

## Shifting Millions from Open Defecation to Hygienic Practices

Ms. Rokeya Ahmed

[rahmed@wateraidbd.org](mailto:rahmed@wateraidbd.org)

15 August 2005

### Abstract

**Shifting Millions from Open Defecation to Hygienic Practices** is a successful case study of WaterAid Bangladesh and Village Education Resource Centre (VERC) to achieve 100% sanitation in Bangladesh through empowering the community.

The Government of Bangladesh plan to achieve total sanitation by 2010. According to 2003 survey average sanitation coverage is only 32%. Traditional approaches to improving sanitation have focused on latrine construction rather than health and hygiene education.

WaterAid Bangladesh and its rural partner NGO VERC have jointly developed an integrated, empowering approach in collaboration with community people living in rural areas. VERC's *approach is based on the assumption that, once the issues have been understood, communities have the commitment and ability to overcome their water and sanitation problems themselves*. The approach has proven effective in establishing safe water supplies, environmental sanitation and promoting good hygiene practices. WaterAid and other national and international agencies in the region are now using this approach as a 'tool kit' to build a context sensitive approach for their target communities.

### Key aspects of the approach

- People's skills, abilities and knowledge are valued
- 0% subsidy for latrine construction
- 'Whole community' approach
- Mobilisation of local resources
- Involvement of local government

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## Shifting Millions from Open Defecation to Hygienic Practices

A successful case study of WaterAid Bangladesh and Village Education Resource Centre (VERC) to achieve 100% sanitation in Bangladesh

### Bangladesh fact file

- 74% of the population have access to water supplies, but the quality of many of the supplies is poor.<sup>1</sup>
- According to 2003 survey report, average sanitation coverage is only 32% falling to 15% in some areas, and poor hygiene practices are widespread<sup>2</sup>.
- Every day 20,000 metric tons of human excreta are deposited on public lands and in waterways, causing serious contamination of surface water.
- Unsafe water and human excreta are the main transmission routes of 40 of the 50 most prevalent diseases.
- An estimated 250,000 people, including 115,000 children under the age of five, die every year of diarrhoeal diseases.<sup>3</sup>
- The treatment of hygiene-related diseases costs 5 billion taka (US \$80 million) a year.<sup>4</sup>

### Introduction

The Government of Bangladesh and its development partners plan to achieve nation-

<sup>1</sup> Ahmed, M.F. Alternative Water Supply Options for Arsenic Affected areas of Bangladesh, ITN, BUET and WSP-SA, P. 11-12

<sup>2</sup> Ref. Bangladesh Country Paper on Sanitation for SACOSAN, Govt of Bangladesh, Oct 2003

<sup>3</sup> WatSan Information Booklet, NGO Forum for Drinking Water Supply and Sanitation

<sup>4</sup> S. A.. Ahmed, Water & Sanitation Program, personal communication April 2002, based upon "Health Care Expenditures in Bangladesh" in "Health Situation and Health Care Expenditures in Bangladesh, Evidences from Nationally Representative Surveys", BBS, April 1999

wide total sanitation by 2010. This is essential, as poor hygiene practices, open defecation and minimal environmental sanitation are currently taking a major toll on the national's health.

Traditional approaches to improving sanitation have focused on technocratic and financial patronage, rather than health and hygiene education. Water supply coverage is relatively high, but safe water alone leads to only minor health improvements and does not prevent serious diseases like cholera and dysentery.

The majority of people in Bangladesh have a poor understanding of the link between poor hygiene and disease. People tend to want to have latrines for reasons of convenience, privacy and status, rather than sanitation and health.

There are a number of barriers to achieving total sanitation, as outlined below:

### Barriers to achieving total sanitation

- The Government is centralised and functions in a top-down and supply-driven manner
- Fixed latrine models are too expensive for the poorest people and in many geophysical areas prove non-user friendly
- Lack of tenure rights, particularly for slum dwellers, mean poor people have no right to build latrines where they live
- Women's specific sanitation-related needs are unrecognised by the community
- Cultural taboos and embarrassment hinder open discussion

Institutional reform will be a key factor in implementing people-centred integrated water, sanitation and hygiene programmes. Although the debate is on, any significant change in the policy on decentralisation appears unlikely in the near future.

## WaterAid Bangladesh and VERC's innovated approach

WaterAid Bangladesh and its rural partner NGO VERC have jointly developed an integrated, empowering approach in collaboration with community people living in rural areas. The approach has proven effective in establishing safe water supplies, environmental sanitation and promoting good hygiene practices. Other partners of WaterAid's are now using this approach as a 'tool kit' with which to build a context sensitive approach for their specific target communities.

The approach is based on the following key principles:

- **Integration** Safe water supply, environmental sanitation and hygiene promotion are addressed simultaneously. Projects are appropriate, sustainable and affordable for the community.
- **Participation** The whole community, including the hardcore poor, are actively involved in project planning, implementation, monitoring and evaluation. Individuals in the community are trained to become trainers; the community determines the best water supply and sanitation infrastructure option and hygiene promotion education inputs are facilitated.
- **Empowerment** People's capacities, skills and indigenous knowledge are recognised and valued. Support is provided in the form of capacity-building to strengthen the ability of individuals who emerge as leaders to work as agents of change within the community. Communities act as facilitating agents in



their neighbouring areas. Empowered communities increase their confidence to analyse and voice their needs constructively to local government agencies or other development programmes.

### Key aspects of the approach

- People's skills, abilities and knowledge are valued
- 0% subsidy for latrine construction
- 'Whole community' approach
- Use of participatory research tools to analyse the problems
- Formation of Village Development Committees - local engineering groups
- Identification of potential community leaders and involve them as community 'catalysts'
- Mobilisation of local resources
- Involvement of local government

### Outcomes of the approach

- More than 250 villages are 100% sanitised
- Eight sub districts are actively working towards creating 100% sanitised.
- 20 innovative hygienic latrine designs have been put forward by communities
- A cultural shift from 'top down' to 'bottom up' approaches has happened in the organisation and at community level
- WaterAid Bangladesh and partners are providing training support to a number of local and international aid agencies to integrate the approach
- The Government of India is replicating the approach in the state of Maharashtra

*Village Education Resource Centre (VERC), a rural based partner of WaterAid, began piloting the 100% Sanitation Approach in 1999 in response to the poor impact of previous attempts to improve sanitation.*

VERC's approach is based on the assumption that, once the issues have been understood, communities have the commitment and ability to overcome their water and sanitation problems themselves. Field staff assists communities in drawing up a behaviour-focused working definition of 100% sanitation, through which communities come to recognise that in the area of water and sanitation the behaviour of an individual has a direct impact on the health and wellbeing of others. Community mobilisation is triggered and the community plans and implements sustainable solutions that meet their own needs. Community elites work together with the hardcore poor providing land, materials and/or cash for the construction of latrines, to achieve total community coverage.

Due to empowerment of the community, many technical, social and economic innovations took place. The communities designed many local and low-cost models of toilets which are affordable and to suit the local conditions of the community. The engineers from VERC and Water Aid Bangladesh encouraged this innovation by providing technical help and support without dictating ways of doing it. There are more than twenty models of toilets innovated by the local community and the cheapest one costs only Tk.70 (US\$ 1.05).

The process involves the community in all aspects of the project. This introduces ownership of the programme, as well as ensuring sustainability for the future. As part of the wider community, local Government bodies, NGOs, community based organisations and other stakeholders have successfully been brought into the process. The approach is proving self-replicating as other villages are adopting the 100% Sanitation Approach, seeking advice and help from community leaders.

### **Programme to Programme Support**

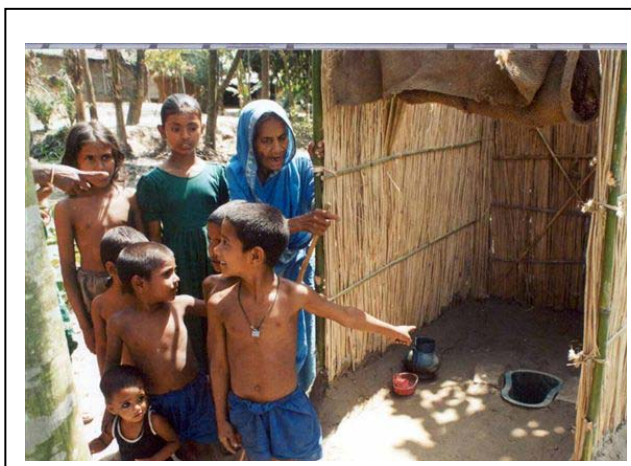
WaterAid Bangladesh and VERC provided training support to World Vision Bangladesh and Dhaka Ahsania Mission (lead NGO of DPHE-DANIDA Coastal belt project) in their

implementation of a sanitation project following the 100% sanitation approach. They are working to assist 1230 villages for total sanitation. Plan International and CARE Bangladesh are also following the same approach for total sanitation in seven sub districts of Bangladesh.

WaterAid is also working in collaboration with four partner organisations on rural sanitation programmes serving over 3200 villages of 160 unions across 15 districts.

### **A working definition of 100% sanitation**

- No open defecation or open/hanging latrine use.
- Effective hand-washing after defecation and before eating / taking or handling food.
- Food and water are covered.
- Good personal hygienic practices, such as brushing teeth and trimming nails
- Latrines are well managed.
- Sandals are worn when defecating.
- Clean courtyards and roadsides.
- Garbage is disposed of in a fixed place, such as a pit.
- Safe water use for all domestic purposes.
- Water points are well managed.
- Waste water is disposed of down drains or in a fixed place.
- No spitting in public places.



## **Impacts & Benefits of 100% sanitation projects**

### **• Women's advancement**

In Bangladesh there is a rigid division of labour regarding activity related to water, sanitation and hygiene promotion. Women and adolescent girls are disproportionately burdened by inadequate and poor quality water and sanitation services as they normally collect water, clean the household and care for the sick. Lack of privacy in sanitation facilities also exposes them to increased risks of urinary tract infection, reproductive health problems and physical attack.

Women have reported that improved access to water and sanitation services has resulted in a more productive use of time and resources. Traditional gender roles are being challenged as men and women recognise the direct contribution that women's participation is making to the community's improvement and to household economic benefits. Through the process of forming and developing community institutions women have increased their confidence and capabilities in private and public spheres.

### **• Poverty reduction**

Loss of earnings and production are additional handicaps for poor people, whose physical fitness is their main productive asset. Use of safe drinking water and sanitation facilities, together with improved hygiene practices, has a direct impact on poverty by reducing the vulnerability of poor people, especially women and children, to disease, ill health and death. Use of improved facilities releases women and girls' time for paid work, schooling and rest. Savings are made from household expenditure on medical expenses.

### **• Improved governance**

Poor people in Bangladesh lack the awareness, information and opportunities to demand their rights. The worst off are excluded from collective decision-making and denied the voice to lobby government for basic services. Through community empowerment, constructive relations are being built with Union and Upazilla level government in rural areas.

### **• Scaling up to national sanitation**

Given the success of the new approach WaterAid has expanded its rural and urban programmes, refining and developing new initiatives. Programmes are better linked to local government and efforts for their emulation in national programmes will continue. The Government recognises the public health benefits of water and sanitation and has adopted a National Strategy for Sanitation based on the demand-responsive approach.

In 2003 the Water Supply and Sanitation Collaborative Council, of which WaterAid is a member and the Government collaborated in the development of a National Sanitation Campaign. The campaign launched in October 2003. The target is to achieve total sanitation by 2010.

In October 2003 the Government also arranged an international conference named South Asian Conference on Sanitation (SACOSAN). The overall goal of the conference was to "accelerate the progress of sanitation and hygiene work in South Asia so as to enhance people's quality of life, in fulfilment of the Millennium Development Goals and the commitments made in the World Summit on Sustainable Development (WSSD). In the conference VERC approach was presented as a successful case study.

#### **DFID's assessment<sup>5</sup> of VERC results in areas with improved water facilities and 100% sanitation**

- Reductions of 99% in diarrhoea, 90% in dysentery and 51% in stomach-related problems such as intestinal worms, in rural areas.
- Monthly medical costs for common illnesses are 55% lower.
- Working days lost due to illness have fallen from 77 to 35 per year in rural areas
- Schooldays lost due to illness have fallen from 16 to 7 per year in rural areas.
- Expenditure on food and clothing has risen by 6%.

<sup>5</sup> Farouk A. Chowdhury, an Economic Evaluation of WaterAid Bangladesh's Water and Sanitation programme in specified areas of Bangladesh, December 2002, DFID Bangladesh.

WaterAid is an international non-governmental organisation dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people. These most basic services are essential to life; without them vulnerable communities, particularly women and children, are trapped in the stranglehold of disease and poverty.

WaterAid works with poor people in 15 developing countries in Asia and Africa and has been working in Bangladesh since 1986. WaterAid works with local partner organisations setting up low cost, sustainable projects using appropriate technology that can be managed by the community itself.

WaterAid also seeks to influence the policies of other key organisations, such as