

**40<sup>th</sup> WEDC International Conference, Loughborough, UK, 2017**

**LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND  
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES**

**Following-up on successful sanitation situations**

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**PAPER 2810**

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*This paper summarises the findings from a ten-year follow-up study of nine unions that achieved 100 percent sanitation coverage during a 2003-2006 Bangladesh national sanitation campaign. The unions all had been studied in 2009-2010, and four of them also in 2000 and 2001. Follow-up interviews with union chairmen were done in 2015. Some of the places had experienced multiple waves of sanitation promotion programming since the early 1990s. The authors recommend follow-up research (using RRA methods) as a way to learn from experience and gain insight into the social and technical forces affecting long-term sustainability of sanitation practices. In these cases technical quality of products was important, as were several social factors, especially family division, seasonal migration, and demographic changes, such as urbanisation and crowding. The nine unions are ranked in terms of their levels of institutional and social support for sanitation improvement.*

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**Introduction**

A Greek philosopher once said that “change is the only constant in human life.” So it may be an illusion that social development programs and projects ever finish. Sanitation is a social development issue, even though it has a public health goal. Defecation is probably second only to sexuality as a deeply personal and emotional concern. Such habits will not, cannot change unless careful attention is given to the feelings and social context encompassing these universal activities.

During the past 30 years or so in Bangladesh, numerous sanitation promotion approaches have been tested. In the 1990s two well-known programs – UNICEF’s Social Mobilization for Sanitation and CARE’s SAFER – got international recognition. UNICEF’s media campaign persuaded many to stop open defecation. CARE’s SAFER (a non-subsidy program) forged participatory sanitation promotion tools and techniques that have spread far and wide. Rural and urban populations have become more and more aware of the health benefits of toilet use and the risks of open defecation. In most parts of the country having a household toilet is essential to family respectability.

We have observed some Bangladesh sanitation situations evolve since the late 1990s, and in 2009-2010 we did a large study of sanitation in 50 unions under contract with The Manoff Group and the World Bank<sup>1</sup>. Each of these unions had achieved 100 percent latrine coverage during a national sanitation campaign between 2003 and 2006. Our study goal was to see whether sanitation gains had survived four or five years after the campaign ended. We were glad to find that coverage rates were still high (over 89 percent), though there had been some backsliding. Using a combination of rapid appraisal techniques and a household survey, we sought to understand why sanitation was better in some places than in others. Having a follow-up program helped to sustain campaign achievements, as did the enthusiasm of local leaders, such as the elected union chairmen. As the campaign frenzy died down and the campaign ended, however, there were some places and populations where the work had been done minimally or not at all. Unfinished business of some sort remained in all places.

In 2015 we did follow-up interviews in ten of the original 50 study unions, to see how sanitation was going on now almost ten years after the national campaign. (See Table 1.) The year 2015 was marked by political struggle between the Bangladesh ruling party and the opposition. Local violence disrupted travel and many routine activities. One of the ten chairmen we interviewed lived far from his union and had not

been there in some time, so we could not use the information he tried to provide. (He also did not seem to be much interested in sanitation issues.) So we ended up with nine case studies.

Today we would like to discuss some of this follow-up work, and to recommend some simple ways to learn from program experience. Each country has its own special systems and characteristics, of course. But there are some questions we think deserve to be asked in almost all situations.

### **The governance and social context of a sanitation program in Bangladesh**

There are 64 districts in Bangladesh, each of which is divided into a number of subdistricts (*upazila*). The district and subdistrict administrators, both civil servants, took on considerable responsibility during the national sanitation campaign, prodding and rewarding local leaders to end open defecation and promote local household toilet use. And many, we find, still try to monitor sanitation progress.

The union, a mostly rural area, is divided into nine wards. Each ward elects a union council member (usually a man), and groups of three wards jointly elect one female council member as well. Each union has a separately elected union chairman presiding over a 12-person council.

A union in Bangladesh is a large and diverse place. Union populations can range from 10,000 to 60,000. One union is divided into named ‘villages’, each of which is further divided into smaller communities, called *paaRa*, which could be translated as ‘neighbourhood’ and is a small, face-to-face community, like a village in other parts of the world. There may be as many as 80 or 90 of these ‘neighbourhoods’ in a union, each with its own distinctive ethnic, religious, and/or economic characteristics.

Each neighbourhood community has a number of residential compounds called *baaRis*. These compounds are occupied by a number of families, who are related by patrilineal ties, and who share resources such as ponds or agricultural land. The families, however, cook and eat separately. A common term for household, therefore, is ‘stove’.

Every patrilineal group is continually subdividing as children grow up, marry, and eventually form their own separate households and divide up common property resources. Residential compounds expand and shrink accordingly. Latrine use is an important aspect of this process, and it may be a source of tension as families need to share while building their own separate dwellings.

An important deficit in the rural (union) system is the lack of building codes requiring construction of a latrine when a new house is built.

### **Following-up in 2015**

Seven of our 2015 follow-up interviews were conducted on the telephone, and two were done mostly during field visits. The chairmen kindly agreed to talk at length with us about sanitation in their unions, often for more than two or three hours in a few separate calls. In such semi-structured interviews, writing up notes in a coherent manner takes more time than the original conversations do. Notes must be written up soon after the interview, to be sure that minor details and side comments – which often turn out to be important later on -- are documented.

Our checklist questions were meant to provide information on the broader context of any changes in the union’s sanitation situation. They also helped to shed light on possible problems that arise, as perceived by the person being interviewed. Our focus was on the governance, social, and technical systems needed to deal with problems and cope with change. We also elicited each chairman’s perceptions of local awareness levels and ongoing demands for help from the union. Our main questions were these:

- Have there been any major changes in your union during the past five years?
- Please describe this union’s sanitation history: campaigns, NGOs, and so on
- What is the present sanitation situation: your general assessment?
- Are “sweepers” available to do pit cleaning?
- Do poor families ask for help with latrines? Does the union try to help poor households with latrine parts or supplies?
- Please describe current sanitation initiatives, if any.
- Are there presently any union staff or volunteers working on sanitation?
- Do local police officers (*chowkidaars*) or others monitor sanitation in the union?
- How are complaints handled: for example, among neighbors about bad smells, leakage, and so on?
- What are the main sanitation challenges at this time in your union?
- Do NGOs help with sanitation problems?

- Does the subdistrict administrator (*upazila nirbahi officer*/UNO) request information about sanitation?
- Does the topic of sanitation come up in monthly subdistrict meetings?
- Did you participate in last year's (2014) National Sanitation Month activities?
- How does the sanitation situation in your union compare with that of neighbouring unions?

## 2015 study findings

Some common themes came out in this diverse group of nine unions. Some were technical, and some were primarily social. All chairmen reported improvements in infrastructure and communication – more electrification, for example. They also all mentioned increased prosperity.

The pit latrine was and is the most common type of household toilet used. Pits are generally lined with concrete rings and covered with concrete slabs or squat plates. In the rush to distribute latrine parts and win prizes during the national sanitation campaign, four of our nine unions had given out low-quality equipment. After one or two years, concrete rings and slabs were cracked, causing leakage and even accidents. The national campaign, generally successful though it was, had thus caused problems needing serious attention later on.

Five of our nine study unions had reached their “100 percent” coverage goals under one of two versions of CLTS (community-led total sanitation). In these cases neither unions nor NGOs had given any latrine supplies. Rather, people were left to figure out on their own how to install and pay for household latrines. The end result, however, was not so different from that of the other unions, since low cost latrine types initially installed tended not to last very long. And these unions also eventually got into the business of distributing free or low cost latrines to poor households.

Demographic changes posed serious challenges to sustainability of household latrines, especially in one of our nine study unions. This was Case No. 4 (Table 1), which has become more and more urbanized in recent years. Factories were built. Rental housing is more common. Space to re-dig pit latrines and dump cleaned-out pit contents is a big problem in increasingly congested settlements. In this union and in four others large numbers of migrant labourers arrive every year at harvest time. But little or no provision is made for their defecation needs. Nomadic groups, called Bedde, settle in parts of three unions for part of each year, also without any arrangements to prevent open defecation.

In one otherwise sanitation-conscious, formerly CLTS union (No. 6), a tribal community (Santal) was yet to be persuaded by sanitation messages in 2015. This tribal community is insecurely settled, having no particular rights to the ‘government-owned’ land where they live. Social divisions and extreme poverty interfere with the use and proper maintenance of latrines in a Hindu Fisherman caste village in another CLTS union (Case No.7).

An interesting finding was that natural disasters do not affect sanitation practice as much as they might have in the past. Five of our nine study unions (Nos. 2, 3, 7, 8, & 9) are regularly hit by cyclones, other violent storms, flash floods and/or severe flooding. It seems that heightened awareness of the importance of latrines has motivated people to make prompt repairs to damaged equipment, although some poorer families had to settle for a step down the “sanitation ladder,” replacing more expensive equipment with simpler pit latrines. Those who can afford to do so build their latrines on elevated platforms to avoid damage from floods or high tides. Other unions (especially Nos. 5 & 6) have the problem of being located in arid environments, where water for hygienic sanitation practice is insufficient.

We have developed a method of ranking the over-all levels of institutional and social support for sanitation improvement in the nine unions. Some findings are summarized in Table 1. We assigned a weighted value to each answer, totalled the responses, and divided them by the number of questions that were actually answered. Five unions reaching ODF status through various approaches were found in 2015 were found to have strong institutional/social supports for sanitation promotion. Not all of their sanitation situations were good.

## Conclusions

The effort to scale-up sanitation coverage to a place as large and socially complicated as a Bangladesh union is daunting. We have found rapid appraisal methods and other non-statistical research techniques to be efficient and very helpful ways to learn from long-term experience. For example, we have found especially useful methods such as social mapping, focus groups, semi-structured key informant interviews, and structured observations in houses or on transect walks.

Each of these cases shows some backsliding, but this is not to be taken as a sign of failure or implementation mistakes. Rather, it shows how very difficult it is to continue and expand satisfactory sanitation practices on a large scale. As mentioned earlier, the union is a socially complex working area. Gaps, slippage, and unfinished business are inevitable.

Difficult problems can arise when findings are not entirely positive, even if these have nothing to do with the organization doing the original project. It is the rare institution (large or small) that can admit to making mistakes, or even less-than-perfect outcomes. Indeed, doing so can hurt funding and reputations, especially of NGOs and smaller organisations. Honest sharing of *both* positive and negative consequences of projects is, however, immensely helpful to the social development enterprise as a whole – far more beneficial than talking publicly only about successes and suppressing information about mistakes or long-term, ongoing challenges.

Almost three decades of sanitation programs and campaigns in Bangladesh have resulted in widespread cultural change. Good household toilets are considered to be essential to family dignity now in most rural areas. Administrators, elected leaders, and ordinary people share pride in the dramatic sanitation progress that (however imperfectly) Bangladesh has achieved.

<b>Table 1. Institutional and social supports for sanitation improvement in nine unions (2015)</b>								
<b>Union Serial No. &amp; Approach Used to Reach 100% Latrine Coverage (+/- Follow-up NGO program)</b>	<b>Union monitors san. situation</b>	<b>Village police check on latrines</b>	<b>Local problem-solving occurs</b>	<b>Nat. san. week/mo. observed in union</b>	<b>Sub-district meetings cover san.</b>	<b>Union funds san.</b>	<b>NGO follow-up support</b>	<b>Rank order: support</b>
Gvt-only (+)	Yes	No	Yes	No	Yes	Yes	Yes	Med.
NGO (-)	No	Yes	Yes	No info	Yes	Yes	No	Strong
"Dishari" Total San. (-)	Yes	No	No	No info	Yes	Yes	Yes	Weak
"Dishari" (+)	Yes	Yes	Yes	Yes	No	No info	No	Strong
CLTS (-)	No	No	Yes	Yes	Yes	Yes	No	Med.
CLTS (+)	Yes	Yes	Yes	No info	Yes	Yes	Some	Strong
CLTS (+)	Yes	No	Yes	No info	Yes	Yes	Yes	Med.
NGO (-)	No	Yes	Yes	Yes	Yes	Yes	No	Strong
NGO (-)	No	No	Yes	No	No	Yes	No	Weak

### **Acknowledgements**

The authors would like to extend thanks to the University of Sussex, Institute for Development Studies, CLTS Learning Hub and the Swedish aid agency, SIDA, for grant support of the 2015 part of this study.

The interviews forming the basis of the 2015 study were done by Tofazzel Hossain Monju, Shireen Akhter, Kazi Rozana Akhter, and Anwar Islam.

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## Notes

- <sup>1</sup> This study was done together with Pathways Consulting Services Ltd. (Dhaka, Bangladesh)
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