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Achieving 100% Sanitation:
WaterAid Bangladesh and VERC approach

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Introduction

In 2003 the Government of Bangladesh conducted an extensive survey, the results of this survey show that only 32% of households use sanitary latrines, 25% use unhygienic latrines and 43% use no latrines.

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.
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.

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

- 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

Total sanitation rural pilot project

WaterAid Bangladesh and its rural partner 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.

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.

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, GOs, 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.

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.

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 300 villages are 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 approach in the state of Maharastra

Gender Aspects

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.

In 2002 May WaterAid Bangladesh carried out an evaluation study on Hygiene promotion which stated the following regarding gender aspect:

Women were found to be very active, with puts its initial emphasis on 'igniting' the interest of men. It is clear that the committees and voluntary monitoring or other roles created by this programme provide opportunities for energetic women to apply their talents to betterment of their community environments.
Even where it is successful and accepted, the programme seems to have little to say about the sexual division of labour. As the emphasis on cleanliness increases, there is a clear possibility that women's workload also will be increased. Several men were heard to comment that their women were cleaner than they used to be because of the programme. None was heard to comment that he helped his wife more than he used to in achieving these higher standards. [1]

During 2002 to 2003 WAB & VERC also identified that the participatory baseline surveys and planning undertaken by VERC field staff aim to involve the entire community. Subsequently, in most cases the project's long-term day-to-day activities (e.g., regular hygiene or education sessions) are targeted mainly at women and children. And also noticed due to culture of silence and ignorance the issues related menstrual hygiene and management was not included in pilot phase. In Bangladesh vast majority of women and girls instead of sanitary towels/napkin use rags- usually torn from old saries and known as 'nekra'. Rags are washed and used several times. There is no private place to change and clean the rag and often no safe water and soap to wash it properly. A culture of shame forces them to wait for privacy even at home. The rag is washes and hang to dry in some well hidden, often dam and unhealthy place. This practice is responsible for a significant proportion of illness and infection associated with female reproductive health. Rags that are unclean caused urinary and vaginal infection and often even serious infections are left untreated.

In 2003 WaterAid started new programme Advancing Sustainable Environmental Health (ASEH) from the financial support of DFID to sanitized approximately 5000 villages and 500 slums with partnership 15 local NGOs.

In the designing phase of ASEH WAB & partners initiated several discussion sessions & workshops on conceptual aspects and operational challenges around gender issues. Questions about the limitations and boundaries of partners' approaches, particularly with reference to strategic gender needs in the context of Bangladesh, have been expressed. One of the outputs of ASEH inception period is development of Equity and Gender Policy & Strategies focused on followings:

The Three Pillars of Gender Analysis

i. Division of labour

i. Resource Distribution
ii. Position in social institutions

- In the case of WatSan there are numerous activities such as cleaning toilets, collecting and carrying water that are seen to be women's work. These are unremunerated activities that reinforce the unfair gender division of roles. These issues will be addressed in implementation of ASEH programme.
- Regarding resource distribution we see that women are mainly engaged for undertaking voluntary work or as caretakers as they accept low wages. Training and technical capacity building support will be focused more on women.
- Women are currently under-represented in committees, political institutions and the workplace. All WAB partners try and include 50% female representation on committees – taking into consideration local and context specific barriers.

[1] WaterAid Bangladesh Hygiene Promotion Evaluation Study, Suzanne Hanchett, May 2002

Menstrual hygiene & management is an integral part of both software & hardware component of the current programme of VERC and other partners of WAB.

Advocating the approach

Given the success of the approach WaterAid & VERC have, since 2001, taken on different strategies to scale up . The main activities are as follows:

- Development of a larger programme (ASEH) with the financial support of DFID

- Motivational work with key sector agencies for adopting community based total sanitation approach.

- Programme to Programme Support

WaterAid Bangladesh and VERC provided training support to World Vision Bangladesh, Plan Bangladesh, Care 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.

Scaling up to national sanitation

In 2003 the Water Supply and Sanitation Collaborative Council, of which WaterAid is an active 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 In the conference VERC approach was presented as a successful case study.