in Health Care Facilities' thematic area for Sylhet Division

		WASH	I in Health Care Facilities	5				
SI: No	Bottlenecks	Causes of Bottle- necks	Priority Activity	Prior- ity	Costs 2019-2020	(BDT) 2021 - 2025	Responsi- bility	
1	There is no specific policy for WASH in HCF; though WASH is included in National Health Policy & National Wash Strategy but no specific set standards/ indicators for WASH in HCF.	WASH in HCF is not a priority for policy makers in the sector develop- ment plan WASH in HCF is not mentioned as priority	Development of national strategy for WASH in HCF including hy- giene promotion	High	0	8,000,000	District admin, LGD, PSB, DPHE, UNICEF	
2	There is no coordination body or any kind of commit- tee for WASH in HCF	Stakeholders & policy makers are unaware about the importance of WASH in HCF for infection prevention or nutrition.	Establishment of national coordination body for WASH in HCF	High	160,000	0	District admin, LGD, PSB, DPHE, UNICEF	
3	WASH in HCF planning is absent in operational plan	Lack of priority for WASH in HCF in planning of operational Plan of GoB	Preparation of Action Plan in each (national & sub national) governance level Development of standards for WASH in HCF	High	4,000,000	0	District admin, LGD, PSB, PSP, DPHE, UNICEF	
4	No set indicators to monitor the progress of WASH in HCF	No Monitoring plan for WASH in HCF In the sector development plan WASH in HCF is not focused	Identify WASH in HCF indicators & include the indicators in MIS	High	8,000,000	0	UNICEF, DP, District ad- min, DPHE, LGD, PSB	
5	No human resource strategy developed to identify the gaps and prepare capacity development plan	No TNA conducted to assess the training needs WASH in HCF is not a priority	Development of training modules for Infection Prevention Control & BCC material	High	16,000,000	0	District ad- min, DPHE, LGD, PSB, UNICEF	
		Total			28,160,000	8,000,000		



## 2.8.3.4 Conclusion, Recommendations and Next Steps

#### **2.8.3.4.1 Conclusions**

Considerable progress has been made in WASH services delivery through the efforts of dedicated and committed government officials at national and sub-national levels in Sylhet Division. However, some challenges remain and were identified through a comprehensive stakeholder consultative process, the identified bottlenecks were related to the following key aspects.

The enabling environment: The poor implementation and compliance with sectoral policies at national and sub-national levels) non- existent strategies/guidelines for operation and maintenance of water and sanitation facilities; inadequate planning/budgeting for WASH in schools and health care facilities by national and sub-national governments) weak capacity, especially at sub-national levels; absence of monitoring systems; poor communication between national and sub-national government institutions and with communities and insufficient division wide time-bound plans and poor engagement of the private sector in delivery of WASH services; and an absence of a functional regulatory institution for WASH services and an accountability framework for water quality testing

**Services Delivery**: Absence of low-cost appropriate water and sanitation technologies for the Hoar and Tea Gardens; inadequate WASH services in education, health and nutrition institutions and communities, along with low accessibility to persons with disabilities; poor adherence to technical guidelines and absence of water quality testing facilities. Poor adherence to the existing national standards in WASH services provision.

**Behaviour Change Communication:** Poor knowledge of menstrual hygiene and poor menstrual, personal and water hygiene practices; poor adoption of alternative technologies for water supply and water treatment; slow uptake of improved sanitation facilities and poor hygiene practices by carers and caregivers in WASH in HCF.



The multi-sectoral stakeholder analysis has identified priority costed short and medium-term actions with estimated costs to address the key WASH challenges in Sylhet Division. These priority actions range from the simple one such as issuing of Government Instructions to more complex ones such as development of policies at National level and domestication at divisional level in line with the SDGs of WASH, Health and Education. The selected actions emphasize the importance of addressing Sylhet specific challenges of Haor, tea gardens, females and disabled and communication between sub-national and national level technocrats and policy makers.

#### 2.8.3.4.2 Recommendations

To implement these priority actions, it is recommended that:

Divisional level report is shared with all key stakeholders though the Local Government Division and Divisional Commissioners office
The Local Government Division in collaboration with the Divisional Commissioner's office with the support of UNICEF organizes a sub-national level dissemination and multi-sectoral stakeholder workshop of the bottleneck findings to facilitate integration of the actions in the Annual Development Programme (ADP) for 2019

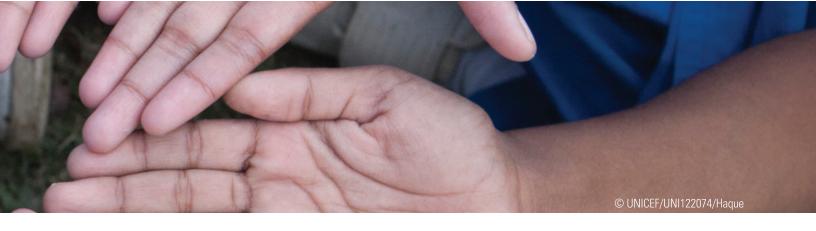
Liaison with the Ministry of Finance to facilitate incorporation of the priority activities in the Annual Development Budget for 2019 and 2020 and budget allocation for the post 2020.

The Local Government Division organizes a multi-stakeholder workshop at National Level to validate and incorporate the priority actions in the current 5 year plan and for the 8th 5 year plan

### 2.8.3.4.3 **Next steps**

Dissemination of report by Divisional Commissioner office and national level through Additional Secretary, Water Wing of Local Government Division





# 2.8.4 Link to thematic Groups reports:

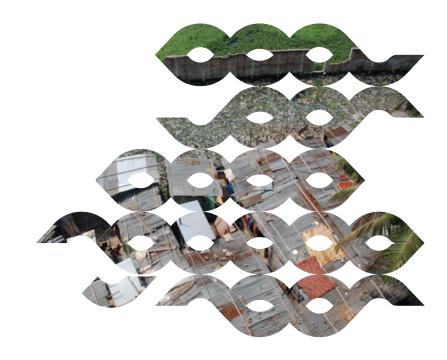
SI No.	Thematic Groups		Thematic Groups Link		Link
1	Rural Water and hygiene	:	https://www.dropbox.com/s/zdx5wworpig1z2n/Final%20report%20Sylhet_Rural_Water_Washbat%20Analysis%20.doc?dl=0		
2	Rural Sanitation and Hygiene	:	https://www.dropbox.com/s/vhi5mqm81nns84u/Reporting%20Tamplate%20_Rural_Sanitation%20Washbat%20Analysis%2020%20Sep-2018.doc?dl=0		
3	Urban Water and Hygiene	:	https://www.dropbox.com/s/gibx61ps99ty0b4/Reporting%20Tamplate%20_Urbanl_WaterWashbat%20Analysis%20-%20Sylhet.doc?dl=0		
4	Urban Sanitation and Hygiene	:	https://www.dropbox.com/s/qw9hqb4vspvujz8/WASHBAT%20Report%20_%20 Sylhet%20workshop_Urban_Sanitation%20Washbat.doc?dl=0		
5	WASH in School		https://www.dropbox.com/s/xyl49s2mdc5mipz/Reporting%20Tamplate%20_School_%20Washbat%20Analysis%20.doc?dl=0		
6	WASH in Health care		https://www.dropbox.com/s/z0bncxre6dbssuj/Report%20_HCF%20_Bangladesh_%20Sylhet_Washbat%20Analysis%20.doc?dl=0		

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# **PART THREE-ANNEXES**



# **PART-THREE Annex-1**

# **WASHBAT Generic Workshop Agenda**

# **Agenda Day 1: Building Blocks**

# Date:

Time	Session/Theme	Method / Resource Person
08.00- 08.30	Registration of Participants	
08.30 - 09.30	(Forming Workshop Group) Introduction: SDG and beyond: Status, Challenges, Opportunities of WASH in Bangladesh and how to link WASHBAT to sector policy planning Opening Remarks	TBC TBC High level governmental national representative Presentation, Plenary
09.30 – 10.30	Why WASHBAT? Overview of WASH Bottleneck Analysis Tool and Methodology 0&A	TBC Presentation, Plenary
10.30 – 11.00	WASHBAT Workshop Practicalities, Housekeeping, Expectations: Group rules	LEAD Facilitator Facilitated Open Space Session, Plenary
11.00- 11.30	Tea break	
11.30 – 13.00	Building Blocks: Award and Score: Adjusting and scoring of criteria	Sector Groups with ditierentiation in 6 Thematic Groups Rural water & hygiene; Rural sanitation & hygiene; Urban water & hygiene; Urban sanitation & hygiene; WASH in Schools; and WASH in Health Care Facilities. Group work
13.00 – 14.00	Lunch Break	
14.00 – 15.30	(Group Energizer) Building Blocks, cont.: Award and Score: Adjusting and scoring of criteria	Sector Groups with ditierentiation in 6 Thematic Groups Group work
15.30 – 17.00	Stakeholder Analysis and Mapping	Sector Groups with ditierentiation in 6 Thematic Groups Group work
17.30 – 18.00	Reporting Back: Findings, Diticulties, Progress: Sector Group Feedback Discussion	Brief Reporting on Progress of Group Work Presentation by Group Facilitators, Plenary
18.00	Finishing off: Finalizing/review of software documentation Planning of next day	Group Facilitators/Note takers only

# **Agenda Day 2: Bottlenecks**

# Date:

Time	Session/Theme	Method / Resource Person
08.00 - 08.30	Registration of Participants	
08.30 - 09.00	Understanding WASH Botilenecks: Introduction into identifying bottlenecks and their causes Q&A	LEAD Facilitator Presentation, Plenary
09.00 – 11.00	WASH Botilenecks in Detail: Assessment and Causes: Identifying sub sector specific bottlenecks and their causes	Sector Groups with ditierentiation in 6 Thematic Groups RWH; RSH; UWH; USH; WASH in Schools; and WASH in HCF. Group work, Meta Plan moderation
11.00 - 11.30	Tea break	
11.30 – 13.00	WASH Botienecks in Detail: Assessment and Causes, cont.: Identifying sub sector specific bottlenecks and their causes	Sector Groups with differentiation in 6 Thematic Groups Group work
13.00 – 14.00	Lunch Break	1
14.00 – 15.00	(Group Energizer) WASH Botolenecks: Feedback and Identification of Overlaps	Group Preparation of Bottleneck Feedback per Function Presentation by each Working Group Facilitator on major bottlenecks and identification of overlaps Plenary, Meta Plan moderation
15.00 – 15.30	How to remove WASH Botolenecks? An Introduction	Introduction into group work on activities to remove bottlenecks LEAD Facilitator Plenary, presentation
15.30 – 17.30	Removing Botolenecks 1: Activities: What does it take to remove bottlenecks? Identification of activities, responsibility, and timeline	Identification of activities to remove bottlenecks per sub sector Sector Groups with differentiation in 6 Thematic Groups Group work
17.30 – 18.00	Reporting Back: Findings, Diffculties, Progress: Sector Group Feedback Discussion	Brief Reporting on Progress of Group Work Presentation by Group Facilitators, Plenary, "Caravan"
18.00	Finishing off: Finalizing/review of software documentation Planning of next day	Group Facilitators only

# **Agenda Day 3: Planning and Way Forward**

## Date:

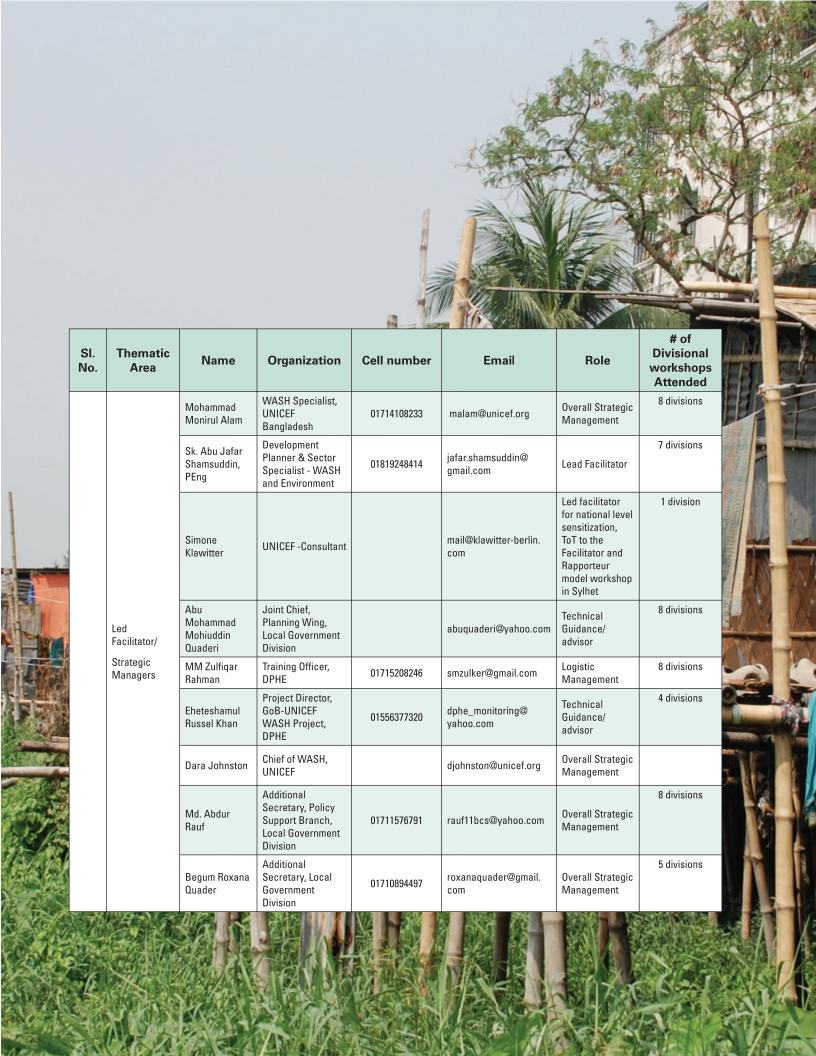
Time	Session/Theme	Method / Resource Person
08.00 - 08.30	Registration of Participants	
08.30 – 10.30	Removing Botolenecks 1, cont.: Top 5 Ranking of Activities: What are the most important Activities to take up? Ranking of Top 5 Activities and Identification of activities, responsibility, and timeline (for each sub sector)	Plenary Sector Groups with differentiation in 6 Thematic Groups RWH; RSH; UWH; USH; WASH in Schools; and WASH in HCF. Group work
10.30 – 11.00	Tea break	
11.00 – 13.00	Removing Botoenecks 2: Glimpse at Costing of Interventions and Fund Allocation Identification of costs, financing, and priority for additional funding	Group Preparation of Bottleneck Feedback (Meta Plan) Presentation by each Working Group on activities to remove bottlenecks and identification of overlaps, esp. for costs and financing Plenary, Meta Plan moderation
13.00 – 14.00	Lunch Break	
14.00 – 15.30	(Group Energizer) Development of Overview: WASHBAT Findings: Identification and summary of main sub sector related findings and recommendations	Group preparation of Summary for each Sub Sector Summary Presentation by each Working Group Group work, development of ppt per sub-sector and theme
15.30 – 16.30	Cont. WASHBAT Findings: Carnival Walk by the dignitaries : Final Presentation and feedback	Presentation of main findings by each group Plenary
16.30 – 17.00	Where do we take it from here? Summary	LEAD Facilitator
	Conclusions and policy recommendations on priority	Summary Presentation of priorities/ policy
	activities	recommendations on priority activities
	Discussion	Presentation
17.00 – 18.00	WASHBAT Outlook and Closure: Following up, and obtaining government endorsement	Presentation on next step  LEAD Facilitator  Governmental representative (Division level)
18.00	Finishing off: Finalizing/review of software	
	documentation  Planning of final reporting, communication of findings  etc.	Group Facilitators, LEAD Facilitator

# **Annex 2**

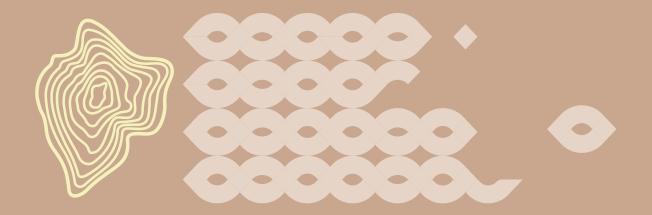
## **WASHBAT Bangladesh: List of Facilitators/Rapporteur**

SI. No.	Thematic Area	Name	Organization	Cell number	Email	Role	# of Divisional workshops Attended
		Sayed A.H Sunny	Program Officer, Asia Arsenic Network Bangladesh	01715280889	sayedsunny@ymail.com	Facilitator /core team member software trouble shooting	8 divisions
		Engr. Md. Abdul Alim Gazi	Assistant Engineer, DPHE	01719393707	engr.alim2k5ce@gmail. com	Rapporteur	6 divisions
1	Rural Water and Hygiene	Mohammed Golam Muktadir	Executive Engineer, DPHE	01713851598	miltonbuet@yahoo.com	Facilitators	2 divisions
		AHM Khalequr Rhman	Executive Engineer, DPHE	01921083093	hasnat.dphe@gmail. com	Rapporteur	3 divisions
		Nargis Akter, PEng.	WASH Officer, UNICEF	01713066347	nakter@unicef.org	Facilitator	3 divisions
		Aklima Khatun	Hygiene Specialist, Water & Sanitation for the Urban Poor (WSUP)	01711232154	akhatun@wsup.com	Rapporteur	6 divisions
2	Rural Sanitation and Hygiene	Sanjoy Mukherjee	Independent Consultant	1713036792	sanjoymukherjee1967@ gmail.com	Facilitator	6 divisions
	Trygiene	Md. Rezaul Karim	Regional Manager, Asia Arsenic Network Bangladesh	01711402009	razu_karim@yahoo.com	Rapporteur	2 divisions
		Md. Wali Ullah	UNICEF-Consultant (Ex Chief Engineer, DPHE)	01712138202	wullah01@yahoo.com	Facilitator	8 divisions
3	WASH in	Dr. Abu Syem Md Shahin,	Health Coordinator, International Rescue Committee	01793593980	Abu.Shahin@plan- international.org	Facilitator	4 divisions
3	Health Care Facilities	Dr. Israt Jahan	Epidemiologist, DGHS, MoHFW	01712102929	shrmy.rhino@gmail.com	Rapporteur	8 divisions
		Dr. Soumen Sarker	Medical Officer, DGHS	01742412367	saumensarker.mmc@ gmail.com	Rapporteur	8 divisions

SI. No.	Thematic Area	Name	Organization	Cell number	Email	Role	# of Divisional workshops Attended
4	Urban Sanitation and	Dipok Chandra Roy	Consultant, WASH Section, UNICEF Bangladesh	01711457674	droy74bd2000@yahoo. com	Facilitator / core team member software trouble shooting	8 divisions
	Hygiene	Md. Azizur Rahman	Assistant Director (Research), ITN- BUET	01725021312	azizur.14@gmail.com	Rapporteur	2 divisions
		Engr. Uttam Kumar Roy, FCMA	Deputy Managing Director, Dhaka WASA	01818393939	uttamkroy100@yahoo. com	Facilitator	8 divisions
		Dr. Farzana Begum	Research & Policy Lead, Water & Sanitation for the Urban Poor (WSUP)	01714068710	farzanab@wsup.com	Co-Facilitator	5 divisions
5	Urban Water and Hygiene	Mir Mahadi Hossain	Senior Community Officer & Head of Community Program and Consumer Relation Division, DWASA	01714396045	mmh7855@gmail.com	Rapporteur	8 divisions
		Tazrina Ananya	WASH Officer	01925786875	tananya@unicef.org	Co-Facilitator	2 divisions
		Md. Shofiqul Alam	WASH Specialist, UNICEF	1762172217	shalam@unicef.org	Co-Facilitator	1 division
		Md. Qausar Hossain	Education Officer, UNICEF	01711820791	mqhossain@unicef.org	Co-Facilitator	2 divisions
		Md. Rahmatullah Faruque	National Coordinator-WASH & DRR, Terre desh homes Foundation	01716063236	washco@bd.tdh.net	Facilitator	4 divisions
		Mahfuj-ur Rahman	Equity and Rights Specialist, Water Aid Bangladesh	+880 1711601460	mahfujurrahman@ wateraid.org	Co-Facilitator	1 divisions
		Sohel Ahmed	Asst. Coordinator (M&E), EPRC	01912002701		Rapporteur	4 divisions
6	WASH in Schools	S.M. Moniruzzaman	National Consultant, Policy Support Branch, Local Government Division	01711301745	zamansmmonir@yahoo. com	Rapporteur/ Admin and logistics Management	8 divisions
		Syed Adnan Ibne Hakim	WASH Officer, UNICEF Bangladesh	01720285772	saihakim@unicef.org	Rapporteur	2 divisions
		Moustapha Niang	WASH Specialist, UNICEF Bangladesh	+8801797567589	mniang@unicef.org	Co-Facilitator	1 divisions
		Furqan Ahmed	WASH Officer, UNICEF Bangladesh	01713244614	fuahmed@unicef.org	Rapporteur	2 divisions
		Md. Masum Hossain	Field Team Leader, International Development Enterprises (iDE) Bangladesh	01712159834	masum.hossain@ ideglobal.org	Rapporteur	3 divisions



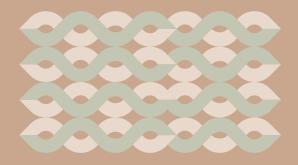




# Generic Check List

**Annex 3** 

**Towards Planning & Implementation of WASHBAT Workshops** 



# **WASHBAT** Divisional Workshop(s) – Generic Check List

SI. No.	Micro Events - Particulars	Start & End Time	Responsible Person/ Organization	Remarks	Status
Α.	Preparatory Phase of WASHBAT	Workshop Process			
1.	Orientation of government partners on WASHBAT and getting commitment & agreement on the country specific objective				
2.	Formulation of advisory group and ensuring their participation in the process				
3.	Training of potential facilitators and resource persons – the Resource Pool				
4.	Letter to employers for release and allowing these trained facilitators & resource persons in upcoming WASHBAT Workshops.				
5.	Engaging consultants for execution				
6.	Preparation & endorsement of broad -based overall Workshop(s) Program Schedule	Tentative dates –	Core management team	Draft - in application.	Draft - in Application
B.	Workshop Planning and Genera	al Management			
7.	Confirmation of dates of the workshop)	Six-weeks before commencement of workshop in line with the overall program schedule	Core management team		Division- wise
8.	Review and update the list of the facilitators, co-facilitators & rapporteurs for the upcoming workshop (to be known as Core Team)	Getting confirmation of the facilitators, co- facilitators & rapporteurs — Six Weeks before commencement of the workshop.	Core management team		
9.	Getting concerned Divisional Commissioner & his Office engaged for the particular Divisional	Six-Weeks before commencement of the workshop.	Division-wise formal official letter requesting Divisional Commissioner to implement the workshop as regional host		

10.	Orientation of the facilitators, co-	Three weeks' prior commencement of the workshop -	Designated core management	Day-long program	
11.	WASHBAT preparation meeting including travel & management - For a particular workshop	One week prior commencement of the workshop	Core management team	Half-day pprogram	
12.	List of Participants for the upcoming workshop – (a particular workshop)	Four weeks prior commencement of the workshop	Designated persons in core team	To be administered by Divisional Commissioner' s offce, & CFO	
13.	Formation of the six thematic groups in consultation with the complete list of the participants	One week prior commencement of the workshop	Core management team		
13.	Preparation of Workshop Budget (using standard budget items) by respective CFO & in consultation with Divisional Commissioners Office, (Unicef Dhaka to facilitate)	Four weeks prior commencement of the workshop	Unicef Dhaka & Field Office	Assist Divisional Commissioner' s Office (by CFO)	
14	Transfer of approved budgeted amount from Unicef Dhaka to respective CFO				
C.	Technical Aspects of the Worksh	юр			
15.				This activity	
	Review of agenda & schedule of earlier workshops and finalization of the Agenda & Schedule of the upcoming workshop	Four weeks prior commencement of the workshop	Core management team	will take into account the observations of the feed-back session of the previous workshop(s)	
16.	earlier workshops and finalization of the Agenda & Schedule of the	commencement of the		will take into account the observations of the feed-back session of the previous	
16.	earlier workshops and finalization of the Agenda & Schedule of the upcoming workshop  A brief background of the WASH status and demographic information of the concerned Division (primarily from secondary information) —	commencement of the workshop  Four weeks prior commencement of the	Respective WASH Section of regional Unicef; reviewed by	will take into account the observations of the feed-back session of the previous	
	earlier workshops and finalization of the Agenda & Schedule of the upcoming workshop  A brief background of the WASH status and demographic information of the concerned Division (primarily from secondary information) — About a page  Inclusion of hygiene and crosscutting critieria in sub-thematic	commencement of the workshop  Four weeks prior commencement of the	Respective WASH Section of regional Unicef; reviewed by	will take into account the observations of the feed-back session of the previous	

20.	Venue & Other Logistics:  (a) The overall venue should accommodate all participants and resource persons. In a quiet & pleasant environment.  (b) A large venue suitable for Plenary accommodating	Multiple numbers of such venue(s) should be identified six weeks prior to the proposed workshop;	CFO, Divisional Commissioner's Office	Unicef Zonal in close consultation with PSB to facilitate the process	
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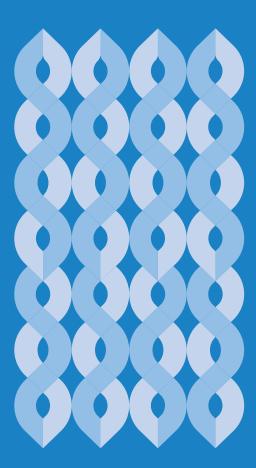
SI. No.	Micro Events - Particulars	Start & End Time	Responsible Person/ Organization	Remarks	Status
20.	Venue & Other Logistics:  (a) The overall venue should accommodate all participants and resource persons. In a quiet & pleasant environment.  (b) A large venue suitable for Plenary accommodating 100 persons, exhibits, multimedia and internet facilities; suitable for three thematic group works with continuous walls for use of Meta Plans;  (c) Three or two other rooms suitable for accommodating remaining three thematic group works (one each or, 2+1); with multimedia & internet facilities; with continuous wall for use of Meta Plan.	Multiple numbers of such venue(s) should be identified six weeks prior to the proposed workshop; Prior to confirmation a team comprising of: representative from PSB, Unicef Dhaka, Divisional Commissioner's office &Unicef Zonal need to make brief visit and firm up the venue.  Confirmation of the venue needs to be accomplished four weeks before the commencement of the workshop.	CFO, Divisional Commissioner's Office	Unicef Zonal in close consultation with PSB to facilitate the process	
D. 21.	Travel & Accommodation  Travel Plan and Accommodation for participation in the respective workshop: General:  (a) WASHBAT Nucleus: by forenoon of the preceding day of the workshop to get the venue set in line with the plan & spot brief meeting (including hotel management);  (b) WASHBAT Resource Persons (facilitators, cofacilitators, rapporteurs: by evening of the preceding day of the workshop and attend brief site meeting at the venue;  (c) All other participants: by evening of the preceding day of the workshop.  Travel: For non-local - Travel by Air and or, Road is to be centrally organized by: Unicef Dhaka in consultation with PSB;  For Local - organized/coordinated by CFO	As scheduled.  Respective Divisional Commissioner's Office with assistance from Zonal Unicef Office liaison with the Hotel (Venue) management for smooth check-in of the guests and participants. A complete list and room allocation plan is to be prepared beforehand.	CFO, Divisional Commissioner's Office; Travel Plan: Non local – Unicef, Dhaka Unicef, Local	Unicef Zonal in close consultation with Divisional Commissioner's facilitate the process	

SI. No.	Micro Events - Particulars	Start & End Time	Responsible Person/ Organization	Remarks	Status	
E.	Workshop Materials & Conduction of Workshop					
22.	Core Team Meet at 8:30 am on the workshop day – (Nucleus & Facilitators, Co-Facilitators, Rapporteurs)	8:30 am to 9:00 am	WASHBAT core team	Golden Rules		
23.	Workshop Materials: (i) Workshop Folder – Agenda & Schedule, Brief Note, WASHBAT Process, List of participants & respective thematic groups, (ii) A big diagram of Broad-based Building Blocks, Functions, & Process; (iii) Set of Function-wise Criteria – big sheet, (iv) Diagrams: Building Blocks & Selection of Functions, Identification of Bottlenecks, Causes, Removal of Causes – Activities, Time-line, Costing, Responsible organization etc. – in A3 Size	Ready before one week of the workshop	Core management	all participants One for each group — depicted on Meta Plan Wall One for each group One set for each group		
24.	Key Materials to Participants before the workshop					
25.	Key materials to facilitators before the workshop					
26.	Review and Feed-back of workshop activities – Day One	Before closing of the day	Core team	Core Team to meet at 5pm		
27.	Review and Feed-back of workshop activities — Day two	Before closing of the day	Core team	Core Team to meet at 5pm		
E	Technical Report Preparation and Subm	nission				
28.	Comprehensive Review & Feed-back of Workshop Activities	Following day of the workshop – 4 <sup>th</sup> Day	Core Team (all facilitators, cofacilitators, rapporteurs; Nucleus			
29.	Thematic Group wise report preparation and submission: (a) Word Version; (b) Uploaded soft version		Respective group Rapporteur & Facilitator;			
G.	Social Event					
30.	Social Event -	Evening of the 4th Day (following day of the workshop)	respective Zonal Office			
31.	Presentation of photographs as souvenir – to all participants & facilitators		PSB, Unicef			

SI. No.	Micro Events - Particulars	Start & End Time	Responsible Person/Organization	Remarks	Status
H.	Settilement of Travel & DSA				
32	Settlement of Travel & DSA Claim	Within one week after return	Non Local Participants — Individual Participant ; Unicef Dhaka Local Participants — Individual Participant; Divisional Commissioner's Office with assistance from Zonal Unicef		
H.	Dissemination of WASHBAT Ted	hnical Reports &	Resource Materials		
33.	Circulation of reports internally				
34.	Circulation of reports externally				
35.	Uploading resource materials & WASHBAT information on appropriate websites				
I.	Workshop Completion Report -	General			
36.	WASHBAT Workshop Completion General Report – for management & administrative purpose				









**VENUE: UTSHAB HALL, RADISSON BLU DHAKA** 

Water Garden DATE: 12 December 2019

**WASHBAT National Consolation** 



### **4.1 Introduction**

#### Climate change in the WASHBAT process in Bangladesh

With Bangladesh being prone to multiple climate change impacts, it is identified as one of the most vulnerable countries. These impacts are to a large extent felt through water: sea level rise and salinity intrusion, impacts on water quantity and quality, and increasingly intense and frequent hydro-meteorological disasters are undermining WASH outcomes. In the (WASHBAT) divisional level workshops, this became apparent: adverse impacts on drinking water access, resilience of sanitation infrastructure were discussed and acute water shortage as both groundwater and reserves are contaminated with salinity. The need for R&D for resilience of WASH infrastructures such as water supply & sanitation technology, came out prominently across different divisional-level workshops.

However, climate change and DRR issues, while present in their impacts, were not discussed in terms of a sector-wide policy response integrating environment and climate-change and WASH sectors or broader discussions of how to promote climate change adaptation in the sector. For this reason, the national-level WASHBAT consultation sought to start such a discussion and start to leverage the WASHBAT approach for a sector-wide climate change response. Jointly with SIWI, a "mini-WASHBAT" was conducted, to test newly developed climate change criteria, jointly with experts from the climate change, DRR and environment fields.



## 4.2 Mini WASHBAT with Climate Change Criteria

#### National consultation – Mini WASHBAT workshop on climate change

The mini-WASHBAT exercise on Climate Change and DRR used climate change standalone criteria and took place at the national WASHBAT consultation on 12th December 2019 in Hotel Radisson Blue, Dhaka. As per WASHBAT methodology, the session was divided into three parts: a. discussion on impacts of major disasters/climate events in Bangladesh identified in the divisional workshops; b. prioritization of the functions and analysis of criteria using four colour codes (green, blue, yellow/amber and red); and, c. identification of bottlenecks against the yellow/amber and red coloured criteria.

### **4.2.1 Prioritization of Functions and Colour Coding of Criteria**

After identifying jointly pathways of how climate change impacts communities through the WASH sector, participants prioritized seven functions, as per WASHBAT methodology.

#### The six prioritized functions were:

- · political leadership
- · sector policy and strategy
- planning and monitoring, evaluation & learning
- budget and financing
- · coordination; and
- · capacity building.

Planning and MEL was combined as one function by the participants. Among 7 priorities and 14 criteria, priorities under coordination and capacity building came as red coded and, 3 criteria were coloured as red and 9 as yellow by the participants.

Participants then prioritized the criteria under the functions and identified some bottlenecks to achieving these. The following table shows the results of the discussion.

## **Table 4.1 RED and YELLOW coded criteria and bottlenecks**

Functions	Criteria	Bottlenecks
Political Leadership	The country is a signatory to the United Nations Framework Convention on Climate Change and the Paris climate agreement and has set clear and realistic objectives of mitigation and adaptation.	adaptation and mitigation
	Community and traditional leaders are represented and committed to the national agenda addressing climate change.	elected leaders
Sectoral policy and strategy	Management strategies for e.g. drought, flood, salinity, cyclones and other climate hazards exist in the country and prioritize the use of water for human consumption over other uses in the event of scarcity. An early warning network is available.	Not decentralized based on different disasters and for different parts of the country
	Rigorous climate information exists in the country and is available at the appropriate temporal and geographical scales to inform water resource planning in the medium and long term. If this information exists it is effectively used to prioritize interventions in the water and sanitation sector.	No central data base compiling the information of all stakeholders/wide WASH sector
Planning	Market studies have been carried out that provide information on potential suppliers of sanitation products and services (toilets, emptying of septic wells, etc.) in the environments most at risk to climate threats. These studies include information on local adaptations that can be offered by certified providers.	Planning gap
Monitoring, evaluation & learning	Water resource monitoring systems are in place at the watershed level.	Lack of human resource; less accountability; lack of priority
Budget financing; and,	Funding criteria give weight to disaster risk reduction and climate resilience to be part of sustainable WASH's programming that is resilient against extreme and recurring weather events.	Inadequate budget allocation; less priority for WASH
	There is a comprehensive assessment of the cost of climate change mitigation and adaptation in the WASH sector under different scenarios (e.g. prolonged droughts and more frequent floods). Funding gaps are estimated based on comparing funding needs versus those received.	No accountability; less priority for WASH
Coordination	PRIORITY: There is an inter-ministerial coordination mechanism between departments responsible for environment and for water resources & sanitation.	Data are not shared, validated or in different format
	Climate change is integrated into WASH sectoral dialogues, joint sector reviews, information exchange and coordination meetings, thus strengthening collaboration between departments and agencies	Sanitation is not perceived as part of climate & environment agenda
	The water and sanitation sector is consulted at national and subnational level and actively participates in adaptation and mitigation processes.	Lack of clear roles & responsibilities; no mechanism at sub-national level to implement climate policies
Capacity building	PRIORITY: There is a comprehensive capacity development plan for climate resilience and risk assessment based on a needs assessment.	No need assessment conducted and no capacity development plan exist; different departments (e.g. DPHE) are not clear of what to do regarding climate change
	Local market resilience to climate impacts is enhanced and demand can be accommodated to during crises, whether slow-onset or sudden events.	Perception of having enough water; guidelines for climate resilient WASH are lacking – what are climate resilient options?
	Appropriate technology exists in the country to, in an environmentally sustainable manner, increase surface or underground water storage, to increase efficiency in distribution systems and to reuse water.	Water taken from ground — drought not realised as problem





### 4.2.2 Further Discussion Points and Suggestions for a Way Forward

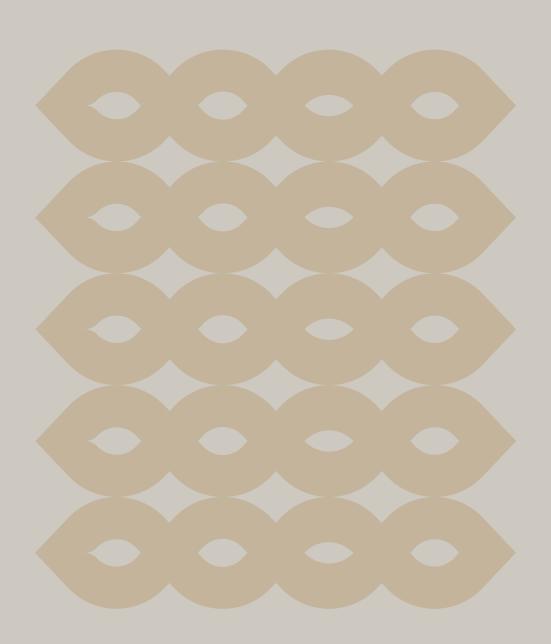
- Validated, and high quality data for use of different sectors was identified as a major obstacle for a coordinated climate change response that includes the WASH sector.
- Although there are sectoral indicators used in the annual budgeting and planning process, long term impact-prediction based
  indicators have not yet been included in the WASH sector. This is another area to consider People and institutions will need to
  have knowledge and technology to improve adaptation processes within the sector.
- Capacity building for DPHE regarding climate change response is needed. Suggestions included the clarification of the role of
  DPHE with respect to climate change, a capacity assessment regarding climate chagne and DRR in DPHE, and standards for
  climate resilient water and sanitation technologies. This point is also closely linked to the point above about access to quality data
  & climate services.
- Budget for WASH, financial flows and commitment are sometime unpredictable. Need for a local level resource mobilization framework and financial need assessment also funding increase through advocacy for WASH sector due to climatic change.
- Inter-sector coordination was discussed to strengthen collective action on climate change, including DPHE, DPE, ERD and DGHS.
- Water resource management issues, industrial and agricultural water use, and groundwater use came out strongly in the
  discussion. SIWI and UNICEF HQ are developing also WRM criteria and in a follow-up session, these should be included. This
  point also emphasizes the need to more engage with other, related sectors, such as agriculture, or environmnt.
- Criteria were discussed but participants had a hard time scoring as sometimes different elements with stark differences in performance were combined in one criterion (e.g. national and sub-national level; consultation vs active participation). Therefore, it is recommended that UNICEF convene a working session with climate change experts and DPHE focal points to further adapt the criteria.
- Impacts of climate change and disasters on WASH sector are not well docuemnted and analyzed. Post-disaster damage and losses have been captured in the JNA but the long-term impact analysis is missing.
- Criteria under the functions could to be reviewed from the perspective of geographical, economic and social vulnerabilities of communities. Based on the review the criteria can be aligned with climate change predictions and exisiting evidences.













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