Achieving 100% Sanitation in Bangladesh by 2010

Local Government Division
Ministry of Local Government, Rural Development and Cooperatives

Government of Bangladesh

16 – 22 March 2006
Where are we

Bangladesh
<table>
<thead>
<tr>
<th>Official name</th>
<th>People’s Republic of Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>Dhaka</td>
</tr>
<tr>
<td>Area</td>
<td>147,570 sq km</td>
</tr>
<tr>
<td>Population</td>
<td>130 Million (2001)</td>
</tr>
<tr>
<td></td>
<td>137 Million (2005 estimate)</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>64.9 years (2002)</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>53.27 deaths per 1,000 live births (2002)</td>
</tr>
<tr>
<td>Literacy rate</td>
<td>62.66 percent (2002)</td>
</tr>
<tr>
<td>Gross domestic product (GDP, in U.S.$)</td>
<td>$51.9 billion (2003)</td>
</tr>
</tbody>
</table>
How does Bangladesh compare with Mexico in Area and Population

- Area:
  - Bangladesh: 93%
  - Mexico: 7%

- Population:
  - Bangladesh: 58%
  - Mexico: 42%
Global, Regional and Bangladesh Scenario on Sanitation

Sanitation Movement in Bangladesh
Globally
- 2.6 billion people are without adequate sanitation
- 4 billion people do not have treated their wastewater to any degree

In the developing World
- 5 of every 10 people lack adequate sanitation
- 9 of every 10 people do not have treated their wastewater to any degree

In Bangladesh (in 2003)
- Almost 6 of every 10 people lack adequate sanitation
- 9 of every 10 people in urban slums lack basic sanitation
Access to Improved Sanitation Services in the Region

Pakistan: 62%
Sri Lanka: 94%
Myanmar: 64%
Thailand: 96%

World Development Report, 2004
Why are we concerned about Sanitation?

- Health
- Inadequate Sanitation
- Economy
- Poverty

The diagram illustrates the interconnection between sanitation and other factors such as health, economy, and poverty.
Effects of Inadequate Sanitation in Bangladesh

- About 110,000 children under five die of diarrheal disease every year.
- 1 out of 4 deaths of under-5 children is caused by diarrhea.
- Over 65 million episodes of diarrheal diseases occur annually among under-5 children.
- An average child in Bangladesh suffers 3-4 episodes of diarrheal disease every year.
The people of Bangladesh spend no less than Taka 500 crore annually to cover physician’s fee, medicine and travel cost to clinics in treating the major water-borne diseases. The cost would be much higher if the loss of income, time spent for patient care, and effect on child development are factored in. Diarrhoecal diseases in Bangladesh cause loss of 5.7 million Disabilities Adjusted Life Years, 61% of total DALYS. The poor are the hardest hit by the sanitation related diseases.
MDG Focus

- reducing poverty
- reducing child mortality
- combating diseases
- ensuring environmental sustainability
  - Access to basic sanitation
  - Improving the quality of life of slum dwellers
GoB in response to the global call, launched a national sanitation campaign in the year 2003 and set a target of achieving 100% sanitation by 2010.

The month of October has been declared as the “Sanitation Month” to accelerate the national sanitation campaign.
South Asian Conference on Sanitation (SACOSAN) in Dhaka, Bangladesh, held during October 21-23, 2003

This was attended by 4 Ministers, State Ministers, senior civil servants, professionals from sector institutions, academia, civil society, NGOs, Development Partners, and the private sector from 9 South Asian Countries (SAARC countries + Myanmar + Afghanistan)
“The Dhaka Declaration on Sanitation”
recognized and unanimously agreed,
that significant improvements in the situation of sanitation and safe water will have large positive impacts on poverty reduction by improving health and productivity and therefore should have a central role in country’s poverty reduction strategies.
Sanitation Scenario of Bangladesh in 2003

The national survey (MoLGRD&C, 2003) revealed that only 33% (4.26 crore) of the population have access to hygienic means of excreta disposal.

About 25% (3.23 crore) use unhygienic open hanging latrines.

About 42% (5.43 crore) do not use any form of latrine.
Challenges for Achieving National Sanitation Goal

- 100% sanitation coverage by 2010
- Reaching the Poor
- Achieving full coverage in urban areas
- Elimination of open defecation
- Conversion of hanging and other unhygienic latrines into hygienic ones
- Promotion of hygiene practice
- Sustainability
Important Initiatives Taken

- Initiating Taskforce on Sanitation at all administrative level
- Nationwide Baseline Survey
- Sanitation Secretariat
- Observing ‘October’ as ‘Sanitation Month’
- Media Campaign
Important Initiatives Taken

- Developing National Sanitation Strategy
- Developing Pro-poor Strategy for Water Supply and Sanitation
- Grassroots consultation
- Reward for achievement
- Projects under DPHE
- Partnership with Stakeholders
Some Guiding Principles

- Sanitation is a basic human right
- Assisting the poor
- Sanitation is about health
- Behavioral change
- Sanitation is a community concern
- Equitable allocation of resources
- Gender and culture sensitive approach
- Decentralization
- Partnership approach
- Environmental integrity
Strategies Developed for:

- Creating Effective Demand through Health Education and Hygiene Promotion
- Ensuring Involvement of the Entire Community
- Reaching the Hardcore Poor
- Addressing the Issues of Urban Sanitation
- For Sustainability
- For Monitoring and Evaluation
Working in Partnership with NGOs, National and Local Government Institutes, Civil Society and the Community Accelerated the Progress
## Current Status

<table>
<thead>
<tr>
<th>Area</th>
<th>Sanitation Coverage</th>
<th>During Baseline Survey on Sep 2003</th>
<th>Present situation as of December 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural area</td>
<td></td>
<td>5272589</td>
<td>12048129</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(28.77%)</td>
<td>(65.74%)</td>
</tr>
<tr>
<td>Pouroshova</td>
<td></td>
<td>983025</td>
<td>1475419</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(53.10%)</td>
<td>(79.69%)</td>
</tr>
<tr>
<td>City Corporation</td>
<td></td>
<td>850527</td>
<td>954491</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(69.92%)</td>
<td>(78.47%)</td>
</tr>
<tr>
<td>Urban Area</td>
<td></td>
<td>1833552</td>
<td>2429910</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(59.77%)</td>
<td>(79.21%)</td>
</tr>
<tr>
<td>Total County</td>
<td></td>
<td>7106141</td>
<td>14478039</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(33.21%)</td>
<td>(67.67%)</td>
</tr>
</tbody>
</table>
Total Sanitation Coverage in Rural Areas up to 2003

Districtwise Coverage (%)

- 0 - 10
- 10 - 20
- 20 - 30
- 30 - 40
- 40 - 50
- 50 - 60

Scale: 100 Miles
Urban Sanitation Status (2005)
Progress Scenario

Coverage achieved

Sanitation Secretariat
Framework for achieving the goal of 100% sanitation coverage by the year 2010

National Goal

Specific objectives

- Elimination of Open Defecation
- Conversion of Hanging Latrines
- Promotion of Hygiene Practice
- Solid Waste and Sullage Disposal

Strategies

Set Realistic Short Term (may be annual) targets

Review Achievements

- Change/ Correct Strategies

Reset Targets

Review

Continue Until 2010
NGOs facilitated community interaction and participation, and generating demand for sanitation.

Development partners showed enthusiasm in supporting Government and NGO actions.
Important NGO Activities

- Entry into a Community
- Formation of a WATSAN Committee
- Action Plan
- Meetings with the Community
- Children's Group Formation
- Community Cleaning Exercise
- Construction and Installation of Hardware
- Health and Hygiene Education Sessions
- Monitoring Behavior Changes
Bangladesh Heading Towards Achieving its National Goal
Bangladesh Approach

Political commitment
- Planning
- Assessment of situation
- Formulation of National Sanitation Strategy
- National Sanitation Campaign

Ensure 100% coverage

Multi-stakeholder approach
- Activating LGIs
- Involving the development partners
- Encouraging NGOs and other private organizations

Ensure Sustainability
- Moving towards total sanitation
- Extra fund flow towards LGIs for further improvement

Ensure 100% coverage
- Reward for achievement
- Subsidy to Hardcore poor
Important Initiatives

- The National Sanitation Campaign (since 2003)
- The government decision of allocating 20% of Upazila ADP grant for sanitation and earmarking 25% of this allocation for motivational activities and the rest 75% for hardware support for the hardcore poor
- Activated LGIs and other stakeholders in the sector
- Development partners and NGOs extended support to the government move and was involved particularly to ensure that the hardware support actually reaches the hardcore poor
Financing Sanitation

- Public funding for sanitation promotion is being increased from the present level.
- Adequate allocation in the Municipalities & City Corporation’s budget for sanitation and hygiene promotion is being considered.
- Development partners should increase funding for sanitation activities in view of the overall health and poverty impact.
- Private financing is encouraged through demand creation and a conducive environment for investment.
- Equitable resource allocation will be followed.
Constraints

- There are variations in achievements
  - socio-economic conditions
  - Hydro-geological conditions
  - administrative settings

- Rural coverage is more easily achieved compared to urban settings particularly the large city corporations

- Urban issues related to sanitation improvement are much more complex and expensive than those of the rural areas
Bangladesh Placing More Emphasis on:

- Ensuring commitment of top level management
- Ensuring effective support to hardcore poor
- Ensuring services for urban slum dwellers
- Appropriate technology options for urban areas
- Improving solid waste management system in urban areas
- Ensuring Monitoring & Evaluation of sanitation progress
- Ensuring adequate financing for 100% sanitation
- Developing and enforcing appropriate “Sanitation Laws”
Thank You