

The Sanitation Movement in Bangladesh And The Role of Private Sector

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Executive summary

Over the last two decades Bangladesh has made considerable improvements in rural sanitation. Between 1981 and 1992, sanitary latrine coverage increased from 1% to 33% and between 1992 and 2003, it increased from 33% to 48%. This is a result of the sanitation movement that has been conducted by national, & international NGOs, donor agencies, the Government of Bangladesh (GoB) and the private sector.

Initially the public sector, Department of Public Health Engineering (DPHE) with the financial support from donors like WHO and UNICEF intervened in the area of rural sanitation. The nature of these initiatives was primarily applied research and a supply driven approach was one of the main features. The International Drinking Water Supply and Sanitation decade (IDWSS) had a significant impact on Bangladesh. Not only the public sector, but also NGOs of Bangladesh were encouraged to intervene in the WatSan sector extensively. Numerous donors offered financial and technical support for WatSan interventions. This active participation of NGOs made a qualitative change in the sanitation intervention approach. Cross cutting issues like gender, poverty, community participation became part of the sanitation intervention. Unfortunately, however, during IDWSS under the combined water and sanitation program the attention to water concerns resulted in the marginalization of sanitation issues. During the period from 1980-1990, sanitation coverage increased from 1% to 5% while water supply increased from 37% to 90% in the rural area.¹

Nevertheless, in the 1990s, this situation changed. WatSan actors started to concentrate more on sanitation aspects and a shift in attention towards sanitation took place at the commencement of the present (2000-2010) decade. During the 1990s a new actor from the private sector appeared in the rural sanitation sector. This actor is the private latrine producer, popularly known in Bangladesh as the Village Sanitation Centre (VSC). At present, nearly 4200 private producers (VSCs) are present in rural Bangladesh. According to research findings they not only own the majority of production centres located in rural areas, but are also the preferred by the majority of people as provider. The present case study is undertaken to understand the role of the private sector in the improvement of the sanitation situation in the rural area of Bangladesh. A literature survey and a field investigation were carried out to gather relevant information. Villages visited for the purpose of this case study were, *Dhulandi* in *Baliakhora Union of Ghior Upazila* and *Gilatoli* village in *Jaganathpur Union of Comilla Sadar Upazila*. Another case study was conducted at Fultala bazaar near *Khulna* Metropolitan area.

According to the study findings, Bangladesh has not yet reached the point where the private sector alone can fulfil the task of improving the sanitation situation for rural people. Complimentary roles by all four sectors including the Government, NGOs, the private sector and donors are needed. Field findings indicate that the presence of private latrine producers ensures tremendous improvements in latrine coverage in a village that has experienced an NGO's WatSan intervention however, in a non-intervention village, the private sector contributes to an increase in latrine coverage only to a certain, somewhat less, level of improvement. In an NGO-intervention village, hygienic maintenance of latrine hardware is much higher than in a non-intervention village. Moreover, people of the NGO-intervention villages visited are much more aware on the importance of sanitation than those in the non-intervention villages. Also, it was observed that in the villages with NGO interventions the hardcore poor even installed latrines with credit support from the local NGO. This was not found in non-intervention villages.

Nevertheless, according to field findings private sector actors alone can meet the hardware demand of the surveyed villages, however, a second look presents some disturbing indications about their sustainability and capacity to provide a wider range of technology options. In the surveyed production centres mostly only one type of latrine technology (waterseal latrine with plastic pan) that is developed and promoted by the public and NGO sector actors is available at different prices. Findings also implicate that the private sector cannot survive only through the sales of latrine components. Sales of multiple items such as concrete ventilators used in room/house to allow air circulation, concrete pillars, etc. and involvement of other associated activities increases the sustainability of the profession.

Accordingly, this case on the role of the small scale private sector in the sanitation movement in Bangladesh advocates for complimentary role of private, public, NGO and donor sectors for the improved sanitation situation in the rural area of developing countries like Bangladesh. The complimentary role the NGO sector



could carry out is that of awareness creation on sanitation and related hygiene behaviour and research programmes; The public sector could ensure hardware support for the hardcore poor; Donors could provide financial support to NGO to realise their task in awareness raising, promotion and capacity building and the private sector could meet the demand for latrine hardware.

Introduction



Piles of concrete rings and slabs on the highway roadsides, is a common scenario in present Bangladesh. This is a result of the sanitation movement that has been conducted by national and international NGOs, donor agencies, the Government of Bangladesh (GoB) and the private sector for the last two decades. These stacks of concrete rings and slabs are the village sanitation centres (VSCs), which are run by NGOs or by the small-scale private sector. The presence of these VSCs in the rural areas has facilitated the improvement of sanitation coverage in Bangladesh considerably. Between 1981 and 1992, sanitary latrine coverage increased

from 1% to 33%² and between 1992 and 2003 it increased from 33% to 48%.

The purpose of this paper is to trace the various historical stages and the approach of this sanitation movement in rural areas of Bangladesh with special reference to the role played by small-scale private sector actors. However, to do so it is necessary to define the various sectors, including the private sector, which have been playing various roles in the improvement of Bangladesh's sanitation situation.

Conceptual framework

Four sectors:

Today's nation-states are made up of numerous organizations and institutions that have diverse objectives and interests and that play different roles in the development of humankind. Traditionally, these organizations and institutions were classified into two sectors *the state* and *the market*.

However, the post-second world war period witnessed the rise of two different types of institutions in the development arena to build up the war torn and post-colonial countries. These organizations could not be characterized as belonging to either the state or the market. These institutions and organizations are: International donor agencies and voluntary organizations. This demands the reclassification of the organizations and institutions that are playing a role in the development of developing countries like Bangladesh. Otherwise, a true depiction of the sanitation movement in Bangladesh is not possible.

In Bangladesh, the organizations and institutions shouldering the responsibilities of development activities including those on sanitation can be classified into four sectors: Public sector, Private sector, NGO sector and external Donor sector.

Definitions:

Public sector can also be referred to as the state sector and is comprised of political institutions

Bangladesh at a glance

Bangladesh was part of India during British rule and in 1947 became part of Pakistan when India faced partition on the basis of religious faith of the people. However, it soon became evident that the Islamic faith could no longer bind the people together where linguistic and cultural diversity exists as well as disparity in the development of all the sectors of life. Subsequently, 23 years of independent struggle culminated in a liberation war that resulted in the independence of Bangladesh on December 16, 1971 under the leadership of Sheikh Mujibur Rahman. Ethnically, 98% are Bangali with the rest comprised of 13 indigenous communities. Religiously, 83% of the population is Muslim, 16% Hindu and 1% other.

However, political independence has not ensured emancipation from the socio-economic suffering of the people. The present per capita GDP is US \$ 364. Of the total 140.9 million population of the country, 36% lives below \$1 per day and 83% lives below \$2 per day. Moreover, nearly 35% of the people are undernourished. The country is also lagging behind in education with a 45 % literacy rate.

Nevertheless, Bangladesh has had some success in ensuring access by 97% of the people to tube-well water (bacterial free water) and reducing the number of diarrhoea-related deaths. However, identification of arsenic contamination in the Shallow Tube-well turned this success into a disaster. At present 61 districts out of 64 districts are affected by arsenic contamination. Bangladesh is also facing water difficulties such as salinity in the surface and ground water (24% area), the presence of an unacceptable level of iron concentration (60% area), the gradual decline of water tables leaving large numbers of shallow suction pumps dysfunctional during the dry season (42% area) and the hilly and stony nature of land (11% area) that makes installation of tube wells impossible.



such as the government, including its ministries and bureaucratic bodies, which consist of all public agencies whose function is to carry out the implementation of politically decided objectives. For instance, the Ministry of Local Government, Rural Development and Co-operatives Division, Department of Public Health Engineering (DPHE), etc.

The *private sector* is that section of the economy not controlled by government. Its primary driving force is to make profit. This sector can also be called the *business sector*. The specific societal role of the sector is to create wealth and to produce goods and services as efficiently as possible. The reason that the private sector is generally believed to be more efficient than the public is that private sector actors act in the market and are thereby driven by competition resulting in the delivery of cheap goods and services of good quality with a client-oriented attitude. However, due to the private sector actor's profit-seeking motives there often exists suspicion concerning their role in development. The search for profit may mean that firms produce and sell goods and services of inferior qualities.³ In Bangladesh, the mostly widely known and understood private sector actor in the sanitation sector is the small-scale private latrine producer popularly known as Village Sanitation Centre (VSC).

NGOs, on the other hand belong to voluntary groups that are not designed to make a profit, but instead to work for the benefit of society or particular groups. NGOs in developing countries typically direct their activities towards the poor and marginalized people in society. They are good at social innovation.⁴ Micro Credit facilities and non-formal primary education are examples of such innovations in Bangladesh. The NGO Forum for DWSS, Caritas, VERC, World Vision, BRAC, Proshika-MUK etc. are the major NGOs working in the area of sanitation in Bangladesh.

Donor sector means external agencies that provide financial support for the developmental activities of the NGOs, Government and even to some extent to the private sector. This group includes for instance, IMF, DFID, World Bank, UNICEF, Danida, SDC, etc. Sometimes international NGOs (INGOs) such as WaterAid, Care and Oxfam, to mention a few, can also be considered in this category when they play the role of a Donor.

These four sectors have been playing an important role in the development of sanitation facilities and services in Bangladesh. However, the extent of the role played by these sectors varies over time in the different stages of the sanitation movement in Bangladesh. This paper attempts to illuminate this complex issue.

The main contentions of this paper are: a) A strong presence of the private sector is essential for effective sanitary latrine coverage in Bangladesh; and, b) Sustainability of sanitary latrine coverage and realisation of sanitation in wider sense could not be possible without complementary interventions by the Government, NGOs and Donors.

In this paper the term sanitation is used in wider sense than the definition used in the national policy of Bangladesh. In the national policy the term sanitation is limited to the issue of latrine coverage by defining it as effective control of human excreta. However this paper uses the term in an extended sense by incorporating hygienic behaviour along with sanitary latrine coverage.

Methodology:

This paper is prepared on the basis of information collected through a literature review and field study. The literature review was done to collect available documented information about various approaches that have been applied to address sanitation issues. Libraries of various organizations and individuals as well as web pages were searched for relevant documents.⁵ The review revealed a serious dearth of informative documents particularly on the introduction period of various approaches. The field study was conducted to address three specific issues 1) the need to fill the information gap noticed during literature review; 2) Collect opinions from key WatSan informants on relevant sanitation intervention information, and; 3) to observe the extent to which approaches are realised in the field; and 4) to identify the role of (small-scale) private sanitation centres in the improvement of the sanitation situation in the relevant villages. The field study was done in the month of February 2004.



The field study was comprised of 9 key informant interviews with WatSan resource persons at the national level, 3 key informant interviews with WatSan personnel of Local NGOs, 4 in-depth interviews with the private latrine producers, 6 group discussions at community level and finally also observation of private production centres and villages' sanitation status. The villages studied for the purpose of this case study were *Dhulandi* in *Baliakhora Union* of *Ghior Upazila* and *Gilatoli* village in *Jaganathpur Union* of *Commilla Sadar Upazila*. Another case study was conducted on a sanitary centre located at the suburb/peri-urban area of *Khulna* Metropolitan area.

History of the Sanitation movement in Bangladesh:

Bangladesh, part of the former Bengal presidency of British India was a land of dreaded diseases like cholera, plague, pox, malaria etc. Thousands of people used to die from these diseases and village after village was desolate. The colonial army was not free from these problems either. A significant number of defence personnel used to succumb to these diseases. This situation compelled the colonial master to send a royal commission in 1860 and a plague commission in 1896 to investigate the problem. Both commissions observed the public health system to be dismal and recommended the establishment of a proper public health institution. Subsequently, the public health department was established in 1904 although its service remained mostly limited to the armed forces and bureaucrats.⁶ Only after the end of British rule did the health of the common people receive some attention from the ruling elite. In the early 1950s, rural sanitation became part of public health. Since then rural sanitation has seen much improvement due to hundreds of project interventions by public, private, NGO and donor actors.

Based on the approach, nature and intensity of the interventions, the sanitation movement in Bangladesh can be divided into three phases: The initial, transitional, and the present, imperative phases.

Initial phase (1954–82): Initiation of the sanitation drive by the public sector and donor agencies

DPHE, under the Ministry of Local Government, Rural Development and Co-operatives (MLGRDC) was created in 1935 to promote public health through ensuring provision of drinking water. In 1954, it was also entrusted with the task of ensuring provision of sanitation.⁷ Subsequently, DPHE has taken numerous initiatives in sanitation sector. However, its endeavours during the first three decades were inconsistent in nature. Development initiatives that were undertaken during this phase were discontinued after a certain period without any new scheme to continue the process. Moreover, the nature of these initiatives was applied research and the main purpose was the demonstration of low cost technologies. These development initiatives were either financed by the WHO or UNICEF. The supply driven approach was one of the main features of these development initiatives. Slabs with pans were distributed free of cost.⁸ Upon independence the Government of Bangladesh, UNICEF, and WHO planned to take more consistent and concrete steps in the rural sanitation sector under its Village Sanitation Programme (VSP). The VSP, planned to be implemented in three phases starting from 1975.⁹ The first phase of the VSP ended in 1982.¹⁰ During this phase the shift in the intervention approach from total subsidies to partial subsidies was indicated when a pilot project was undertaken to assess people's willingness to pay.¹¹

Transitional phase (1982-1990): Emergence of the NGO and Private Sectors and the introduction of diverse intervention approaches

The declaration of 1980s as the International Drinking Water Supply and Sanitation decade (IDWSS) had raised worldwide concern and commitment on the water and sanitation (WatSan) sector. Numerous donors expressed willingness to fund WatSan initiatives in the developing countries. These situations encouraged Bangladeshi NGOs to intervene in the WatSan sector extensively. Subsequently, in 1982 NGO Forum for Drinking Water Supply (NGO Forum) was formed. The formation of the forum boosted the WatSan sector. A large number of local organizations were activated in the WatSan sector through this partnership approach.

NGOs' Development Approach in Bangladesh:

At present, there are nearly 15000 NGOs working in Bangladesh for the advancement of the poor. The main thrust of the NGO programmes has been the provision of collateral-free credit support to the poor along with a package of support services such as group formation, skills training, adult literacy, health education and legal awareness. Women have been the main beneficiaries on the grounds that they suffer from multiple forms of deprivation and exploitation. As a result, when NGOs have active intervention in the WatSan sector, community participation, gender sensitivity and poverty issues are also embodied. At present, nearly 700 local level small NGOs and 15 national level NGOs have Water Sanitation programmes.

Apart from NGO Forum and its small partners, leading national level organizations like BRAC, Proshika, Grameen Bank, Caritas, Concern, CARE, RDRS also recognized the gravity of the WatSan problem and started to give more emphasis to water & sanitation.¹² The active participation of NGOs made a qualitative change in the sanitation intervention approach. Cross cutting issues like gender, poverty and

community participation became integral parts of sanitation interventions.

In addition to the NGOs, the public sector also took advantage of the favourable environment created by the declaration of IDWSS and widened its WatSan endeavours. However, in the first half of the decade, the public sector limited its activities mostly to hardware interventions¹³ while NGO activities mostly remained limited to software activities.

Nevertheless, by the second half of the decade many shifts started to take place in the intervention approach. By 1985, there was growing recognition that water alone cannot improve health and that adequate sanitation and hygiene practices are also indispensable components of sector interventions.¹⁴ However, for the public sector this integration meant primarily the integration of hardware issues while for NGO sector it is the integration of the software and hardware aspects. The public sector (DPHE/UNICEF) introduced the integrated approach first in 1986¹⁵ and NGOs incorporate hardware activities in late 1980s.¹⁶

Apart from the NGO sector another new actor, namely the private sector, made its silent entrance in the arena of rural sanitation. A very small number of small-scale private low cost latrine producers started to run their own VSCs. However, in respect to the overall rural sanitation sector their presence during 1980s was a negligible one.¹⁷

This phase of the sanitation movement was transitional in the sense that while previously, the public sector, with financial assistance from donors, played a solitary role, during this phase two other sectors – namely the NGO and private sectors, also made their entrance. Moreover, a shift in attention towards sanitation from water within the WatSan sector was observed in the last few years of the decade. Some changes also took place in approaches to intervene. An integrated approach was adopted, subsidies on latrines by the DPHE were reduced,¹⁸ and a Social Mobilization (SocMob) programme was planned. However, no change took place in respect to a supply-driven approach. Even the NGOs followed the supply driven approach. All the water and sanitation projects of NGOs, like the public sector, were developed according to the interests and availability of bilateral and multi-lateral funding. Allocations for projects were not based on demand or service deficiencies. Moreover, promotion of a single technology, i.e. the single pit water-sealed latrine, in the intervention area continued without taking account of the needs and opinions of users and beneficiaries.

Imperative phase: (1991-2003): Emergence of an effective private sector and the active participation of the NGO, public and donor sectors:

This phase is imperative in many senses. Sanitation has received much needed focus while in the preceding period under the WatSan program the issue of sanitation used to get marginalized by the water concerns. This became evident from the fact that during the period of 1980-1990, sanitation coverage increased from 1% to 5%¹⁹ while water supply increased from 37% to 90%. A growing realisation about this situation compelled sector agencies to review their program strategies. Subsequently, many organisations even undertook independent sanitation programmes. Moreover, much emphasis was given to social mobilization for behavioural change, adoption of a demand driven approach, provision of multiple low-cost sanitary latrine technology options, formation of a water and sanitation policy, attention for the issues of gender sensitivity and community participation, and the promotion of private sector involvement by the state and non government agencies. A gradual shift in the role of the public sector from service provider to facilitator was also emphasised.



Start Social Movement on Sanitation

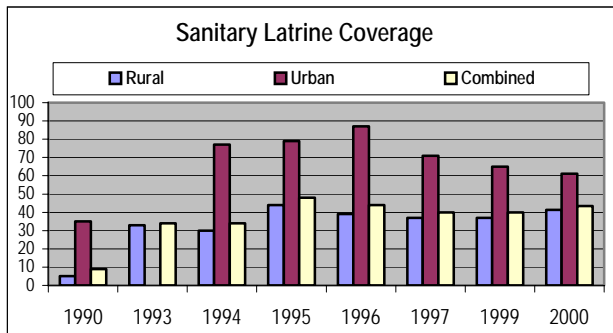
During 1990s, several SocMob programmes were undertaken by various organizations such as PRISM, CARE, ICDDR, DASCOH, IDE, UNICEF, DPHE and NGO Forum. These initiatives indicated that the inclusion of diverse population including children and all-male groups at tea stalls or markets provide effective and better results. Moreover, courtyard sessions, in-school sessions and child-to-child activities were found to be the most effective social mobilization technique. In fact, a recent DFID funded DPHE-UNICEF project, *Environmental*

Sanitation, Hygiene and Water Supply in Rural Areas, has a component named Social Mobilization for Awareness Building.²⁰

The incorporation of social mobilization activities is seen as the richest ingredient in the sanitation movement in Bangladesh. However, many development activists became disturbed by some of the strategies and techniques such as the Child-to-Child technique, use of teachers, the formation of student brigades, etc. They accept the effectiveness of these techniques as means for positive behavioural change, but at the same time they have become worried about overall social development. They argue that primary school teachers in Bangladesh are very poorly paid and their assimilation with the development activities without any incentive is artificial and augments their level of frustration. These poorly paid teachers mostly get associated with the program due to the fear of unhappy consequence like transfer etc. from the local bureaucracy. As with the teachers, involvement of children in development activities is generating another controversy. Nowadays, children are over burdened by long school hours. Children remain in school from morning to afternoon. As a result, the incorporation of children in development activities means further curtailment of their leisure time and certainly would hamper their proper growth.

Despite this criticism, social mobilization projects have very encouraging impacts. Project evaluations and independent surveys reveal tremendous improvement particularly in sanitary latrine coverage and, to a lesser extent, in the hygiene behaviour in the project intervention area.²¹ Between 1990 and 2000, sanitary latrine coverage increased from 5% to 41% in rural areas. Sanitary latrine coverage reached its highest level (44%) in 1996 due to extensive SocMob activities during the mid-1990s.

However, it is important to note that the sudden rise in sanitary coverage in 1993 was primarily the outcome of



Source: BBS & UNICEF (1995, 1998 & 2001), 'Progotir Pathey', 1994, 1997, 2000. Dhaka, Bangladesh BBS & UNICEF

the decision to redefine the term *sanitary latrine* in 1992.¹ While it was not previously true, the re-designation of the *pit latrine* as a sanitary latrine occurred as it was the understanding that shifting people from open defecation to some form of latrine needed to be given priority. Redefining the term *sanitary latrine* restricts any flat comparison on the sanitary latrine coverage of the 1990s with previous decades. Because data on the sanitary latrine coverage in the preceding periods did not include pit latrine coverage, after a redefinition of the term sanitary latrine, pit latrine coverage was included.

Redefining the term 'sanitary latrine' indicates the changed attitude of service providers from a supply-driven approach, based on the imposed single latrine option (water sealed), to a demand-driven approach that

¹ Prior to 1993 the definition of sanitary latrine was restricted into the following features:

- Effectively isolates faeces from the environment
- Control Odour
- Control insect
- Assure at least minimum level of convenience and privacy

As the pit latrine does not control odour and insects, it was considered an unhygienic technology. It is referred to as Kaccha Latrine and the home made latrine in documents dating from that time. The ring-slab latrine (water sealed direct pit latrine) was considered to be the lowest acceptable standard of sanitary latrine. However, in 1992 UNICEF and GoB re-designated the pit latrine as the lowest acceptable standard of sanitary latrine. The second lowest type was the pit latrine with a pit cover and the ring slab latrine (water sealed direct pit latrine) moved up the list to the 'improved' position of third from the bottom.

upholds the principle of promoting multiple choices for the community. Subsequently, much emphasis was given by leading organizations in the mid-1990s as a result of this shift.

At present, most of the leading organizations such as DPHE, NGO Forum, Caritas, BRAC, Grameen Bank, VERC and ASA offer mostly the same types of low cost latrine technologies. These latrine options are the water-seal direct pit latrine, home-made direct pit latrines, off-set pit latrines, water-seal pit latrines with different types of gooseneck/siphon and the twin pit latrine. However, among all of these options, these organizations put more emphasis on the promotion of water-seal direct and offset pit latrines. The design of these latrines promoted by all organisations is the same except with some variation in the design of the syphone/Gooseneck. The availability of various latrine designs and technologies does not ensure the existence of all of them at the community level²². Caritas²³ and VERC also promote other, usually very basic technology options, besides the ones already listed.

Along with the promotion of technology options, attempts have been made to realize effective community participation, gender sensitivity and promotion of the private sector, which was reflected in the National WatSan Policy of 1998 and in the SACOSAN declaration of 2003.

Institutionalisation of Community participation

WatSan service providers since their inception have been referring to community participation as their implementation approach. However, it is only since mid-1990s that some concrete steps have been taken to ensure effective community participation through institutionalisation. Under the provisions of the *Union Parishad Act of 1993*, a union must form a WatSan Committee and subsequently committees were formed through a circular issued Local Government Division(LGD) in late 1994. The idea of WatSan committees was conceived as a means of reaching the grassroots during the Village Sanitation Scheme in 1977. The primary duties of the WatSan committee are the promotion of sanitation and personal hygiene of the households, setting-up of demonstration latrines, organize social mobilization activities, etc. However, reports indicate that these committees mostly remain inactive.

Like the government, the NGO sector, in the mid-1990s, made an attempt to institutionalise community participation. NGO Forum in 1997 and VERC in 2000 undertook a comprehensive community managed programme. Under the community-based approach, organizations select a unserved and underserved village, or a union, to work for a certain period. In all activities, whether a baseline-study or an awareness raising program, people's effective participation is ensured. However, the most essential feature of the community managed approach is the formation of a community institution, the Village Development Community (VDC)/Village Action Committee, and capacitating it to manage the program, including monitoring, independently. The community take steps to stop open defecation, open latrine, etc. At present, most of the NGOs active in the WatSan sector follow nearly the same type of community participation.

Recently however, some concern has been raised over the sustainability of this community managed programme based on project-promoted committees. It is argued that these committees, which do not have any fund-raising mechanism or political legitimacy, remain active only during project periods and wither away as soon as projects are over. Critics further argue that there is every possibility that these committees might generate tension at the local level if local government institutions and these committees pursue conflicting interests. They further argue that the sustainability of this program can be ensured only if Local Government Institutions (LGIs) are involved instead of the creation of a community institution. At present, some pilot projects are initiated to observe the effectiveness of WatSan development through LGI.

Nevertheless, the abandonment of community based institutions and the incorporation of LGIs raises another debate in the development sector. One of the basic objectives of development is the empowerment of civil society and minimizing the role of state machinery. However, in a country where political authority remains under the cloud of bureaucracy, the empowerment of LGIs would not enhance the power of civil society but the bureaucracy, the state machinery. Moreover, the involvement of the government sector raises the possibilities of corruption, action based on political interest and involvement of complicated bureaucratic processes.

Involvement of local level bureaucracy could become counterproductive due to their non-participatory attitude. This already became evident in the behaviour of some local bureaucrats since SACOSAN. It has been reported that some enthusiastic government officials threaten to suspend the government's 'social welfare facilities for vulnerable population' members and instruct NGOs not to provide credit or other services to those families that do not have sanitary latrines. Development workers have expressed reservations over these actions as being coercive. Nevertheless, when some government officials have been asked to comment on this issue they strongly rejected this argument, that their actions are coercive, as wrong. They further argue that some form of coercion might be needed to ensure public safety. In Bangladesh a large number of people are suffering and face death due to WatSan related diseases. For public safety, open defecation and open latrines should be stopped. Furthermore it is argued that they have the people's mandate and therefore the legal right to do so. Some of the officials even complained that some NGOs, under its community "ignition activity" (community activation) are violating human rights and generating a volatile situation that might encourage community strife. They, in the name of community mobilization, are carrying out activities such as creating noise, casting light on and even throwing small stones at people during open defecation.

However, the above arguments made on the role of local bureaucracy and NGOs are based on some extreme examples and are evidence of some overly enthusiastic individuals. Nevertheless the caution is to be careful as, in the process of pursuing community interests, individual liberty and rights are not violated. There should be a balance between community interest and individual liberty.

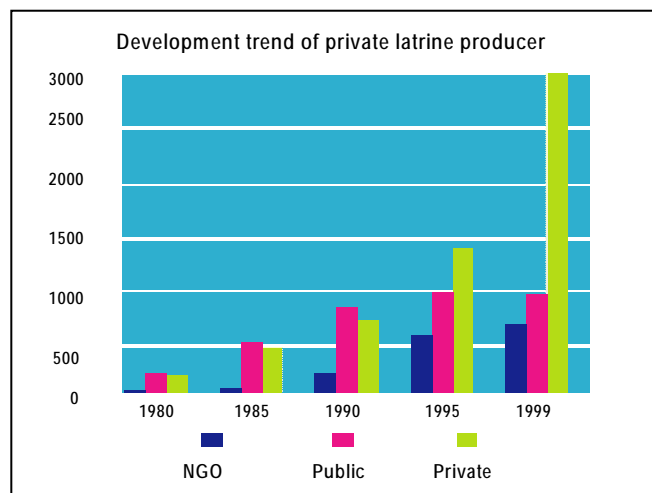
A gender sensitive approach:

The adoption of the community management approach has helped service providers to realize the gender issue. Since early the 1980s, most of the leading organizations have been claiming that their WatSan programme is gender sensitive. However, in reality it was only in the late 1990s that the attempt to institutionalise the community approach resulted in some definite steps to take gender into account. Female representation in WatSan Committees, and in the VDC, was made compulsory. For instance, NGO Forum ensures that one third of the members of the VDC are female members. Moreover, in the awareness programme, gender sensitive messages are disseminated. For instance, emphasis is given on the selection of technology choice and installation site as per women's preference. Nevertheless, the field survey reveals that while during the site selection for latrine installation the opinions of female members are considered, they are not considered in technology selection. Selection of technology is mostly determined by the affordability issue. Recently, some organizations have been making an attempt to address the gender issue by promoting women masons.

However, some WatSan experts observing organizations' gender sensitive initiatives expressed concern. They argue that in the name of gender, the burden on women is actually being increased instead of reduced. For instance, by including a women caretaker for water points, the burden of operation and maintenance of the water point is added to her load. This is also true for household sanitation. According to observers, the sanitation program would be really gender sensitive when male members of the household share the burden of operation and maintaining latrines.

Private sector promotion:

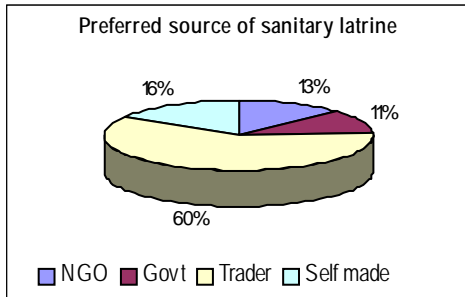
Since the mid-1980s, leading organizations have realized that neither the public sector, nor the NGO sector, is in a position to meet the great task of sanitation hardware support for the entire nation. Strong private sector intervention is needed. However, only in 1998 did this intention get expressed in the form of national policy.



Subsequently, NGOs also incorporated the promotion of the private sector involvement in sanitation in their organizational policies.

However, this does not mean that the private sector did not exist in the sanitation sector before 1998. The history of private sector involvement in sanitation goes back to the pre-partition period. Some indications point to the possibility of their existence even during the *Mahanadaro* civilization period. During the pre-partition period, masons used to build latrines for rich people. Moreover, since the Pakistan-period large numbers of sanitary shops selling luxury sanitary items have been available in the urban areas.

Nevertheless the presence of low cost latrine production centres is felt only since the mid-1980s. Here it is important to mention that the concept of a low cost sanitary latrine production centre itself is new. The first low



cost latrine production centre was established by DPHE in the late 1960s as a pilot project in *Chatok*. However, only in the early 1980s did it become part of the sanitation program. DPHE, in 1980s, established at least one latrine production centre in each of the 460 *Upazilas*²⁴ and in 1992 NGO Forum provided support to its small NGO partners to established 334 VSC in rural area.²⁵ Existence of these DPHE- and NGO-run VSCs has encouraged many to choose latrine produce as a trade. Moreover, since the second half of the last decade DPHE and NGOs have been providing training to local mason on the production of low cost latrine components. NGOs also provide moulds for rings and pans as well as initial capital to

potential local masons to start their own production centre. Since 1999, NGO Forum alone has promoted nearly 400 private VSCs. These promotional activities of DPHE and NGOs played a significant role in the flourishing of the private sector.

A research report published in 1991 indicated the existence of private, low cost, latrine production centres in the rural areas of Bangladesh, some of which were established in mid-1980s.²⁶ At present, nearly 4200²⁷ private producers are present in rural Bangladesh.²⁸ It is interesting to find that the private sector not only owns the majority of production centres located in rural areas, but it is also preferred by the majority of people. According to *Shamsuddin*, 60% of people prefer to buy latrines from a trader while 13% and 11% prefer to buy from an NGO or the Government respectively.²⁹

One important factor that makes people prefer private VSCs over DPHE- and NGO-run is that VSCs have the easiest accessibility. The location of the DPHE- and NGO-run VSCs at their office premises limits people's access in a physical, as well as psychological sense. People feel uncomfortable to purchase materials from DPHE- and NGO-run VSCs due to the existing formal/official procedures and the environment of the centres. Moreover, most DPHE- and NGO-run VSCs are located far from users in comparison to private VSCs.

NGO promoted Private production centre and its impact on NGO-intervened village:



Nur Hossian, established a latrine production centre three years ago at Gilatoli village in Jaganathpur union of Commilla Sadar Upazila. Previously, he ran a tea-stall. Thereafter, for one year, he worked with a Mason as helper. This work experience helped him establish the present production with support from a local NGO name GHIMOS. GHIMOS, under its NGO Forum-supported programme, provided the moulds, Tk 15,000 in seed money and training on construction of components for waterseal latrines. At present, within three square kilometres, no other production centre is available. People from Kotok bazaar, Gilatoli, Rajmongalpur and Arunpur villages come to this production centre for latrine components. Rings in two different size, 30" and 41" diameters, with 1.5" and 2" thickness respectively, slabs in circular and square designs with plastic pans are available in the centre. The strength of the centre is that Nur Hossian

provides a package service. He not only sells, but also provides transportation as well as latrine installation support. For transportation, he purchased a cycle-Van with the credit support from GHIMOS. He pulls the van himself and charges Tk 50 extra for transportation of each latrine set. A latrine set comprises of, 5 rings and one slab for a **direct pit latrine** and 5 big rings, two small rings a pit cover and a slab for **an off-pit latrine**. He charges Tk 60, 120, 100, and 200 for small rings, big rings, pit cover and slab with plastic pan respectively. Availability of sand in the nearby river provides him an extra opportunity for profit as he does not have to purchase sand from the market. His margin of profit is further augmented as he does not have to employ a mason or other labour for construction. On average he sells 12 latrine sets in a month. Besides latrine components he also produces pillars on demand. At present, through fulfilling multiple roles: Centre owner, latrine component construction and installation mason and transporter, he is able to earn between Tk 4000 (TK 60 = 1 US \$) and 5000 in a month. However, Nur Hossian thinks that if he had extra capital he would be able to make extra profit through production and sales of concrete drainage pipes, room ventilators, pillars etc. During an interview Nur Hossain shared some interesting observations. According to him 8 out of 10 customers from Arunpur do not want to buy siphons (the component that ensures the waterseal) while all customers from Gilatoli, and Rajmongalpur do ask for it. It is important to note that Gilatoli and Rajmongalpur villages had enjoyed WatSan programme interventions by NGOs while Arunpur remained left out.

Village Gilatoli: NGO intervened village

285 households inhabit in the village. The majority earn less than 2 US \$ a day. GHIMOS, a local NGO and partner of NGO Forum carried out a comprehensive awareness raising program on sanitation in the village. Two years previously, when GHIMOS had not yet intervened, only 10% households had waterseal ring-slab latrines. According to FGD findings, however, at present almost all have waterseal ring-slab latrines. Even the hardcore poor have installed latrines using credit from GHIMOS. Moreover, most of the participants have knowledge about the health impacts of using unhygienic latrines as well as a clear understanding on hygienic latrines (which safely confine human waste and have proper a Gooseneck/siphon) and hygienic behaviour. Furthermore, it was found that out of 10 visited latrines, 10 have proper pits and waterseals, 7 are clean, and 5 households kept soap near the latrine. Most of the households have collected latrine components from Nur Hossain's latrine production centre due to its easy accessibility and they mentioned that in the absence of this centre they would not have latrine.

The domination of the private sector in the production of low cost latrine component is now a well-accepted fact. However, a number of questions arise: Can the private sector alone improve the sanitation situation in rural Bangladesh? Is the private sector alone in a position to shoulder the latrine production responsibility? Can the private sector address the sanitation needs of the poor people?

Answers to these questions were researched during the field survey. Field findings indicate that the presence of private latrine producers ensures a tremendous improvement in latrine coverage in an NGO's WatSan intervention village. However, in a non-intervention village, this same presence only helps increase latrine coverage to a certain level of improvement. In NGO-intervention villages, hygienic maintenance of latrine hardware is much higher than non-intervention villages. Moreover, people of NGO-intervention villages are much more aware on the importance of sanitation than the non-intervention villages. Also, it was observed that in the NGO intervention villages, the hardcore poor even installed latrine with the credit support from the local NGO while this did not happen in non-intervention villages. All this means that NGOs' awareness and motivational activities and credit facilities play a significant role for better latrine coverage and improved

hygiene behaviour. WatSan experts recognise this crucial role of NGO sector in the improvement of the sanitation situation of an area but few of them argue that private sector can replace NGOs and can shoulder the task of motivation, awareness and credit service. According to them an effective and capable private sector can motivate and raise the awareness of people on sanitation through the dissemination of relevant information embodied with the advertisement on their products.

Private producers that are not promoted by NGO/GO and their impact on a non-intervened village



Abul Kalam Azad used to work in a foreign construction firm. However, in 1997 when the project ended he returned to his native place, Dhulundi village in Baliakhora Union of Ghior Upazila in Manikganj district. Within a year, capitalizing on his experience in construction, he opened this production centre with capital of Tk 20,000 (US\$ 1= Tk 60). His production centre is situated on the side of Dhaka-Aricha Highway Road at the point of the entrance road to Dhulundi village. Within a distance of one kilometre, two more private latrine production centres are in operation. However Abul Kalam Azad's centre is the oldest one. He sells ring slabs and pillars for huts. During the rainy season (June-September) transportation of latrine components is easy due to the availability of waterways, which ultimately raise the

demand for latrine components while during the storm season (April-May) demand for pillars increases. On average, he sells 8 to 10 latrine sets per month. A latrine set mostly comprises of 7 rings and one slab. Off-set pit latrine need an extra pit cover which direct pit latrine does not have. He charges Tk 90 for a ring, Tk 100 for a pit cover, and 150 for a slab with plastic pan. He sells both circular and square slab at the same price. He does not sell big rings due to not having a mould for this size. He does not sell siphons. People from Vhabanipur, Baliakhora, Aangarpara, and Dhulundi purchase latrine components from him. However, he noted that people from adjacent Pukhuria village do not purchase latrines from his centre. Females of almost all households of this village are the group members of the local NGO and buy latrines from a production centre run by the NGO to fulfil the conditions of the micro-credit program of the local organization. Moreover, a considerable number of households are not in a position to buy sanitary latrines due to financial constraints. All these factors restrict his business opportunities. He now earns only between Tk 2000-3000. Nevertheless, he feels that if the NGOs did not run their own centre but instead purchased latrine components from his centre to distribute among their group members it would bring sustainability and growth to his business. Proshika has twice purchased latrines from his centre. He also thinks purchase of latrines from his centre by the government for distribution to the poor under its Sanitation Programme will not only enhance his business volume but also will ensure latrine coverage among poor people.



Abdus Salam's production centre was established only one and half month earlier. He worked previously a labourer in the latrine production centre run by Chanchal Chowdury. However, recently it was closed down due to huge losses. The distance from his production centre to Abul Kalam Azad's is less than half a kilometre. He thinks that enough demand exists to make profit from this business. In comparison to Chanchal Chowdury, his strength is that he is the owner as well as the mason. He not only makes latrine components, but also installs them. At present, being new, he sells latrine components at a cheaper rate than the market price to introduce his production centre to the market. Once customers know his centre, he will equalise item costs with market

prices. He currently sells a small ring for 70 Tk, a big ring for 120 and a slab with a plastic pan with a U trap for Tk 160. Both circular and square slabs are the same price. Since establishment he has earned only Tk 1600 in profits. However, he has also earned through installing latrines and working as a mason in other construction activities. Thus, over the past month, he has earned nearly Tk 3000. People from South Mahadabpur, North Mahadabpur, Shahali and Dhulundi have purchased latrine components and pillars from him. He has sold 14 latrine sets each comprised of 7 small rings and a slab over the last month. However, an offset pit latrine is comprised of 2 small rings, 7 big rings, a pit cover and slab with plastic pan and U trap. As he uses a plastic pan with a U trap, a separate siphon is not needed to ensure the waterseal. He started this business with only Tk 14,000 capital and some raw material support from the landowner Azgar Bapari. He thinks for the growth of his business that he needs more capital which he is ready to get in the form of credit at a low interest rate.

Village Dhulundi: NGO/GO non-intervened village

There are 465 households in this village. Nearly half of the population earn less than 2 US \$ per day. The village remains largely unserved by development activities. NGOs have not even been active here. However, for the first time, one local NGO has selected this village for a two-year WatSan intervention, but activities have not yet started. Villagers informed that three years earlier only 8% households had ring slab latrines and now nearly half of the households have ring slab latrines. With frustration, they said that as it is a flood-affected village, they need more rings than plain land villages need for the installation of latrines. FGD discussions revealed that majority of participants do not have a proper understanding about the term sanitary latrines. They think latrines with rings and a slab are sanitary. They do not consider the issues of proper pits as essential. On the contrary, they informed that during the rainy season they remove the pit cover or make a gap between rings to release the human excreta into the floodwater. People are also not aware about the benefit of waterseal component. Observation supported this fact as out of ten latrines visited, 9 were without a proper pit, as they were built on the ground rather than in the ground. Gaps between rings are visible from a distance. Moreover, not even a single latrine had a siphon. However, the interior of 5 latrines out of 10 was found to be clean and soap was available near 2 latrines. It was informed that almost all households have purchased latrines from Abul Kalam Azad's centre due to its close proximity, as well as the credit facilities they enjoy from Kalam being widely known. In the words of a resident of Dhulundi, Shahana, "Baikty Bakitay Anlay Kalam Kichu Kaibona" ("If the entire set is taken on credit Kalam would not say anything.")

However, given the present reality this is not a probable situation for near future. Findings show that most of the production centres are run on very low capital (between Tk 15 and 20 thousand) and do not have any marketing policy. Even out of three-visited production centres, only the NGO-supported one has signboard. They are not in a position to advertise their products through the medium of billboard, posters, mass media etc. So it is not possible to consider the possibility of awareness raising activities for the people about sanitation through dissemination of relevant information embodied within the advertisements of the small entrepreneur. In respect to the credit service by private sector there exist impediments like the high interest rates and the exploitive attitude of the *Mohazan* (moneylender) and provision of collateral based credit services of the banking sector limits the possibilities of replacing NGO sector in providing credit support to poor.

Private VSC at peri-urban area

In the major cities of Bangladesh low cost latrine production centers are generally not available although a few similar types of production centers producing concrete drainage pipes do exist. However, in the peri-urban areas, which include small towns and suburbs of big cities, small numbers of private VSCs are operating. Nevertheless, they are different in many ways from the private VSCs run in the rural area. Unlike rural production centers, latrine components are not the prime product of these centers. Peri-urban centers produce and sell various types of items made of concrete, which include low latrine components too. The Joint Sanitary centre situated at in suburb of Khulna metropolitan city is one such production and selling center. It is located on the side of Jessore road at Fultala bazar 2 km away from the Khulna Metropolitan city

Mr. Anowar Hossain is the licensed owner of the Joint Sanitary center. He started the business in the mid-1990s and its business capital is at present Tk 150,000. Products that are produced include *Nanda* (Fodder bowl), demarcation pillars, columns, show pillars, various types of ventilators used in room/house to allow air circulation, RCC pipes and low cost latrine components. Ceramic pans, plastic pipes and water taps are also available. His monthly income is between Tk 10,000 and 12,000. He earns mainly from the selling of pillars, drainage pipes and *Nanda*. Previously, he also used to make good profit from the selling of latrine components but this is no longer a very profitable item. Nowadays villagers buy latrine components mostly from the nearby production centers. Mr. Anowar feels that if he gets credit from the bank he can make more profit through expanding his business, but the bank does not recognize this business as eligible for credit facilities. The credit facility available from NGOs is too small and therefore he has to take credit from the Mahazon (moneylender) to ensure smooth running of the business.

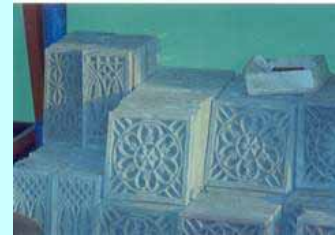
Products of Joint Sanitary



Mr. Anowar Hossain at his VSC



Show pillar



Ventilator (Ventilating Blocks)



Demarcation pillar



Drainage pipe



Fodder Bowl

It would seem that, according to field findings, the private sector alone can meet the demand for hardware of the surveyed villages. However, a second look presents some disturbing indications about their sustainability and capacity to provide a wider range of technology options. In the surveyed production centres mostly only one type of latrine technology (waterseal latrine with plastic pan) developed and promoted by the public and NGO sectors is available at different prices. Findings also implicate that the private sector cannot survive only through the sales of latrine components. Sales of multiple items such as concrete ventilators, concrete pillars etc. and involvement of other associated activities increases the sustainability of the profession. For this

expansion they need capital support and training on the production of various types of items made of concrete. However, the banking sector does not recognise them as eligible for credit facilities. Moreover, credit facilities available from NGOs are too small. Therefore, attempts should be made to change the banking policy to ensure access to credit facilities for the small-scale entrepreneurs like latrine producers. Unfortunately, private latrine producers do not have any association that can lobby for this change. This raises serious questions about the sustainability of the private sector.

This means, for basic sanitation and quick latrine coverage, that the existence of large number of private latrine production centres in Bangladesh alone is not enough. It is essential that NGOs play an active advocacy role in favour of private latrine producers and incorporate training for private latrine producers on the construction of various types of items made of concrete to ensure sustainability of private sectors and simultaneously, they must continue their social mobilisation activities. They should also initiate research activities for multiple eco-friendly latrine options and their promotion through the private sector. This means continuation of donor funds for NGOs is a must. Moreover, to assist the hardcore poor, the Government should generate funds for latrine distribution at subsidized rates. However, to ensure that distribution is done among the right persons, non-political bodies should be made responsible for the entire process of distribution. The subsidy for latrine components is a debatable issue. Many NGOs are advocating against subsidies for latrine hardware and uphold the idea that latrine coverage among poor and hardcore poor can be achieved through providing credit to purchase latrine. Nevertheless a recent research revealed that micro credit for latrine coverage fails to reach poor and hardcore poor. Poor and hardcore poor are not ready to take credit for latrine installation as they considered it as non-productive.

Conclusion:

Bangladesh started its intervention in the rural sanitation sector in the mid-1960s. However, it is only since the mid-1990s, with the incorporation of social mobilisation activities, promotion of a demand driven approach and institutionalisation of community participation that some hope has been raised about reaching the sanitation goal. SACOSAN has further prompted WatSan service providers to move on their sanitation movement. However, Bangladesh still has not reached the point where the private sector alone can carry on the movement. Complimentary roles by all four sectors, Government, NGO, Private and Donor are needed. If one looks back to all the sanitation projects it is revealed that without financial support from Danida, UNICEF, WHO, DFID, etc., implementation of the projects would not have been possible. Their financial support is needed at least for Social Mobilization activities and for research. The private sector, since mid-1980s, has made tremendous growth in the production of latrine components. However, the study indicates this sector still lacks some features, which are essential for its continued involvement in this field of production. First of all, small-scale entrepreneurs operate with very little capital. Secondly, sales of latrine component alone does not provide enough money to continue the profession and thirdly, one of the main premises of the demand driven approach is the availability of multiple options while in the private production centres, largely only one option has been available. All these findings show that there are still exist opportunities to do a lot to ensure the sustainability of the private sector. Credit and new latrine designs should be made easily available to these small enterprises. Moreover, WatSan service providers who are only providing designs and training on latrine components should also provide training and design on other products that masons can make. This diversification would certainly enhance the strength of the private sector and they, along with the other three sectors, would be able to achieve Bangladesh's sanitation goal within the coming decade.



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- ¹⁵ The approach was initially adopted in only 2 Upazilas and by the end of decade applied in 64. During 1991, 100 additional Upzilas adopted this approach. See- Skylanrk Chadha & Martin Strauss, op cit, p.63.
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