CLTS KNOWLEDGE HUB LEARNING PAPER

BANGLADESH'S SANITATION ACHIEVEMENTS AND THE SECOND GENERATION CHALLENGES

SUMMARY: *TOILETS AND RELATED SANITATION SYSTEMS CAN PREVENT THE SPREAD OF DIARRHOEAL DISEASES AND FAECALLY-TRANSMITTED INFECTIONS THREATENING YOUNG CHILDREN'S LIVES. BANGLADESH INCREASED SANITATION COVERAGE REMARKABLY RAPIDLY DUE TO SEVERAL FACTORS, INCLUDING A VIGOROUS NATIONAL CAMPAIGN FROM 2003 TO 2006. NOW IN ITS 'SECOND GENERATION' OF SANITATION DEVELOPMENT, BANGLADESH FACES NEW CHALLENGES. RECOMMENDED CHANGES INCLUDE MOBILISATION AND COORDINATION OF MULTIPLE GOVERNMENT MINISTRIES; REGULAR MONITORING; CONTINUED SUPPORT FOR POOR HOUSEHOLDS; DEALING WITH POOR CONDITIONS IN URBAN SLUMS; AND EXPANSION OF FAECAL WASTE MANAGEMENT SERVICES.*

Dr Suzanne Hanchett

Study commissioned and funded by the CLTS Knowledge Hub

CLTS Knowledge Hub

Strengthening and broadening Community-led Total Sanitation at scale

The Importance of Sanitation and Hygiene

Diarrhoeal disease (DD) causes more than 10 per cent of all deaths among young children worldwide. Diarrhoeal diseases such as cholera, dysentery, or typhoid, kill more children than malaria, AIDS, and measles combined. DD is the second leading cause of child death after pneumonia. The children who survive DD can be left with decreased rates of growth and brain development. In addition, there are many other less visible faecally-transmitted infections (FTIs) such as environmental enteropathy, hookworm, schistosomiasis, giardia, amoebiasis, and ascaris, which can all impact greatly on children's nutritional status, physical and mental development.

Although toilet use and hand washing are the most effective ways to prevent DD and FTIs, an estimated 2.5 billion people still lack basic sanitation. Among the 'Sustainable Development Goals' (SDGs) adopted by the United Nations in September 2015, SDG Target No. 6.2 is, 'By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations'.

What is a Satisfactory Latrine?

JMP Standard. The Joint Monitoring Programme (JMP) of the World Health Organization and UNICEF considers a household latrine to be sufficiently 'improved' if a) it confines faecal matter in a covered space; b) it is used by only one household; and c) there is some provision for waste disposal and treatment – a newly added criterion. 'Unimproved' latrines include so-called hanging latrines and other types which pose the same health risks as open defecation.

Bangladesh's Definition. The Government of Bangladesh's standard for an 'improved' or 'hygienic' latrine is somewhat different. Latrine pit contents must be separated from the environment with a fully intact cover, such as a water-seal, and the latrine may be used by no more than two households, ten people at most.

An effective sanitation system must cover a whole neighbourhood, village, etc. Any unconfined faeces put all at risk.

The Bangladesh Case: History

Among developing countries, Bangladesh stands out as one that has made good progress in basic sanitation and reducing open defecation. This achievement rests on a broad foundation.

From the early 1990s onward numerous professionals in the Department of Public Health Engineering (DPHE), NGOs, and development agencies experimented with various approaches, attempting to increase latrine use. Showing demonstration models, free distribution, non-subsidy approaches, partial-subsidies, burning-down the leafy fences enclosing households' open-ground defecation spaces -- many techniques were tried at first, but with limited success. It eventually became clear to sector professionals, that the general public needed to understand the importance of latrine technology, or it would not be used.

Early Policy Documents. In 1998 the Government of Bangladesh prepared its first document: the National Policy for Safe Water Supply & Sanitation. Striving to promote a 'sanitary latrine in every household', this document recognised the value of government-NGO-development partner collaboration. In 2005 the government published a second document, the National Sanitation Strategy, which emphasised the importance of putting the 'whole community' at the centre of 'all the pre-planning, planning, design, decision-making and implementation stages of all sanitation programmes...' Local water and sanitation (Watsan) committees were to be the principal decision-makers. Private sector latrine manufacturers were to be supported.

Another early, influential policy document was the Bangladesh Poverty Reduction Strategy Paper (PRSP), required by the International Monetary Fund and the World Bank as a condition for receiving debt relief. Civil society advocates fought successfully to get sanitation into the 2005 PRSP agenda as a health-related issue of critical importance to child survival and family livelihoods.

Emphasis on Participation. Participatory methods of latrine promotion eventually were incorporated in all sanitation programmes. Mobilisation of Village, Ward, and Union committees and other groups informed the public about the importance of sanitation, energised local leaders, and promoted 'ownership' of achievements. One well-known participatory method, developed in Bangladesh around 2000, is Community-led Total Sanitation (CLTS). The goal of CLTS is to change the defecation practices of whole communities at a time, not just individual households. Households are expected to install latrines on their own without any public subsidy.

National Sanitation Campaign of 2003 to 2006

The effort to increase the numbers of Bangladeshis using latrines got a boost from a 2003-2006 National Sanitation Campaign. The Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C), Local Government Division, organised the campaign.

2003 Baseline Study. The initial impetus for the campaign came from a baseline survey done in 2003. The survey covered 100 per cent of the households in Bangladesh. It showed that 33 per cent were using 'hygienic'/unimproved latrines, 25 per cent were using 'unhygienic'/unimproved arrangements, and 42 per cent had the habit of open defecation. Every union office got a printed book describing local findings.

Union Councils' Responsibility and Training. Responsibility for rural sanitation promotion was given to the lowest level of government, the union council. Union chairmen reported on their progress at sub-district (*thana/upazila*) task force meetings chaired by local administrators (*Thana/Upazila Nirbahi Officers,* TNO/UNO). These sanitation task forces included union chairmen, NGOs, and representatives of line ministries. The sub-district's DPHE (Public Health Engineering) Sub-assistant Engineer served as Member Secretary of a task force. Union chairmen and council members were encouraged to visit each other's areas. A healthy competition developed between unions, especially in sub-districts where local administrators were sincerely interested in promoting latrine use. Union chairmen, Deputy Commissioners (DC), and others got training in latrine technology and its public health value in one-day 'orientation' sessions.

Successful chairmen were honoured. '100%' covered unions got monetary rewards. The government authorised allocation of 20 per cent of each sub-district's Annual Development Programme funding to support installation of latrines in poor households.

Rallies, Media Campaign, and Volunteers. Local leaders conducted rallies with school children and others, singing songs and chanting slogans about the health and social benefits of latrine use. Male and female volunteers were recruited to help in the effort. Institutions such as schools and mosques were actively involved. People heard messages emphasising the benefits of latrine use: dignity, convenience, privacy, and health. TV, radio, and face-to-face meetings all were found to be effective channels of communication. UNICEF developed a media campaign, which has since ended.

Campaign Achievements. In 2006 a change of government brought the national campaign to an abrupt end. Five hundred twenty-six unions (12 per cent of all unions) had reached the '100 per cent' latrine coverage goal. Seventy-six per cent of them had reached the '100% coverage' goal on their own, while 24 per cent had done so with support from donor-funded programmes and/or NGOs.

A Social Movement. Many people remember this campaign as an exciting social movement. Some compare its intensity to their collective struggle for national independence. The national mind-set changed. Having a latrine became a widespread status symbol for 'respectable families'.

Sanitation Activities after 2006

National Routines. The intensity ended in 2006, but national routines started during the campaign sustained momentum. October now is National Sanitation Month. The National Sanitation Task Force and a National Water Supply and Sanitation Forum continue to meet, providing useful venues for exchange of ideas between government officials, NGO representatives, development partners, and academics.

Bangladesh has become a regular participant in biennial South Asia Sanitation Conferences (SACOSAN) after hosting the first one in 2003. SACOSAN offers an opportunity for Bangladesh to showcase its achievements, thus helping to motivate the nation's political leaders to move forward. Declarations issued by the conferences, however, tend to be quite 'generic', leaving detailed planning and follow-up to participating countries.

Union-level Initiatives. Spot-checks of ten unions indicate that union chairmen and council members – now a newly elected group different from those who went through the national campaign – mostly continue to work on sanitation. Some of them were active in the 2003-2006 campaign. Most distribute three concrete rings and latrine slabs to poor households, with or without funding from the Annual Development Programme. Most report that their sub-district officers (UNOs) continue to check on sanitation progress. But there is no formal monitoring system to assess progress and service gaps.

Large-scale WASH Projects. Between 1991 and 2014 six large-scale rural and urban sanitation promotion programmes sustained and spread latrine use and related hygiene practices throughout Bangladesh with support from development partners, especially DANIDA, DFID, UNICEF, the Dutch aid program (DGIS), and SDC.

These large projects have ended, but new initiatives continue to emerge. For example, in 2014 the World Bank's Water and Sanitation Program piloted a sanitation marketing programme, to support entrepreneurs striving to meet the public's increased demand for diverse types of latrines.

Policy Development. A series of policy documents cover critical issues (e.g. pro-poor strategies, hard-to-reach areas) and offer guidance for problem-solving. In 2006 MLGRD&C created a Policy Support Unit (PSU) to support preparation and dissemination of these documents together with a broad group of sector professionals, both governmental and non-governmental. The PSU office is located in the same building as the Department of Public Health Engineering (DPHE), but PSU is not part of DPHE.

Sanitation in the Primary and Secondary Education System. In 2008 the Ministry of Education (MoE) added sanitation and hygiene lessons to the elementary school curriculum. And in 2015, MoE issued a circular mandating the establishment of hygienic toilet facilities with hand washing stations in all types of schools, and requiring facilities suitable for use by menstruating girl students.

Current Sanitation Status and Child Health. A 2014 national survey by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), and WaterAid found that 86 per cent of households had access to sanitary latrines (the basic standard, including shared facilities). Eleven per cent used 'unimproved' facilities, and two per cent had no toilet access. Forty per cent of households had hand washing stations with soap and water available within 10 metres of the toilet structure. Under-5 child mortality declined from 30 per cent to eight per cent between 2000 and 2015.

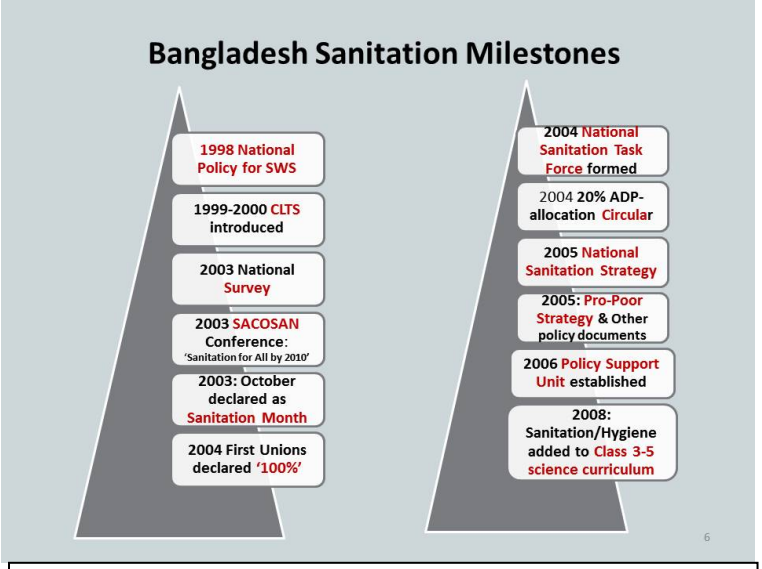

Figure 1: summary of the principal milestones of Bangladesh sanitation history since 1998. *Source: Author's own.*

Second Generation Challenges

Having achieved majority household latrine use, Bangladesh decision-makers now face new challenges. One is to sustain the achievements. Another is to make partnerships that will enable further progress and public health improvements. Some re-thinking of the sector's over-all functioning and funding is needed to meet these challenges.

Policy Recommendations

There still are many aspects of sanitation that urgently need attention in Bangladesh, despite the nation's documented progress in household latrine coverage. One is actual latrine usage by all household members and proper disposal of children's faeces. Another is public latrines, which are few and far between. Some large groups, such as nomadic Bedde or migrant labourers, still are defecating openly. House renters may or may not have satisfactory arrangements, depending on the whims of landlords. Unions do not have building codes, so new houses may be built without latrines. Much progress has been made in institutional sanitation, but many schools, clinics, and hospitals still lack satisfactory toilets and/or sufficient water for hand washing.

At least five other matters require high-level commitment to move sanitation progress along in future years: inter-ministerial cooperation, monitoring systems, supporting the needs of poor households, sanitation in urban slums, and faecal sludge management/treatment.

1. **Mobilise all relevant governmental units to achieve public health goals.** Sanitation programmes in Bangladesh operate primarily under the auspices of MLGRD&C, a ministry with engineering and administrative responsibilities. The Ministries of Health, Education, Water, Environment, Agriculture, and others, however, also should participate, bringing their complementary expertise to bear on sanitation and hygiene problem-solving for the good of all.

2. **Develop and use improved monitoring systems.** Informed sanitation planning demands careful tracking of specific trends and gaps. The annual sanitation reporting system now in use is that of the Joint Monitoring Programme (JMP) of the World Health Organization and UNICEF. JMP uses secondary data provided by sources such as the Bangladesh Bureau of Statistics and the Multiple Indicator Cluster Survey (MICS). New types of monitoring information are needed on regional, gender, socio-economic, and technical aspects of sanitation practice. The 2014 national survey done by ICDDR,B and WaterAid is a helpful model.

   Are the '100%-covered' unions sustaining their achievements? These and other 'total sanitation' situations must be re-checked periodically. Public latrines in hospitals or clinics, schools, offices, and marketplaces should be inspected on a regular basis, to verify their functionality and cleanliness.

3. **Support the poorest households' sanitation and hygiene needs.** The poorest families usually cannot afford to repair, upgrade, or clean out their latrines. The poor deserve good quality equipment, but some of their free latrine parts are made with low-grade concrete that breaks too easily. Water access is likely to be a problem. They also may have inadequate land for proper latrine placement, even in rural areas. Shared, 'community' latrines are needed in some cases. Appropriate support may include low- or no-interest credit and/or partial grants.

4. **Urban sanitation, especially in slums, urgently needs attention.** All major urban centres in Bangladesh have slums and squatter settlements, called *bastis*, the largest

concentrations being in Dhaka, Chittagong, Khulna and Rajshahi. There are more than 3000 slums in Dhaka alone. Population density can reach 531,000 per square mile. In 2010 the slum population was estimated by UNICEF to be about five per cent of the total population, or seven million. Sanitation conditions in most slums are highly inadequate. Neglect of slum populations' sanitation arrangements affects everyone's health.

Sanitation programmes in slums have been funded almost entirely by external aid agencies until now. And they are not sufficient to ensure the health and well-being of children and others living in these congested environments. Policy-makers need to recognise the sanitation and hygiene needs of people living in slums. The absence of specific government policies and regulatory frameworks for development of slums and squatter settlements is a significant barrier to progress.

5. **Expand the scope of sanitation programming to include faecal sludge management systems.** Until recently most sanitation promotion activities focussed on persuading families to install and use latrines. Little thought was given at first to management of the contents of the latrines (faecal sludge). Occupational hazards plague those who clean latrines and septic tanks in both rural and urban areas. The only large-scale sewerage/treatment system is in Dhaka, and it is not working properly. Funding improvements in waste collection and treatment systems, however, is a political challenge. Newly planned sewer systems and waste treatment plants, for example, will be sustainable only if user populations are required to pay sufficient taxes to cover maintenance costs.

Further Reading

Ahmed, Shafiul Azam (2011) 'Community-led Total Sanitation in Bangladesh: Chronicles of a People's Movement'. In *Shit Matters: The Potential of Community-led Total Sanitation*, Lyla Mehta and Synne Movik, eds. Warwickshire, UK: Practical Action Publishing Ltd. pp. 25-37

Government of Bangladesh (2011) *Sector Development Plan (FY 2011-2025) Water Supply and Sanitation Sector.* Dhaka: Local Government Division, MLGRD&C

Hanchett, Suzanne, Laurie Krieger, Craig Kullman, and Rokeya Ahmed (2011) *Long-Term Sustainability of Improved Sanitation in Rural Bangladesh*. Washington, DC: World Bank, Water and Sanitation Program

International Centre for Diarrhoeal Diseases Research, Bangladesh, WaterAid Bangladesh, and Policy Support Unit, Local Government Division, MLGRD&C (2014) *Bangladesh National Hygiene Baseline Survey; Preliminary Report*. Dhaka

Rahman, Mujibur (2009) *Sanitation Sector Status and Gap Analysis: Bangladesh*. Geneva: Global Sanitation Fund, Water Supply & Sanitation Collaborative Council