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MAXIMIZING THE BENEFITS FROM WATER AND ENVIRONMENTAL SANITATION

Experience of a hygiene project in Bangladesh: Institutional learning

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This paper, from practitioners' point of view, draws some institutional lessons based on implementation experiences on a hygiene project- "Environmental Sanitation, Hygiene and Water Supply in Rural Areas" that aims at improving environmental sanitation and personal hygiene behavior at both households and community levels. Having analyzed the dynamics, strategies, implementation mechanism and institutional framework of the project it reveals that Department of Public Health Engineering (DPHE) being a government department has transformed itself as facilitator from its traditional role of implementer. It is worth mentioning that DPHE has been allocating government resources based on community action plans that have incorporated community needs and priorities regarding sanitation and hygiene. The success of the project lies in the fact that local government institutions have become interested to shoulder the responsibilities to bring positive changes towards environmental sanitation. This success is attributed to institutional framework that is worth to be replicated elsewhere.

Introduction and background

In Bangladesh 97% of population were considered to have access to safe water sources in early nineties. Although it is now believed to have reduced this access to 75% with the detection of arsenic contamination in ground water, water and excreta related diseases still remain a major cause of high morbidity and mortality, especially among the children, women and the poor against a backdrop of apparently huge coverage of water supply (UNICEF, 2003). At that time sanitation coverage was only 21% (GOB, 2005). The hand washing practice (only 8% in late nineties) depicts a dismal picture (UNICEF, 1999). It is revealed that low sanitation coverage and poor hygiene practice in the community is one of the major causes of morbidity and mortality.

In this background, Government of Bangladesh (GOB) with technical support from UNICEF and financial assistance from Department for International Development (DFID), UK launched a pilot project titled "Environmental Sanitation, Hygiene and Water Supply in Rural Areas" covering 37 upazilas (sub-districts) out of 472 upazilas in seven plain land and all the three hill districts reaching eight million people out of 130 million population of the country. This project started implementing activities from November 2002. Probably, this being one of the largest hygiene focused water and sanitation projects in the world aims to improve standards of hygiene practices and behaviour, particularly for the poor, on a sustainable basis ensuring adequate sanitation and year round safe water supply for the community (DFID, 2005).

This paper discusses mainly major interventions of the project, implementation mechanism and institutional frame-

work, strategies, guiding principles and achievement made so far. It further reviews the difficulties encountered and ways to overcome them. It also draws on lessons learnt analyzing the challenges ahead for large-scale implementation and its replication elsewhere.

Major project interventions

In order to achieve the main objectives of the project, it has been accomplishing the following four major interventions:

- Institutional capacity building at different levels, particularly the grassroots level local government institutions;
- School sanitation and hygiene education in all the government and registered primary schools;
- Change of personal hygiene behaviour creating awareness for social mobilization through a mix of different media including a massive inter-personal communication;
- Increase in use of sanitary means of defecation and its maintenance and adequate safe water supply.

Implementation mechanism and institutional framework

As has been stated above the project has been built on four components. The institutional structure supporting the implementation of the project stretches from the central government to the grassroots level lowest tier of local government institutions putting special emphasis on the latter. At implementation level, 28 local NGOs are engaged in delivering software services while two national NGOs have

been contracted for imparting required training and technical support. Another private sector organization skilled in monitoring and evaluation has been assigned as independent third party monitor to provide qualitative as well as quantitative monitoring feedback on the process and impacts.

At community level, Gram Sarkar (Village Government), the lowest tier of local government, takes the lead role in providing all out support to the Community Hygiene Promoters recruited by the local implementing NGOs from the community in consultation with the local government representatives. Union Parishad, the second lowest tier of the local government, extends its full cooperation to the Gram Sarkar, implementing NGOs and the community people to plan, implement and monitor project activities while the Upazila Parishad (Sub-District) being the third lowest tier of local government plays a supportive and supervisory role.

There is a Project Management Unit headed by Project Director, a senior government technical official to the rank of Additional Chief Engineer of DPHE. This central committee is responsible for overall physical and financial management of the project. Finally, the National Steering Committee headed by Secretary, Local Government Division of the Ministry of Local Government, Rural Development and Cooperatives provides the policy guidance for the project

Strategies

The project has put in place a number of strategies that include, among others, the following:

- Increasing spontaneous participation and creating ownership of different stakeholders at community level, predominantly grassroots level local government institutions as well as NGOs, CBOs, civil society groups and educational institutions.
- Creation of demand for sanitation and hygiene practices among the community members through inter-personal communication and intensive advocacy by the grassroots level local government institutions and community change agents.
- Increasing the informed choices of individuals about different low cost options of sanitary means of excreta disposal.
- Zero subsidy in hardware support for sanitation for increased ownership and greater sustainability in the long-run.
- Avoiding any sorts of coercion, such as forcibly demolition of hanging latrines.
- Partnership among government, NGOs and local government.
- Involving educational institutions including formation and operation of student brigades as a tool to child to community approach for effective social mobilization.
- Establishing participatory community monitoring mechanism through regular updating of Community Action Plans and Community Cluster Maps on environmental sanitation.

- Independent third party monitoring to regularly monitor the process as well as impacts of the project interventions.

Guiding principles

The project has adopted the following guiding principles (DPHE et al, 2001).

- Enhancing opportunities for the poor and disadvantaged.
- Helping the hapless, especially those living in un-reached areas.
- Putting emphasis on meeting local demands and priorities.
- Ensuring that the project efforts continue in long run being owned by the beneficiaries.
- Building institutional capacity and partnerships.
- Seeking inter-sectoral linkages and establishing networks amongst different stakeholders.
- Putting in place the lessons learnt from elsewhere.

Target audience

- Un-served and under served community people.
- Poorest of the poor, especially the women, children, adolescent girls and boys, and disabled.
- Students of primary educational institutions.
- Small- scale local private entrepreneurs involved in providing water and sanitation facilities.

Achievement made so far

- Access to sanitation, hygiene and safe water for people, especially women and girls has been widened to around 1.6 million households of the project area.
- All the project areas tend to achieve zero open defecation while some of the areas have been already declared as places of no open defecation.
- 20 unions out of 354 project unions declared to have achieved 100% sanitation coverage up to December 2004. By now around 100 more unions are on the verge of being declared as 100% sanitized.
- Communities are increasingly using their own resources to install sanitary means of excreta disposal.
- The project has contributed to influence policy makers and sector professionals in order to adopt sector policy to deliver better services for the poor. It is to be mentioned that because of the project advocacy along with efforts of other sector players, GOB has been now allocating special funds for sanitation with a particular focus on software activities, which did not happen earlier. The policy influence is also evident in formulating sanitation strategy 2005 in support of national water supply and sanitation policy 1998 and in adopting pro-poor strategy for water supply and sanitation accepted by the GOB, as a result of intense policy advocacy by the project partners and other sector professionals.
- Local government institutions, NGOs, CBOs, civil society

Table 1. Comparative data on sanitation coverage-project and non-project areas

District	Percentage of Sanitation Coverage		% Progress Since Baseline
	Baseline	Dec 04/ Jan 05	
Rangpur:			
Project areas	27.94%	49.04%	21.10%
Non-project areas	19.93%	30.17%	10.24%
Gaibandha:			
Project areas	30.57%	63.57%	33.00%
Non-project areas	20.33%	26.47%	6.14%

groups and the community at large have been mobilized towards attaining improved environmental sanitation.

- The project has achieved remarkable sanitation coverage in its working areas. The table below shows a comparison between sanitation coverage of the project and non-project areas of two districts (DFID, 2005).
- The approaches and models being tested are considered to be replicated for large-scale implementation elsewhere.
- Relevant small-scale private enterprises are strengthened to deliver services.

What difficulties had been faced and how those were overcome?

- At the beginning, the project faced reluctance and resistance in some cases from few powerful individuals, since the project implementation mechanism provided wider decision-making power to the community and grassroots level government institutions, such as, Gram Starker and Union Parishad. This problem has been overcome by motivation, persuasion and making the local trouble makers understand that the project is not doing any harm to them, rather creating wider opportunities also for them to decide on their betterment as a whole.
- Since community people used to receive subsidy, a kind of relief-receiving attitude has developed. Apart from it, mind-set of the local government representatives and administrative officials tends to endorse the same, which creates apparently a barrier for motivational work to change community behavior. The project has been trying to minimize the effects of this notion by citing the examples of past failed experiences of providing subsidy in sanitation hardware all over the country.
- The project experienced undue influence by local power elite in the process of recruiting the local project staff in a few cases. Sharing responsibilities with elected local government representatives and local administration paved the way for easing the problem. Nevertheless, project had to compromise in some cases for the greater interest.

- In the first year, the project confronted with elite capture of some hardware facilities, such as, installation of subsidized water points. Initially, it was not possible to avoid totally, later on by establishing effective monitoring mechanism at different levels and participatory community monitoring it has become possible to minimize the interference.
- Local entrepreneurs of private sector showed their unwillingness to invest in the sector, in some cases, for low profit margin in delivering services. Creation of huge demand through intensive social mobilization and provision of initial financial support to the owners of latrine production centers and Sanitary Marts (Sanimarts) made their business profitable.
- Difficulties have been faced to reach some inaccessible areas in hill districts and river shoals separated from main land. It has been overcome by involving private sector and local NGOs. In spite of that there still exist some difficulties.
- Natural calamities like flood that occurred particularly in 2004 caused severe damage to the latrines in most of the project areas except hill districts. In order to help the people to cope with the situation, emergency health messages and other necessary support were provided. Motivation is being carried out for raising the platform of the latrine. Advocacy has been going on for building toilet facilities in public places, like, schools, markets etc. that are above the highest flood level.
- There were few individuals in the society, who appeared to be difficult to change their behavior. The project team had to make extra-ordinary efforts to motivate them by intensive inter-personal communication, advocacy and involving them in the project activities like training, orientations and giving them the opportunity to take the leadership role in the process.

Lessons learnt

- Government-NGO-local government and community partnership has been proved to be effective in making sanitation and hygiene efforts successful.
- Utilizing existing institutional structures as part of the state and local government machinery work better than forming new set-ups to deliver services.
- Working with local government institutions and communities has proved that these institutions have been increasingly taking ownership and mobilizing their own resources, for example, in three hill districts the Chittangong Hill Tract Development Board, a regional local government for the hilly areas, has been paying the two-third of the staff emoluments.
- Project experience shows that community action planning process and participatory community monitoring can do miracle in improving environmental sanitation scenario in the community.
- Government’s role as facilitator as opposed to that of deliverer of services has proved to encourage other

stakeholders to shoulder the responsibilities.

- Third party independent monitoring has yielded fruitful results in terms of objectively assessing the project progress and impacts.
- Community innovations have come up in choosing low cost and affordable hardware options for sanitation, as the project has tried to promote different low cost sanitation options.
- If responsibilities are delegated to the lower tiers of local government, such as Union Parishads and Gram Sarkars, they feel proud and try to accomplish better.

Challenges ahead

Despite an encouraging achievement in a number of areas of operation, there still remain some major areas, where the project needs to put special attention in order to reap the maximum outputs. The areas that can exert challenges are as follows:

- If any changes occur in policy scenario, priority focus in environmental sanitation and hygiene might shift, which can perhaps result in retardation in the present process of progress.
- Although considerable achievement has been made in sanitation coverage and improvement of personal hygiene behaviour, repair and maintenance of the hardware facilities along with sustained hygiene practice of the community people remain a major concern.
- The project has not yet addressed sanitation and hygiene needs of public places like markets, places of worships, brick manufacturing fields and other common places that are critical to ensure proper environmental sanitation for the whole community.
- Floating and working people like gipsy, workers in agricultural sector are yet to be covered by project interventions.
- River erosion leading to loss of hardware facilities continues to put pressure on the progress.
- Addressing the needs of landless people, who are ever increasing in Bangladesh, is a critical concern that needs to be addressed in a comprehensive way fitting it with the national pro-poor strategy.
- Stagnant water from water points and water of derelict ponds have become breeding places of mosquitoes and other harmful insects. Prudent management of this liquid waste remains a major challenge for ensuring ecological sanitation.
- Potential risk of ground water contamination from on-site sanitation is still a major issue to be addressed.

Conclusion and acknowledgement

The project experience amply supports the fact that it has contributed a lot in improving the overall environmental sanitation status in the community it works with. It has also acted as a stimulus for transforming the traditional roles of different institutions including the local government based at community level. The project approach is considered to be worthy of being replicated in Bangladesh and elsewhere.

This paper acknowledges the collective contributions and efforts made by UNICEF, DPHE and DFID team members in making this project a success and thereby contributed to influence the policies that are favourable for the poor in particular and the water and sanitation sector in general. It also acknowledges the encouraging roles played by different government departments, NGOs, CBOs, and the community members at large.

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