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SANITATION AND WATER FOR ALL

NGO's in sanitation: needs, scope and potential

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THE NON-GOVERNMENTAL organizations (NGOs) have been playing important roles in the sanitation issues in Bangladesh. Here we present the needs and roles played by NGOs in a community involved sanitation related activities in a rural sub-district in Bangladesh. These findings have policy and programmatic implication for further effective and sustainable roles of these development partners in Bangladesh and in other similar countries.

An applied research for community involved sanitation was launched in Singair sub-district. Local social and political leaders, volunteers, Governmental agencies (GO), and NGOs planned and worked together in improving its sanitation coverage from about 21 per cent to about 80 per cent over a period of 2 years. The NGOs participated in promotion and supply of sanitary latrines. About 40 per cent of the studied population were NGO members. NGOs demonstrated that they have the potentials, resources and interest in sanitation activities. Without NGO involvement the sanitation programme could not show this remarkable result. However, duplication of efforts, lack of coordination between NGO-NGO, NGO-GO, NGO-political leaders and lack of appropriate response to local needs often slowed down significantly the integrated effort for sanitation. Development of improved communication materials and its proper use, proper monitoring system and development of skilled workers (regular and volunteer) in NGO context was urgently needed.

Introduction

Non-governmental organizations (NGOs), both local and international, play an important role in meeting the challenges of development. The NGOs and community-based organization (CBOs) are by nature in close contacts with the poor and concerned with welfare of the people. Recognizing these strength, we have made an attempt to study the role played by local NGOs during an applied research on sanitation in a rural area of Bangladesh.

Background

Although Bangladesh has achieved remarkable success in tubewell water supply (more than 95 per cent of rural people drink tube well water), the sanitation coverage (use of sanitary or hygienic latrines by adult population) is about 40 per cent (1). The Department of Public Health Engineering (DPHE) and UNICEF jointly launched the "Social Mobilization for Sanitation (SOC-MOB)" programme in late 1994 (2). The objective of this programme was to improve safe disposal of excreta, promote personal hygiene, and increase the use of safe water for all domestic purposes. The strategies of SOC-MOB include (i) increased involvement of the community in planning and implementation, (ii) strengthening of the programme communication and training, (iii) forging alliances with various partners to link up with the community, and (iv) achieving political and social commitment.

An applied research has been launched by us in collaboration with DPHE in Singair, Manikganj in 1995 to study the operational and impact issues related to the SOC-MOB. We briefly present here our findings related to NGOs (over 1995-1996) in order to help NGOs further strengthen their capacity and expand their support for sanitation. This study is ongoing and has included issues related to arsenic mitigation through community-based approaches (3).

Methodology

Of the 11 Unions of Singair in Manikganj, 10 Unions have been selected for this research. There were about 2.3 million people in these 10 Unions (4). The 10 Unions have been randomly divided into intervention and comparison areas, with five Unions in each group. Union Water and Sanitation Committees (UWATSAN), (with representatives from local committees and Governmental and non-governmental agencies under the leadership of Union Parishad Chairmen. (the elected representatives)) were formed in all Unions by DPHE in order to coordinate SOC-MOB activities. We facilitated SOC-MOB suggested activities in intervention area only by giving training to all partners and volunteers (3). Both the intervention and comparison unions received normal government support. These 10 Unions were regularly monitored by us using interviewing, observation, focus group discussion and environmental analysis techniques. All water, sanitation and hygiene (WSH) related activities were initiated, planned and undertaken by the community people under the leadership of the UWATSAN Committee (4,5).

The Thana Nirbahi Officer coordinated WSH activities among Chairmen and NGOs and the details may be found elsewhere. The local NGOs were identified as one of the main partners and approached to become involved in all planning and implementation activities. The NGOs agreed upon to promote WSH in assigned areas, avoid duplication of efforts and install or facilitate installation of latrine production centers during a planning meeting held at thana level.

Findings

The main findings may be reported as follows:

- Different NGOs followed different strategies for latrine promotion. Over the course of the study period the strategies have changed. Members were encouraged to install sanitary latrines but was not mandatory. Almost all NGOs had credit/saving activities, in addition to the other welfare activities. These NGOs promoted WSH practices among their group members during their regular programme meetings. PROSHIKA, BRAC, TARD and GRAMEEN BANK were the major NGOs in Singair.

  PROSHIKA became a direct partner of the study in 1996. It provided service charge free credit for sanitary (ring-slab) latrines to its members, irrespective of other loans. It assigned motivators from group members to promote WSH practices with an incentive of Tk. 15 for convincing a group member to install a sanitary latrine. These motivators were trained by the NGO to promote WSH issues. It facilitated installation of latrine production centers by providing loan and training to its group members. The owners of these production centers sold latrines to PROSHIKA members at a rate which allowed about Taka 50 profit per latrine. The PROSHIKA members who requested credit for latrines were given papers to procure latrines from these Centers. The Centers were allowed to sell latrines to non-members also. The cost varied between Tk. 500-550 per latrine (1 slab and 5 rings) (US$ 1 was equivalent to Tk. 45.20).

  BRAC had 40 health service providers who promoted WSH (in addition to other activities) for motivating a member to install a latrine. S/he received Taka 5 per ring and Taka 10 per slab for motivating members. The members who requested for credit against housing or other income were allowed loan for a sanitary latrine at the rate of same interest as for the main credit. These members could buy latrines from BRAC production center (where available) or any other production center. BRAC ran a production center in one Union where it sold latrines. This Center sold latrines to its members only, at a fixed cost of Tk. 500 per latrine (1 slab and 5 rings).

  TARD promoted WSH practice and provided credit for latrine to its members who applied for any credit. They took service charge (interest) against the latrine loan at the same rate as the main investment. They ran two latrine production centers which sold latrines at Tk. 625 per latrine. They sold latrines to their members as well as non-members.
- About 1600 families were randomly selected and studied from each of the intervention and comparison areas. The rate of use of sanitary latrines (by adults) improved from about 23 per cent to 64 per cent and 21 per cent to 29 per cent in the intervention and comparison areas respectively.
- The types of latrines used and NGO membership in the intervention and comparison areas are shown in Table 1. There were significant differences among the rates of use of open latrines by both NGO and non-NGO members in the intervention area and the same in the comparison area. About 71 per cent NGO members and 57 per cent non-NGO members used sanitary/ hygienic latrines in the intervention area. About 26 per

Table 1: Types of latrine used (by adults) and NGO membership in the intervention and comparison areas in 1996 December.

	Intervention Area	Comparison Area
NGO members: No. of samples	796	541
Home-made hygienic latrines	164 (21%)	46 (9%)
Ring-slab/septic tank latrines	401 (50%)	92 (17%)
Open latrines	231 (29%)	403 (74%)
Non-members: No. of samples	857	963
Home-made hygienic latrines	154 (18%)	89 (9%)
Ring-slab/septic tank latrines	338 (39%)	199 (21%)
Open latrines	365 (43%)	675 (70%)

cent NGO members and 30 per cent non-NGO members disposed of their excreta in sanitary way in the comparison area. This indicates that the NGOs did not gave similar emphasis to the use/installation of sanitary latrines among its members in the intervention and comparison areas. It is also obvious that the intervention activities in the intervention area influenced sanitation positively (significantly) there.

- NGOs provided fund (loan with about 18 per cent interest) to its members to establish 10 latrine production centers. And 3 production centers were run by NGOs themselves.
- One of the NGOs gave loan and training to a women (Kulsum) member for installing a latrine production center. (This women was also trained by us (later) on latrine production and latrine promotion at village level). Her production center was one of the main latrine centers in that area and her income and benefits were satisfactory (6). Labours who worked in that production center were also female and were trained by Kulsum. She was poor (initially) and illiterate but these were no barrier to her success.
- There were Unions where there was no Governmental and non-governmental latrine production center in to opposed more than one latrine production center in some Unions. This gap in coordination and collaboration created problem in supply of latrine on its demand by the users (NGO-members and non-NGO members).
- Lack of coordination and collaboration between NGO and NGO and NGO and Union Parishad Chairman were reported repeatedly.
- A survey on selected WSH related knowledge among NGO motivator for sanitation showed that there is scope and need for improvement of knowledge (Table 2). (These motivators were later trained by us).

Discussion

Our findings clearly indicates that the local NGOs played an important role and encouraging in the implementation of SOC-MOB programme as well as in the sanitation coverage in the intervention area. Their involvement in the production of the components of sanitary latrines helped to meet the demand for latrines which increased sharply after social mobilization and promotion by the UWATSAN Committee. In the beginning latrines were mainly sold by DPHE production centers and at a subsidized cost (about 65 per cent of the production cost. There were about 3 centers and it could meet about 24 per cent of this increased demand. However, some private producers also started latrine production. The system of giving loan and/or allowing payment of latrine cost in installments created an enabling environment for latrine procurement by their members.

It was not clear why the NGOs could not show similar performance in the comparison area. We wonder if the extra effort (and cost) undertaken by them in the intervention area to motivate their members are replicable. The lack of WSH related knowledge among their motivators is likely to affect their sanitation related activities. The lack of coordination and collaboration among NGOs and between NGO and elected representatives had interfered and complexed their efforts for sanitation (or any activities). The duplication of efforts in terms of supporting/running more than one latrine production center in some Unions while none in other Unions, hampered supply as well as the market of sanitary latrines.

There is need for strengthening their sanitation programme through (i) planned emphasis on sanitation, (ii) human resource development and (iii) improved relationships with the partners.

Conclusion

The NGOs have shown the potentials to play as one of the main (and major) partners in social mobilization for sanitation.

Reference

UNICEF 1997 Progotir Pathey. Bangladesh Bureau of Statistics, Ministry of Planning, Government of the People's Republic of Bangladesh.

Philip Wan 1993. Social Mobilization for Sanitation in Proceedings of the 18th WEDC Conference. John Pickford (editor). Water, Environment and Management. 1992. Kathmandu, Nepal.

Table 2: WSH related knowledge among NGO motivators in the intervention area during baseline survey

	Correct Response (per cent)
1. Handwashing method	55
2. Definition of sanitary latrines	40
3. Transmission modes of diarrhoeal disease stated:	
a. contaminated water	40
b. open defecation/feaces	15

Bilqis Amin Hoque, Shafiul Azam Ahmed, Golam Morshed, SAKM Shafique, Babar N. Kabir. May 1998. Measurement and Mitigation Strategies for Arsenic in Drinking Water at the Field Level. 30-31 March, 1998. Global Applied Research Network – Local Network Center for South Asia, Regional Water & Sanitation Group – South Asia-UNDP/World Bank, United Nations Children's Fund and Environmental Health Programme of the International Centre for Diarrhoeal Disease Research, Bangladesh.

Bilqis Amin Hoque, Shafiul Azam Ahmed, M.H. Munshi, A.H. Baqui, A.M. Zahir Hussain. October 1995. Partnership for Improving water, sanitation, solid waste and hygiene education system in rural Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh.

Bilqis Amin Hoque, Shafiul Azam Ahmed, Abdullah Al-Mahmud, Amin Uddin Ahmad and SAKM Shafique (editor) 1997. Proceedings of the workshop on Action Research on Social Mobilization for Sanitation. 15-16 February 1997. International Centre for Diarrhoeal Disease Research, Bangladesh.

Bilqis Amin Hoque (editor). GARNET NEWS. September 1997. Volume 1 No. 2. Newsletter of Global Applied Research Network, Local Network Centre, South Asia Region.

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