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PUBLISHER

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VERSION

VoR (Version of Record)

PUBLISHER STATEMENT

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REPOSITORY RECORD

Rahman, Mustafizur, and Sudhir K. Ghosh. 2019. "Bangladesh Government's Commitment '100% Sanitation by 2010' : From Myth to Reality". figshare. <https://hdl.handle.net/2134/30711>.

32nd WEDC International Conference, Colombo, Sri Lanka, 2006

SUSTAINABLE DEVELOPMENT OF WATER RESOURCES, WATER SUPPLY AND ENVIRONMENTAL SANITATION

Bangladesh Government's Commitment '100% Sanitation by 2010' : From Myth to Reality

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In spite of widespread access to microbiologically safe drinking water the limited access to sanitation has undermined the expected health impact in Bangladesh. In 2003 the Bangladesh Government set a target of 100% sanitation by 2010, sharply ahead of the Millennium Development Goals target. Following the declaration of the Government's commitment, a base line survey was conducted involving Central Government, the Local Government Institutions, NGOs, development partners and communities. The survey revealed that only 33% of households were using a sanitary latrine. The Government's initiatives including the formation of a Task Force involving different administrative tiers, supporting the LGI adoption of pro-poor strategies, observation of a sanitation month, media campaigns, and the introduction of award system has dramatically raised the sanitation coverage to 78% by June 2006. This remarkable achievement gives rise to a sense of optimism that the target of 100% sanitation will be reached even before 2010.

Background

Access to water supply and sanitation is a fundamental need and a human right. Inadequate provision of safe drinking water and sanitation are directly and indirectly related to communicable disease, and environmental pollution. Sanitation is a fundamental to the prevention of a whole range of faecal-oral diseases including helminth (worm) infections. In Bangladesh it has been observed that in spite of tremendous progress in terms of providing microbiologically safe drinking water, the health impact has been limited. This is thought to be related to the limited access to adequate sanitation, which until recently has lagged far behind the progress made in safe water provision. Recognising the importance of sanitation, the Government of Bangladesh launched the 'National Sanitation Campaign' in 2003 with a declaration of 'Sanitation for all by 2010'. The Campaign is considered central to the reduction of child mortality and morbidity from water and sanitation-related disease, protection of the environment, and poverty reduction in Bangladesh. With the coordinated efforts of all government partners, non-government agencies and Local Government Institutions (LGI) the Local Government Division is committed to achieve the 'Sanitation for all by 2010' target.

Objectives of the National Sanitation Campaign

The National Sanitation Campaign consists of four main objectives:

1. Motivating the LGI and private organizations to achieve 100% sanitation coverage by 2010 in three stages (2005, 2008 and 2010).
2. Discouraging open defecation.
3. Social mobilization for ensuring use of sanitary latrines by all members of the family, and hand washing after defecation.
4. Special emphasis on promotion of personal hygiene, and capacity building of the communities.

Institutional framework

Statutory responsibility for the sanitation sector is vested in the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD & C), which shares with the Planning Commission the tasks of policy decisions, sector allocation and funding, as well as project appraisals, approval, evaluation and monitoring. Figure 1 shows the institutional arrangements for sanitation in Bangladesh.

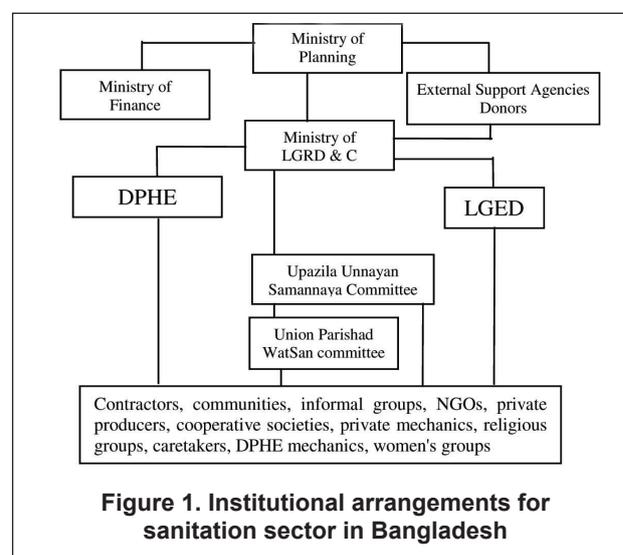


Figure 1. Institutional arrangements for sanitation sector in Bangladesh

At sub-ministerial level, the key actors within this institutional framework together with their roles and responsibilities are as follows:

- The Department of Public Health Engineering (DPHE) is responsible for planning, designing and implementing water supply and sanitation services in rural areas, Upazila (sub-district) towns and Pourashavas (municipalities). DPHE has supervisory staff at Zila (district) and Upazila levels and is represented at Union Parishad (UP— similar to a Parish Council) level by tubewell mechanics and masons. One executive engineer is assigned to each of the Zila offices.
- The Local Government Engineering Department (LGED) implements some water supply and sanitation (WatSan) activities as components of larger projects, although it has no WatsSan mandate.
- The Upazila Unnayan Samannaya Committees (Upazila Development Coordination Committees), Chaired in turn by Union Parishad Chairmen take responsibility for planning, implementation and evaluation at Upazila level. WatSan provision in the Upazila centres is the responsibility of the Upazila committees.
- Union Parishads are responsible for hygiene promotion and creation of awareness about environmental sanitation among the rural population. The Union Water Supply and Sanitation Committees, which exist in all Unions, are comprised of a Ward member as chairman, community leaders and DPHE representatives, and they play an important role in the distribution of tube wells and sanitary latrines. The Union Parishads co-operate with DPHE and Upazila committees in identifying households for government funded water supply and sanitation activities.
- Non-governmental organizations (NGOs) are active in sanitation programme financing and implementation in both urban and rural areas. NGOs endeavour to integrate community participation with hygiene promotion, water supply and sanitation. They mainly focus on village-level activities. Their widespread presence has offered opportunities for international donors and UN agencies including UNICEF to reach low-income rural and urban communities.
- The private sector has responded well to the demand stimulated by the Government’s sanitation programme. Latrine components like rings and slabs are widely available through private outlets along side DPHE sanitation centres. People in many rural communities are making their living producing latrine components and working as plumbers.

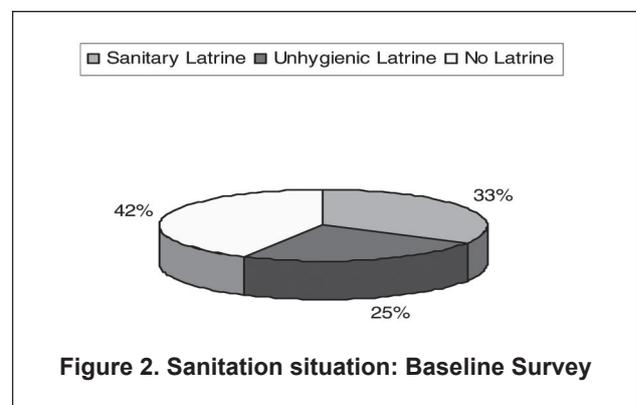
Government initiatives

The baseline survey, conducted during August and September 2003, had two main objectives:

1. To learn about the current sanitation scenario in the country i.e. the Union (Union Council), Upazila (Sub-District), District and national levels.

2. To set the target for achieving 100 percent sanitation at the different levels in three phases (2005, 2008 and 2010).

The survey was completed by the Local Government Division and it provided the baseline data for area-wise planning of sanitation programmes. The information collected in the survey confirmed that access to sanitation was indeed very low with only 33% of households using sanitary latrines (Figure 2). The baseline survey also revealed that about 31% of households would probably need a subsidy or similar financial help to be able to build a latrine, and about 4% of the population will require access to community latrines because they do not have land to construct latrines. Among the conclusions of the baselines survey it was observed that raising awareness about the importance of sanitation would not only stimulate demand for facilities but also motivate owners of unhygienic latrines to maintain them in hygienic condition.

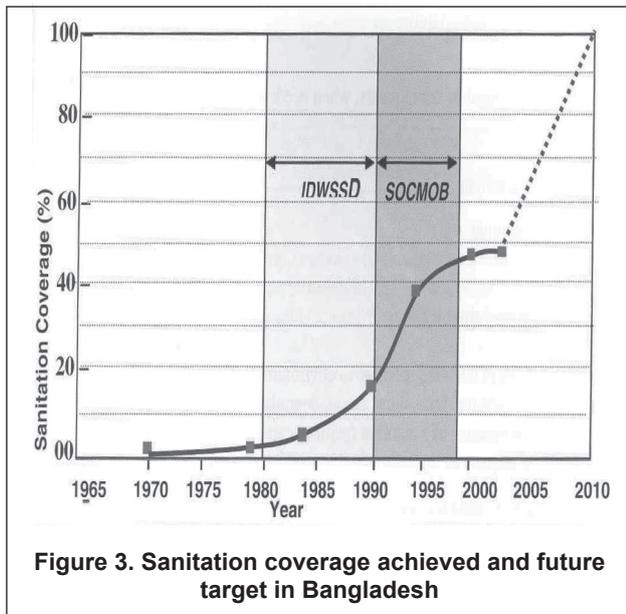


Implementing the National Sanitation Campaign

The National Sanitation Campaign has received an enthusiastic response from the people of Bangladesh. Access to sanitation over the last three decades and the projected increase needed to achieve total sanitation by 2010 is shown in Figure 3.

In order to achieve this target, the population with access to sanitation has to grow at a rate of about 9% per annum, as compared to the 2.5% increase envisaged to achieve the MDG target. The increase in sanitation coverage at a rate 3.5 times higher than the global rate of achievement is a challenging task but not impossible. There is already indication of success in the recent progress made in Bangladesh. It is suggested that this ambitious target can be reached if a high level of social mobilization can be maintained over the next four years. Undoubtedly this will require a massive sanitation campaign from national to village levels.

Central to the success to date of the National Sanitation Campaign has been high-level political commitment. A National Advisory Committee headed by the Minister for LGRD & Co-operatives, and a National Task Force headed by the



Secretary, Local Government Division were formed with definite terms of reference. Similarly committees at Upazila, Union and Ward levels have also been established.

The following sections outline some of the key features of the National Sanitation Campaign.

Development of National Sanitation Strategy

In the last working session on the Bangladesh country paper at the South Asian Conference on Sanitation (2003), it was agreed that a National Sanitation Strategy was essential; and that this would facilitate the preparation of a Plan of Action at local levels¹. Accordingly the National Sanitation Taskforce decided to develop the National Sanitation Strategy. The Strategy was designed to ensure its application and relevance to all socio-economic levels, rural and urban environments, and giving consideration to whether sanitation is an individual household system or a community effort. It emphasised effective demand creation through health education and hygiene promotion, ensuring individual and community actions, inclusion of the poor, emergency sanitation, and strategies for sustainability².

Poverty Reduction Strategy Paper 2005

In the process of developing the poverty reduction strategy paper 2005 (PRSP) the Government has acknowledged the potential of water supply and sanitation to reduce poverty. Since the national budget allocation and donor support will be provided as per PRSP in the future, the inclusion of WatSan as a separate chapter in the PRSP will help ensure adequate funds for sanitation services for all in Bangladesh.

Pro-Poor strategy for sanitation

The national baseline survey revealed that 31% of households do not having a latrine because of absolute poverty. In such cases the latrine components are being provided from the development grant fund and partly from the Government

sponsored National Sanitation Project. In January 2004, the government earmarked 20% of the Upazila Annual Development Programme (ADP) grant for sanitation and put it at the disposal of the Upazila and Union Parishads. It further earmarked 25% of this allocation for the motivational activities and the remaining 75% for subsidising the latrine hardware for the poorest households³.

Observance of a ‘Sanitation Month’

Since launching the National Sanitation Campaign in 2003, the month of October has been observed as the ‘Sanitation Month.’ During sanitation month diverse awareness raising and promotional activities are carried out at national through to ward level. Activities include seminars, processions, newspaper special supplements, and sanitation fairs.

Sanitation publicity programme

For increasing public awareness about sanitation several television information spots have been designed. These are being aired on both State and private channels. Documentary films are also being shown in cinemas at Upazila and District level.

Technology options and private participation

Simple, single pit (direct and offset) pour-flush latrines are the most commonly used in rural Bangladesh. Under the current programme a concrete slab with a plastic or cement pan is used, with two to five concrete rings as pit lining. The typical overall cost is about 380 Taka (US\$6), where the latrine consists of one concrete slab (Taka 130 / US\$2), and three reinforced concrete ring (Taka 85 / US\$1.30 each). The depth of the pit, and pit lining materials are determined by the user according to local conditions. For rural sanitation, DPHE has developed a low-cost pour-flush direct pit latrine that is being sold with only a nominal subsidy. These are manufactured in about 900 village sanitation centres (VSC) located at union and Upazila level.

As a consequence of the increased resource allocation and mass campaign for Sanitation, demand for hardware increased substantially. This has resulted in the widespread emergence of private producers to meet the demand for latrine components.

Monitoring and evaluation

A Sanitation Secretariat has been set up in DPHE with the aim of monitoring the implementation status, and dissemination of information. Sanitation activities are monitored through focal points at the ward level of the UP through Task Force Committees (TFC). Beside the Government’s own initiatives, NGOs and other social organisations are participating in the push to achieve 100% sanitation. Progress reports are initiated by the UP. They assess the performance of all the actors working on sanitation in a particular Union in monthly meetings and send the report to the Upazila TFC. They forward reports to the district level officer of DPHE and from there it goes to the Sanitation Secretariat. The Sanitation Secretariat sends the compiled report to Local Government Division.

Introduction of award system

An award system to recognise individual and collective achievement has been introduced. As recognition of 100% coverage achieved in Unions, the UP Chairmen are given an award at a well publicised ceremony held in Dhaka. Additional development grants are given to those UP that achieve 100% sanitation coverage, and in some instances UP Chairmen have been sent on overseas study tours to reward exceptional efforts.

Progress towards 100% Sanitation

The physical achievement and target up to June 2006 are shown in Table 1 and Figure 4.

Table 1. Progress on Sanitation (Latrine Coverage) from December 2004 to June 2006⁴

Location	Percentage of households with hygienic latrine up to June 2006			
	Dec. 2004	June 2005	Dec. 2005	June 2006
Rural Area	39%	57%	66%	78%
Municipality	64%	74%	80%	84%
City Corporation	73%	75%	78%	84%
Total	43.6%	59.5%	67.7%	78.6%

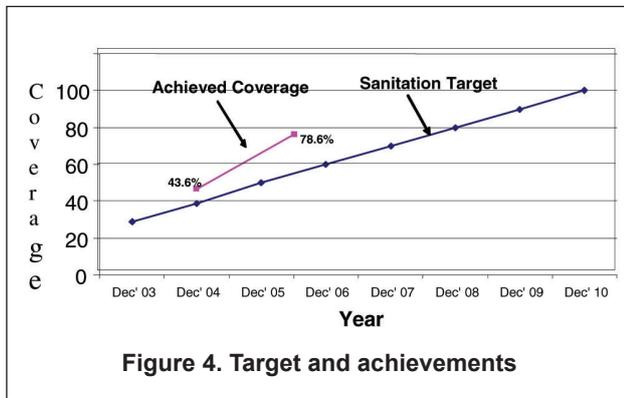


Figure 4. Target and achievements

Figure 4 clearly shows that progress towards total sanitation has consistently exceeded the average annual progress rate that is necessary to reach 100% coverage by 2010.

Lessons learned

- Political will and commitment of the Government has acted as a driving force for the rapid progress of the programme.
- Involvement of the Local Government Institute has facilitated the implementation of the sanitation campaign at grass root levels.
- Collaboration and good understanding among the Government, development partners, LGI, and NGOs has created a momentum of social mobilisation for sanitation.

- The base line survey revealed the sanitation situation along with household reasons for not having a sanitary latrine.
- The provision of targeted subsidies has helped the absolute poor to obtain a latrine.
- A kind of social peer pressure has been put on those communities and households that don't have latrines in spite of their ability to pay for sanitation.
- The introduction of awards for key actors has created a competitive atmosphere to achieve 100% latrine coverage within their respective jurisdictions.
- Communities did not give high priority to sanitation until they experienced the awareness raising activities.
- Local political influence causes some difficulty in identifying the absolute poor, which interferes with the subsidy delivery mechanism.
- A shortage of skilled labour has limited the progress towards 100% sanitation in some locations.

Conclusions

Total sanitation is necessary to maximise the health benefits from environmental health programmes based on water supply, sanitation and hygiene. It also has direct links with poverty reduction. Considering this, the Government of Bangladesh has set the target to achieve total sanitation by 2010 - far ahead of the Millennium Development Goals. However, achievement of total sanitation by 2010 for all and ensuring sustainability of these facilities represent an enormous challenge. In Bangladesh, the Government's political, combined with efforts made by the Department of Public Health Engineering, development partners, NGOs and Local Government Institutions has created a momentum for the National Sanitation Campaign. Even though there are resource constraints, the diverse initiatives taken under the Campaign has produced impressive results. Access to sanitary latrines has gone from 33% in September 2003 to 78% in June 2006. If the present trend of sanitation coverage is continued the goal of 'Sanitation for All' will be reached ahead of 2010.

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