Sanitation Bangladesh Case: 7 Key Take Aways

A presentation for National Consultation on Sustainable Rural Sanitation

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CSE’s Office
India Habitat Centre
New Delhi
Bangladesh Sanitation: Key achievements

• Open defecation reduced from 34% (1990) to 1% (2015)

• 70.5% reported ‘impossible’ to return to Open Defecation and 26.9% reported ‘Difficult’

• U5MR 38 (2015) compared to 139 (1990)

• Child stunting reduced from 65% (1990) to 36% (2015)

• Death from diarrheal disease is 12.4 per thousand compared to 58.8 in India

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• 1960 to 1990 Department of Public Health and Engineering led

- Focused on latrine installation. By 1990 10 m Tubewells, but open defecation was widespread

- Sanitation approach: sectoral and technical, limited to high quality latrines materials

- No demand from people

- Target driven approach >>free tubewel with latrine installation condition

- Very limited success as end users were not sure ‘why’ (more than 60% open defecation)
Bangladesh’s Success: Key Milestones 2

- 1991 to 2001 >> behavioural change programmes (without hardware subsidy) tried by NGOs focusing on individual behavioural change
  - CARE – WASH/SAFE/SAFER
  - Some focus on communities (VDCs and UPs)

NOT SURE WHAT SHOULD BE Bangladesh’s Approach

- 1999 to 2002 >> Major Breakthroughs
  - CLTS developed
  - Shift from latrinization to total sanitation through community empowerment

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Bangladesh’s Success: Key Milestones 3

• 2003 SACOSAN
  - National Sanitation Task Force

• 2004 onwards
  - 20% of ADP allocated for sanitation

• 2005 National Sanitation Strategy

• 2005 to 2008
  - Pro-poor strategy
  - Strategy for Hard to Reach Areas
  - Sanitation awareness through school curriculum
1. Breakthrough happened when a sectoral approach became a networking approach
   - Integrating community led approach (CLTS)
   - Collaboration between communities, local government, NGOs, Government
   - Mindset changing – OD became socially unacceptable behaviour

2. Putting community and local government at the centre

3. Empowering women to take lead
4. Supportive policy environment for triggering a social movement and champions to take forward

5. Private sector engagement for low cost materials

6. Positive influence of migration (RMG) to urban areas

7. Aspiration backed up by steady economic growth and no major disaster at scale
Thank You!

SHE HAS
the POWER
to change her world.

YOU HAVE
the POWER
to help her do it.

www.carebangladesh.org

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