

**Bangladesh Case Study for the Symposium on  
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Capacity for Local Governance**

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Capacity Development at the Intermediate Level in the  
Bangladesh Sanitation Sector

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## Case Study

# Capacity Development at the Intermediate Level in the Bangladesh Sanitation Sector

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### List of Abbreviations

|          |   |   |
|----------|---|---|
| ACE      | : | Additional Chief Engineer   |
| ADB      | : | Asian Development Bank  |
| ADP      | : | Annual Development Programme  |
| BARD     | : | Bangladesh Academy for Rural Development                            |
| BIM      | : | Bangladesh Institute of Management                                  |
| BPATC    | : | Bangladesh Public Administrative Training Centre                    |
| BRAC     | : | Bangladeshi national NGO  |
| BUET     | : | Bangladesh University of Engineering and Technology                 |
| CARE     | : | Care Assistance Relief Everywhere – an international NGO            |
| CBO      | : | Community Based Organization  |
| CC       | : | City Corporation  |
| CD       | : | Capacity Development  |
| CE       | : | Chief Engineer  |
| CLTS     | : | Community-led Total Sanitation                                      |
| CWASA    | : | Chittagong Water Supply and Sewerage Authority                      |
| DANIDA   | : | Danish International Development Assistance                         |
| DFID     | : | (United Kingdom's) Department for International Development         |
| DPHE     | : | Department of Public Health Engineering                             |
| DWASA    | : | Dhaka Water Supply and Sewerage Authority                           |
| GDP      | : | Gross Domestic Product  |
| GOB      | : | Government of Bangladesh  |
| GWE&D    | : | Ground Water Engineering and Development Circle                     |
| HRD      | : | Human Resource Development  |
| HYWASA   | : | Hygiene Water Sanitation  |
| ID       | : | Institutional Development   |
| IDSL     | : | Institutional Development Services Limited                          |
| ITN      | : | International Training Network                                      |
| JICA     | : | Japan International Cooperation Agency                              |
| JBIC     | : | Japanese Bank for International Cooperation                         |
| LGD      | : | Local Government Division   |
| LGED     | : | Local Government Engineering Department                             |
| LGI      | : | Local Government Institutes   |
| m        | : | Million   |
| MDG      | : | Millennium Development Goals  |
| MOLGRD&C | : | Ministry of Local Government, Rural Development and<br>Cooperatives |
| MOF      | : | Ministry of Finance   |
| NGO      | : | Non-Governmental Organizations                                      |
| NILG     | : | National Institute of Local Government                              |
| NSTFC    | : | National Sanitation Task Force Committee                            |
| OD       | : | Organizational Development  |
| PRA      | : | Participatory Rural Appraisals                                      |
| PRSP     | : | Poverty Reduction Strategy Paper                                    |
| PSDI     | : | Public Service Delivery Institutions                                |

|         |   |  |
|---------|---|--|
| RPATC   | : | Regional Public Administrative Training Centre                 |
| SACOSAN | : | South Asian Ministerial Conference on Sanitation               |
| SDP     | : | Sector Development Programme                                   |
| TOR     | : | Terms of Reference   |
| TV      | : | Television   |
| UDCC    | : | Upazila (sub-district) Development Coordination Committee      |
| UN      | : | United Nations   |
| UNICEF  | : | United Nations Children's Fund                                 |
| UP      | : | Union Parishad   |
| US\$    | : | United States Dollar   |
| VERC    | : | Village Education Resource Centre – a Bangladeshi national NGO |
| VSC     | : | Village Sanitation Centers                                     |
| WASH    | : | Water, Sanitation and Hygiene                                  |
| WASA    | : | Water Supply and Sewerage Authority                            |
| WatSan  | : | Water and Sanitation   |
| WHO     | : | World Health Organization                                      |
| WSS     | : | Water and Sanitation Sector                                    |
| WSSD    | : | The World Summit for Sustainable Development                   |

## Definitions

### Capacity Development

Capacity is the ability of individuals, organizations and societies to perform functions, solve problems and set and achieve goals. Therefore Capacity Development entails the sustainable creation, utilization and retention of that capacity, in order to reduce poverty, enhance self-reliance and improve people's lives.

Capacity Development includes three levels. With elements and issues, they are

| Level                | Elements and Issues   |
|----------------------|---|
| Enabling environment | Existence of policies, legislation, regulations, procedures, financial arrangements, institutional arrangements and inter organizational relationships and networks |
| Organizational level | Organizational structure, decision making processes, procedures, working arrangements, management instruments, organizational incentives.                           |
| Individual level     | The skills, knowledge, experience, attitude, motivations of individual people working in organizations  |

Different intervention levels for capacity development are

### Institutional Development (ID), (Enabling environment)

Organizations do not operate in a vacuum, but must be able to relate to their surroundings. They therefore need to maintain, exert influence and, where necessary, to adapt to changing circumstances. ID refers to the development and influencing of this wider context in which organizations operate: a network, a sector, legislation and regulations (rules of the game), the political situation, a population, society as a whole, and the surrounding culture. Only when organizations are embedded in this wider context and exert influence will they be able to survive and have any impact. ID, in this context, is also a condition for strengthening individual organizations.

### Organizational Development (OD)

OD refers to the sustainable strengthening of the internal capacity of (parts of) an organization, thus making it better able to achieve its objectives and fulfill its mission. This does not initially mean

increasing the quality of the staff, although this does form part of the theory, but on strengthening the systems and process within the organization.

### **Human Resource Development (HRD)**

HRD sometimes also referred to as professional development refers to the improvements and maintenance of the quality of personnel within an organization (human resources), i.e. that the staff develop sufficient knowledge, skills, attitude and motivation, and apply these to their work within the organization. At this level, capacity building involves aspects such as gaining information and insight, changing perception, accepting values, practical skills, attitudes and style.

### **Intermediate Level**

Intermediate level is a set of actors, functions that do not exist at either the community or national level, but somewhere in between. The actors at the intermediate level play an interface functions between the national level and the community in providing the services to the end users. Actors at the intermediate levels have their specific role to play, on one hand complementary to that of national organizations and institutions and on the other hand complementary to that of community based service providers.

# 1

## Introduction

### **Country situation**

Located in the north-eastern part of South Asia, Bangladesh has a population of 144 million in an area of 147,570 square kilometers. With a population density of nearly 986/sq km, Bangladesh is the world's most crowded country, except city-state like Singapore. The rate of population increase has reduced from 2.5 in 1997 to 1.6 in 2001 while the urban population has increased from 6% in 1961 to 21% in 2001 of the total. The World Bank estimates the country population at 181 million by 2025 with 41% i.e. 73 million, living in the urban areas. Nearly half of the urban population will be living in slums and squatter settlements with little or no services.

The country is described as the largest delta in the world. Much of its land area subject to severe monsoon flooding which every year displaces huge numbers of people and destroys livelihoods. The country is also subjected to other natural disasters like cyclone frequently.

The GDP growth rate has increased from 4.4% in the 1980s to 6.5% in 2005-06 and per capita gross national product in 2005 was US\$ 460. The poverty is also decreasing. The poor living below the upper poverty line has decreased from 59% to 50% and the extreme poor below the lower poverty line from 43% to 34% in 1990-2000. However because of large number of population significant number of people continues to remain with extreme poverty.

### **Sanitation sector**

Life expectancy at birth is currently 62 years. However water-borne and diarrhea-related diseases are still the main cause of death – responsible for 24% of all deaths. Gastroenteritis and diarrhea diseases kill 110,000 children below the age of five annually. It is thought that one out of four deaths of under-five children is caused by diarrhea. Over 65 million episodes of diarrhea diseases occur annually among under-five children. An average child in Bangladesh suffers 3-4 episodes of diarrhea disease every year.

It was believed that 97% of the population in Bangladesh achieved basic level of safe water services mostly through hand pump tube-wells before arsenic contamination was detected in 1993. However the arsenic contamination in ground water has retarded the success and lowered safe drinking coverage to 74% of the population. As of December 2005 38,118 cases of arseniconosis confirmed and an estimated 30 million people are currently at risk in 61 out of 64 districts. Till now there has not been much progress in mitigating the arsenic problem.

The government of Bangladesh is committed to achieve the MDG targets. This commitment is reflected in the PRSP that envisages reducing infant mortality rate from the 2000 benchmark value of 66 to 37 by 2010 and 22 by 2015. Similarly, child mortality is to be reduced from 94 to 52 by 2010 and 31 by 2015. To achieve the targets, the government has emphasized improving sanitation as a national priority.

The Government of Bangladesh (GOB) has set the national goal of achieving 100% Sanitation by 2010. This challenging target is much ahead of the MDG. This goal has to be realized through the paradigm of “people-centered, community-led, gender-sensitive and demand-driven”, adopted by SACOSAN in its Dhaka Declaration in 2003. The government had conducted a national Baseline Survey in October 2003 to assess the extent of sanitation coverage. Out of a total number of 21,394,093 families in the country, only 7,108,362 families (33.23%) were using hygienic latrines.

The government launched a special drive in January 2004 towards decentralization and involvement of local government institutions (LGI) along with increasing financial allocation for the hardcore poor. The government earmarked fund for Sanitation and kept it at the disposal of LGIs. A multi-media awareness campaign was launched in the country to increase about hygiene and sanitation. It was followed by Country, Divisional and District Orientation workshops for sensitizing and motivating key stakeholders towards contributing to the national sanitation campaign. The civil administration and local government institutions were motivated by giving recognition at the country level to those who had achieved 100% sanitation in their respective jurisdiction. A competition amongst field agencies to achieve 100% sanitation has started and the results are extremely laudable. The country has been able to achieve 72% coverage at the end of March 2006, which is an increase of about 39 % from the baseline in October 2003! Table 1 describes the details.

**Table 1: Status of sanitary latrine coverage as on 31 March 2006**

| Area/Region     | Number of Households | Baseline  | Progress   |  |   |
|-----------------|----------------------|---|--|--|---|
|                 |                      | % of Households with Hygienic Latrines October 2003 | % of Households with Hygienic Latrines June 2005 | % of Households with Hygienic Latrines December 2005 | % of Households with Hygienic Latrines March 2006 |
| <i>National</i> | 2,13,94,093          | 33.22   | 59.53  | 67.67  | 71.77   |
| Rural           | 1,83,26,332          | 28.77   | 57.06  | 65.74  | 70.24   |
| City Corps.     | 12,16,424            | 69.92   | 74.63  | 78.47  | 81.57   |
| Municipalities  | 18,51,337            | 53.10   | 74.08  | 79.69  | 80.50   |

The Sector Development Programme for Water and Sanitation Sector in Bangladesh expects investment of US\$ 358m for rural sanitation and US\$ 2,428m for urban sanitation for 2005-15. For rural sanitation, it is expected that out of US\$ 358m public sector, which includes the contributions from the government, donors the WSS utilities and any private sector investment, will contribute US\$ 184m, NGOs US\$ 29m and individuals, who buy services like latrines directly from the market US\$ 145m, whereas for urban sanitation out of US\$ 2,428m public sector will contribute US\$ 1,961m, NGOs US\$ 204m and individuals US \$263m. Rural sanitation programme to reach 100% sanitation by 2010 is on course and necessary financial allocations from the government are being made. The donors, in general are also interested and willing to make necessary contribution. Arrangements for finance for the rural sanitation are mostly assured. Urban sanitation is the most critical factor in terms of investment requirements. The most expensive part is the sewer systems, which are required in high-density areas where on-site sanitation is not feasible. Resource gap in the Sector Investment Plan is said to be for rural sanitation US\$ 10m per year as the per annum investment requirement is US\$ 19m and present annual investment is US\$ 9m. Similarly for urban sanitation annual resource gap is US\$ 190m as annual investment requirements is US\$ 197m and present annual investment is US \$ 7m.

The major projects which are in the pipeline: (2005-2010)

- Aggregated DANIDA supported WSS Project costs about US\$ 65 million
- ADB funded Dhaka Water Supply Project costs about US\$ 180 million
- DFID supported UNICEF-DPHE Project costs about US\$ 50 million
- JBIC supported Chittagong Water Supply Project US\$ 172 million (JBIC US\$122m and GOB US\$ 50 m)
- Dutch funded BRAC-WASH Project costs about US\$ 56 million

- World Bank funded project on Decentralization and capacity development of the LGIs costs about US\$ 50-60 million

In addition to the above major projects, the relevant departments of government (DWASA, CWASA, DPHE, LGED etc.) allocate US\$ 4 million for rural sanitation, US\$ 7 million for urban sanitation and US\$ 6 million for UP block grant for sanitation each year.

## Key problems of the sanitation sector

- **The Government Sanitation programme is hardware focused and functions in a top-down and supply-driven manner**

Traditional/Government approaches to improve sanitation have focused on technocratic and financial patronage, rather than empowering people to understand the problem and benefit of sanitation. The majority of people in Bangladesh have a poor understanding of the link between poor hygiene and disease. For sustainability of sanitation programme behavioural change is very important.

- **Gender Division of labour and women's specific sanitation-related needs are unrecognized**

Water supply and sanitation projects implemented in the last decade are meeting the practical needs of men, women and children. They have improved lives by reducing the burden of hauling water over great distances and resulted in time savings of over 2 hours per household per day in some areas. Improved sanitation and washing facilities have reduced security risks to women and improved privacy, leading to increased peace of mind.

The inclusion of women in management committees in some areas is seen to have inspired other women to participate in community activities. Committee-related processes have allowed women to interact with others outside of the home.

In Bangladesh there is a rigid division of labour regarding activity related to water, sanitation and hygiene promotion. Improved access to water and sanitation services address mainly women's practical needs. But in most cases the project's long-term day-to-day activities (e.g. improved hygiene practice, maintenance related work) are targeted mainly at women and children which some times further burdened them. The National Water and Sanitation policy 1998 states "since women play a crucial role in water management and hygiene education at the household level, recognition of women's role will contribute to the overall development of the sector." which mainly recognize traditional task from Women In Development perspective.

Due to culture of silence and ignorance the issues related menstrual hygiene and management is absent in most water sanitation and hygiene promotion programme. In Bangladesh vast majority of women and girls instead of sanitary towels/napkin use rags usually torn from old saris and known as 'nekra'. Rags are washed and used several times. There is no private place to change and clean the rag and often no safe water and soap to wash it properly. A culture of shame forces them to wait for privacy even at home. The rag is washes and hang to dry in some well hidden, often damp and unhealthy place. This practice is responsible for a significant proportion of illness and infection associated with female reproductive health.

- **Lack of appropriate technology and adequate financial investment in difficult geographical context is continuously increasing the suffering of poor people.**

The national average user to water point ratio is 18 (excluding the arsenic affected tube wells). The ratio is much lower in the saline coastal areas, hilly areas and the low water table areas. The average ratio when compared to the national average is not bad but the difficult terrain and transportation make access to water very difficult. There is lack of appropriate cost effective affordable water and sanitation technology for saline coastal, hilly or low water table areas.

In shallow water table areas, the users to tube well ratio is 50:1 compared with 242:1 in saline coastal areas. In low water table areas the ratio is even higher with 380 users to one tube well. Even in areas that are well served, there are pockets of underserved and un-served communities. The situation in the hill districts of Banderban, Rangamati and Khagrachari is appalling.

- **Except the efforts of a few NGOs there is no public system to manage latrine sludge**

- **Most of the government development projects do not provide services to the urban poor. Even the NGOs mainly work in rural areas; it is only recently that a few NGOs have turned towards the urban poor.**

The urban poor living in slums and squatters suffer much hardship in accessing drinking water and have access to sanitary latrines. Most of the urban poor live in slums and squatter settlements with the largest concentration being in Dhaka. Dhaka has more than 3,000 slums/squatter settlements varying between 10 to 2,500 households in size. In the slums/squatter settlements of Dhaka, the average user to water point ratio is 1,000:1. Women from the poorest slums identify the lack of sanitation, long queuing times for water and unclean surroundings as their most important environmental concerns.

At present there is no policy for public agencies to deliver water and sanitation services to the poor, who live in informal settlements, mainly in slums. Land tenure issues and the absence of a legal and regulatory environment create barriers. The agency which provides water supply and sewerage in Dhaka city, Dhaka Water Supply and Sewerage Authority (DWASA), only provide connections to the land owners. At present DWASA and CWASA are providing water connection in few slums of Dhaka and Chittagong city through local NGOs under an executive order.

- **Gap between policy and practice**

Bangladesh has adopted the National Water Supply and Sanitation Policy 1998, Pro-poor Strategy 2004 and National Sanitation Strategy 2005. The policies maintain a progressive outlook on institutional reforms, people-centred development, community involvement and cost recovery. The government has decided on a target of 100% sanitation coverage by 2010, well ahead of the MDG. However translation of these policies into practice is altogether another challenge in the days ahead.

- **Ineffective Local Government and Decentralisation**

Decentralization of local government and their active participation for the implementation of integrated water, sanitation and hygiene projects is one of the key concerns. Local Governments are very weak, particularly in rural areas; they have very limited human and financial resources, little revenue raising authority, and limited influence on how central government resources are used.

- **Lack of capacity at different levels in different sectors**

Public, non-governmental, UN, donors and private sectors – all suffer from lack of capacity, again at all levels – national, intermediate and community. Hence the need of capacity development is enormous. Capacity development in all sectors at all levels needs to take care also all intervention levels of capacity development – human resource, organizational and institutional development.

- **Difficulty in identifying and reaching the hardcore poor**

Poverty and disadvantage are sociologically complex and difficult to address. Most of the development actors consider poor communities as homogeneous entities and that 'broad brush' implementation approaches are applied rather than tailoring inputs to the specific needs and capabilities of the poorest and most vulnerable.

## 2

# Organizations Involved in Sanitation Service Delivery

## Public sector

### Local Government Division (LGD)

Local Government Division (LGD) under the Ministry of Local Government Rural Development and Cooperatives (MOLGRD&C) is mandated to provide overall guidance to Water and Sanitation Sector (WSS) and facilitate access of all citizens to basic level of services in water supply and sanitation.

### Roles and Responsibilities:

- LGD shares with the Planning Commission the tasks of policy decisions, sector allocation and funding, as well as project appraisals, approval, monitoring and evaluation. It also liaises and negotiates with donors through the 'External Relations Division' of the Ministry of Finance (MOF) for commitment of resources for the sector programme.
- LGD implements and oversees policies and plans for rural and urban water supply and sanitation as well as rural infrastructure development programme through DPHE, LGED, the local government institutions of City Corporations/ Municipalities and WASAs (Dhaka and Chittagong) and; District, Sub-district and Union levels.
- LGD provides guidance and directives to local government institutions, directly to City Corporations/ Municipalities and through District and Sub-district administrative authorities to respective District, Sub-district and Union Parishads.
- LGD thus performs a wide range of functions including policy-making, planning, financial mobilization and allocations. Framing of operational rules, regulations, guidelines and procedures for the agencies and institutions and their supervision, monitoring and evaluation are important part of its functions.

### Staffing Pattern

LGD has a total of 198 staff distributed among its four Wings (Administration Wing-83, Development Wing-29, Monitoring, Evaluation and Inspection Wing-63 and Water Supply Wing-18), each headed by a Joint Secretary under the Secretary (5 employees in Secretary's office) who heads LGD. About 15% staffs in LGD are female.

### Department of Public Health Engineering (DPHE)

DPHE is the national agency responsible for planning, designing and implementing WSS interventions throughout Bangladesh. DPHE is responsible for preparing an annual development plan, both physical and financial for the WSS sector based on regular and development sources allocated by the Planning Commission and made available through the MOF.

DPHE has its Head Quarters at Dhaka and Circle Offices. It has permanent set-ups at District and Sub-district level. Both the **PLANNING** and **WORK implementation** offices under DPHE are divided into several circles and project offices, each headed by a Superintendent Engineer.

**PLANNING** has 3 such circles namely, i) Planning Circle, ii) Store Circle and iii) Ground Water Engineering and Development Circle (GWE&D). The planning circle has 7 Divisions headed by Executive Engineers. These are: 1. Project Planning and Coordination Division, 2. Planning Division, 3. Survey, Investigation and Research Division, iv) Design Division, v) Computer Division, vi) Monitoring Division and vii) Training Division. The GWE&D circle includes a Research and Development Division and 4 Zonal Laboratories.

**WORK Implementation** has 7 territorial circles at Dhaka, Chittagong, Rajshahi, Khulna, Chittagong Hill Tracts, Barisal and Rangpur and 3 project offices. These are extended down to districts and Sub-districts managed by Executive Engineers at district level and Sub-Assistant Engineers at Sub-district levels. At union level, tube well mechanics are available but they are stationed at respective unions. DPHE established about 1,000 Village Sanitation Centers (VSCs) at Sub-district/Union level for production and distribution/sale of sanitary latrines and 900 of the centers are still functioning

### **Roles and Responsibilities**

- DPHE provides advisory services to GOB in framing policy and action plans for WSS.
- DPHE facilitates the provision of safe water supply, environmental sanitation facilities and improve hygienic practices of both urban and rural communities.
- DPHE is responsible to provide operational training to Municipalities/City Corporations and technical support to Local Government Institutions and facilitate these LGIs in operations and maintenance of water supply and sanitation systems.
- In addition, DPHE participates to ensure safe water supply and sanitation facilities during natural disasters.
- DPHE ensures overall management of water supply and sanitation system surveillance.

### **Staffing Pattern**

DPHE has a total of 7,254 staff (as of September, 2004) headed by the Chief Engineer (CE).

Under CE, 2 Additional Chief Engineers (ACEs), one in charge of planning and the other in charge of implementation of work. In addition, DPHE has Project Directors (number varies with the number of on-going projects under DPHE).

Of the total number of staff, 4,814 are on revenue account and 2,440 are on development account. A total of 294 staff (129 from revenue and 165 from development budgets) are in class-I while 765 staff (676 from revenue and 89 from development budgets) are in class-II ranks. They are mostly engineers but also include administrative, account and other support personnel. The remaining 6,195 staff are class III and IV employees.

In the DPHE staffing pattern, there is gender imbalance with very few women employed at different levels. For example, out of all engineers (graduate and diploma) only 6 women professionals are available. In total, less than 5% staffs are female.

There are many posts vacant for long time. One district engineer may be responsible for 2-3 districts. No promotion for many years. One officer may be working in the same post for 10-15 years, so they are not motivated. LGED has assistant engineer at sub-district level but DPHE has grade 2 sub-assistant engineer at that level. The department does not have authority to take decision without the approval of the ministry. These factors hinder capacity building of DPHE as a whole.

### **Local Government Engineering Department (LGED)**

LGED is mandated to facilitate development of rural and small urban town infrastructures e.g., roads, bridges, culverts, markets, bus stations etc. In foreign aided projects, in particular where overall infrastructure packages are designed, LGED undertakes water supply and sanitation related activities, especially in urban areas (secondary towns). In such project-based initiatives, LGED assists the concerned Municipalities in implementation of water and sanitation projects and provide necessary technical assistance. LGED has its Head Quarters at Dhaka. It has strong permanent set-ups at all District and Sub-district level.

### **Roles and Responsibilities**

LGED implements water and sanitation interventions under different urban projects (e.g., Secondary Towns Infrastructure Development Project) where these are integral part.

### **Staffing Pattern**

LGED has a total of 9,628 staff headed by the Chief Engineer (CE). There are Superintendent Engineers (6), Executive Engineers (6) and Assistant Engineers (6) at the Head Quarters in Dhaka. There are 6 divisional offices headed by Superintendent Engineers, 64 district offices headed by Executive Engineers and 463 Sub-district offices headed by Assistant Engineers. The typical staffing pattern is 12 at district level and 19 at sub-district level. As engineer dominating department, like DPHE, LGED also has less than 5% staff as female.

### **Local Government Institutions (LGIs)**

The functions of each Local Government Institution (LGI) are specified in the statute under which it has been set up. Provision of water and sanitation services constitutes an important part of the mandated functions, although the Local Government functions are generally much wider.

### **District Level**

According to the new *Zila* (district) *Parishad* Act passed in 2000, the *Zila Parishad* is to review all development activities of the district, sub-district and municipalities. The *Zila Parishad* does not have any specific role, particularly for drinking water supply.

### **Sub-district Level**

*Upazila* (sub-district) Development Coordination Committees (UDCC) established since the abolition of *upazila parishads* in 1991, are responsible for planning, implementation and evaluation of development work at the *Upazila* level. Ensuring provisions of water and sanitation at sub-district level are the responsibilities of the UDCCs.

### **Union Parishad Level**

The government through LGD, MOLGRD&C formulates laws, regulations and issues circulars for the *Union Parishads* (UPs) by assigning their authorities and responsibilities.

Under the provisions of the *Union Parishad* Act of 1993 and 1988, a UP must form 12 Standing Committees for welfare and development works of which Union Water Supply and Sanitation (WatSan) Committee is related to WSS sector.

Union WatSan Committees were formed to participate in distribution and sitting of tube wells and in identifying households for government funded water supply and sanitary facilities. The main role of union watsan committee is to participate in the awareness raising activities, coordinate with sector partners, report to *upazila* watsan committee and ensure poor and poorest get support available for them. *Union and Upazila* Watsan Committees were conceived as a means of reaching the grass root level population during the Village Sanitation Scheme in 1977. The institutionalization of the Watsan Committee was done through the circular (LGD Circular 26.12.94) to motivate people towards water supply and health care activities in rural areas under social mobilization initiatives of Sanitation project. The TOR and Guidelines for Union WatSan Committees were formulated by DPHE and distributed in October 1995 and revised recently.

### **Roles and Responsibilities**

- *Union Parishad* is overall responsible for development and use of local resources and motivating people to install sanitary latrines and prevent pollution of drinking water sources.
- Regarding WatSan issues, Union WatSan Committees in particular, are responsible to promote sanitation and personal hygiene at household level, prepare list of households without sanitation, set-up demonstration latrines at UP office premises and organize/ mobilize latrine

production and sale, organize different social mobilization activities (meetings at *para/village* level, schools, cultural events, miking) etc.

### **Staffing Pattern**

UP consists of one Chairperson and 12 members (9 ward members and 3 female members). In the UP office, there is one Member-Secretary and 10 village polices (9 *Chowkidar* and 1 *Dafadar*)- all are male.

Union WatSan Committee consists of all 13 members from the UP (Chairperson of UP acts as the chairperson of the Committee), tube well mechanic – DPHE, assistant health inspector/family planning inspector, head masters of local primary and secondary schools/02 teachers, one religious leader as members, Secretary of UP is the Member-Secretary. UP does not have sufficient staff to support elected members in planning and implementation of activities though they are responsible to implement activities of all most all the government departments. Secretary is the only person available to support in planning and execution.

### **City Corporation**

Dhaka City Corporation is responsible for on-site sanitation while Chittagong City Corporation is responsible for sanitation and Khulna City Corporation, Rajshahi City Corporation, Barisal City Corporation and Sylhet City Corporation are responsible for water and sanitation with technical support from DPHE.

All City Corporations have separate WSS section and staff dedicated for relevant activities.

### **Municipalities**

Municipalities are mandated for ensuring water supply, drainage and sanitation with technical assistance from DPHE.

### **Roles and Responsibilities**

Municipalities are responsible for provisions, operation and maintenance of water supply, solid waste management and for maintaining a sanitary environment within their boundaries.

In case of project based water supply and sanitation interventions, Municipalities to take over operations and maintenance and to show considerably improved performance in service delivery for water supply and sanitation.

### **Staffing Pattern**

A and B class Municipalities are more resourceful in respect of finances, staff strength, organization and skills. Most of them have separate WSS sections with manpower assigned to specific duties.

### **Public Service Delivery Intuitions - DWASA/ CWASA**

DWASA is mandated for supply water, water borne sewerage and sub-surface drainage. CWASA is mandated only for supply water.

### **Non Governmental Organizations (NGOs)**

About 700 NGOs (international, national and local) are involved in WSS activities. They work for WSS programme provided fund is available for the activities from their supporting organizations/ NGOs and often follow the guidelines as well as and terms and conditions of those particular supporting organizations/NGOs.

While most of the national and local NGOs are involved in delivering services to the community, international NGOs often play the role of donor and technical assistance to the national and local NGOs. Besides service delivery NGOs are also active in advocacy – again both at local and national levels depending on their comparative advantages.

Local NGOs, in many places run Village Sanitation Centers (VSCs), which produce, promote and sell latrines/accessories to the users. Local NGOs are also promoting growth of private production centers in un-served areas. Local entrepreneurs are identified and trained in production of latrine accessories at established NGO managed VSCs.

NGOs tend to maintain gender balance in staffing. However in most cases, females might be predominant in front-line and first line supervisory tier, but males dominates the senior positions.

### **UNICEF**

UNICEF's activities on water, environment and sanitation (WES) support Bangladesh's national plan to achieve safe water supply and sanitary facilities and to improve personal hygiene practices.

Through different projects with DPHE, UNICEF is trying to establish and maintain environmental sanitation, safe water supplies and improved hygiene practices in rural areas of Bangladesh adopting integrated initiatives.

UNICEF promotes existing local government structures in Bangladesh and encourages strengthening and empowering of WatSan committees to enable communities in participating and making decisions about what facilities they need to improve hygiene practices, sanitation and water supply. Conversely, they enable different levels of local government to respond to communities.

The process is supported by locally based NGOs, which plan and work with the DPHE. Communities are also trained to develop plans of action using Participatory Rural Appraisal (PRA) techniques. UNICEF is also working for the primary schools under rural project in Bangladesh to educate and inform children in order to change behaviour.

UNICEF is working in different slums within Municipalities (14) and City Corporations (4) to ensure safe sanitation, safe water supply and improved hygienic behaviours in an integrated manner.

## **Donors**

### **DANIDA**

Danish International Development Assistance (Danida) is supporting water supply and sanitation interventions in coastal districts (8), northern districts (3) and hill tract districts (3). Danida's principle is to work with local NGOs in line with GOB policy and Danida's strategy.

### **DFID**

UK's Department for International Development (DFID) is supporting WSS in Bangladesh through UNICEF and WaterAid.

## **Private Sector**

The private sector provides a wider spread of options and different technologies compared to the government and NGO sanitation production centers. The technologies promoted for rural sanitation are mainly rings and slabs for water-sealed pit latrines, but also other types of latrines are promoted e.g. improved home made latrine, san plat latrine, off-set latrine, clay ring latrine etc. The sanitation products are sold directly to the users from production centers.

The local level contractors and masons are available to construction of small to very large sanitation infrastructure.

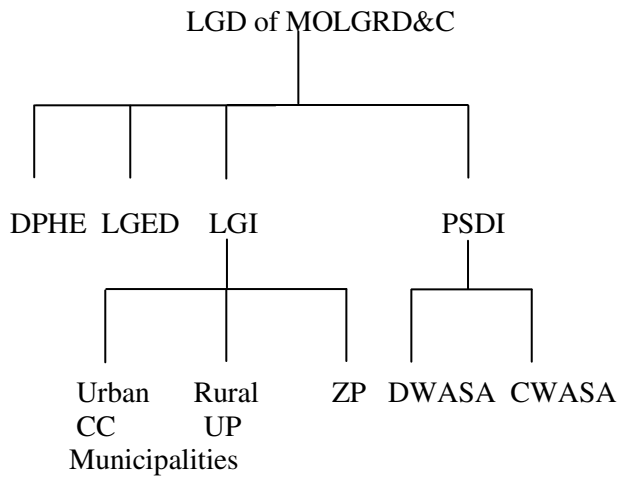
### **Shopkeepers**

Shopkeepers are also making sanitation goods and accessories available at village markets and growth centers. Spare parts, fittings, pans etc. are almost available at every village market.

### Consulting Firms

Consulting firms are involved in planning, designing and estimating different sanitation facilities, particularly public toilets, community latrines, drainage facilities and other big infrastructures.

### Organizations involved in Sanitation Service Delivery in Bangladesh

| Public Sector   | NGO Sector                         | UN Agencies | Donors         | Private Sector                              |
|---|------------------------------------|-------------|----------------|---|
|  <pre> graph TD     LGD["LGD of MOLGRD&amp;C"] --&gt; DPHE     LGD --&gt; LGED     LGD --&gt; LGI     LGD --&gt; PSDI     LGI --&gt; Urban["Urban CC Municipalities"]     LGI --&gt; Rural["Rural UP"]     LGI --&gt; ZP     PSDI --&gt; DWASA     PSDI --&gt; CWASA     </pre> | International<br>National<br>Local | UNICEF      | DANIDA<br>DFID | Shop<br>Keepers<br><br>Consultancy<br>Firms |

## 3

### The Intermediate Level

#### **Enabling environment**

The GOB has emphasized improving sanitation as a national priority. It launched the National Sanitation Campaign in 2003 where the national sanitation goal was set i.e. to achieve 100% sanitation coverage by 2010. The nationwide sanitation coverage was assessed through conducting a baseline survey on sanitation. In October the same year, the GOB also hosted the first ever South Asian Ministerial Conference on Sanitation (SACOSAN) at Dhaka which took a resolute stand to accelerate access to sanitation in the South Asia region and to meet the MDG objectives. A Ministerial Declaration named Dhaka Declaration was signed by all the nine participating states.

To improve the sanitation situation, the Government has earmarked 20% of the Annual Development Programme (ADP) grant to *upazila* (sub-district) each year from 2004 until 2010 and kept at the disposal of LGIs. It further earmarked 25% of this allocation for the software and 75% for the hardware subsidy for the extreme poor. At the same time, the LGD under the MOLGRD&C instructed to form Sanitation Task Forces at national, district, municipality/city corporation, sub-district and union levels. It also made the Union Parishads (UP) and wards of Municipalities and City Corporations (CCs) as the focal point for all sanitation programme planning, implementation and monitoring at their levels.

The GOB has included the safe water and sanitation as one of the eight critical agendas in the PRSP. The National Policy for Safe Water Supply and Sanitation 1998 is the basic policy document governing the water supply and sanitation sector and it mentions government's goal which is to ensure that all people have access to safe water and sanitation services at an affordable cost. The National Water Management Plan 2003 has envisaged access to appropriate sanitation to all by 2010 and has also made a provision for waterborne sanitation and storm water drainage in major cities.

The GOB has approved a Sector Development Framework, Water and Sanitation Sector in 2004 and Sector Development Programme, Water and Sanitation Sector in 2005 which guides planning, coordination and monitoring of all future sector development activities with a focus on devolution of authority to LGIs, user participation, economic pricing, public-NGO-private partnership and gender-sensitivity. In 2005, it also launched the Pro-Poor Strategy for WatSan Service Sector to ensure that benefits of subsidized sanitation services really reach to the poorest. Later during the same year, it developed a National Sanitation Strategy, the objective of which is to delineate the ways and means of achieving the national target through providing a uniform guideline for all concerned.

#### **Key actors in service delivery**

Key actors in sanitation service delivery at intermediate level are DPHE, LGED, LGIs – CCs, Municipalities, UPs, DWASA, CWASA from public sector, NGOs and private sectors. Details have been described previously in section 2.

Profiles of few people working in sanitation service delivery at intermediate level are provided below:

Mr. Muhammod Alauddin is the UP Chairman of the Daldali UP in Bholahat sub-district of Chapai Nawabganj district for the third term. Due to watsan activities carried out by a local NGO, VERC he is quite conversant about the need and benefit of sanitation and aims to achieve 100% sanitation in his union. He mentions need for hygienic environment for betterment of life for present and future generations. He is actively involved in mobilizing community for 100% sanitation. In the community gatherings he promotes hygiene behaviour and sanitary latrines by explaining benefits of such adaptation. He also ensures earmarked fund from ADP grant for latrine installation support to the extreme poor of the union. He also plans to keep all the Community Watsan Action Committee (CBO

formed out of VERC intervention) active after the withdrawal of VERC, so that the improved hygienic situation achieved in the union continue to sustain to provide benefit to the people of the union.

Mazeda Bibi is a housewife and lives in Boro Belaldoho village under Kusumba union. of Manda sub-district in Naogaon district. She is also the female member of Kusumba UP. She wishes to work for the benefit of the community and she feels by promoting sanitation she can contribute significantly for the betterment of the community. She discuss the issue with people individually and also in different gatherings. She promotes the health benefit of using sanitary latrines and hygiene behavior. She also mobilize community toward achieving 100% sanitation in the union. She wishes to continue her efforts for ensuring hygienic environment which she believes will in turn ensure peoples health and wealth by preventing waterborne diseases.

Zafir Uddin Shah is an agriculture worker living in Sankarpoi village in Shuvodanga union under Bagmara sub-district of Rajshahi district. He feels if they all use sanitary latrines, practice hygienic behavior and keep the environment clean and hygienic, they will not suffer from certain diseases and live healthy. He is the President of Sankarpoi Community WatSan Action Committee, through which he is also encouraging others to promote 100% sanitation. He contacts with Shuvodanga UP and NGOs to get ring slab free of cost and at a minimum cost respectively for the extreme poor people of his village. He assists people to install hygienic latrines at household level. He attends different sanitation related activities in different levels and tries to motivate people towards achieving 100% sanitation. Plan International invited him to visit their working area in Dinajpur district and share his experiences. Accordingly, he discussed his experience with the villagers there in different meetings, at mosque, courtyards etc. He wishes to continue this work for better living environment and future, which would be good for the next generations.

Munsur Rahman is a farmer and lives in Mochmoil village of Shuvodanga union under Bagmara sub-district of Rajshahi district. His village Mochmoil is the birth place of Community Led Total Sanitation (CLTS) approach. He naturally is exposed to many visitors both from home and abroad and share with them the advantages and benefits of promoting 100% sanitation and his experience of achieving such. Community people selected him as president of Raipara Community WatSan Action Committee. So he tried his best to promote 100% sanitation as a committee and community member as well. He organizes meetings and takes part in various mobilization and promotional activities. He also assists people to get ring slabs from different sources and help them in installing those properly. He is often invited by many agencies to promote the CLTS approach in other districts. He wishes to keep efforts so that a hygienic life style is ensured in the community as behavior change takes more time compared to installation of latrine.

Mr. Sheikh Rafiqul Islam is a career civil servant. While he was working as *Upazila Nirbahi Officer* (UNO – Sub-district Chief Executive Officer) in Rajarhat in 2003, he was motivated by the national level efforts for sanitation. He mobilized local government institutes, UPs of his sub-district and others also to achieve 100% sanitation in the sub-district by December 2004. He was then transferred to Puthia sub-district, where he also achieved 100% sanitation for his sub-district. Then he was transferred to Nandigram sub-district where he repeated the success of achieving 100% sanitation again. Each time MOLGRD&C rewarded him for his outstanding contribution in achieving 100% sanitation of respective sub-districts. Recently the ministry provided him with special award for his hat-trick success.

Slum dwellers in Dhaka were not allowed to get connection for piped water from the DWASA. Since slum dwellers were residing as illegal occupants of the land, DWASA was not able to provide connection which meant legalizing their illegal occupants of land. But local influential used to get illegal connection from DWASA's pipe and supplied the water to the slum dwellers with very high price. DWASA was not getting the bills of the water consumed, whereas slum dwellers were paying very high cost of the water supplied to them. *Dusthaya Sasthaya Kendra* (DSK-Health Centre of

Extreme Poor), a local NGO came forward to resolve the situation. After long efforts of advocacy, DSK convinced the DWASA to provide water connection in the slum in its own name thereby stands guarantee for paying bills and formed management committee with slum dwellers to collect bill and maintenance of the water points. Thus it became a win-win situation for both DWASA and slum dwellers to get water. This now has become a model of providing water in slums in Dhaka by the DWASA through collaborative support from NGOs.

## **Roles and Responsibilities of the actors**

In the public sector DPHE is responsible for providing the sanitation services to the rural population and extending technical assistance to the LGIs for providing such services to the people, LGED is also involved in implementation of sanitation services in certain municipalities, City Corporations of Chittagong, Rajshahi, Khulna, Barisal and Sylhet are responsible for sanitation with needed technical assistance from DPHE, however DWASA is responsible for sewerage system and drainage system in Dhaka, municipalities are responsible for drainage and sanitation services with technical assistance from DPHE and UPs are responsible for sanitation and conservancy. NGOs provide sanitation services or facilitate to access such both in rural and urban areas. Private sectors also facilitate and/or provide sanitation services in both rural and urban areas.

LGIs are mostly responsible for sanitation services for their population. However they lack resource and capacity for materializing such responsibilities. In most cases they don't have the resource and capacity for the required social mobilization for sanitation programme. DPHE, the technical assistance agency for LGIs also lack social mobilization capacity. For hardware provision also LGIs lack necessary resources. City Corporations and Municipalities are far short from required resources for urban sanitation. UPs though receiving some resources are unable to target those to the poor due to lack of capacity in identifying the poor.

NGOs are trying to supplement and complement of the gaps of the LGIs. They are involved in social mobilization. However this engagement varies from tokenism to empowerment of the community therefore varies success in sustainability. NGOs also provide hardware but may not be targeting the poor. Therefore many distributed hardwires are not installed or not in use or not replaced when went wrong – another issue for sustainability of the programme.

According to Sector Development Programme (SDP), Water and Sanitation Sector, 2005 the WSS sector needs major capacity building to address the low level of performances and investment needs. Training is required for the UPs and the small scale enterprises involved in rural piped water supply. The autonomous WSS utilities will need training to perform their functions efficiently. DPHE as the sector agency will also need training for its new role in the sector. SDP recommended establishing a national training centre under DPHE. The training need also has been identified. SDP suggested capacity development mainly in the area of technology, programme and financial management. Social development including gender and equity haven't been able to label as priority areas in the SDP. Total capacity building package is costed as US\$ 51.40 m in the SDP.

## 4

# Capacity Development Support for the Intermediate Levels in Sanitation Sector

## Public Sector

### DPHE

DPHE is the lead national agency for technical assistance in sanitation for both the rural and urban areas. Most of the senior members of staff of DPHE are from civil engineering background. In early 90s DPHE set up its training division for the capacity building of DPHE staff and also DPHE-donor funded project partners. Training division mainly design and coordinate the training programme, while for facilitation DPHE tap resources from its different projects. DPHE training programme mainly focused on issues related to technology and financial management. In the training division there are no professional trainers. DPHE don't have any staff in the training division with the expertise on hygiene promotion or social development. Recently DPHE recruited a few number of staff in UNICEF project for social development activities but they are comparatively junior in position. At present DPHE mainly focus on rural projects. They need capacity to address the urban challenges, expertise on social development including gender and equity, also professional trainers to facilitate participatory training at senior level. In DPHE the planning and designing of donor funded major projects mostly done by private sector (consulting companies). Besides limited human resources development, DPHE don't have any initiatives for institutional and organizational development.

DPHE needs re-structuring to play the role of national lead agency in sanitation. It needs to recruit people with social development background to take care gender, equity and participation issues. It also requires to up-to-date itself with different technological options for sanitation in different geographical, socio-economic and technological challenged situations.

### National Institute of Local Government (NILG)

NILG is responsible for the capacity building of the LGIs. Established in 1969 till October 2003 the institute has so far organized 2,000 training/orientation courses for 100,000 participants. However a total of 118,000 public representatives and staff are only present under the UPs (CCs. Municipalities and others keeping set aside) in the country that require training. NILG's capacity is therefore very minimum in comparison to the need. DANIDA has taken initiatives to strengthen NILG's capacity to support LGIs for watsan responsibilities.

NILG's capacity needs to be expanded to take care large number of people need to be trained. Also it needs to develop its capacity for issues like governance, social mobilization, gender, equity, participation etc. Besides human resources development, it needs to focus on organizational and institutional development of the LGIs also, therefore needs to build its own capacity in those areas.

### Bangladesh Public Administrative Training Centre (BPATC)

BPATC is responsible for the capacity building of civil servants of Bangladesh. However at present its course calendar don't include water and sanitation issues.

BPATC may offer courses on water and sanitation particularly on the programmatic aspect and role of LGIs in realising such, as civil servants play a vital role in supervising/guiding the LGIs. It may build its own in-house capacity for such courses or can hire external resource personnel for such also.

### International Training Network (ITN) – Bangladesh University of Engineering and Technology (BUET)

ITN is established at the BUET with the financial assistance of DANIDA. Capacity building of mid and senior level of professionals specially to produce master trainers in the WSS sector is the main

focus of ITN. Most of the ITN training courses are on technological aspect. Permanent staff are also mainly from engineering background. In the July 2006 - June 2007 financial year ITN plans to offer 20 courses. Among these courses only a two days course is on Gender and Participation in Watsan and a four days course is on Community Development Techniques. ITN also only focuses on human resources development and not on institutional or organizational development.

In addition to technical aspects, ITN may concentrate also on social development aspects like gender, equity, participation etc in offering courses. Similarly it may also focuses on institutional and organizational development in offering courses. To accomplish such role, ITN may develop its own capacity or hire experts in conducting such courses.

## **NGOs**

### **NGO Forum for Drinking Water Supply and Sanitation**

NGO Forum for Drinking Water Supply and Sanitation is a national apex networking and service delivery organization. NGO Forum emphasizes on capacity building of its partners and beneficiaries. It imparts watsan training on two broad issues, which are related to hardware and software. Trainings which are related to the development of the human skills and knowledge are related with the software training and on the other hand trainings which are involved with the technical aspects such as installation of hygienic latrine/safe water supply technology are related to hardware. It has already developed a group of skilled trainers who are contributing much in this sector. In order to make the training services much more effective and as a part of its decentralization process NGO Forum has established well-equipped regional training centres with modern facilities in 14 different locations of the country. In 2006 it plans to offer 18 different courses. Though most of its courses aim at human resources development, it also offers courses for organizational development. However efforts for institutional development seem to be absent.

NGO Forum may focus more attention on organizational and institutional development in its training. It may develop its own capacity in conducting such courses or hire experts to conduct such courses.

### **Institutional Development Services Limited (IDSL)**

IDSL started as a CARE initiative for human resources development for development initiatives. It offers wide ranges courses covering human resources development, organizational development and institutional development. However it doesn't provide watsan specific courses. As capacity builders for NGO sector, IDSL may concentrate on watsan issues – both hardware and software in its courses. It may hire experts to conduct watsan courses.

### **BRAC**

BRAC is the largest NGO in the world. Its training division imparts wide ranges of courses – few days to year-long Masters courses for various aspects of development. Its courses cover human resources, organizational and institutional developments. However specific watsan courses are unavailable.

BRAC is about to initiate its big watsan programme funded by Dutch. Obviously it will require qualified human resources both in software and hardware for implementing the programme. It may train those and capacity built out of such can later be used for offering watsan courses covering both hard and soft wares.

### **WaterAid Bangladesh**

WaterAid is an international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people. It has been working in Bangladesh since 1986 and now has a total 15 partner NGOs in urban and rural areas. It provides capacity building support to partner NGO staff to develop them as trainers, managers and advocates. Training covers hygiene promotion, community mobilization, watsan technical aspects, participatory monitoring and evaluation, governance, poverty, gender and equity, community situation analysis using PRA tools and

techniques, advocacy and networking. WaterAid and its partner NGO VERC had pioneered Community Led Total Sanitation (CLTS) Approach and trained others in the approach both in country and outside including countries of Africa. Its initiatives cover watsan related specific human resources and organizational development needs but not the institutional development areas.

## **Donors**

Most of the donors funded projects have components for capacity building at intermediate level. UNICEF-GOB project has component for institutional capacity building, both for DPHE and intermediate level. DANIDA funded project aims to build capacity of NILG and ITN to build capacity at intermediate levels and also through HYSAWA (Hygiene Sanitation Water) fund of UPs.

## **Private sector**

Many private sector institutions/firms are offering services including training for human resources and organisational development. Aiming to institutional development is scanty. Continuing Education Centre (CEC), Eminence Associates, Rapport Bangladesh, Communica, HealthConsult, Institute of Personnel Management, Bangladesh Society for Human Resources Management are few to name. They offer numerous human resources and organizational development courses. NGO workers are usually participants in those courses. Private sector may play useful role in capacity building at intermediate level for sanitation service delivery. Through collaboration with sanitation service providers NGOs, private sector institutes may offer courses.

## **Reflection in capacity building**

Watsan, in general but sanitation in particularly is a complex issue. Both social and technical aspects are needed to consider to deliver the services. However to sustain the services institutional framework and organizational structures are also required to consider and taken care.

Existing academic training fails to take care such complex issues and therefore unable to produce human resources required for the sector. Engineers may be trained to provide technological options for sanitation. Then social sciences knowledge requires to motivate community to accept and use that technological solution. Also community need to be transferred with the knowledge to operationalize and maintain the technological option. Community also need capacity to organize and run their organization with managerial effectiveness inclusive of financial management. They need information about institutes like DPHE, LGIs mandated to support them and also about organizational structure like watsan committee/sanitation taskforce to engage with those institutes.

However in order to reach the goal of MDG with sustainability, capacity building of intermediary organizations is prime thrust, for which watsan professionals drawing knowledge from all concerned sectors are also prime requisite.

## 5

### Available Approaches, Methodologies and Training Materials

Different organizations and projects have developed or are in the process of developing various training materials. Examples are various water and sanitation projects under DPHE supported by the Dutch, ADB, UNICEF, WHO and DANIDA. Different urban development projects under LGED are also developing training materials of their own. NGOs like NGO Forum, CARE, Dhaka Ahsania Mission, WaterAid, had developed training materials for NGO professional and local government representatives.

Different organizations also follow different training methodologies – lecture, group exercise, role play, various participatory approaches, field visits are commonly used. Training materials are mostly locally developed, sometimes with some external assistance. Though not all, but gender specific and sensitive training materials are available. Hardly there are any efforts of jointly develop training materials and share training unless advised by the donors.

## 6

# Enabling Environment for CD Activities

### **Government orientation towards capacity building**

The government has taken some initiatives to build the capacity of the sector so that the expected objective of achieving 100% sanitation by 2010 can be obtained. The initiatives are:

#### **Sanitation Policies and Strategies**

The GOB had adopted number of policies related to sanitation to improve the capacity of the sector towards achieving 100% sanitation by 2010, which has been described in section 3.1. However, though made quite good progress in developing the policies and strategies in collaboration with development partners and civil societies, the policies and strategies are yet to be operationalised and coordinated so that the real implications of the policy concerns are reflected at the implementation level by different stakeholders.

#### **Regional Cooperation on Sanitation**

Government of Bangladesh hosted SACOSAN 2003 in order to (i) assess the state of Sanitation and Hygiene, sharing experience and lessons learnt in the region (ii) raise the profile of Sanitation and Hygiene in South Asia following WSSD (iii) generate political commitment through a joint declaration and (iv) strengthen leadership/ advocacy for improved sanitation and hygiene in South Asia.

#### **Strengthening LGIs**

The LGIs at the UP, municipality and city corporation level have been given the responsibilities by the government to implement and monitor sanitation activities. Task force committees have been formed under the leadership of public representatives at the lowest tire of ward to the national level for achieving 100% sanitation through planning and implementation of hardware and software activities on sanitation. Government has been allocating additional funds for sanitation and channeling those to the LGIs directly. Capacity of LGIs is weak in planning and implementation of sanitation programme as they have shortage of staff and inadequate knowledge and skills for mobilization of resources and effective utilization of the same.

#### **Reaching the Poor**

The government earmarked fund for Sanitation and kept it at the disposal of LGIs It further earmarked 25% of this allocation for the software and 75% for the hardware subsidy for the extreme poor. Extreme poor as defined by the definition stated in Pro-Poor Strategy 2005 is being provided with free sanitary latrines. There is a lack of strong monitoring system, therefore distribution of free latrines to the extreme poor and their installations and use are not being monitored properly by LGI. Furthermore, LGI is not capable enough to coordinate with other sanitation service providers to avoid overlapping and duplication.

#### **Social Mobilization**

The government with support from NGOs, development partners, LGIs and civil societies has been organizing sanitation campaigns each year at all levels so that the awareness on sanitation has been increased among the mass population. The month October each year has been declared as sanitation month. As a result it has been reported that about 70% of the sanitary latrines are installed by individuals' initiative while remaining 30% from UPs, NGOs and other supports. Social mobilization for installation of latrines should be continued and combined with use, maintenance and hygiene otherwise the totality of sanitation will not be achieved. Installation and maintenance of latrines at schools and public places should be improved.

### **Role of DPHE**

It has been suggested that DPHE, the government department responsible for implementation of WSS activities should change its role from implementer to facilitator. DPHE should gradually transfer the responsibilities of conventional rural water supply and sanitation activities to the UPs and will remain involved in development of water supplies and sanitation in difficult areas and for emergency responses. A mechanism for capacity enhancement of UPs and gradual transfer of responsibilities from DPHE to UPs needs to be developed. .

### **Sector Investment**

Rural sanitation programme to reach 100% sanitation by 2010 is on course and necessary financial allocations from the government are being made. The government earmarked fund for Sanitation and kept it at the disposal of LGIs. In this regard a guideline has been formulated for proper utilization of the aforesaid grant. In case of City Corporations and Municipalities, Government also earmarked 20% of the development grant for improvement of sanitation. Furthermore, government is also allocating special grants for sanitation through UP and *gram sarker* (village government). The donors, in general are also interested and willing to make necessary contribution. Arrangements for finance for the rural sanitation are mostly assured. Urban sanitation is the most critical factor in terms of investment requirements. Resource gap in the Sector Investment Plan is said to be for rural sanitation US\$ 10m per year. Similarly for urban sanitation annual resource gap is US\$ 190m. In order to minimize this gap, the government is in the dialogues with some bi-lateral and multi-lateral donors (ADB, JBIC, JICA, World Bank etc.).

### **Special Projects**

In order to fulfill the political commitment of the government, special projects on sanitation has been undertaken by the government with its own resources such projects are National Sanitation Project, Second Phase 18 Town Project etc.

### **Private Sector Participation**

There are many private sector operators are involved in production/construction of WSS facilities (latrines, tube-wells etc.). The materials are available at the local markets and demand is created through the sanitation movement. Quality control is an area which might be looked into by DPHE and other relevant agencies.

### **Coordination and Monitoring**

LGD under the MOLGRD&C is responsible for coordination of sanitation activities through National Sanitation Task Force Committee (NSTFC), which is 43 member committee headed by Secretary with member secretary as Joint Secretary of the MOLGRD&C. Twenty member from the government include representatives from other nine ministries (youth and sports, religious affairs, information, agriculture, rural development, health and family welfare, education, primary and mass education and environment and forestry) and four departments (NGO affairs bureau, ansar and village defense party-paramilitary force, government radio and TV) in addition to MOLGRD&C (five) and its two departments (two) representatives. NGOs are given 12 seats and donors as 8 with 3 from civil societies. NSTFC is mandated to lead the national sanitation campaign by drawing a plan of action, reviewing the sanitation situation, ensuring effective functioning of district task forces, mobilization of mass media and other government and non-government institutes particularly of academic institutes for sanitation campaign and observance of sanitation month in each year. A sanitation secretariat has been established at DPHE to monitor the progress of sanitation activities of the country and compile the progress in quarterly basis disaggregated into district, sub-district and union basis. The secretariat in each quarter publishes sanitation coverage (national, rural, urban disaggregated into city corporations and municipalities) and total sanitation achieved in numbers of districts, sub-districts and unions. Capacity enhancement of the NSTFC and sanitation secretariat is essential in respect of holding of meeting regularly (scheduled to meet once in a month at least) to comply with given mandate and checking the reliability of the collected data as well as their quality respectively. At the same time the other parameters of sanitation (beyond households like open defecation, sanitation in

community institutions – market place, academic institutes, transport stations etc., solid waste and waste water management etc.) should also be monitored by the secretariat.

### **Government allocation for training and capacity building**

The government has been allocating each year about US \$ 5.71 million for sanitation under 20% ADP grant to LGIs (see also 3.1). Out of this, about US\$ 4.28 million is for hardware support and remaining US\$ 1.43 million for training and capacity development of community, LGI and other stakeholders. The UP is responsible for implementation of this capacity development activity. It is supposed to be spent for hygiene behaviour promotion within the community with required monitoring for necessary compliance, also for required social mobilization necessary to take forward total sanitation covering sustained use of hygienic toilets in households by all members all the time and beyond households like in community institutions – market place, academic institutes, transport stations etc. and also other aspects of sanitation like solid waste and waste water management. However currently UP has weak capacity of its own and is therefore unable to take advantage of this fund for promoting sanitation. So the quality of capacity development support by UP required to be assessed and strengthened and can be done from this ADP grant fund. If UP as intermediate level can build its capacity to deliver sanitation services through this already available fund a significant achievement in sanitation is possible.

The capacity development of LGI and community as well as decentralization has been considered by the government as priority while formulating new WSS projects such as HYSAWA of DANIDA, World Bank funded project on Decentralization and capacity development of the LGIs etc.

In all the major upcoming projects (details in 1.2 above) have allocation for training and capacity building. In addition, the relevant departments of government (DWASA, CWASA, DPHE, LGED etc.) allocate US\$ 4 million for rural sanitation, US\$ 7 million for urban sanitation and US\$ 6 million for UP block grant for sanitation each year.

## **Organizational Development for Capacity Development**

Building capacity at intermediate level in sanitation sector needs reforms of four key organizations:

- LGI (Union Parisad, Municipality, City Corporation)
- PSDI (Public Service Delivery Institution - DWASA, CWASA)
- DPHE
- NILG

### **LGI**

LGI, in particular the union parisad has very little capacity to implement WSS projects. There is no provision for employing additional staff for WSS under UP but an arrangement can be made so that UP can have staff deployed from relevant government agencies. In addition UP needs financial resources, either from development budgets or from its own sources and a coordinating function of all agencies working within the boundaries of UP.

### **Public Service Delivery Institution (PSDI)**

The present service delivery mechanisms of PSDIs are not satisfactory in relation to coverage and quality of services. A large population including the slum dwellers in Dhaka and Chittagong are not covered by the facilities of the respective organization. Operation and maintenance of the existing facilities are very poor and the cost recovery mechanism is not effective causing delivery of poor services to the customers. The whole organization of DWASA and CWASA require restructuring with provision of privatization of the operation and management of the services.

**DPHE**

The role of DPHE should be changed from implementer to facilitator. The whole organization of DPHE requires restructuring with new role and necessary recruitment of staff and training to the new and existing staff.

**NILG**

Capacity of the NILG compare with the requirement of training for LGI representatives and staff is very low. A DANIDA funded project is in pipeline may enhance the capacity of NILG.

## 7

### Perspectives and Trends

Capacity building initiatives for intermediate level in sanitation sector till now are ad-hoc and not a part of well planned programme. Different NGOs, funded by different donors have undertaken substantial capacity building initiatives but in most cases fail to sustain so due to absence of a sustainable plan.

Increasingly both government and donors have recognized the necessity of capacity building. Programmes undertaken in recent past and now almost have components for capacity building. DANIDA funded project aims to build capacity of NILG, ITN and also UPs through HYSAWA Fund. World Bank is investing to build the capacity of UPs. JICA is also supporting for institutional and organization development of DPHE. So the current trend is for capacity building, a clear shift from the past. However comprehensive planning for all aspects of capacity building – human resource, organizational and institutional development at different levels including intermediate level for the sanitation sector is yet to be drawn. In absence of such, efforts will be fragmented and fails to achieve optimum outcomes.

## 8

# Conclusions and Recommendations

The national goal of achieving 100% sanitation by 2010 through the paradigm of people-centered, community-led, gender-sensitive and demand driven as adopted by SACOSAN in its Dhaka Declaration in 2003 puts forward the importance of intermediate level. The well recognized importance of community mobilization and empowerment following participatory process for the sustainability of the services also high light the need of intermediate level. However intermediate level both in public sector and in NGOs found to lack capacity.

Government has entrusted substantial responsibilities and channeled resources at least for rural sanitation to the LGIs. However capacity of LGI need to be enhanced so that the utilization of ADP grant and other allocation of government through UP and *gram sarkar* (village government) are reached to the extreme poor in a transparent and accountable manner.

Similarly though most of the NGO implemented project show commitment to mainstreaming gender, it often ended by participation of women in community meetings, hygiene promotion sessions and care taker trainings. It often fails to target extreme poor also.

Sanitation is a complex sector. It needs hardware and software, appropriate technological options and change of behavior to adopt the technological options and hygiene. The technological option demands operation and maintenance, which may not be possible on individual basis therefore require community to mobilize and work together, which might demand expertise in community mobilization, formation and maintenance of the group, which will require to tackle the governance, transparency and accountability issues in both organizational and financial terms demanding expertise in those areas. The situation in urban slums is also challenging against land tenure, limited space, migration issues.

Both LGIs and NGOs have comparative advantages and disadvantages in tackling the complex issues of the sanitation sector as mentioned above. LGI has mandate to carry forward sanitation and also has limited resources for that purpose. It is also mandated to raise local resources. Though it is supposed to get technical assistance from DPHE for sanitation activities, capacity of DPHE is severely constrained at that level. Moreover they don't have appropriate human resources for community mobilization. They also lack knowledge on social development aspect of sanitation like gender, equity, participation etc. But its locally elected representatives enjoy confidence of the community and it's a permanent institute. Whereas NGOs have the human resource for both hard and software parts of sanitation. Their finance often depends on external sources. Their existence is not permanent. Therefore partnership between both may benefit from collective synergy and avoid weaknesses of each. However capacity building is required for both of them. Areas of capacity building may vary given the agreed roles of each of them. However not only capacity building for human resources development, but also capacity building is required for organizational and institutional development. LGI needs to build its capacity for social mobilization following participatory approaches, participatory tools, participatory monitoring, health and hygiene behavior promotion, technical options on sanitation, leadership, resource mobilization, financial system, budgeting, information sharing, networking, local government system etc. Similarly NGOs require capacity building for working with LGIs, knowing LGIs, its mandate and system, related line departments' (DPHE, LGED) mandate and system, governance, poverty, equity, networking, strategic planning, financial system, monitoring system, documentation, networking, advocacy etc.

Enabling environment provided by the government through various policies put forward an excellent opportunities for both NGOs and LGIs to work hand in hand. NGOs with active participation of the LGIs can do the required social mobilization for universal sanitation, whereas LGIs can provide the

hardware support to the unable poor and vulnerable – thus achieving 100% sanitation in rural areas. NGOs can work with the LGIs to support their capacity for on-going monitoring. Also support LGIs in building its capacity to implement participatory watsan programme and monitoring the same. Thus NGOs can initiate the programme by front loading which subsequently be taken over by the LGIs for maintenance and sustainability by providing required support.

In urban areas, LGI and PSDI with the support from the donors need to take care the massive investment in infrastructure. However NGOs can supplement the efforts by mobilizing the community for component sharing<sup>1</sup>, ensuring gender and equity.

For LGIs, NILG may be strengthened given that it's mandated for such. However given the volume of need, it will require to decentralize its operation. It may get benefit by forming consortium with other public sector institutes like RPATC, regional BIM, BARD who both have trainers and physical space is many different parts of the country. For the NGOs, NGO Forum may take lead as experienced and has regional facilities. However their capacity will also require to be strengthened particularly for taking forward organizational and institutional development aspects.

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<sup>1</sup> Communities to take care households and community lane/by-lane portion whereas CC/PSDI to care of the main line with ultimate management