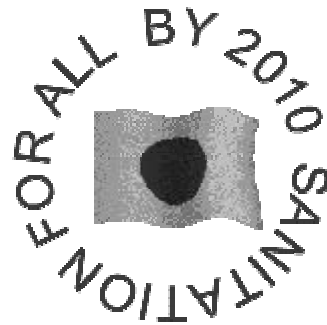


Rural Sanitation in Bangladesh: Progress and Challenges



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September 20, 2006

Why Sanitation?

Lack of Sanitation Means Death and Sickness

Bangladesh Health Statistics

Mortality: Diarrhea remains a big killer

- 110,000 children under 5 die annually
- 1 in every 4 deaths of under-five children

Morbidity: children (and adults) fall sick frequently

- 65 million episodes occur annually among under-five children
- 3-4 annual episodes per under-five child—No significant decrease over the years

Cost of Poor Sanitation

Disease	Episode	Cost per Episode Tk.	Amount Tk.
Diarrhea	11,400,000	114	1,299,600,000
Dysentery	9,000,000	172	1,548,000,000
Typhoid	3,200,000	243	777,600,000
Hepatitis	2,100,000	219	459,900,000
			4,085,100,000

Source: *Healthcare expenditures in Bangladesh*. Rabbani, A. Hossain, M. and Islam, A. in Health Situation and Health Care Expenditures in Bangladesh. Bangladesh Bureau of Statistics. April 1999, pp. 129-133. Includes doctor's fee, medicine, travel cost.

These are 1999 figures. If we adjust for inflation, it would be no less than **500 crore or about US\$ 80 million.**

Evolving Approaches

60s	Very low sanitation coverage. DPHE starts sanitation initiative.
70s	DPHE starts distributing high-cost latrine models free of charge. People do not accept due to high cost and no software.
80s	DPHE designs low-cost models, sells at subsidy. People still do not accept as there is no software support. NGOs enter into sanitation business, selling at little or no subsidy.
90s	DPHE starts “Social Mobilization for Sanitation” campaign. Latrine coverage increases, but falls back after the project ends. Private sector flourishes, entrepreneurs seize market opportunity.
00s	CLTS starts: community is targeted, not households. Great potential demonstrated ← WSP begins facilitation GoB takes renewed interest: nationwide program launched. Private sector shows strong growth trend.

Traditional & CLTS Approach

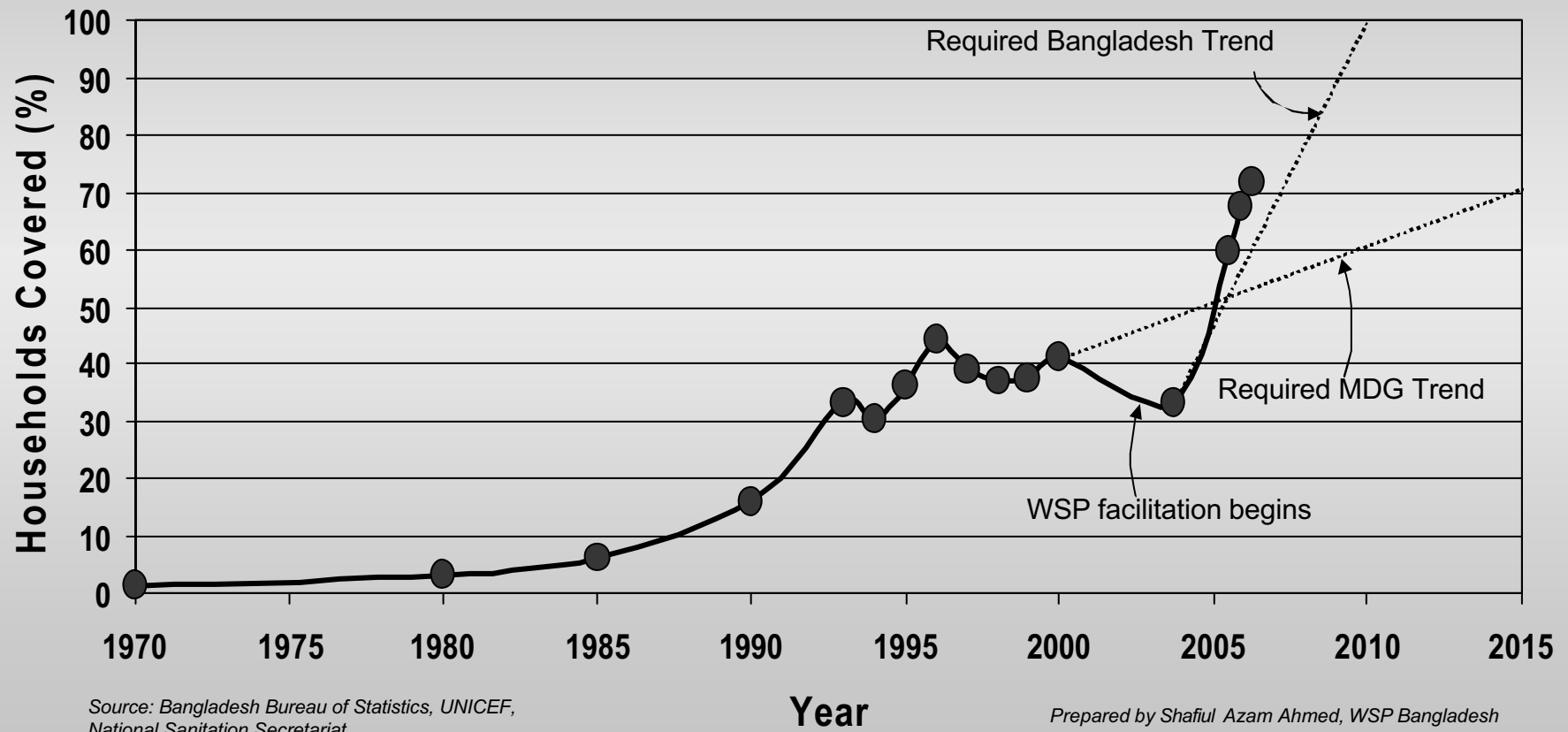
Traditional Approach	CLTS
Starts with latrines	Starts with people
<ul style="list-style-type: none"> ▪ Fixed design of latrines prepared by engineers. ▪ Few options to choose from. ▪ Expensive materials (cement, pipes, brickwork) used. 	<ul style="list-style-type: none"> ▪ Flexible design innovated by community people. ▪ Many options to choose form accordingly to affordability. ▪ Local inexpensive materials (bamboo, plastic, tin) used.
Success measured by number of latrines constructed.	Success measured by ending the practice of open defecation by the entire community.
Subsidy is the main motivation.	Self-respect is the main motivation.
Household is targeted for individual action.	Entire community is targeted for collective action.

How Does CLTS Work?

A Pictorial Journey



Sanitation Coverage in Bangladesh



Role of Govt and Community

NATIONAL

- National Target: Sanitation for All by 2010
- National Sanitation Strategy + Guidelines
- National Sanitation Task Force (inclusive NGOs, Donors...)
- National Sanitation Secretariat
- Funding, Incentive and Recognition for Local Government

DISTRICT/ SUB-DISTRICT

- Guidance to Local Government
- Monitoring
- Evaluation

UNION

- Social Mobilization
- Campaign
- Leadership

VILLAGE

- Implementation
- Innovation: low-cost models, rural sanitation engineers
- Participation: monitoring, inspiring
- Financing

Role of NGOs and ESAs

- Innovation and piloting: New approaches
- Policy support: Ensuring reflection of root-level experience into policy
- Capacity building: Exposure visits, training, studies, surveys, documentation
- Investment: Scaling up
- Communication: Design and dissemination of communication materials

Role of private sector

- **New materials:** Cheap, durable plastic pans (0.50¢ apiece).
- **Door-step service:** Ensuring availability of materials close to home, saves time and money.
- **Livelihood:** Rural sanitation marts provide livelihood for thousands of entrepreneurs and workers; many are women.
- **Supply chain:** Extensive network to bring goods from manufacturers to consumers.
- **Credit, skills:** Micro-credit institutions provide credit to consumers; help entrepreneurs with capital and skill

Enabling Conditions

National government	Political commitment
Local government	Funds, training, reward, recognition
Community	Support from local government and NGOs
Private sector	Access to credit, skills, training
Subsidy and Incentives	Targeted to communities for collective action, not to households

Main Lessons from Bangladesh

Policy	Clear target; pro-poor
Institutional framework	From national to village level, broad-based & inclusive Clear roles for all tiers of govt and other stakeholders
Public fund	<ul style="list-style-type: none"> ▪ 20% of annual development fund for sanitation ▪ Reward to local government ▪ Assistance to hardcore poor ▪ Awareness building
Technology	Open, according to affordability but with minimum criteria
Collective action	Reward given only for open defecation free status (ODF) in a community

Challenges Ahead

- Sustainability: Long-term intervention needed
- Unreached areas: islands, hill tracts
- Effective monitoring: counting latrines vs measuring outcomes
- Reaching urban slums

Water is life, but sanitation is a way of life!