

Challenge and Reality in Small Towns of Bangladesh

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BANGLADESH has made remarkable progress in eliminating the practice of open defecation. As a result, the country has been successful in achieving the Millennium Development Goals (MDGs). But realising safely managed water and sanitation service levels remains a challenge. United Nations Joint Monitoring Programme's 2020 Progress Report shows that Bangladesh has safely managed drinking water coverage of 59% and safely managed sanitation coverage of only 39%. The situation can be exemplified by the recent diarrhoeal outbreak in Dhaka and surrounding areas. Experts identified water contamination as a major reason for the surge of this enteric disease. The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR'B) admitted more than 1,000 patients per day for a continuous period of two months during the outbreak (Daily Sun, April 2022).

It may sound surprising to have such a spike of diarrhoea in a country where 98% of the people have access to basic water service. But one-time access doesn't ensure sustainable service, a service that keeps going, a service people can rely on, no matter where they live. To ensure sustainable service, a strong system is needed. A strong system comprises strong national policies, financial systems, and monitoring in order to be sustainable, resilient, and accountable (UNICEF, 2020). These are commonly known as building blocks of the system.

Between December 2021 and February 2022, IRC International Water and Sanitation Centre (Netherlands) in collaboration with DORP (Bangladesh) carried out a WASH (Water, Sanitation and Hygiene) system assessment on its service delivery models in three coastal towns - Bhola, Barguna, and Ramgati. The assessment included a desk review as well as a collection of primary data from the 3 towns (two district towns -

Bhola and Barguna - and one sub-district town - Ramgati). It is found in the study that lack of information is a major hindrance to informed decision-making in local-level service delivery. The limited capacity of the local government institutes at the local level is another deterrent to sustainable service delivery.

The three towns selected for the assessment represent the small coastal towns of Bangladesh. It has been seen earlier that these small towns (municipalities fall between the cracks: they are not rural and they are not urban enough compared to the city corporations, which leaves the small towns without the needed attention and resources. The situation is more complicated in coastal towns where they face the adverse effects of climate change. The assessment didn't look at the WASH service delivery itself. Rather it looked at the building blocks of the WASH service delivery mechanism. It looked at six key building blocks of the system: institutional capacity, finance flow, infrastructure management, monitoring, regulation, and water resources management.

It is found that the Department of Public Health Engineering (DPHE) and Municipality are the two key players in WASH service provision. Then there are private service providers like masons, technicians, hardware shops, and waste collectors. Town dwellers who live in the centre of the town receive piped water supply from the municipality. Dwellers that live in the periphery rely on hand pumps which are mostly self-supplied. For sanitation, almost all the town dwellers rely on self-supplied septic tanks and pit latrines as all such towns have no sewer system. While it is observed that the private service for water and sanitation services is strong as there are trained masons, technicians, and spare parts supply for infrastructure, institutional support for the safe management of waste is less strong. The collection of faecal waste and

solid waste lacks health and safety skills and requires stronger institutional support.

This is even more so when looking at the hygiene part. The study found no solid institutional responsibility at DPHE or the municipality for hygiene promotion or monitoring. The regulations of these two local government institutes do not exert any direct responsibility for hygiene promotion and monitoring. The COVID-19 experience gives us a straightforward message that strong hygiene management is needed to tackle such a crisis. There are some exemplary national-level efforts for hygiene such as the National Hygiene Promotion Strategy and the National Hygiene Survey but at the municipality level, they incur poor institutional responsibility, and there is insufficient capacity and guidance on how to translate these into action on the municipal level. Hygiene promotion takes place on an ad-hoc basis through municipalities and some non-government organizations. But no institutional structure of hygiene promotion and monitoring is found in place.

On the other hand, municipalities can blame the poor finance flow for such services. When assessing the finance flow it is found that the income municipalities get from taxes and tariffs is not enough. They are barely enough for maintaining the operational costs of the pipe water network and drainage system. Thus there is competition among different development items of the municipality for allocation and often WASH services lose the competition to other ones. And for construction of new services (e.g. extension of pipe water network) and capital maintenance of the existing ones, the municipality needs to rely fully on the allocation of the national government. This hinders the quick maintenance or replacement of the spare parts thus making the service unstable.

Another key observation of the assessment is the poor WASH service

monitoring system. It is found that at present there is no periodic WASH service monitoring system at the municipality level. DPHE and municipality both have their internal reporting system but that only counts the existing and newly constructed WASH facilities. It doesn't monitor the quality of the service following the proper sustainable development goal (SDG) indicators. Thus it is impossible to understand whether the hard-core poor families, households with persons of disabilities, or households that are marginalised due to social norms or hard-to-reach geographies are receiving proper WASH services or not. For plausible planning, solid information is needed. In absence of structured monitoring, it is impossible to carry out informed need assessment and decision-making. It is one of the reasons why municipalities cannot plan wisely for their WASH services. It is true for other municipality services also because in absence of proper need assessment realistic planning or lobbying for resource allocation is difficult.

In the recent past, the Bangladesh government has taken a number of initiatives to improve the national WASH situation. Notable examples are commissioning the National Strategy for Water Supply and Sanitation 2021, the National Pro-poor Strategy for Water and Sanitation Sector of Bangladesh, the National Hygiene Survey 2018, etc. DPHE is also taking on a number of projects for WASH service development such as pipe water network expansion, database development, etc. However, it has appeared from this assessment that these small towns are yet far from getting the benefit of these new strategies and initiatives. Strong institutional strengthening is needed rather than ad-hoc allocation and project-based approaches to make quality water, sanitation, and hygiene services sustainable in small towns of Bangladesh.

The writers work in the development sector