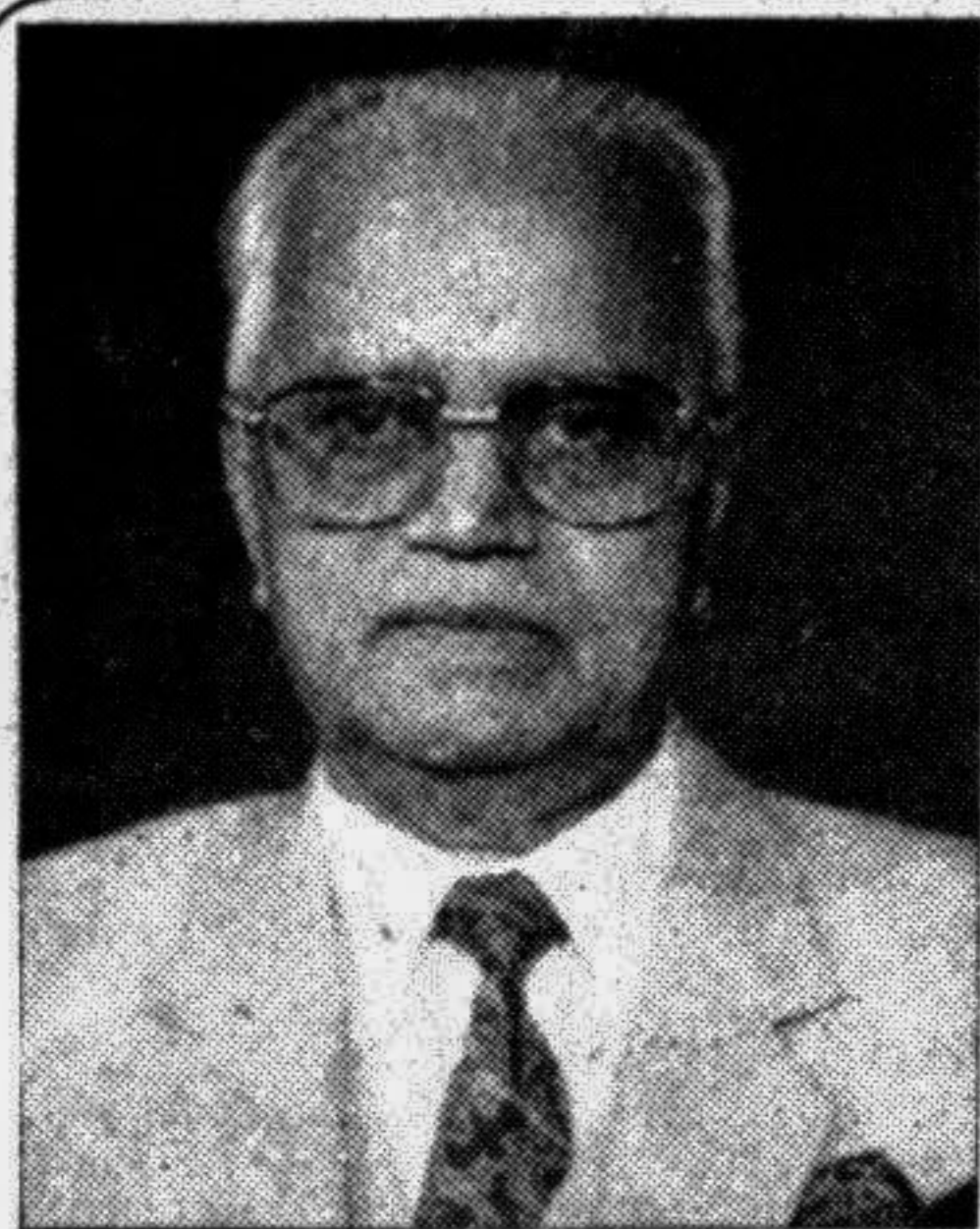


# Sanitation Week '95

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## MESSAGE

It is a praiseworthy venture that the Department of Public Health Engineering and UNICEF are observing the National Sanitation Week for the second time through out the country. I congratulate the officials con-

necting with this venture. The Department of Public Health Engineering has achieved lot of success in supplying safe water to the rural people. But the progress of sanitation coverage is comparatively inadequate. Prevention of infant mortality due to diarrhoeal and intestinal diseases caused by parasitic worms is possible by promoting sanitation and personal health care at all levels. Proper sanitation has no alternative to prevent 80 per cent intestinal disease in Bangladesh. I hope the Government, non-government and other voluntary organizations will take active part in this nationwide sanitation drive. I am sure we can build up happy and healthy people and congenial environment through cooperative and united efforts at all levels. I wish the National Sanitation Week all success.

Abdur Rahman Biswas  
President  
The People's Republic of Bangladesh

## Development of Rural Sanitation in Bangladesh

Aminuddin Ahmad

Chief Engineer,  
Department of Public Health Engineering

THE developed world of today is ceaselessly engaged in undergoing extensive research on incurable diseases like AIDS, Cancer etc. For curable diseases they have no concern at all as they don't suffer from curable diseases in most cases. On the other hand the underdeveloped countries of the world have been dragging on with the sufferings of millions mostly on curable diseases.

Study reveals that eighty per cent of these diseases in our country are water & faecal borne. The rural water supply situation has considerably been improved. Ninety seven per cent of this rural population are now having safe drinking water within their range of 150 meters.

As regards rural sanitation, no significant coverage was possible. There were valid reasons for that. In the past all these efforts were concentrated to improve water supply situation within the rural community. The strengthening of the sanitation programme has started only a few years back. At present the local as well as external assistance have been combined effectively by playing significant role towards improving sanitation situation in rural Bangladesh. The steps in accelerating this programme have been proved satisfactory. The per cent coverage is forty one per cent in rural sanitation.

Millions of microbes live in human excreta. Indiscriminate defecation practice makes avenue for transmission of pathogenic bacteria & microbes to human bodies through food & water thereby making healthy persons sick.

From the facts stated so far the importance of hygienic sanitation practice can be well understood. There is

no room for complacency in our success of water supply as we have to do a lot for safe & hygienic sanitation and step forward for improvement of the health of our people which in turn, will boost up our development activities.

Let us now look at the village sanitation project of DPHE. In 1950 the idea of village sanitation project came into picture with WHO assistance having the objectives of (i) Research & development on use of safe water supply & sanitation, (ii) Practical application of research outcome and (iii) Looking into the effects of water supply & sanitation in controlling outbreak of cholera & diarrhoeal diseases. Under that project there was provision for installation of slanting pit latrines. But the project could not come out successful due to fund constraints & inadequate management.

Afterwards in 1962, a small scale project on sanitation was undertaken with UNICEF assistance, where there was provision of supplying concrete slab latrine to 2 lakh families under 10 selected thanas. Latrine slabs were produced at thana headquarters and were distributed to families free of cost through union parishads. A total of 1.6 lakhs of slab were produced & supplied under the project.

The absence of pit lining slabs in those latrines made them inoperative due to land slide and as such the project could not bring about expected benefit.

In the subsequent year in 1963, DPHE procured a design of latrine slab from Chiangmai in Thailand, which was later improved &



## MESSAGE

Children are the future asset of the nation. It is our moral duty to be careful about physical and mental well-being of children in compliance with the charter of the United Nations Children rights. Bangladesh as a member is promise-bound to protect the children from diarrhoea and other commu-

nicable diseases. I hope that the National Sanitation Week will help fulfil this responsibility by building up greater public awareness about this vital issue.

The Department of Public Health Engineering has a vital role in the improvement of health of the people, specially the children and in preservation of environment through supply of safe drinking water and improvement of sanitation system in the country. At present, 97 per cent of people are getting benefit of safe water supply whereas only 41 per cent of them have access to sanitation coverage. To reduce this gap, a target has been set to achieve 60 per cent sanitation coverage by 1996. If this target is attained, the rate of infant mortality will be reduced substantially. I feel that cooperation of individuals and non-government organizations with the Government efforts will be very fruitful in this field. I wish the National Sanitation Week 1995 all success.

Khaleda Zia  
Prime Minister  
The People's Republic of Bangladesh

## An Overview of Sanitation Promotion in Rural Bangladesh

Farid Uddin Ahmed Mia  
SE Planning, DPHE

### Introduction

During the fifties, the concept of confinement of excreta for the prevention of diarrhoeal and parasitic diseases was unknown to many people of the rural community. Open defecation was practiced widely. WHO and DPHE took a pioneer role to disseminate the technical know how for the construction of low cost hygienic latrines and initiated a pilot project through the establishment of 10 demonstration-cum-production centres in the country. Later, the programme expanded covering all 460 thanas of the country in phases. Although information about water seal latrine technology had reached the community, the practice of constructing hygienic latrines was not found encouraging till the launching of the social mobilization campaign during the 1990's through DPHE-UNICEF programme.

### Review of the Past Programmes Approach

In the pilot demonstration phase, sanitation promotion was started by introducing RCC water seal latrine slabs. People's participation were absent from this programme and the slabs were distributed free of cost on demand. In the next phase, it was observed that most of the squatting slabs remained unused due to the failure of unlined pits. DPHE then started distributing RCC rings for the lining of pits. A latrine unit comprising one water seal slab and 5 rings was sold at a fixed price of Tk 50 during 70's.

The subsidy has later been reduced in phases by DPHE increasing the selling price for Tk 50 to Tk 250 per cent during 80's. Most of the beneficiaries complained about the cost required for transporting these sets from the thana centres. DPHE then observed that if the production-cum-distribution centre could be built at union level and the transportation costs is reduced, the community members will be encouraged to build more water seal latrines. However with all these efforts the rural sanitation coverage could reach only about 6 per cent by the end of '90. The introduction of "do it yourselves latrines" through a Social Mobilization Approach triggered an increase in the sanitation coverage from 6 per cent in 1990 to 33 per cent at the national level.

### Case Study of Community Approach in Sanitation Promotion

An analysis of a case study on community management of sanitation initiated by an NGO (ISAC) in Dhamrai indicates that community management is effective for sustainable sanitation development. The key elements of the community management are:

- To initiate demand for the services.
- To establish a sense of ownership of the facilities built for them.
- The organisational capacity building to sustain the facilities for proper maintenance and care.

To establish cost recovery mechanism for meeting the operational cost.

**Demand Creation:** In the study area, SAC approached the community through (i) Village level health committee (VHC) and (ii) Women group. Both the committees are constituted with local community leaders and female members of the community. SAC's field motivators persuaded the committees to create the demand for the services through raising awareness for the safe water use and sanitary practice of excreta disposal. The Uthan Bathak (court yard meeting) provided an excellent opportunity to discuss the problem of the community in an informal setting which spontaneously created a sense of community participation in solving their own problem.

The demonstration of low cost technology and display of video film "Pani-o-Paribesh" in the court yard meeting raised an inspiration and confidence among the community to build their latrines by themselves.

**Organization Capacity Building:** The following approach for building organizational capacity of the community were adopted:

The importance of active participation by both men and women had been confirmed at a general meeting with full support of leaders (telites). Meetings are scheduled to be held at a time and place convenient for all sections of the community. The use of as many communication channels as possible to announce the meeting promoted attendance. Encourage comments and questions from all groups of the audience in informal meetings had built confidence among the community in solving their own problems.

Holding separate meetings for women's groups in small neighbourhood meeting places, which allowed women to express their own views had encouraged women participation.

**Organizing Community resources** for operation and maintenance

**LESSONS LEARNT**  
**Lack of community confidence:** At the beginning, local people were not responsive to SAC's initiatives. There were doubts among the people about SAC's support services and its drive for community participation. SAC's had to pursue the local people and convince them about its services and intentions.

**Village politics:** At the time of forming the village health committee, SAC had problems in selecting suitable people for project implementation and to face conflicting groups. The problem of village politics was tackled by attaching the local leaders as honorary members in the Village Health Committee.

**Involvement of women:** To involve the women, SAC had to work through the village level committees utilizing women volunteers for house to house contract.

**Lack of community initiative:** While sanitation promotion the community raised initially the question of their

financial inability to construct sanitary latrine. But the SAC motivators demonstrated pit digging and introduced home made latrine by which the women members were encouraged to dig their own latrine pits.

### Looking Forward to the Future

Keeping the past strategies and achievement of rural sanitation coverage in Bangladesh DPHE has already developed its strategic plan for the future to cover 80 per cent of the rural population by the year 2000. For such initiative it is necessary to foster our efforts to promote

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the field of sanitation in rural Bangladesh. Since it is very difficult for the Department along to accomplish this uphill task with its limited resources and manpower. Non-Government and voluntary organization should also come forward to work hand in hand with it for promotion of sanitation activities in the villages. The observance of this week with UNICEF assistance will be very helpful to attain the national goal "Health for all by the year 2000".

It is my firm belief that successful implementation of sanitation activities will prevent diarrhoeal diseases and thus reduce the infant mortality rate to a great extent.

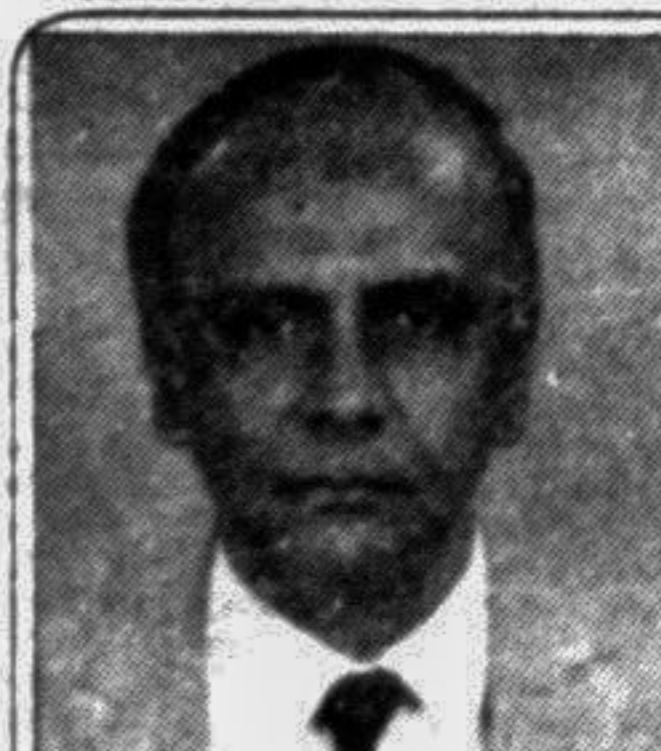
Hence, I call upon everyone irrespective of group or class to take part in observance of the sanitation week. I wish the National Sanitation Week every success.

**Barrister Abdus Salam Tuhkur**  
Minister  
Ministry of LGRD and Cooperatives  
Government of the People's Republic of Bangladesh.



## MESSAGE

I am glad that the Department of Public Health Engineering under the Ministry of Local Government, Rural Development and Cooperatives and UNICEF have taken initiative for observance of the National Sanitation Week. I believe that observance of this week will go a long way in motivating all people in their day-to-day hygiene practices and encourage them to actively participate in the sanitation activities of the Government. The Department of Public Health Engineering is engaged in the implementation of development projects in



## MESSAGE

The Department of Public Health Engineering has for the second time launched a programme for observance of National Sanitation Week with financial assistance from UNICEF. The purpose is to ensure the support and active participation of all political leaders, administrators, educationists, local religious and social leaders, and women in the implementation of the sanitation programme. At present, 97 per cent of the villagers are benefiting from the supply of safe drinking water while sanitation coverage (including pit latrines) is

only 41 per cent. If the sanitation coverage is raised to the extent achieved under the safe water supply programme, infant mortality due to diarrhoeal diseases could be reduced significantly and the achievement of the target "Health for all by the year 2000" will become more certain. Therefore, we must strive to provide sanitation facilities to 60 per cent of the village people by the year 1996.

The observance of this week will act as bridge of communication between the Department of Public Health Engineering, other Government and Non-Government organisations and the members of the public in general. This will encourage the people's participation in the field of sanitation.

I am confident that the sanitation programme will in the near future be transformed into a social movement.

**Sayed Alamgir Farrouk Chowdhury**  
Secretary  
Local Government Division  
Government of the People's Republic of Bangladesh.



## MESSAGE

I am very happy that National Sanitation Week is going to be observed in our country under the auspices of the Department of Public Health Engineering with assistance from UNICEF. Its importance cannot be over-emphasized in the context of the socio-economic condition of the country. Nearly 700 children below the age of 5 years die every day from diarrhoeal diseases in the country. The children are our future citizens and the country's future depends on them. The nation loses money and valuable work-hour in nursing sick children. There is no alternative to health education to prevent this.

Health education can be disseminated through personal and group discussion, leaflet, poster, billboard, slide show, video show, film show, radio, TV, daily Newspaper etc. The communication amongst Government and Non-Government organization, voluntary organisations and involvement of all in this programme will hasten the achievement of this goal. I wish this National Sanitation Week a success through joint efforts of all.

**Md Abdul Hays**  
Deputy Minister  
Ministry of LGRD  
Government of the People's Republic of Bangladesh



## MESSAGE

This year's National Sanitation Week falls at a time when the country's performance in terms of sanitation coverage is being carefully evaluated in relation to both the Government's mid-decade goal of 35 per cent and the year 2000 goal of universal sanitation coverage set at the World Summit for Children in 1990. Progress is very encouraging: coverage has increased from 10 per cent in rural areas in 1989 to national coverage of 35 per cent in 1994. We are hopeful it will be nearly 50 per cent by the end of this year. These results promote confidence in the ability of Bangladesh to achieve universal sanitation coverage by the year 2000. Set against these achievements, however, is an

environmental sanitation situation which demands urgent attention. A combination of unsafe water, unsanitary environment and poor personal hygiene continues to cause roughly 80 per cent of all diseases in Bangladesh. Further, approximately 20,000 metric tons of faecal matter are still deposited on public lands and in surface water sources every day. This, in turn, results in a daily toll of about 700 deaths of children under five from diarrhoeal diseases.

The Government's Water and Sanitation Programme for the second half of the decade, which is supported by UNICEF, aims to create a safe environment by increasing access to and use of safe water for drinking and hygiene purposes, increasing the use of sanitary latrines and improving personal hygiene practices, especially proper hand washing. Many innovative strategies and activities are used to achieve these objectives.

Let us use the occasion of National Sanitation Week to reaffirm our commitment to the goal of meeting the basic sanitation and other needs of the country's children by the year 2000.

**Rolf C Carriere**  
Resident Representative  
UNICEF, Bangladesh

## Social Mobilisation for Sanitation

Abu Muslim  
Project Director

Social Mobilisation for Sanitation Project (DPHE)

THE term "Social Mobilisation" is now a days frequently used in socio-economic development sectors like mass education, compulsory primary education, family planning etc. In general, it means creating agitation in all strata of society by intensive propagation, and extensive discussions. In particular, it aims in eliminating unfounded beliefs and unscientific habits from society by institution building and conscientization.

Apparently it appears that the third world with its illiteracy, poverty and backwardness is the fertile ground for

social mobilisation. But this is not the fact. In the developed world also the atmosphere of social mobilisation is created by adopting different styles & techniques. The West makes a halt of the incidence of heart disease by inspiring people to giving up smoking, changing food habits and taking exercise. Simultaneously by discouraging free mixing it erects a barrier to the catastrophic AIDS. In fact social mobilisation is the "touchstone" to gain maximum benefit at minimum investment within a short span of time.

Bangladesh has achieved a considerable water supply coverage, a component of sanitation in the rural areas with 97 per cent of the population having access to tubewell water within 150 meters. However diarrhoeal incidence and mortality remain high. One of the contributing factor is poor sanitation. For example only 36 per cent of the rural population use sanitary latrines.

Social Mobilisation for Sanitation aims in improving excreta disposal, personal hygiene practices and use of safe water for domestic purposes for reduction of diarrhoeal disease and improvement of quality of life of the rural communities. It mobilises people at all levels particularly the Union WAT-SAN committees, NGOs,

women's group, religious leaders and the private sector to create a conducive social environment to promote sanitation at the family level. This software component complements the village sanitation project, the hardware component of sanitation.

Union water and sanitation committee headed by the Chairman, Union Parishad is the key institution to implement the programme. WAT-SAN committees have started functioning in all the Union Parishads. The UP chairman is influential in his area. He knows the style of living, behavioral pattern, language and day to day life of the people in the villages. With his influence and understanding he is playing a vital role in motivating and mobilising the community.

The inauguration of the "Sanitation Logo" by the Prime Minister in the national conference on social mobilisation in 1992 was a big step forward in sanitation. The observance of the first National Sanitation Week in 1994 created a momentum on accelerating sanitation coverage. The second National Sanitation Week 1995 will equally contribute to attain excreta free environment which is said to be the fifty per cent of the pollution load of the country.

## A Safe Environment for the 21st Century Bangladesh

Dr TV Luong

Sanitation Coordinator  
Water and Environmental Sanitation Section  
UNICEF, Bangladesh

BANGLADESH has already achieved the universal coverage of safe water supply. Almost all people now drink tubewell or tap water. Yet, many people are still defecating in the open or use unhygienic latrines. There are about 20,000 metric tons of fresh human excreta with disease pathogens deposited every day on public lands and surface water sources. As a result, 700 children under the age of five die from diarrhoeal diseases every day. In sanitary environment and poor hygiene practices transmit diarrhoeal diseases. These children's lives can be saved if every one TODAY start using sanitary latrine and keep himself clean.

UNICEF has provided assistance to promote rural sanitation since the early 1970s. UNICEF's financial support to the Water and Sanitation programme are from many donors, mainly the Swiss Development Cooperation (SDC) and DANIDA. In 1989, only 10 per cent of the rural population had sanitary latrines after more than two decades of promotion.

A national conference on social mobilisation for sanitation and hygiene, inaugurated by the Prime Minister, in February 1992 added a new dimension to the social mobilization initiative taken up by the Department of Public Health Engineering (DPHE) and other partners in the

The government's mid-decade goal of 35 per cent sanitation coverage was achieved in 1994. Thus, the first National Sanitation Week launched by the Prime Minister in October 1994 called for a new mid-decade goal of 50 per cent sanitation coverage by 1995.

The first National Sanitation Week in 1994 stimulated a greater social commitment at all levels on the need for a clean environment. As of January 1995, 41 per cent of households have sanitary latrine.

There is strong indication that Bangladesh can achieve 50 per cent sanitation coverage by the end of 1995, a jump of near 15 per cent increase. This is the result of the concerted efforts of all concerned ministries, departments and the local administration at all levels, in particular, the Union WAT-SAN committees as well as NGOs, Scouts, Girl Guides, Women's groups, religious leaders and the private sector.

The recent steady progress made on improved sanitation and hygiene can be attributed to the following key factors:

- high political commitment
  - intensive social mobilization and;
  - introduction of a range of low-cost latrine
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