

Bangladesh



WaterAid/Abir Abdullah

Bangladesh, lying between India and Myanmar on the Bay of Bengal, is one of the most densely populated countries in the world, with a diverse culture deeply influenced by Hinduism, Buddhism and Islam. More than 150 million people are crowded onto deltas where Himalayan rivers empty into the sea. Its low lying lands are subject to severe monsoon flooding which every year displaces huge numbers of people and destroys livelihoods.

Despite the abundance of surface water, diseases are common throughout the country due to contaminated drinking water sources and low sanitation levels. Over-abstraction from rivers and groundwater means that water tables are dropping, while saline intrusion and the natural presence of arsenic are making matters even worse. For people living in the Chittagong Hill Tracts, on shifting river islands, or in the desperately poor slums of Dhaka and Chittagong where people are given no right to the land on which they live, the challenges of gaining access to water and sanitation are particularly difficult.

WaterAid in Bangladesh



WaterAid has been working in Bangladesh since 1986 and now, with 15 partner organisations, helps to improve the lives of poor people through water, sanitation and hygiene education projects. Our overriding goal is to reduce poverty and our work focuses on the poorest and most disadvantaged people, including women and the elderly.

WaterAid's work is vital as without water and sanitation childhood ailments like diarrhoea are killers (worldwide a child dies every 15 seconds from water-related diseases). In Bangladesh water-related diseases are responsible for 24% of all deaths. Every year, gastroenteritis and diarrhoeal diseases kill 110,000 children below the age of five. To make matters worse the natural occurrence of arsenic in many parts of the country has contaminated water in around a quarter of the nation's tubewells. WaterAid is now involved in pilot arsenic mitigation efforts and helped launch the National Arsenic Information Support Unit in 2001.

In addition to water source contamination rural water projects have to overcome other challenges. In areas of the Chittagong Hill Tracts, where groundwater is scarce and streams often contain animal faeces and bacteria, WaterAid and local partner Green Hill have installed gravity flow schemes, where water is tapped at its source in the hills and piped to villages below. This has

drastically reduced time spent collecting water and cut the rate of water-related diseases in the districts covered.

WaterAid's urban water projects help desperately poor communities living in the slums of Dhaka, Narayangonj, Chittagong and Khulna to establish tubewells or communal waterpoints. WaterAid and its partners negotiated with the Dhaka city water authorities for permission to establish communal waterpoints, where slum communities can access water from the city water supplies through handpumps. WaterAid's partners sign the contracts on behalf of slum dwellers, who are denied personal water connections as they have no right to the land where they live and therefore no official address. The waterpoints are run on a cost-recovery basis where users pay a small fee to the community management committee to use the facilities. The money collected covers the initial set-up cost, water bills, attendants' wages and maintenance.

Community involvement is vital to the success of these schemes and WaterAid's partners have developed innovative approaches to raise awareness of the problems caused by poor water, sanitation and hygiene. This motivates community members to make changes themselves using simple and affordable technologies that they can set up and maintain after initial support and guidance from WaterAid's partners.

With more than 70 million people living without any form of toilet, disease is widespread and the need for improved sanitation is huge.

In 2005 the Government of Bangladesh presented WaterAid and three of its partners (DSK, VERC and PSTC) with national sanitation awards in recognition of their efforts towards the Government's goal of universal access to sanitation by 2010. This work builds on WaterAid's approach of generating demand for water and sanitation among poor communities. WaterAid and its partner organisations run awareness campaigns about the importance of good hygiene and once communities learn the link between bad hygiene, including open defecation, and disease, they are inspired to improve their hygiene practices and want to establish water and sanitation facilities themselves.

For example, WaterAid's partner organisation VERC (Village Education Resource Centre) has been helping communities to solve their own sanitation problems since 2000. After building rapport with the community, VERC joins people on walks through the village looking for human waste. The community is then asked to map all of the houses in the village, indicating whether or not they have latrines. Next, the open defecation sites are marked on the map so that the community can visualise how ponds and other water sources get contaminated with human waste. Each person and family then estimates how much they contribute to the problem and learn how open defecation spreads diseases. When communities realise that their own faeces are contaminating their food and water, they are eager to make changes.

In rural areas sanitation takes the form of communal or household pit latrines. Where possible WaterAid and its partners encourage communities to choose from a range of latrine options and to develop their own solutions. As a result many technical, social and economic innovations have taken place, with communities designing local and low-cost latrines that are suitable to their conditions. Today, there are more than 20 models available and the cheapest one costs only Taka 15 (16 pence).

In crowded city centre slums, the only sanitation option is communal latrines connected either to septic tanks or mains sewerage where available. Sanitation blocks are established which offer segregated latrines and washing facilities for men and women. A 'VacuTug' mini sludge sucking

mechanised system is used in some areas to tackle the problem of accumulated pit latrine and septic tank waste that is inaccessible to normal sludge disposal systems.

Plans: 2006-2011

A new strategy running from 2006 to 2011 sets out the future plans and activities for WaterAid in Bangladesh. During this time WaterAid will continue to focus on water, sanitation and hygiene education working with local partners on community managed projects.

The key aims are to:

- Directly help 3.47 million people in rural areas and 1.3 million people in urban areas to gain access to water and sanitation by 2011
- Strengthen local government and support local partner organisations and other non governmental organisations to ensure a further 720,000 people in rural areas and 1.14 million people in urban areas are helped to gain access to water and sanitation by 2011

A new area of focus in Bangladesh over the period of the strategy is crisis management, ensuring that communities are both prepared

for and can recover effectively from the effects of floods, cyclones and other natural disasters.

We will also continue to have an impact on the Millennium Development Goals (MDGs), internationally agreed targets to tackle world poverty by 2015, which include targets to halve the proportions of people without water and sanitation. This work will also make a considerable contribution to our 2010 target of helping a million people per year gain access to water and a million to sanitation across the 17 countries where WaterAid operates.

In the same period WaterAid will continue to work closely with local governments to enhance their capacity to plan, implement and monitor sustainable interventions in water supply and sanitation. WaterAid will increase its urban work to 30% of its total activity in Bangladesh, which, as well as including promotion of sanitation and hygiene among communities, will also focus on lobbying local governments to provide basic services to poor people.

WaterAid believes local government service providers should be accountable to the communities they serve. Guided by this belief WaterAid will continue to call for, among other issues, better coordination among those involved in water and sanitation, and for strengthening and decentralising decision-making to local government.

Khotija Begum is the secretary of the water and sanitation committee, Banshbir village.



WaterAid/Lisa Martin

WaterAid's partner VERC has helped to build 63 hygienic latrines in Askarpara Uttar district, paid for by the villagers themselves. There is a sign at the entrance to Banshbir village that reads: "Nobody is allowed to defecate in the open here."

Khotija explains, "First we worked out what diseases people suffered from here at different times of the year. Then we calculated the medical cost. We were spending Taka 36,000 (£320) a year on medicine. Then the women worked out that there were 53 tonnes of human faeces on their streets every year, and realised that was fuelling the disease in the village. It enters the stomach in many different ways. The decision was: do we want to eat our own goo [faeces], or do we find a way to overcome this problem?"



Bangladesh

Area: 144,000 km²

Capital: Dhaka

Other main cities: Khulna, Narayangonj, Chittagong

Population **140 m**

Infant mortality **69/1000**

Life expectancy **62.8 yrs**

Water supply coverage **75%**

Sanitation coverage **48%**

Below poverty line **49.8%**

Human development index **139**

Adult literacy **41%**

Sources: World Development Report 2005, the Human Development Report 2005, UN 2005.

NB. Official statistics tend to understate the extent of water and sanitation problems, sometimes by a large factor. There are not sufficient resources available for accurate monitoring of either population or coverage. Varying definitions of water and sanitation coverage are used and national figures mask large regional differences in coverage.

Country information

Achievements to date

- WaterAid has been awarded £15.5 million from the UK Department for International Development (DfID) to continue the Advancing Sustainable Environmental Health project (ASEH)
- The community-led total sanitation campaign has proved so successful that WaterAid and partners in Nepal, the Indian State of Maharashtra, Nigeria and Ethiopia have adopted the scheme in some areas
- WaterAid and its partners have established an agreement with the Dhaka Water and Sanitation Authority where slum dwellers are now recognised as legitimate users of municipal services

£1 buys a hammer as part of a basic toolkit

£30 pays for the salary of a hygiene educator for one month, delivering hygiene education to 200 slum families

£60 buys an arsenic testing kit for 100 water sources

£180 pays for a tubewell and handpump to serve 15 families

£470 pays for a public water point in an urban slum, used by up to 100 families

WaterAid

WaterAid – water for life

The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

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Charity registration number 288701 June 2006



WaterAid/Abir Abdullah

Hasina is 30 years old and has two daughters. She is the caretaker for the sanitation block in Tajgan Slum, Dhaka.



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“Before getting this sanitation block I used to be lucky to get a wash once every three days. Now I bathe every day and feel so much more clean and comfortable. I would say that sanitation was the biggest problem for women in this area before this block was built. Now the popularity of good hygiene and sanitation has spread. Everyone wants clean latrines and a clean and private place to wash now!

This block has become an income generator for our community. Also our children are much cleaner and more healthy now. Before the block it was so difficult to find a place to go to the toilet, especially for women. The conditions are so crowded here that there isn't a spare place and having no privacy whatsoever was awful. We just put up with the situation. However, a female health worker came into our community and brought us women together. She gave us the courage to speak up about our problems and for the first time gave us hope that things could change. We felt more powerful as a group of women and soon found that our shyness left us when we were all women together.”

Rabaya Khanum, 25, is a health worker with WaterAid's partner PSTC.



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WaterAid partner PSTC helped build a sanitation block and two tubewells in Chandkhar's Pole, Dhaka Medical College Slum. Rabaya's hygiene sessions are designed to maximise the health benefits of clean water and sanitation, primarily through educating the women in the community.

“At first I couldn't talk directly with the women. I had to speak to the men leaders. I had to take some time to convince these leaders that it would be easier for me to talk to the women directly as they were generally the ones who were home during the day. Eventually the men gave me access to the women.

It takes time to get the women to open up and share their problems with you. I show them hygiene cards which starts the discussion flowing and gradually they will open up woman to woman. I think the most important part of the work with these communities is the hygiene education. It really can save lives when people understand how diseases are spread and how, with limited resources, they can keep their families and their environment clean.”