Workshop

on

Action Research on Social Mobilization for Sanitation

15-16 February 1997

Sasakawa Auditorium, ICDDR,B, Dhaka, Bangladesh

PROCEEDINGS

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The authors compiled these recommendations, which were developed by the participants of the workshop. This document has been edited by Mr. M. Shamsul I. Khan, Head, DISC, ICDDR,B.

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Contents

Summary

The Environmental Health Programme of International Centre for Diarrhoeal Disease Research, Bangladesh and Department of Public Health Engineering (DPHE) have been jointly conducting an applied research on social mobilization for sanitation (SOC-MOB) programme in Singair, Manikganj aiming at further improving the SOC-MOB programme of DPHE-UNICEF. To share the findings of this research and to develop recommendations for the SOC-MOB programme, a national workshop on Action Research on Social Mobilization for Sanitation was held during 15-16 February 1997. Representatives from community and various governmental, non-governmental, UN and donor agencies participated in the Workshop. The presence of senior political leaders and officials of the country indicated national interest and commitments toward the improvement of sanitation conditions.

During the technical sessions of the Workshop, several papers were presented which were followed by discussions. The papers were developed based on the experiences gained in Singair on four issues: (i) Role of DPHE, (ii) Role of Union WATSAN Committee, (iii) Role of Partners, and (iv) Role of NGO. The participants were given cards with a request to write down the problems they have been facing in implementing the water-sanitation activities of the SOC-MOB programme. These cards were grouped under three broad categories: (a) Promotion, (b) Consumer Satisfaction, and (c) Monitoring/ Evaluation and Others. The participants prioritized the problems from the solution point of view. They also developed recommendations which were subsequently presented and finalized in the plenary sessions.

The following important recommendations were developed at the Workshop:

(1) proper notification from the concerned authorities to allow all partners to take part in the Water, Sanitation & Hygiene (WSH) activities; (2) at least one latrine production centre should be established in every union; (3) national mass media (Radio and TV) should be involved in WSH promotion; (4) workers of all partners should be given orientation on WSH topic; (5) further research should be conducted to bridge gap between knowledge, realities, and advancement.

It is hoped that the proceedings of the Workshop will be useful to all partners of the water-sanitation sector in planning and implementing the water, sanitation and hygiene-related activities.

CHAPTER 1

Introduction

The International Drinking Water Supply and Sanitation Decade (1981-1990) was marked by sustained efforts of communities, government, and international agencies to make adequate water supplies and hygienic toilets available to more people. Surface water is abundantly available in Bangladesh and within convenient reach for most users, but faecal pollution of this water is unacceptably high. To overcome this problem, the government has taken an extensive programme for promoting tubewell water in the rural areas. During the decade, the country's population increased from 90 million to 110 million, while access to safe water in the rural areas increased from 37% to 96%. The access reported, however, is based mainly on the sources of drinking water. In Bangladesh, only 16% of the households use tubewell water for all domestic purposes (drinking, cooking, bathing, ablution, etc.) Drinking water alone cannot control water- related diseases when contaminated water is ingested in ways other than drinking. Moreover, the quality of water varies significantly when sampled directly from tubewells and from storage containers, the faecal coliform bacteriological counts of the latter samples being quite high compared to the tubewell water samples which are, more or less, within the acceptable range.

The sanitation (use of sanitary latrines) coverage is still low. About 40% of the families have some kind of hygienic latrines, but often the home-made hygienic latrines (which constitute about half of the hygienic latrines) have been reported to function in an unsanitary way. Therefore, water, sanitation and hygiene (WSH) improvement remains one of the major public health concerns of the country. It is a huge intersectoral and multidisciplinary task to improve the water and sanitation conditions and related practices. A partnership approach is required to address this problem effectively and timely.

1.1 Department of Public Health Engineering

The statutory responsibility for the water supply and sanitation sector is vested in the Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C). The responsibilities for planning, designing and implementing water supply and sanitation services in the rural and urban areas, except the cities of Dhaka and Chittagong, have been delegated to the Department of Public Health Engineering (DPHE). The role of DPHE, however, is expected to change or is changing with the introduction of a new local government system. According to the new system, elected bodies, like the Union Parishads, will play an important role in WSH education and community mobilization. DPHE has supervisory staff at the district and sub-district level and is represented at the union parishad level by a Sub-divisional

Engineer and tubewell mechanics and masons.

DPHE and UNICEF jointly launched the "Social Mobilization for Sanitation (SOC-MOB)" programme in late 1994. The objective of this programme was to improve safe disposal of excreta, promote personal hygiene, and increase the use of safe water for all domestic purposes, thereby improving the quality of life of the rural people. The strategies of the programme have been developed taking into consideration the following four major issues: (a) increased involvement of the community in planning and implementation; (b) strengthening of the programme communication and training; (c) forging alliances with various partners to link up with the community; and (d) the importance of political and social commitment which can be achieved through advocacy

1.2 Environmental Health Programme of ICDDR,B

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is an autonomous, non-profit making organization for research, education, training, and clinical service. ICDDR,B's mandate is to undertake and promote research on diarrhoeal diseases and the related subjects of nutrition and fertility, with the aim of preventing and controlling diarrhoeal diseases and improving health. ICDDR,B has also been given the mandate to disseminate knowledge in these fields of research, to provide training to people of all nationalities, and to collaborate with other institutions in its field of research.

The Centre's Environmental Health Programme (EHP), placed under the Health and Population Extension Division, aims to conduct and support environmental health research, mainly related to the control of diarrhoea and infectious diseases in both the rural and urban areas. It carries out multi-disciplinary activities, such as environmental engineering, sociology, public health, laboratory science and management. EHP is a competent, multifaceted programme.

"Action Research and Impact Studies on Community Water, Sanitation and Hygiene Education Interventions in Rural Areas" were launched by EHP and DPHE in early 1995. The objectives of this project were to:

1. conduct applied research on operational and impact issues related to social mobilization for sanitation programme, and
2. disseminate the findings among concerned GO, NGO, UN and donor agencies in Bangladesh and other countries.

As a part of the second objective, the National Workshop on "Action Research on Social Mobilization for Sanitation in Singair, Manikganj" was held on 15 - 16 February 1997.

The objectives of the Workshop were to:

1. assist the project in reviewing its findings with a broader perspective, and
2. develop recommendations for replicable and sustainable WSH activities

CHAPTER 3

The Project: Action Research on Social Mobilization for Sanitation in Rural Singair

During the International Decade for Drinking Water Supply and Sanitation health, economic and social benefits of water and sanitation have been proved, but most of these attempts were conducted either under controlled conditions or in developed countries. As a result, we cannot replicate these at our national level without appropriate modification, matching available resources. A remarkable success has been achieved for safe drinking water, but sanitation and safe water for all domestic purposes are lagging severely in Bangladesh. We are yet to see health and economic benefits of the success in water supply, because water and sanitation are inseparable.

The challenge is how to achieve sustainable and replicable water, sanitation and hygiene improvements.

Realizing this challenge, the Government of Bangladesh launched a "Social Mobilization for Sanitation (SOC-MOB) Programme" in late 1994. The objective of the SOC-MOB Programme was to improve safe disposal of excreta, promote personal hygiene, and increase the use of safe water for all domestic purposes, thereby improving the quality of life of the rural people.

To further develop the SOC-MOB Programme, an action research has been undertaken by EHP of ICDDR,B in collaboration with DPHE to:

- study operational and impact issues related to the "Social Mobilization for Sanitation" programme, and
- disseminate the findings among concerned GO, NGO, UN and donor agencies in Bangladesh and other countries.

Of the 11 unions of Singair thana, Manikganj, 10 unions have been selected for this action research. There are about 2.3 million people in these unions. The 10 unions have been randomly divided into intervention and comparison areas, with five unions in each group. The Project mainly focused Union Water and Sanitation (WATSAN) Committee based activities as suggested in the Terms of Reference of the SOC-MOB programme. The members/workers of Union WATSAN Committees, Village WATSAN Committees and partner agencies in the intervention unions received project-facilitated training. Both the intervention and comparison unions received normal government support and were monitored regularly by the Project. All activities were initiated, planned and undertaken by the community people under the leadership of the union parishad chairmen in collaboration with the local government and various agencies.

Major Findings

Selected findings over a period of about 18 months are as follows:

Practice

- The rate of use of tubewell water for cooking purposes increased from 24% to 72% and from 19% to 25% in intervention and comparison areas respectively.
- The rate of washing both hands before eating increased from 6% to 71% and from 4% to 25% among the intervention and comparison housewives respectively.
- The rate of use of sanitary latrines improved from about 23% to 64% and 21% to 29% in the intervention and comparison areas respectively (Fig. 1). The people preferred ring-slab than home-made latrines because they thought that the ring-slab is more cost-effective.

Sanitary Latrine Coverage

- Out of all sanitary latrines in the intervention unions, 64% were reinforced concrete cement ring-slab latrines and 28% were properly functioning home-made latrines.
- Both the promotion and the demand for sanitary latrines showed a seasonal pattern.
- The rate of increase of sanitary latrine installation slowed down remarkably in unions where it crossed 40-50% coverage (Fig. 2). It has been reported by the social leaders and community people that, probably the maximum level of installation of sanitary latrine by the common people under the existing condition has been achieved. Any further improvement will require: (i) special programmes for subsidized (ii) installment payment for latrines, and/or (iii) legal action against open latrines.

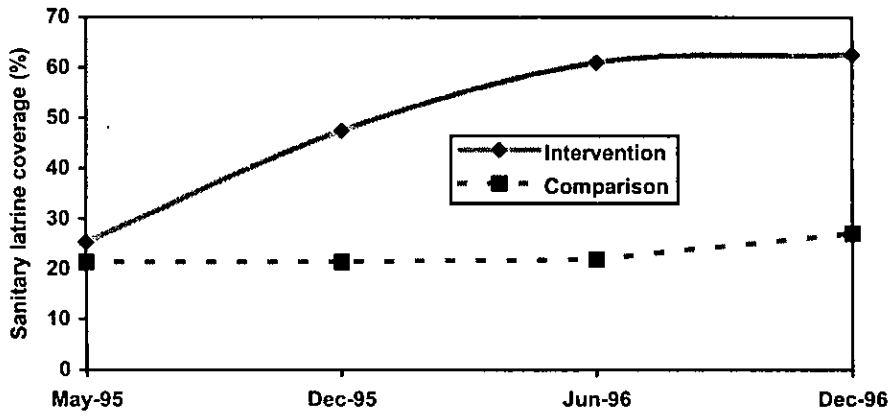

Fig 1. Status of sanitary (ring-slab and home-made) latrine coverage in intervention and comparison unions, Singair

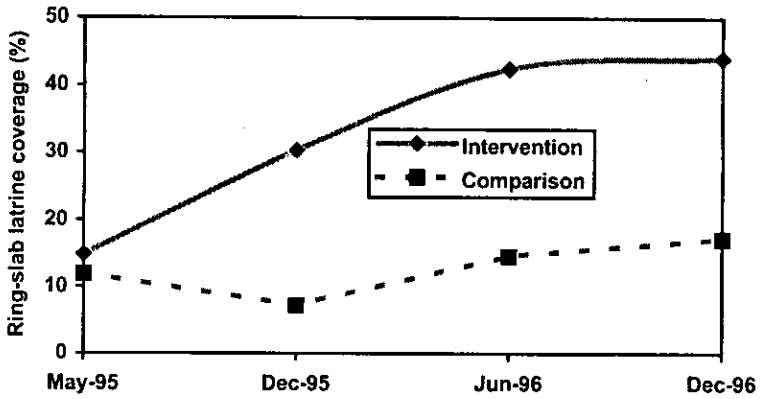

Fig 2. Status of ring-slab latrine coverage in intervention and comparison unions, Singair

Performance of Partners

- The community people (under the guidance of Union WATSAN Committees) planned and implemented the activities for sanitation.

- The Thana Nirbahi Officer played a key role in coordination, while the Union Parishad Chairmen and the DPHE officials played a significant role in planning and implementation of activities.

- The Union WATSAN Committees worked satisfactorily after its revision with inclusion of interested men and women, and their training.

- Village Committees were formed to provide them support at the grassroots level. The member-secretary of these Village Committees, who are women, represented their village in the Union WATSAN Committees.

- Women undertook promotional and latrine production activities efficiently. However, difficulties in arranging capital fund for latrine production centre discouraged women's participation in this activity.

- Although more NGO members (50% and 16% in the intervention and comparison areas respectively) than non-NGO members (38% and 18% in the intervention and comparison areas respectively) installed sanitary latrines, more than half of the NGO members are yet to install latrines.

- Schools, Ansar & VDP, and health & family welfare workers are yet to come forward or became partner recently only.

Barriers

- Lack of communication materials (quality and quantity).
- Lack of prioritization of activities by DPHE.
- Not meeting the demand timely which negatively affected the sanitation coverage.
- Difficulties in arranging loan for establishing latrine production centres.
- Singair has been a success without any promotional fund (meeting and transport expense), because the people have been motivated to contribute toward further development of the SOC-MOB Programme for national interest. However, they claimed that some union-level promotional fund may be essential to make the SOC-MOB Programme successful at the national level.
- Lack of coordination among NGOs at the field level. In some unions, multiple NGOs each launched their own sanitation programmes or installed latrine production centres, and some unions remained not represented or under-represented.
- Lack of GO and NGO training concerning the latest water and sanitation issues and strategies.

CHAPTER 4

Prioritized list of problems

The problems identified by the participants to be the obstacles against satisfactory undertaking of activities for sanitation by DPHE, Union WATSAN Committees, NGOs and other partner organizations were listed. The participants then prioritized the problems from the solution point of view as shown in Table 1-4.

Table 1: ROLE OF DEPARTMENT OF PUBLIC HEALTH ENGINEERING

Problems from solution point of view	Priority Score %
A. Promotional	
Unsatisfactory performance of the Union WATSAN Committees	69
Lack of awareness about WS among the common people	64
Lack of education and health education programmes	61
Lack of promotional staff at the central and field levels	42
Lack of awareness about maintenance and proper use of provisions	42
Lack of funds for demonstration latrine	36
Local culture and tradition	1
B. Consumer satisfaction	
Lack of production centre	92
Lack of training on quality control by various organizations involved in latrine production	72
Lack of options for low-cost latrine technology	72
Negligence of staff	58
Inappropriate technology for the flood-prone areas	56
Lack of encouragement/support for private producers, e.g. credit, training, etc.	53
Inadequate subsidy	53
High cost of latrine	44
Inadequate tubewell installation	42
Lack of caretaker training	28
Lack of provision for loan or payment of latrine/tubewell in installment	25
C. Monitoring, Coordination and Others	
Lack of staff	92
Lack of participation of GO health workers at the grassroots level	89
Lack of involvement of schools	78
Lack of GO and NGO participation at union level	75
Absence of a field-based monitoring and accountability system	69
Lack of implementation of legal action	69

Table 2: ROLE OF UNION WATSAN COMMITTEES

Problems from solution point of view	Priority Score %
A. Promotion	
Lack of incentives/recognition of promotional activities	92
Lack of orientation of the UWC members	85
Ineffective women's participation	76
Lack of inclusion of social and religious leaders	64
Lack of communication aids	64
Lack of regular UWC meeting	49
Absence of sincere members in UWC	42
Impracticability of involving SAE of DPHE in every union as the member Secretary of UWC	36
Lack of participation of GO and NGO workers	36
Lack of detail guidance/workplan	27
B. Consumer satisfaction	
DPHE cannot fulfill all demand for latrines	82
Demand for provisions not met timely	76
Lack of support to private producers for soft loan, credit, and training	73
Lack of private producer participation	61
Absence of planning to meet the demand for latrines before social mobilization	48
Absence of payment of latrines in installment	33
Lack of communication on operation and maintenance of provisions	33
Inability of poor consumers to buy/install latrines	30
Lack of appropriate low-cost technology	28
Lack of mechanism to meet demand for latrine through private initiatives	12
Lack of acceptance of biogas plant option	12
C. Monitoring, Coordination and Others	
Lack of Ansar & VDP participation	85
Lack of authority for legal action against open latrine on the part of the local government	79
Absence of practical guideline on monitoring by UWC	79
Absence of coordination among UWC, GO and NGOs	69
Lack of accountability on the part of the UWC members	45
Lack of training on monitoring	33
Lack of guidelines on the delegation of responsibilities by the UWC member	15

Table 3: ROLE OF NGOs

Problems from solution point of view	Priority Score %
A. Promotional	
Do not promote the WS issues intensively	95
Preoccupation with credit and other welfare programmes undermine the WS activities	93
Lack of coordination between Chairmen, NGOs and other partners	69
WS not tagged in all activities by a NGO	68
Same representatives of NGOs do not participate in UWC meeting	63
Illiteracy of people	53
Lack of appropriate WS knowledge among NGOs	52
B. Consumer Satisfaction	
Lack of accountability on the part of NGOs	97
Lack of coordination among NGOs, GOs and private producers in establishing latrine production centres	87
Lack of fund to establish latrine production centres in all poorly served areas	65
Lack of activities by NGOs in the remote areas	65
Lack of appropriate latrine technology	58
Inferior quality of latrine	51
Lack of competition among NGOs	46
Lack of uniform price in selling latrine	35
C. Monitoring, Coordination and Others	
Lack of coordination among NGOs and among GO and NGOs	100
Lack of monitoring and recognition by NGOs	77
Lack of involving NGOs in planning processes at the central and local levels	75
Lack of orientation	72
Lack of concerted efforts to coordinate all activities at the thana level	56
Lack of distribution of working areas to NGOs by the local coordinating body	40
Lack of coordination between NGO and UP Chairmen	74

Table 4: ROLE OF OTHER PARTNERS

Problems from solution point of view	Priority Score %
A. Promotional	
Lack of recognition of a promoter	87
Lack of proper and adequate communication aids	83
Lack of political commitment	80
Lack of health workers' participation	80
School teachers and students, both, lack practical WS knowledge	77
Lack of incentive/recognition to Ansar & VDP member	68
Lack of Ansar & VDP participation	65
All schools do not discuss WS	60
Sanitary inspectors do not take action against open latrines	45
GO and NGO workers lack latest WS knowledge	43
B. Consumer Satisfaction	
Lack of adequate WS facilities in schools	79
Inability to meet demand for latrines timely	77
Lack of appropriate technological options	73
Poor economic conditions of the people	70
Lack of WS facility in Combined Service Delivery Centre for Health	48
C. Monitoring, Evaluation and Others	
Absence of circular from the concerned authority to local partners for conducting WS activities	83
Lack of coordinated planning and monitoring by all identified partners	82
Health Inspectors not involved in WS activities of DPHE	82
Lack of sharing of data among partners (NGO & GO)	80
Lack of proper guidance about monitoring by GO partners	76
Lack of involving health or other GO workers in sharing of important responsibilities, such as member-secretary of UWC	75
Lack of TNO participation	75
Lack of coordination by TNO/Chairmen	73
Lack of participation by religious leaders	73
Lack of guidance on role of health and family planning workers in TOR of UWC	42

Chapter 5

Recommendations

The recommendations may be listed as follows:

A. Organizational/Administrative

1. Encourage every organization (GO and NGO) interested in WS to send circular to their respective offices stating clearly instructions related to their involvement.

2. Make fund available for social mobilization activities from both the central and local developmental funds.

3. Thana Nirbahi Officer (TNO) will coordinate WS activities at the thana level. DPHE will provide technical support and Chairmen/elected representatives will carry out social mobilization.

4. Ansar & VDP, health and family welfare and schools should be involved effectively through a sustainable mechanism.

5. Develop proper mechanism for enforcing legal action against open latrines.

6. Stop duplication of efforts among NGO and NGO and NGO and GO through central and local initiatives. A thana-level coordinating body may be established for the purpose.

7. Provide loan, credit and other facilities to encourage local private producers.

8. There should be at least one GO/NGO/private latrine production centre in every union. This should be a pre-condition for the social mobilization programme.

9. Relax the role of the Sub-Assistant Engineer of DPHE being the member- secretary to every Union WATSAN Committee. Officials from health or other departments may serve this role to share WS responsibilities and facilitate better coordination. He/she will inform DPHE regularly to enable reporting by DPHE in the Thana WATSAN Committees.

10. Strengthen manpower of DPHE at the thana level.

11. Encourage sharing of inter-agency information.

12. All GO and NGO institutions should make provision for adequate WS services for their clients at their premises, including schools, health and family planning and public places.

13. Make adequate and appropriate IEC materials available to the SOC-MOB partners.

14. All welfare NGOs should promote and facilitate WS issues appropriately. For example, those which provide loans should encourage people to install and use sanitary latrines.

B. Operational

1. Make the Thana WATSAN Committee effective. It should work as the local coordinating and monitoring and evaluation body. Minutes of the Thana WATSAN Coordination Committee meetings should be sent to the Deputy Commissioner's office regularly.

2. Make feasible phased targets and a common action plan among all local partners. The Union and Thana WATSAN Coordination Committees should support each other in this regard.

3. NGOs are a partner of the local coordinating body. It should be accountable to the people and the local Committee on agreed upon activities, like other partners.

4. Create more awareness about sanitation among the people. Concerned partners should undertake planned activities, especially NGOs and Health and Ansar & VDP. All GO and NGO organizations should participate in awareness campaign as much as possible.

5. Establish a local rewarding/recognition system for the best performing person/area based on locally available resources.

6. Establish a local common monitoring activities among the concerned partners. The Thana WATSAN Committee may coordinate it.

7. Elected representatives and organizations should communicate properly on local needs/problems and solutions through the WATSAN Committees.

8. All organizations should request their workers to install sanitary latrines in their working places and houses. This may include Health & Family Welfare, Ansar & VDP, WATSAN members, school teachers, and NGOs.

9. All NGOs in health and welfare should encourage 100% of their clients to install latrines.

10. Involve mass media (Radio and TV) in WSH promotion.

C. Technical

1. Research should be emphasized to bridge gap between knowledge, realities and advancement.

2. Develop appropriate technologies for alternative WS options during the normal and disaster periods.

3. Improve strategies for promoting health/hygiene practices.

4. All union WATSAN members should be given proper orientation/training on their expected roles.

5. Study subsidy issues and share those with concerned partners before taking any decisions about the issues.

6. Develop an efficient common monitoring and evaluation device.

7. Develop appropriate IEC materials.

8. Train workers of all concerned partners on latest WS issues.

Chapter 6

Summary of Speeches

The speeches by guests are summarized below:

OPENING SESSION

Mr. Syed Shamim Ahsan
Senior Adviser and Head, HPED, ICDDR,B

Mr. Syed Shamim Ahsan welcomed the Honourable Minster, Ministry of Local Government, Rural Development & Cooperatives, Secretary, LGRD, and the guests on behalf of the Centre and the Organizing Committee. He was particularly encouraged to see that the Hon'ble Minister has spared his valuable time for the opening ceremony of the Workshop. The presence of the Minister is indicative of the commitment and interest of the Government towards the water and sanitation sector and the research work that has been undertaken. The Environmental Health Programme (EHP) of the Centre, in collaboration with the Department of Public Health Engineering (DPHE), has arranged this 2-day National Workshop on "Action Research on Social Mobilization for Sanitation in Singair, Manikganj" to share the lessons learned for future planning in this important public health sector. He stated that the holding of such a workshop at this juncture is a timely step in mobilizing and strengthening the sanitation activities, particularly in the rural areas of our country.

In 1992, DPHE launched a programme on "Social Mobilization for Sanitation." Under this programme, Union Water and Sanitation (WATSAN) Committees were formed. These committees have been taking an active role in mobilizing the community in improving the water and sanitation services in their respective communities. The government is very keen to pursue this programme, and all-out support is being given to strengthen the rural sanitation programme. The government's concern and, therefore, its commitment encourage those who work in this sector.

Given the importance of sanitation in public health, DPHE of the government and EHP of the Centre have jointly come forward with initiatives to further improve the sanitation, based on the findings of action research. The Ministry of Local Government, Rural Development & Cooperatives has been actively involved in every step from the inception of this action research. He was optimistic that this kind of applied research will bring meaningful results in reaching the desired goal in the near future. The action research project has allowed multi-disciplinary people from the government, NGO, research community and people from the rural

communities to think and act together for the larger cause of health, environment and community development.

He sought permission from the Minister to digress slightly to give a brief introduction about the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) which is also known as Centre for Health and Population Research.

The Centre is an independent, non-profit international organization, supported by the Government of Bangladesh, other donor governments, multilateral organizations, and international agencies, all of which share a concern for the health problems of the developing countries. The Centre has a rich tradition of research on topics relating to diarrhoea, nutrition, maternal and child health, family planning and population problems. Recently, the Centre has become involved in the broader social, economic and environmental dimensions of health and development, particularly with respect to women's reproductive health, sexually transmitted diseases, and community involvement in rural and urban health care.

Aside from the research work of the Centre to address the broader health and population issues of the developing world, he was happy to inform that of the four Scientific Divisions of the Centre, one full Division -- the Health and Population Extension Division -- is mandated to work with the government and NGOs in addressing the health and population challenges of the country. The Environmental Health Programme (EHP) is one of four programmes of this Division. The other three programmes are the Urban and Rural MCH-FP Extension Projects and the Epidemic Control Preparedness Programme. The two Extension Projects have been collaborating with GO and NGO agencies in finding practical solutions through operations research in improving public health and reducing the burden of continued population growth that the country is facing. Such collaborative partnership with the government has paid off in reducing the population growth from over 7 children per family in early 1970s to less that 4 children per family in 1996.

He emphasized the environmental health issue which is the focus of the Workshop. Environment and health are inseparably linked and include all aspects of development. Although there has been a considerable progress in safe water supply and sanitation, diarrhoeal disease is still a major cause of mortality and morbidity in Bangladesh. Other water-related diseases have not diminished in incidence as well. Disasters, almost an annual event, are often followed by diarrhoeal epidemics. Rapid growth and high density of population, poverty, and urbanization are severe causes of environmental health problems. The Environmental Health Programme has been conducting research and providing technical

assistance in these fields for some time now.

This programme has been conducting activities with the government and NGO bodies since its establishment in 1993. DPHE is the lead agency for sanitation in rural areas under the Ministry of Local Government, Rural Development & Cooperatives. The findings of this collaborative study have been shared with DPHE and policy-makers of the water-sanitation sector. The findings have been taken into consideration at programmatic and policy level by the concerned authorities. And this is where the investments in research provide its biggest returns. Appropriate application of research findings leads to improvement in health and well-being of the community at large.

This workshop is part of an active dissemination effort for future planning and to foster sustainable partnerships among various environmental health service providers. Sanitation is a multi-sectoral interest where the Ministries of Local Government, Rural Development & Cooperatives and Health and Family Welfare have a direct stewardship of the sectors. Both the Ministries have honoured by having agreed to be directly involved in this Workshop. He expressed his gratitude to Mr. Salauddin Yusuf who kindly agreed to be the Chief Guest of the Closing Session and was equally gratified that the Secretary, Ministry of Health & Family Welfare would also participate in the Closing Session.

The role of the participants and Chairperson of the Technical Sessions are vital for the success of the Workshop. Over the next two days, they will give their valuable time and collective wisdom for the improvement of the sanitation. He was confident that the proceedings of the Workshop would be useful to those who are concerned with the health and development challenges.

Before concluding, he thanked the Minister once again for the kind support he has extended. He was equally thankful to the Secretary, Ministry of Health & Family Welfare for his continued interest and commitment. Without the unstinted support from the Ministry, this programme would not have been possible.

He extended his warm welcome to the participants and wished the Workshop a success.

Mr. Amin Uddin Ahmad
Chief Engineer, DPHE

Mr. Ahmad stated that the holding of this national workshop is a timely and positive step. DPHE launched a programme on "Social Mobilization for Sanitation" in late 1994. To further improve the programme, this action research with Environmental Health Programme of ICDDR,B was undertaken. He termed the national workshop as a successful crop, the seed of which was sown in 1995. The Ministry of Local Government, Rural

Development & Cooperatives took special interest in this project and provided all support. He particularly thanked the present government for taking interest on this issue.

He said that safe water and air are the pre-requisites for healthy living. He cautioned that water, land and air are being increasingly degraded with rapid increase in population, urbanization, industrialization and use of excessive chemical fertilizers and pesticides. Providing safe water and sanitation to the rural population is a huge and complex task. Partners are needed, and this issue should be considered beyond sectors and ministries. Research is needed to bridge gap between realities and advancement.

Thana administration, DPHE, and ICDDR,B have been working relentlessly with the community in five unions of Singair thana in Manikganj to improve water and sanitation. Various methods are being suggested by local people and partners. Their sanitary latrine coverage increased from about 21% to 65% within a span of 18 months. It was interesting to note that the people, in general, wanted ring slab latrines rather than home-made latrines. It has programmatic implication, because the supply of ring-slab latrines will require special involvement of DPHE and partners where there will be similar or more demand as created in Singair. He was impressed to observe the close relationships between community and partners. Local women played key roles in promotional and latrine production activities -- this is encouraging. Women are the manager of water, sanitation and hygiene issues.

The WSH-related knowledge of people has also improved. But issues are yet to be studied, such as the involvement of more partners, better coordination, and the performance of identified partners, how to reach 100% sanitation coverage, appropriate water and sanitation options, efficient monitoring system and demand, supply of sanitary latrines. DPHE tried to meet the latrine demand timely by establishing two mobile centres and two sub-centres. However, DPHE has limitations, and the demand was much higher than their immediate capacity. Moreover, they felt that the partners. including NGOs and private producers, should come forward to meet this demand. DPHE has benefited from this project as they observed the real conditions, while they implemented and suggested SOC-MOB activities. It has been a real learning experience. Major modifications of the certain WS activities/programmes were made based on the findings of this project.

The success of this project has created demand for its extension in the rest six unions of Singair and other thanas of Manikganj. DPHE is considering to expand these activities in other areas which will give opportunity to study its replicability and sustainability.

It is a huge and complex task to provide safe water and sanitation to the people.

DPHE has limitations, like any other organizations, but it has been working hard to strengthen and improve its capacity.

He expressed the hope that this multi-disciplinary and expert gathering of participants will do an excellent job, although all technical sessions are related to DPHE mandate and interest. Recommendations on the roles and responsibilities of DPHE are of particular interest to him. He mentioned that the proceedings of the workshop will be prepared and shared with the partners.

Four technical sessions (WATSAN Committee, role of DPHE, role of NGOs, and role of other partners) have programmatic and policy importance in this project and at the national level. He emphasized the need for inclusion of other interesting topics like quality of water, appropriate design, health impact, etc. but it has not been possible to cover everything in two days. He mentioned that the Chairman and the Thana Nirbahi Officer of Singair, officials from DPHE, and ICDDR,B would be available as resource persons.

He highly appreciated the Chairpersons for their interest and support. He also mentioned that the recommendations prepared would be presented before the Closing Session. He declared that Mr. Salauddin Yusuf, Honourable Minister, Ministry of Health & Family Welfare and Mr. Mohammed Ali, Secretary, Ministry of Health & Family Welfare have kindly agreed to become Chief Guest and Special Guests respectively. In the same occasion, speeches will be delivered by Director Generals of Health Services, Education, and Ansar & VDP. He expressed his gratefulness to them and to the participants. He remarked that it shows their concerns and interest.

Mr. Rolf C. Carrier
Representative, UNICEF Dhaka

Mr. Carrier expressed his pleasure to be with the participants looking at ways to improve strategies to increase access to safe water, sanitation, and hygiene education for communities. It is only through collaborative efforts of a variety of partners and stakeholders that all can accelerate sustainable change and progress.

Bangladesh with its hundreds of rivers, ponds and lush green paddy fields is a picture of a fertile water garden, yet upon closer investigation this idyllic scene often also reveals an unhygienic cesspool. This is Bangladesh's most serious environmental problem, and unlike other ecological issues it is one that is entirely actionable at low cost and in a short period of time. Steps have already been taken and through gatherings and consultation, such as this, one can fine tune strategy and keep progress on track. At the world summit for children, six years ago, Bangladesh promised to ensure safe drinking water and sanitation to every household by the year 2000. And change is happening, with some spectacular results. Over 97% of the

population now have access to a safe source of water and the number of families with latrines has more than doubled in last five years to around 25% compared to just over 20% in 1990. UNICEF fully endorses the government's target set for end of 1997. But all must go beyond quantitative goals and achievements alone. He hoped to have a sanitary latrine in every household, rich or poor, by the year 2000. It is also absolutely essential to bring about necessary behavioural change to counter 700 or so child deaths that occur every day, mainly from water and faecal-borne diseases, spread by unsafe water, unsanitary environment, and poor personal hygiene. Equally important is it to appreciate the pernicious role of diarrhoea in the causation of malnutrition. With 9 of the 10 children already been malnourished by the age of 2 years, who can deny the importance of higher investment in water and sanitation!

Therefore, the need to empower communities and families with skill, knowledge and resources is needed. To take more and more ownership of the process and to ensure that the change will be long lasting. If the people understand the importance of sanitation and hygienic behaviour, they are likely to dedicate more of their own resources toward building latrines and buying soap. Their demand pull for basic services is far more effective than its applied push dynamics. The message is needed to go even deeper. Social mobilization is not only about creating demands for services, it is also about motivating and enabling people to ensure that the right of children and women are fulfilled, including the right to better health and standard of living. Only the complete programme of water, sanitation and hygiene lets us to exploit the full potential of investment in resources, time and efforts. This is a beautiful example of synergy. Any single intervention alone will not bring down the diarrhoeal attack rate. As in the past 25 years, the diarrhoea incidence rate has not come down even though access to safe water has improved. Research in all of these, whether it be basic or applied, is absolutely essential. It is not a luxury. It is indispensable. Programming must be guided by hard empirical information and deeper understanding of what moves people. Only that creates a movement that allows us to go to scale. In this context, he congratulated EHP of ICDDR,B for the excellent action research undertaken in Singair thana. He hoped that the findings of this research will help improve and fine tune the strategy of the sector and the actions on the ground. This, together with other researches earlier carried out by ICDDR,B and CARE at Bashkhali, will indeed go a long way toward sharpening the investment in the package of water, sanitation, and hygiene.

Finally, he wished to work more with the children. This stakeholder group is often forgotten, but as stated by the executive director of the UN environmental programme, children are leaders where environmental matters are concerned. They have the power to educate their parents as decision-makers and change what is happening at the individual level. By making investment in behavioural

development rather than behavioural change of adults, especially in schools, one can bring about a safe learning environment where children will grow up in a cleaner milieu acquiring correct hygienic behaviour from the start and participate as communicators and agents of change. He looked forward to opportunities where all can deepen learning which takes place at gatherings, such as this workshop. UNICEF is indeed delighted to contribute to what it can to strengthen the partnership.

Mr. Md. Zillur Rahman
Honourable Minister for Local Government, Rural Development & Cooperatives

The Hon'ble Minister mentioned that diarrhoea and deaths related to diarrhoea are an important issue among the various health problems that exist in Bangladesh.

Mr. Rahman stated that in late 1994 the Department of Public Health Engineering (DPHE) launched a programme on "Social Mobilization for Sanitation." Under this programme, the Union Water and Sanitation (WATSAN) committees were formed, and they are taking an active role in mobilizing villagers. The present government is ready to take all necessary steps to expedite the rural sanitation programme. Other concerned Ministers and NGOs should extend full cooperation to the local government to achieve this goal.

To facilitate this programme and to bring a success to this programme, it is very timely and important to organize a workshop -- such as this one organized by DPHE and ICDDR,B on the rural sanitation activities undertaken in Singair thana. In relation to this, DPHE, Thana administration, and ICDDR,B have set a rare example by working together with the community in five unions of Singair thana in Manikganj to raise the sanitary latrine coverage from about 15% to 70% within 18 months. However, those who have not yet installed sanitary latrine are unable to do so, and we need to change their behaviour too. He suggested that all who are concerned with sanitation should draw their attention to this fact.

It has been observed in Singair that if people are given proper guidance, they are willing to pay for living in a healthy environment. Following this example, the WATSAN committees should be made more effective in coordinating the activities of the government (family planning workers, school teachers) and NGOs loan programme of Proshika and Grameen Bank). Another important finding of this research is that when demand for latrines is executed among the people, a coordinated effort must be exerted to meet that demand for latrines. People may feel frustrated if their demand is not met timely.

The Minister emphasized that a latrine production centre in every union is needed to achieve this goal. The government and NGO agencies must work together in a planned way to fulfill this massive task of creating and meeting the demand.

He was happy to learn that his Ministry has been encouraging such a research taking into consideration the results with due importance. He hoped that more research work on real problems like this will be conducted in future, and as a result, the people, government and research work will be benefited.

He thanked those NGOs who came forward to extend cooperation to this initiative. He invited them to extend their cooperation to every village in Bangladesh. He appreciated the excellent cooperation provided by Mr. M. Motiar Rahman and Mr. M. Ashraf Hossain, TNOs of Singair thana, Mr. Md. Abdur Razzak, Deputy Commissioner of Manikganj district, the UP Chairmen of Singair thana and the Honourable MP of Manikganj-4 constituency.

Mr. AHM Abdul Hye
Secretary, Local Government Division, MLGRD&C

The Secretary thanked the Chief Guest who took great trouble in attending the Workshop. He stated that the Minister came straight from Barguna, the southernmost district in Bangladesh to the workshop venue. This showed his commitment to the programme. Moreover, it showed the priorities attached by the present government to the programme of water, sanitation and health practices.

He said that the Workshop was organized to discuss the findings of the action research conducted by EHP of ICDDR,B, in collaboration with DPHE and participant NGOs. DPHE initiated the social mobilization programme in late 1994 which added a new dimension to their programme, because the earlier programmes concentrated mostly on hardware. Enough importance was not given on building awareness, mobilization, etc. which was later identified as a weakness of the programme. He mentioned that it was rightly pointed out by Mr. Carrier that social mobilization is not just about creating awareness, rather it means making the participants, particularly women and children, aware about their rights. More importantly, it is about involving the community in planning, delivery and implementation of the services. Rather than being only the object of the programme, they are expected to become the subject, to be active participants of the programme. This is, therefore, a programme with a difference and an experimental one. It is not yet known what the results will be. To find out the outcome of this innovative programme — the new approach involving social mobilization — EHP of ICDDR,B, in collaboration with DPHE and others, undertook an action research programme in ten unions of Singair thana — five as intervention unions and five as comparison unions. He was happy to observe the coverage of latrines increased significantly in the intervention unions, from 23% to 64%. Other findings include: demand for latrines outstripped supply, WATSAN Committees became much more efficient

after rural women beneficiaries were incorporated.

He hoped that these and other findings will be discussed in details during the Workshop. He commented that Singair, Manikganj might not be a typical area. In order to be representative, the findings of this project on social mobilization need to be more broad based, representative, covering other ecological areas of Bangladesh. He hoped that the organizers and sponsors of the programme will keep this in mind. He thanked the organizers of the programme and hoped that the partners will continue to carry out with their research to evolve a workable model. He also thanked UNICEF for their continued support and help to the water and sanitation programme.

CLOSING SESSION

Mr. SAKM Shafique
Additional Chief Engineer, DPHE

Mr. Shafique mentioned that it is very encouraging that the workshop on sanitation was inaugurated by the Hon'ble LGRD&C Minister and closed by the Hon'ble Health Minister. This shows the sincere commitment of the Government of Bangladesh to improve sanitation condition of the country. The outcome of this workshop is very positive, impressive and encouraging. It will play a vital role in formulating future projects and speed up implementation of the ongoing projects. Recommendations developed will help the government to formulate the ambitious programme of installing one latrine for each family. It is also very encouraging that many partners have come forward to join hands in the campaign for sanitation. DPHE needs active involvement and support of various GO and NGO agencies to successfully implement the enormous task of ensuring a sanitary latrine for each family.

Ms. Hamida Banu
Director General, Directorate of Education

Ms. Hamida Banu stated that everyone wants to live in a clean environment. However, maintaining a clean environment depends on our will and work. In our country, the environment gets polluted mainly due to poor sanitation conditions. People who are unaware of the hazards of polluted environment continue to practice poor sanitation and hygiene. This polluted environment helps the transmission of diseases. Therefore, we need to build awareness among our community through social mobilization. We have to inform our students that a close relationship exists between good health and proper sanitation and encourage them to practice proper hygiene. Today's students are tomorrow's citizens. If they are motivated to develop proper hygienic behaviour, our country will be greatly benefited in the long run.

She mentioned that, under the female secondary education project, a

programme has been taken to install latrines in schools at various thanas.

The education directorate fully agrees to become a partner in the social mobilization for sanitation programme.

Brigadier Enayet Hossain
Director General, Ansar & VDP

He mentioned that although Ansar & VDP is a government organization, the majority of their members are volunteers. At the thana level, they have two permanent staff and one volunteer female instructor to look after 10-15 thousand volunteers. The volunteers undertake various types of social work and are already overburdened. When sustainability is concerned, these volunteers need some sort of direct/indirect remuneration or incentives.

A multi-partner effort, such as the Social Mobilization for Sanitation Programme, requires coordination and expert management at higher echelons of the government. In fact, coordination at all levels is needed for such programme. The Ansar/VDP network is extended up to the grassroots level. If Ansar/VDP can join hands with all the other partners to work together for a better environment, it will not only boost the morale of Ansar/VDP members, but will give confidence to undertake ambitious projects in the future.

Ansar & VDP gained experiences in the sanitation programme through a collaboration with UNICEF for promoting village sanitation. Ansar/VDP will be glad to participate in the noble effort of social mobilization for sanitation.

Mr. Salauddin Yusuf
Honourable Minister For Health And Family Welfare

The Minister mentioned that this ceremony brought together the experts, policy-makers, social leaders and the environmentally conscious and concerned citizens of Bangladesh. All the participants worked together over two days to discuss the ways and means to further improve sanitation based on the experiences gained during water and sanitation applied research in Singair. He extended his felicitations to the organizers for turning this workshop into a platform of the learned professionals.

It is well known to all that for healthy living we need safe water and air. With the increase in population, urbanization, industrialization and use of chemical fertilizers and pesticides, our water, land and air are being increasingly degraded. Water and land are threatened also by natural disasters, such as cyclone, tidal surges, floods, droughts, etc.

Water and sanitation are the strategy which could control all these diseases in all age and people groups. Although 99% of our people drink tubewell water, less than 20% use it for cooking and other hygienic purposes. There is scarcity of tubewells, but isn't there a way that we can use our surface water sources safely? About 60% of the adult people defaecate in unsanitary latrines. This means our

health is at risk of diseases and malnutrition, irrespective of curative and population control efforts. Sustainable child survival and family welfare cannot be achieved without safe water and sanitation practices.

He stated that the Workshop organized by DPHE and ICDDR,B is itself an appreciable multi-agency and inter-sectoral step of mobilization for sanitation. He was happy to observe that during applied research on social mobilization for sanitation carried out in Singair, GOs, NGOs, ICDDR,B, community and elected representatives worked together in planning, implementation and monitoring phases. The sanitation coverage increased from about 16% to 73% over a 18-month period approximately. He was pleased to know that local women worked as secretaries of village WATSAN committees and were one of the main driving forces.

He welcomed and congratulated this kind of applied research and subsequent dissemination activities which show potential ways to effective sustainable programme. He called it a sustainable approach, because the local community planned and undertook the work.

He mentioned that arsenic-contaminated water is one of our current major concerns and urged the researchers, programmers, managers, NGOs and all patrons to work together to solve this problem.

Mr. Mohammad Ali
Secretary, Ministry of Health and Family Welfare

Mr. Ali said that it is very difficult for families and society to control disease transmission in places where there are no sanitary latrines, sources for safe water, and facilities for safe disposal of solid waste. Diarrhoeal diseases are the single major cause of sickness. Oral Rehydration Therapy (ORT) or drugs are administered to treat diarrhoeal diseases. Diarrhoeal diseases are the main contributor to the total disease burden of our country.

Moreover, due to evolution of drug-resistant strains of bacteria, proper administration of drugs is difficult without laboratory tests. Preventative measures include breastfeeding, weaning food, vaccine, and water and sanitation. Prevention of diarrhoea by vaccine is not yet available for general public. Breastfeeding works for a specific age group. Besides, water is needed by all age groups and during weaning food preparation. Therefore, safe water and sanitation are the most effective measures against diarrhoea for all age groups at all times. Water and sanitation are two important components of primary health care.

Health and family planning workers talk about water and sanitation. An ICDDR,B report revealed that most people identify these workers as the main promoters of water and sanitation. Although this is a commendable effort, it is a tremendous responsibility. He urged everyone to

move forward in tune with the problem and scientific advancement.

People are aware of safe water and sanitation. All religions attach special importance on these issues. However, people do not practice these properly in their daily lives due to lack of knowledge, provisions, and negligence.

The programme that DPHE undertook to supply sanitary latrines in the rural areas is undoubtedly a very important programme. The joint effort by DPHE and ICDDR,B to fortify the DPHE's "Social Mobilization for Sanitation Programme" through applied research is a timely initiative. Here the government and NGO field workers, members of WATSAN committees and people from all walks of life joined hands to make the motivation programme more effective. The marvelous achievement to increase the sanitary latrine coverage from 15% to 75% accomplished by TNO, GO-NGO workers with help from the people set an example for all villages and unions of Bangladesh.

He was further encouraged by the fact that the Ministry of LGRD&C is fully taking part in planning, implementation and dissemination. The findings of this research will benefit both the Ministry of Health and Family Welfare as well as the Ministry of LGRD&C.

He was pleased to inform that the Ministry of Health and Family Welfare through its DG Health Services will collaborate with DPHE and ICDDR,B to conduct an applied research on how to effectively implement water and sanitation programme from the perspective of primary health care.

He mentioned that the Ministry of Health and Family Welfare would carefully consider the recommendations prepared by the distinguished participants of the Workshop — the experts from multi-disciplinary backgrounds, policy-makers from several ministries, and elected representatives. He grouped the presented recommendations under three broad categories: technical, organizational/ administrative, and programmatic. He said that technology needs to be improved or developed to achieve the widest possible coverage within the shortest possible time. Organizational and administrative capacity must be improved to overcome any bottlenecks. Programmatically, there is a need to improve cooperation and collaboration among all the partners — DPHE, Ministry of Health, Ansar & VDP, NGOs, etc. Lastly, there is a need to gear up the IEC activities for effective dissemination.

He informed that the government has taken an ambitious goal to achieve the 100% sanitary latrine coverage by the year 2000.

An important issue, such as water and sanitation, cannot be the sole responsibility of one ministry alone. He hoped that the people and the concerned ministries, departments, and NGOs will continue to work together.

Appendix I

Programme of National Workshop:
Action Research on Social Mobilization for Sanitation in Singair, Manikganj
February 15-16, 1997 by DPHE and ICDDR,B

DAY 1 (February 15, 1997)

9:30-11:00	**OPENING SESSION:** (Venue: Sasakawa Auditorium) Presided by Mr. AHM Abdul Hye, Secretary, LGD, Ministry of LGRD&C
9:30-9:35	Recitation from the Holy Quran
9:35-9:50	*Welcome Address* Mr. Syed Shamim Ahsan, Senior Advisor & Head, HPED, ICDDR,B
9:50-10:00	*Introduction to Project* Dr. Bilqis Amin Hoque, Head, EHP, ICDDR,B
	Speeches
10:00-10:10	Mr. Amin Uddin Ahmad, Chief Engineer, DPHE
10:10-10:20	Mr. Rolf C. Carrier, Representative, UNICEF
10:20-10:40	Mr. Zillur Rahman, Hon'ble Minister, Ministry of LGRD&C
10:40-11:00	*Closing Remarks* Mr. AHM Abdul Hye, Secretary, LGD, Ministry of LGRD&C
11:00-11:30	**Tea**
11:30-1:15	**Technical Session-1** (Two Groups simultaneously)
	1.1 Role of Union WATSAN Committee Discussion Paper by Mr. SA Ahmed, ICDDR,B Chaired by Mr. Abdur Razzak, DC, Manikganj Venue: Seminar Room # 1
	1.2 Role of DPHE Discussion Paper by Mr. Ahmed Mofazzal Huq, DPHE Chaired by Mr. Tajul Islam, Director, NGO Bureau Resource person Mr. Abu Muslim, PD, SOC-MOB, DPHE Venue: Seminar Room # 2
1:15-2:00	**Lunch and Prayer**
2:00-3:30	**Technical Session-1** (Two Groups) - Same Groups continued
3:30-4:00	**Tea**
4:00-5:00	**Plenary Presentation and Recommendations** (Venue: Sasakawa Auditorium) Chaired by Mr.Lutfor Rahman Chowdhury, Joint Secretary, LGD, MLGRD&C

DAY 2 (February 16, 1997)

9:30-11:00	**Technical Session-2** (Two Groups simultaneously)
	2.1 Role of NGO Discussion Paper by Mr. A. Mahmud, ICDDR,B Chaired by Dr. Deepak Bajracharya, Chief, WES, UNICEF Venue: Seminar Room # 1
	2.2 Role of Partners Discussion Paper by Ms. Hashmat Ara, ICDDR,B Chaired by Dr. Mashiur Rahman, Director, Administration, DGHS Venue: Hospital Conference Room
11:00-11:15	**Tea**
11:15-1:15	**Technical Session-2** (Same Groups continued)
1:15- 2:00	**Lunch and Prayer**
2:00-3:00	**Plenary and Recommendations** Chaired by Mr. Luqueman Ahmed, Jt. Chief, MOHFW
3:00-5:00	**CLOSING SESSION** (Venue: Sasakawa Auditorium) Presided by Mr. AHM Abdul Hye, Secretary, LGD, Ministry of LGRD&C
3:00-3:10	*Opening Remarks* Mr. AHM Abdul Hye, Secretary, LGD, Ministry of LGRD&C
3:10-3:40	*Workshop Recommendations*
	Speeches
3:40-3:45	Mr.SAKM Shafique, Additional Chief Engineer, DPHE
3:45-3:50	Ms. Hamida Banu, Director General, Education Directorate
3:50-3:55	Prof. AKM Nurul Anwar, Directorate General of Health Services
3:55-4:00	Brig. Md. Enayet Hussain, PSC, Director General, Ansar & VDP
4:00-4:20	Mr. Salauddin Yusuf, Hon'ble Minister of Health & Family Welfare
4:20-4:40	Mr. Mohammad Ali, Secretary, Ministry of Health & Family Welfare
4:40-4:50	*Closing Remarks* Mr. AHM Abdul Hye, Secretary, LGD, Ministry of LGRD&C
4:50-5:00	*Vote of Thanks* Mr. Md. Abdul Hakim, Chairman, Jamirta Union Parishad, Singair
5:00-	**Tea**

Resource Persons

Mr. Md. Ashraf Hossain	Mr. Motiar Rahman	Mr. Fazlul Huq Khan
Mr. Md. Abdul Ali	Mr. Md. Mohidur Rahman	Mr. Abdul Kader Dhali
Mr. Dewan Mohammad Ali	Mr. Abdul Aziz Molla	Mr. Soumendra Saha
Mr. A. Mahmud		

Appendix II

Role of Union WATSAN Committee in Social Mobilization for Sanitation

Presented by Ms. Hashmat Ara, EHP, ICDDR,B

Introduction

Union WATSAN Committee

As an important part of the SOC-MOB programme, Government of Bangladesh issued directive to form union WATSAN Committees in every union of the country. UWCs are chaired by respective union parishad chairman. According to the Terms of Reference (TOR) of he UWCs, each village of a union is to be represented by a woman. Other members of the UWC include DPHE engineer, UP members, NGO representatives, school teachers, social/religious leaders, etc. UWCs have been given the responsibilities of increasing the demand for sanitary latrines and disseminating water, sanitation and health messages.

Presently Unions are the lowest level of self-government.

Objective

To study ways and means to make the Union WATSAN Committees (UWC) more effective

Revision of UWCs

The membership of UWCs was revised after consultation with the committee members and concerned persons resulting in inclusion of active members. Participation by members improved significantly following this revision.

Inactive UWCs in comparison unions

In the last two years, no WATSAN Committee meetings were held in the comparison area. According to their report, they did not do so due to lack of orientation/training, incentives, communication aids, and accountability.

Creation of Village WATSAN Committee (VWC)

It was felt that the village-based WATSAN Committees were needed for effective SOC-MOB. An active village woman was selected to be the member-secretary of VWC. They represented their village in UWC meetings. These village committees worked satisfactorily.

Lack of DPHE representation in UWC meetings

Absence of DPHE representation (member-secretary of UWCs) hampered the activities of UWCs.

Promotion by WATSAN Committees

Communication materials were lacking both in quality and quantity. UP Chairmen & TNO set up a Communication Bank at the Thana level using Annual Development Programme (ADP) funds to store posters, banners, festoons, megaphone, etc. Communication Bank was effectively used for promotional purpose.

Increase in Demand for Latrines

Demand for latrines increased sharply following the promotional activities. UWCs repeatedly asked for more latrine production centres to cope with the demand.

Preference for Ring-Slab Latrines

UWCs preferred the installation of ring-slab latrines over the home-made latrines (HML) since they viewed that HMLs were not cost-effective, less durable, poor in performance, and indicative of low-social status.

Preference for Hardware Promotion

UWCs have shown more interest in promoting hardware (ring-slab latrines) than promoting hygiene education.

Legal Action

UWCs feel that the people who have not yet installed sanitary latrines will do so only under pressure of legal action against open latrines.

Lack in Coordination

Absence of coordination with Chairman & NGOs was reported.

Integrated Package

UP Chairmen feel that they can play an important role in public health improvement, and that there should be an integrated package instead of piecemeal efforts.

Role of Department of Public Health Engineering

Presented by Mr. Ahmed Mofazzal Huq, DPHE

Introduction

DPHE is a specialized department engaged in water and sanitation activities since the pre-independence period in both the rural and urban sectors. It is gradually strengthening its activities in the vast rural areas with limited available resources.

The Government of Bangladesh has attained the considerable water supply coverage in the rural areas. About 85% of the population have access to tubewell water within 150 metres, and 97% use tubewell water for drinking. However, water-related diseases still remain the single highest cause of mortality and morbidity in the country. Realizing the need for effective and sustainable integrated water, sanitation and hygiene (WSH) education intervention, the Government of Bangladesh launched a "Social Mobilization for Sanitation (SOC-MOB) project in late 1994. The objective of project was to improve and promote excreta disposal, personal hygiene practices, and the use of safe water for all domestic purposes aiming at reducing diarrhoeal diseases and improving the quality of life of the rural people.

Objective

To assist DPHE to review their SOC-MOB programme at the thana level based on the findings of action research.

Findings

1. DPHE representatives participated satisfactorily in the school and mass meetings.

2. DPHE maintained a satisfactory relationship with the thana administration, NGOs, and Chairmen. Although DPHE was expected to coordinate the WSH activities, it was actually done at the thana level by TNO and at the union level by Chairmen. DPHE, however, played a supportive role. This arrangement worked well.

3. The fortnightly reporting system by DPHE as mentioned in TOR of the Social Mobilization for Sanitation Programme was not practised and was found impractical.

4. Although SOC-MOB has been launched by DPHE and is expected to play the key role, the programme showed satisfactory results only after TNO participated actively. The role of TNO has been found to be indispensable for overall coordination.

5. Water and sanitation related activities performed by the officials are not reflected in the Annual Confidential Report. This hampered progress.

6. Funds allocated for SOC-MOB at the thana level were found inadequate.

For example, there is mention of demonstration latrine, but no funds were allocated for this.

7. The local or district-level DPHE officials were not involved in central planning of sanitation programmes, so their suggestions were not incorporated. Chain of communication was missing.

8. Following the promotional activities by the partners, a rapid increase in demand for sanitary latrines was observed. Although DPHE set up two mobile production centres, in addition to the existing centres, they could not cope with the increased demand lacking sufficient personnel and construction materials. They provided about 24% of the procured sanitary latrines.

9. The increased demand following WSH promotion created an imbalance in supply and demand of sanitary latrines resulting in a chaotic situation. DPHE did not provide an alternate design or options to cope with the situation.

10. Presence of DPHE professionals in promotional meetings is essential, but with the existing manpower it is difficult.

11. Lack of prioritization and accountability of the responsibilities of DPHE professionals was observed.

12. The DPHE personnel need training on recent WSH issues and its monitoring.

13. In spite of the extensive promotion, the use of latrine by children was poor. The design aspect was mentioned as the major barrier.

14. There was strong demand for a DPHE latrine production mobile centre in every union.

15. Of the 56 UWC meetings, DPHE representatives attended only 19 meetings (33%) in the intervention areas. There were no meetings held in the comparison areas.

16. Singair has been a success without promotional fund (meeting and transport expense), because the people have been motivated to contribute toward further development of SOC-MOB for national interest. However, they claimed that some union-level promotional fund may be essential to make SOC-MOB successful at the national level.

Role of Other Partners

Presented by Mr. Shafiul Azam Ahmed, EHP, ICDDR,B

Introduction

The Social Mobilization for Sanitation (SOC-MOB) programme is one of the several attempts by the Government of Bangladesh to challenge WSH improvements. The strategies of the SOC-MOB programme launched by DPHE and UNICEF is to increase the involvement of the community people in planning and implementation of the WSH programme. Involvement of partners is one of the major criteria to implement the programme. Here partnership is referred to as coordination and collaboration among the community, GO and NGO representatives in planning, implementation, monitoring and evaluation of the efforts for sanitation.

Objective

To identify potential partners and determine appropriate approaches to create effective partnerships in the promotion of sanitation.

Findings

We are presenting selected findings of schools, Ansar & VDP and health partners, but programmes with them are yet to gain momentum.

Health Workers

1. Involved in motivating the village people, especially women toward proper sanitation practices, also providing WSH messages through the Expanded Programme of Immunization (EPI) and Combined Service Delivery (CSD) Centres.

2. Their messages prior to orientation were inadequate and superficial.

3. About 40% of the CSD centres lacked adequate WSH facilities.

4. Health workers maintain database in their registers, but it is hardly shared with other partners.

Schools

1. School teachers and Management Committee have been found interested in promotional activities.

2. Special programmes, like rally, sanitation day, are very useful way to promote messages on WSH.

3. It has been observed that 50% of the schools lacked WSH facilities.

Ansar & VDP

1. Under the control of the WATSAN Committee, the Ansar & VDP have initiated promotional activities through their village platoons (males and females).

2. The local officials are unaware of SOC-MOB programme by DPHE.

3. Substantial proportion of VDPs do not have sanitary latrines.

Overall Coordination Among Partners

1. The union WATSAN committees have been performing satisfactorily in the intervention unions, after revision of members and inclusion of interested persons and their training.

2. The role of TNO was important for the overall coordination of the activities and avoiding overlapping. However, the TNO is not officially recognized for such a role.

3. Attendance by the partners is much better in UWC meetings compared to those of the Thana WATSAN Coordination Committee (TWCC) and/or Thana Development Coordination Committee (TDCC) meetings, e.g. the health officials rarely participate in the latter meetings. This created a communication gap and affected the overall implementation and coordination processes.

4. Many allies, such as NGOs and health workers, complained of not being involved in planning and implementation of WSH programmes.

5. TNO facilitated the establishment of the thana-based communication bank from where communication materials have been checked out as required. This helped partly meet the demand for communication aids by the WATSAN Committees. NGOs contributed banners only to the communication bank.

6. NGOs have the potential to address the problems, but they are yet to undertake planned action, avoid duplication of efforts, and improve skills and coordination needed for these actions.

7. Lack of coordination among NGOs and Chairmen was observed.

8. TNO, DPHE and Chairmen coordinated their activities satisfactorily.

9. TWCC has been formed for better coordination among all partners, and it has been working well.

10. The TDCC meeting has included reporting on the WSH activities as an agenda. This arrangement has been found helpful for overall support and planning of the activities.

11. The local Member of Parliament has started taking an initiative last month, and a number of activities have been planned with government and NGO representatives. It appears that political commitment may have potentials in WSH activities.

12. The overall coordination by TNO/Chairmen was poor in the beginning of the project due to the absence of a monitoring system. The project shared its data with the concerned persons, and it was found helpful for overall coordination. An overall monitoring system by the concerned partners is being considered by the project.

Role of NGOs in Social Mobilization for Sanitation

Presented by Mr. Abdullah-Al Mahmud, EHP, ICDDR,B

Introduction

NGOs play a catalytic role in championing the poor, stimulating demand and promoting change. Their work has contributed particularly in promoting appropriate technologies. They are also being involved in health and hygiene education. The grassroots characteristics of NGOs bring particular strength to these activities. Increasingly, latrine production and distribution are integrated into their schemes, and the role of women is strengthened. NGOs are developmental partners, and it is important that their expanded role is continued to be tapped.

Objective

To study ways and means to make NGO participation in water, sanitation and hygiene activities more effective.

Findings

1. NGOs are yet to achieve the 100% sanitary latrine coverage among their group members. About 50% of their members still do not have sanitary latrines. It may be noted that about 42% of the studied population are NGO members.

2. Absence of coordination among various NGOs at the field level was observed. In some unions, multiple NGOs each launched their own sanitation programmes which resulted in overlapping of efforts. On the other hand, some unions remained under-represented.

3. It has been observed that often NGOs are left out of planning or coordination meetings, but expected to participate in implementation activities. This has created misunderstanding and confusion.

4. To make WS activities effective, a Thana WATSAN Coordination Committee (TWCC) was formed. According to a decision taken by TWCC, three unions were designated for intensive work by NGOs under this programme. Wards of these three unions were divided among various NGOs to take leadership in coordinating the WS activities. NGOs were partly successful in fulfilling this responsibility. The main problems included lack of coordination, internal administrative requirement, and rules related to membership and entitlement.

5. GoB launched a special programme to supply ring-slab latrines at a subsidized rate through NGOs. However, success of this programme was less than expected due to complications arising out of the certification issue. Locally, NGOs agreed to the condition that the elected representatives would certify installation of the latrines. Centrally this condition was not acceptable,

and as a result this programme could not be successfully implemented.

6. The communication materials produced by and available from NGOs were lacking both in quality and quantity.

7. Requests from UP Chairmen for communication materials could not be adequately met by NGOs. A lack of standardized messages on sanitation was also observed.

8. Proshika implemented an incentive programme for their motivators. Under this programme, a motivator receives Tk. 15 for each latrine sold through his/her efforts.

9. Approximately 50% of the ring-slab latrines installed have been procured from the NGO production centres. However, the demand for latrines was much higher than what NGOs could supply.

10. Proshika provided loans to their interested group members to set up latrine production centres as business ventures. It is noteworthy that one of these centers has been operated by women and has been working very well.

11. Requests from various men and women's groups for loans to set up latrine production centres have been made. These requests are yet to be considered by NGOs due to loan-related regulations.

12. NGOs participated in setting up the thana-based communication bank by contributing materials, such as banners. Although this response has been appreciated, it was inadequate to meet the demand.

13. Some NGOs were able to take part in promotional activities only, as they had no resources to establish latrine production centres. They promoted the home-made latrines instead. This created a conflict of interest between the Union WATSAN Committees and the NGO promoters.

14. NGOs worked for their members only. The Union WATSAN Committees demanded that NGOs extend their support beyond members for promotion, at least.

15. Successful monitoring by NGOs is yet to take place. An attempt was made by the Project to involve NGOs in monitoring the WS activities. This was only partially successful due to the lack of accountability/recognition related to this work.

16. NGOs demonstrated that they have the skill, initiative, and personnel to play a major role in sanitation programmes. They require proper workplan, training and support from their respective headquarters to become effective.