LCG WATSAN Sub-Group
Comment on the Bangladesh I-PRSP

The National Strategy for Economic Growth, Poverty Reduction and Social Develop (I-PRSP) has been reviewed from the perspective of water supply, sanitation, solid waste management and drainage, with emphasis on water supply, sanitation, and hygiene as the essential triangle for improvements in health, and thus alleviation of poverty. The LCG WATSAN is a rather large LCG subgroup with representation from GoB, development partners and NGOs. The comment prepared by the LCG WATSAN, has benefited from major contributions from WaterAid Bangladesh on behalf of civil society (full paper attached separately with this submission), DFID, Danida and WHO.

Sector Strategy

Water supply and sanitation is not presented as a separate sector, but is rather incorporated in infrastructure. This may be understandable but probably does insufficient justice to the essential link between **access** to safe water and adequate sanitation, the **promotion** of personal hygiene, **complemented** in more densely populated areas by functioning solid waste management systems and drainage. Only when these are all in place will we see a sustained improvement in health through o.a. reduction of morbidity due to diarrhoea and dengue.

IPRSP puts forward in section 5.51 (that) '*Improved and safe water supply and sanitation services will be emphasized for reducing health costs, improving malnutrition, and increasing productivity of labor. The problem of arsenicosis related with arsenic contamination of drinking water from tubewells, to which the poor are more vulnerable, will be addressed through effective measures and exploring alternative sources. This will also contribute to reducing the time spent by women and children in water collection and domestic chores resulting in more productive use of time and resources by the poor households. Following the National Water Supply and Sanitation Policy 1998, a development framework will be worked out to address the issues in a comprehensive manner.*'

The statement above addresses the potential economic gains, but does not adequately refer to the **health gains and the water security** that should come from "services". Services assume service: i.e. quality, quantity, reliability, timeliness, etc. In too many instances in urban settings that service is not readily available still, while in rural areas advances once made have now been compromised by contamination by arsenic in groundwater. In instances where public services have been provided or developed in rural areas, the socially poor may not have reliable access or systems may fail fairly soon.

To gain real benefits from investments in water supply, sanitation, solid waste management and drainage, strong interaction is necessary between local government, infrastructure, health, environment, and the people (as customers or as owners of community or household systems). In the context of the anticipated strengthening of local government at union and pourashava level, capacity may (further) need to be build to oversee planning, design, operation, maintenance and financing of services.

Government has worked commendably on various water policies to safeguard equitable water use and water quality (NWPo, NWMP), and to foster increased access to water supply and sanitation

(National Policy for Safe Water Supply and Sanitation). The challenge lies in making the policies effective, sufficiently linked and making them work for all, and in particular the poor.

The I-PRSP's intent indicates that a Sector Development Framework (SDF) will be worked out. A start has been made by MLGRD&C by formulating a draft SDF to interpret policy principles in operational terms and actions. While important strides are being made, there seems a lot of system drag, in particular where it concerns the capability of one of the main sector agencies to move towards more **community-oriented programmes and executed in collaboration with Local Government Institutions.** The present I-PRSP does not refer to the role of the private sector in service delivery. Coverage in rural areas has come about in no small measure through extension of **small scale entrepreneurs** to water supply and sanitation. The potential of the private sector in urban water supply and sanitation may also provide an important additional driver to promote effective service delivery.

LGD has constituted a Forum for Sector Coordination and Policy Implementation as its advisory body. Recently the Forum decided to develop a pro-poor Strategy for the Sector. Work needs to be undertaken urgently in formulating the Strategy to ensure that the WSS Sector can support GoB efforts in poverty reduction effectively.

On arsenic, GoB is constituting the Arsenic Policy Support Unit (APSU), to advise it on all matters of the reduction of population exposure to arsenic. APSU is an expression of the importance of water supply (and sanitation) in our society as it brings together many agencies and disciplines, at all levels of administration, and representing probably even more disciplines than those associated with HIV-AIDS programming.

In view of the multi-disciplinary nature of the sector, combining the need for functioning physical assets and effective behavioural change communication for improvements in health and hygiene and to ensure consumption of arsenic safe water, **Section C on Fostering Human Development for the Poor would benefit from a stronger representation of the importance of access to safe water and sanitation, and proper hygiene.** The water, sanitation and hygiene triangle would reduce morbidity and thus economic losses and direct medical costs as well as lead to a better nutritional status of the poor.

Vision

Presently the vision does not incorporate improvement in water and sanitation. Strange, as these are always mentioned as priorities in any public consultation. Any pro-poor strategy should start with basic needs for a decent and healthy living as a basis for a mentally and physically productive interaction with society. Clearly, morbidity due to poor sanitation and personal hygiene (and including food hygiene) can be reduced to a few episodes a year through improvements in safe water and sanitation, leading to immediate gains in economic production, in education and well-being.

Safe water is a right. The UN Committee on Economic, Cultural and Social Rights recently declared '*access to safe and affordable water for personal and domestic use (is) a fundamental human right',* essential to achieving the rights to adequate food and nutrition, housing and education. The UN Convention on the Rights of the Child spells out the right to life and development, and states that '*States Parties shall …take appropriate measures: to combat disease …and through the provision of clean drinking-water, taking into consideration the dangers and risks of environmental pollution'*.

Some years ago the Water Supply and Sanitation Collaborative Council Chapter in Bangladesh (WSSCC-B) drafted a simple statement for its VISION 2025 on the basis of extensive consultations with communities around the country. The statement evokes the aspirations of all:

> ***Safe and adequate amount of water will be available for drinking and cooking at all kitchens and bathrooms or at least at one convenient location within the house. All people will use sanitary latrines and the environment will be clean and healthy. Services will be provided and managed by the elected representatives and/or an appropriate system which will be transparent and accountable to the people.***

More recently, the Ministry of Local Government, Rural Development & Cooperatives and WSSCC-B have started to collaborate on the development of a National Sanitation Campaign, considering the Millenium Development Goal on sanitation emanating from the World Summit on Sustainable Development (WSSD) to pursue a specific sanitation target: *halving the figure of 2.4 billion people who do not have access to basic sanitation facilities by 2015*. LGD and WSSCC have gone a step further and are now working on quite a feasible plan to provide **total sanitation access by 2015.**

In view of rights to water and sanitation; because mental and physical well-being requires safe water and sanitation; as progress made earlier in water supply delivery in the rural areas lead to 97% coverage, although Bangladesh now faces a setback due to arsenic in groundwater;
it is recommended **to include a target for water and sanitation in the Vision** as follows:

> **11. Ensure access to safe water and sanitation to all, and promote hygiene practices through primary health care and education.**

Such an intent expressed as a goal, would provide direct support to bullet points 1 (by enhancing 'decency'), 5, 6, 7 and 10.

Reforms

In various sections elements of reform or action have been indicated. Key however remains *"Policies and institutional measures for broadening participatory governance and enhancing the "voice" and "influence" of the poor….. The policy and institutional measures would mainly relate to strengthening the system of good governance, especially decentralization at the local level. Decentralization and devolution of power will be regarded as an essential pre-condition for good governance*." " *The consensus view emerging from the consultation supported the idea of a strong (with adequate financial and administrative power) and popular (elected with people's mandate) local government."*

This intent, when realized, would boost the operationalization of the National Policy for Safe Water Supply and Sanitation. Except that this policy still requires a lot of work before it will become effective in guiding the provision and raising the sustainability of services and facilities. The evolution of the policy will also require the development of a clear pro-poor focus. Refer to observations made earlier.

Reforms will also be necessary to ensure adequate monitoring, review, regulation and guidance of the water supply and sanitation sector. Local Government, with DPHE, WASA and the

Pourashavas, Health and Environment are primary stakeholders. Health and Environment have a mandate in monitoring health consequences and maintaining (surface?) water quality surveillance. Who keeps an eye on ground water sources? If environment is mandated, does it have the staff resources and logistics to do so? DPHE and WASA are professional agencies, supposed to able to do their own operational monitoring. Should GoB leave it at that or should an independent regulator be appointed to scrutinize performance and ensure compliance?

Further to the quaotation in the beginning of this section, the attached WaterAid contribution suggests the incorporation of a medium term policy matrix with a useful set of reform oriented agenda points, including the decentralization of DPHE and real responsibility for UP and Pourashava for development and management of the WatSan improvements.

GoB Coordination and Complementarity

Many of the water and sanitation references in the I-PRSP are drawn from the National Water Management Plan (NWMP) prepared by the Water resources Planning Organisation (WARPO) of the Ministry of Water Resources. In particular, the Mid Term Agendas in Annex 11 for both "Water Resources" and "Public Health and Safety".
"Public Health and Safety" here encompasses an entire urban and rural WatSan agenda. How does this WatSan investment programme relate to the Mid Term Agenda for Water and Sanitation in Annex 11, under "Local Government"?

Similarly, the Mid Term Agenda for "Decent standard of living for the people and protection of the environment", presumably under the auspices of the Ministry of Environment and Forests, includes an item for "National Water Quality Monitoring". Meanwhile, the Local Government Mid Term Agenda referred to above includes an item "Regional laboratories will be established to promote different experiments for ensuring arsenic free water". Most substantive (ground) water quality testing to date, for arsenic, has been done by or through LGD.

Delivery of the PRSP will require the agencies' mandates and the Rules of Business to be clarified, to avoid overlap and gaps.

The proposed Water Act deserves inclusion in the Mid Term Agenda, since it will be needed if there is to be any enforcement of restrictions to protect water resources, including the exploitation of the deep aquifer, considered for use as part of the response to arsenic.

Priority Issues

Environmental Health
It is estimated (WHO) that one third of all disease in Bangladesh (representing 320,500 DALYs) is environmentally attributable, including 90% of diarrhoeal disease and 60% of acute respiratory disease. However, the Health Sector Annex (7) of the I-PRSP concentrates on the provision of improved health *services.* The challenge for the final PRSP will be to refine the health strategy so that it **also** addresses the underlying environmental causes of so much of Bangladesh’s ill health, and defines their solutions such as in improved water supply and sanitation. The current draft of the Health and Nutrition Population Sector Programme already contains an important section on environment and health, but this could be further developed to underpin the IPRSP.

Arsenic

Arsenic exposure in rural areas, and including through the food-chain, should be reflected as a health and economic risk. Especially crops grown with arsenic contaminated irrigation water may prove susceptible and can thus not be exported or consumed. This may affect the overall export position of Bangladesh with respect to vegetables.

Urban water supply

Extension and qualitative improvement of urban water supply systems is essential. Tariffs should be set to reflect the real cost to the middle-income group. A proper tariff structure should ensure that large users pay relatively more, so that a social tariff can be considered for (all, benefiting especially) the poor. Extension of safe piped water supply systems in the urban areas would also contribute rapidly to the reduction of exposure to arsenic in affected towns.

Sanitation

Extra efforts are needed to promote sanitation for all, especially for those living in high environmental risk areas such as slums and flood prone areas. It is essential to raise effective coverage quickly from around 43.4 % (BBS/UNICEF December 2000) as it is now to close to total sanitation coverage, to ensure health and economic benefits.

Indicators

The Poverty Reduction Indicators in Annex 12 do not reflect the Vision, although there seems no reason at all why they should not. The two seem to have been drafted almost independently. From a WatSan (and perhaps any) perspective, the most significant inconsistency seems to be the inclusion of WatSan indicators in the Indicators while at present the sector is not reflected in the Vision.

Also, the present indicators would not adequately track the outcome of the acquisition of water and sanitation facilities. Rather, the indicators developed for the BBS/UNICEF Progothir Pothey on access and effective use may be considered or amended.

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