Regional Workshop on Ecological Sanitation

Policy and Institutional Arrangement for Sanitation services in Bangladesh : A Decade of Rapid Movement towards MDG

Prashanta Saha
NGO Forum for DWSS
Md. Golam Rabbani
Senior Research Officer
Bangladesh Centre for Advanced Studies

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Background

- Sanitation impacts on human health is a global concern
- Over $ 50 billions spent for medial treatment of major water borne diseases in every year
- Poor are the hardest hit/victims by sanitation related diseases
- Significantly deteriorates during extreme events e.g. flood, cyclone etc
- Loss of income and productivity due to the diseases may push a poor family further into poverty and debt

International Commitments

- 8 MDGs endorsed by UN General Assembly in September 2000
- Two of these goals are directly related with Sanitation
  - ✓ Reduction in child mortality: reduce by two-thirds the under-five mortality within 2015 and improve the lives at least 100 million slum dwellers by 2020 through access to better sanitation
  - ✓ Ensuring environmental sustainability
- In the implementation plan of WSSD, nations agreed to pursue halving the figure of 2.4 billion people who don't have access to basic sanitation by 2015

CHANGING SITUATION IN WATSAN SECTOR
Of Concern

- ❖ Arsenic contamination in groundwater
- ❖ Rapid declining of groundwater table
- ❖ Increasing saline-water belt and water logging
- ❖ Increasing urbanization
- ❖ Special problems in the rocky and hilly areas
- ❖ Recurrent natural calamities
- ❖ Poverty, illiteracy and ignorance of people

Of Hope ----------

- ❖ Involvement of civil society increasing
- ❖ Formulation and/or ratification of need-based sectoral policies and strategies
- ❖ Commitment of GOB towards sector Promotion

Of Hope

- ❖ GO-NGO and NGO-Private Sector cooperation improving
- ❖ Focus on sanitation increasing
- ❖ Appropriate and low-cost technologies are being developed, field tested and promoted
- ❖ All stakeholders facing the challenges in a coordinated way

CURRENT WATSAN SITUATION AT A GLANCE – BANGLADESH

- ❖ 97.6% of the population have access to improved drinking water sources (piped water, public tap, borehole/ tubewell, protected well, protected spring or rain water).
- ❖ About 74% people drink arsenic and other pollution free safe water.

- The permissible level of arsenic in drinking water for Bangladesh determined by WHO is 0.05 mg/L
- The International Standard of permissible level of arsenic in drinking water determi-ned by WHO is 0.01 mg/L
- 61 districts have been affected with arsenic so far.
- 322 upazilas have been affected with arsenic so far.

- 28-35 million people are exposed to arsenic contamination (above 50 ppb).
- 46-57 million people are exposed to arsenic contamination (above 10 ppb).
- 84.73% households have hygienic latrines.
- 84.47% rural households have hygienic latrines.
- 87.59% households in Municipality areas have hygienic latrines.

- 84.38% households in City Corporation areas have hygienic latrines.
- 10,000 children under 5 die of diarrhoeal diseases in each year.
- On an average 342 u5 children die of diarrhoeal diseases everyday.
- 19.3% of the population are habituated to hand washing with soap after defecation.
- 40.6% of the population are habituated to hand washing with soil after defecation.

- 20% of the population are habituated to hand washing with ash after defection.
- 20% of the population are habituated to hand washing with only water after defecation.
- Every year Tk. 50 billion is spent for treatment of water-borne diseases in Bangladesh.

Source: National Sanitation Status, June 2007, Sanitation Secretariat, DPHE, Dhaka
key Findings, Progotir Pathey 2006, BBS/UNICEF

INFORMATION RELATED TO DIARRHOEA

- ❖ 22.5% households dispose under five (U5) children's faeces into latrine.

Mortality:

- ❖ 342 deaths of U5 children daily.
- ❖ 110,000 annual deaths of U5 children, 1 in every 4 deaths of U5 children.

Morbidity:

- ❖ 65 million episodes annually amongst U5 children, 3-5 annual episodes per U5 child, each episode lasts from 2-3 days up to 2 weeks or more

INFORMATION RELATED TO HYGIENE BEHAVIOUR

Coverage in Hand Washing:

After Defecation:

- With Water & Soap 19.3%
- With Water & Soil 40.6%
- With Water & Ash 20%
- With Water Only 20%

Disposal of Child's Faeces : Whose Stools are Disposed of Safely (%):

National and Divisional Level

- National 22.5%
- Urban 43.9%
- Rural 14.9%

National and Divisional Level -------

- Barisal 25.8%
- Chittagong 24%
- Dhaka 25.8%
- Khulna 24.1%
- Rajshahi 15.6%
- Sylhet 21.3%

ACCESS TO IMPROVED DRINKING WATER SOURCES (PIPED WATER, PUBLIC TAP, BOREHOLE/ TUBEWELL, ROTECTED WELL, PROTECTED SPRING OR RAIN WATER):

Disparity: Improved Water Sources for Drinking Purposes

- National 97.6%
- Urban 99.2%
- Rural 97.1%

Disparity: Improved Water Sources ---------

- Barisal 96.9%
- Chittagong 97.2%
- Dhaka 99.6%
- Khulna 91.7%
- Rajshahi 99.1%
- Sylhet 93.5%

Source: Key Findings, Progotir Pathey 2006, BBS/UNICEF

Top 10 Arsenic Contaminated Districts

Rank	District	Conta. (%)
1	Chandpur	93.00
2	Munshiganj	82.38
3	Brahmanbaria	81.36
4	Gopalganj	71.41
5	Noakhali	70.75
6	Lakshmipur	67.44
7	Barisal	64.54
8	Comilla	63.60
9	Madaripur	62.80
10	Bagerhat	61.11

Top 10 Arsenic Contaminated Upazilas

Rank	District	Upazila	Conta. (%)
1	Chandpur	Shahrasti	98.62
2	Chandpur	Faridganj	98.53
3	Chandpur	Hajiganj	98.25
4	Chandpur	Kachua	97.93
5	Satkhira	Kalaroa	94.77
6	Gopalganj	Gopalganj Sadar	93.72
7	Comilla	Muradnagar	93.25
8	Munshiganj	Lohajang	90.94
9	Faridpur	Bhanga	90.87
10	Noakhali	Begumganj	90.37

Age-wise Arsenicosis Patients Sex-wise Arsenicosis Patients

Age	%		Male Patients	45%
<10 Years	6.8		Female Patients	55%
11-20	16.6			
21-30	20.3			
31-40	23.0			
41-50	15.4			
51-60	10.3			
61-70	5.1			
71-80	1.6			
81-90	0.4			
91+	0.3			
Total	100			

Source : BAMWSP Newsletter, NAMIC, BAMWSP

Policy and Institutional Framework

Policy:

- ✓The National Policy for Safe Water Supply and Sanitation 1998
- ✓National Water Policy, 1999
- ✓National Water Management Plan, 2004
- ✓Poverty Reduction Strategy Paper, 2004
- ✓National Policy for Arsenic Mitigation,2004
- ✓National Sanitation Strategy, 2005

Policy and Institutional Framework

Institutional Arrangement

- **Ministry of Local Government Rural Development and Cooperatives**

✓ Coordinates and facilitates policy decisions
✓ Sectoral allocation
✓ Funding support
✓ Project implementation process

- **Department of Public Health Engineering**

✓ Responsible for providing safe water and sanitation facilities to the urban and rural areas except Dhaka, Chittagong and Narayanganj

- **Water Supply and Sewerage Authority**

✓ WASA is responsible for water supply and sewage management of Dhaka, Chittagong and Narayanganj city.

- **Local Government Engineering Department**

✓Implements water supply and sanitation related project and progarmmes of the government.

Policy and Institutional Framework

Institutional Arrangement

- **City Corporations**

✓ Responsible for solid waste management, surface drainage management, implementation of on-site sanitation project and maintenance of water supply system provided by DPHE

- **District Council**

✓ Plans, implements and monitor water and sanitation activities

- **Upazilla Development Coordination Committee**

✓ Facilitates water supply and sanitation activities within the area

- **Union Level Water Supply and Sanitation Committee**

✓ Union Council promote education, training and awareness on environmental sanitation among rural people
✓ UP and the committee hard-core poor for distributing tube wells and latrines
✓ Assist Upazilla committee and DPHE in relevant activities

Policy and Institutional Framework

Institutional Arrangement

- **Non-government organizations and private sectors**

✓**Are active in implementing projects and programmes on water supply and sanitation.**
✓**NGO-Forum, ITN-BUET, VERC, Ahsania Mission, BRAC etc work on sanitation activities**

- **Development Partners/International Organization etc**

✓**UNICEF, IDA, ADB, WHO, JICA, DANIDA, Netherlands, Wateraid etc support water supply and sanitation programmes**

Policy and Institutional Framework

Recent Policy Decisions= Major drivers for changing the situation

✓100 % Sanitation by 2010 : Government Declaration

The term "100% sanitation" will mean (According to National Sanitation Strategy, 2005)

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

Policy and Institutional Framework

Recent Policy Decisions= Major drivers for changing the situation

✓Allocation of 20 % ADP grant to Upazilla for Sanitation : 400 million Taka ($ 6 million)

✓ Targeting hardcore poor with government grant: 75 % of the ADP grant for providing hygienic latrine for the poor

✓ Funds for hygiene promotion and mobilization: 25 % of the ADP grant for community mobilization and hygiene promotion

✓ Gram Sarkers in Sanitation Campaign: 10,000 Taka was given to each ward member to increase sanitation coverage involving Gram Sarkers

Policy and Institutional Framework

Recent Policy Decisions= Major drivers for changing the situation

✓Recognition/awards for achieving 100 % sanitation

- Chairpersons of 189 Union Parishads
- 9 UNO received the awards
- 4 chairmen of pourashavas
- In addition, Deputy Commissioners, NGOs and Development Partners were also awarded

✓ Performance based incentives for sanitation sustainability: 200,000 Taka (3000 USD) for those Unions which have achieved 100% sanitation

✓ Sanctioning 25 Crores ($ 3.6 million) to DPHE for producing and distributing quality latrines

Lessons Learnt

- National campaigns are effective in raising awareness and creating demand for accelerated growth in sanitation coverage.
- Commitment of local government is important for achieving the goal
- GO-NGO-Community partnership is essential
- Adequate community mobilization for motivation and sustainability increases sanitation coverage
- All members of the community including women, students, children, religious leaders and community leaders can play important roles for community mobilization
- No hardware support or subsidy is needed except for the hardcore poor.

Recommendation

- Effective monitoring and evaluation on sanitation programme
- Increase awareness programme on the benefits of sanitation on human health and economic activity
- Adequate hardware outlets
- Proper identification of hard core poor
- Increase allocation for sustainability issue
- Low cost sanitation technology options for the community
- Strengthening LGIs on sanitation issues
- Development of emergency response plan on sanitation

Hello … Any Question ?

Thank

You