glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Bangladesh

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**154.70 M**
Urban population (2012)[a]	**44.64 M**
Rural population (2012)[a]	**110.05 M**
Population growth rate (2012)[a]	**1.21%**
Gross domestic product USD (2012)[b]	**116.36 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**33.1**
Under 5 mortality / 1,000 live births (2012)[c]	**40.9**
Life expectancy at birth (2012)[d]	**70 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**8950**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**57%**
Use of drinking-water from improved sources (2012)[f]	**85%**

[f] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

Bangladesh has already achieved the MDG water supply target and is now making steady progress in reducing the percentage of population without access to basic sanitation services. The incidence of open defecation has been reduced to 3% as a result of collective efforts of Government Organisations, NGOs, development partners and the private sector. The sector is striding ahead to achieve universal coverage in water and sanitation and to reach a satisfactory level of hygiene practices in the country, including schools and health care facilities.

However, the achievements are constantly being challenged due to high population growth, rapid and unplanned urbanization, technological constraints, and environmental factors including climate change. The challenges are further aggravated by water quality issues like arsenic and microbial contamination of water, constant declination of landmass for building infrastructure, and consequential issues such as fecal sludge management. On top of that, being one of the most densely populated countries in the world, as much as 28% of the population in Bangladesh uses shared latrines, which are not considered improved sanitation coverage.

Key sector policies are focused on community participation in planning and implementation of water and sanitation services, reaching out to marginalized populations, better targeting of resources, decentralized service delivery, and institutional arrangements between the national government agencies and local government institutions. However, there is scope to improve application of these policies through legislative, financial and administrative processes including participatory planning, result based monitoring, water quality surveillance and effective communication.

Total WASH expenditure during financial year 2012–13 was USD 472.65 million with more than 75% utilization of domestic and donor commitments. However, the committed finance is inadequate in fulfilling the MDG target. In addition, the proportion of resources allocated to water supply outweighs that of sanitation and hygiene promotion and is also skewed towards the urban centers. The lack of resources is also affecting the involvement of necessary skilled human resources for the sector as well as capacity building programs and research works. Nonetheless, Bangladesh is still aspiring to universal access to safe water supply and improved sanitation as a human right of its citizens.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

Several ministries and institutions share the lead for drinking-water and sanitation services. The coordinating body, the National Water Supply and Sanitation Forum, meets twice a year or when necessary.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of LGRD & Cooperatives	✔	✔	✔
Ministry of Health and Family Welfare			✔
Department of Public Health Engineering	✔	✔	
WASAs	✔	✔	
City Corporation/Pourashava	✔	✔	
Upazila Parishad (Sub-district)		✔	

Number of ministries and national institutions with responsibilities in WASH: **8**

Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	100	2015
Rural sanitation	✔	100	2015
Sanitation in schools	✔	100	2015
Sanitation in health facilities	✔	100	2015
Urban drinking-water supply	✔	100	2015
Rural drinking-water supply	✔	100	2015
Drinking-water in schools	✔	100	2015
Drinking-water in health facilities	✔	100	2015
Hygiene promotion	✔	80	
Hygiene promotion in schools	✔	80	
Hygiene promotion in health facilities	✔	80	

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and keeping rural water supply functioning over the long-term. There are though reported needs to expand Water Safety Plans in urban and rural settings. Additional needs include training for communities to repair their options and latrines, as well as a need for more active responses to repair needs from urban water providers.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

[a] Including implementation.

[1] All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak. A regular drinking-water quality surveillance system, however, is not established. Water quality tests are done only when necessary.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2012		2012		
Use of performance indicators[a]	●		●		●
Data availability for decision-making[a]					Health sector
Policy and strategy making	✔		✔		✔
Resource allocation	✔		✔		NA
National standards	NA		✔		NA
Response to WASH related disease outbreak	NA		NA		✔
Surveillance[b]	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	●	●	
Independent auditing management procedures with verification	NA	NA	✘	✘	
Internal monitoring of formal service providers	✘	✘	✘	✘	
Communication[a]					
Performance reviews made public	✘	✘	✘	✘	
Customer satisfaction reviews made public	✘	✘	✘	✘	

[a] ✘ Few. ● Some. ✔ Most.
[b] ✘ Not reported. ● Not used. ✔ Used and informs corrective action.
NA: Not applicable.

III. Human resources

Human resource strategies are being developed for sanitation and drinking-water. The most important constraints identified are the preference of skilled graduates to work in other sectors and the emigration of skilled workers abroad.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	●	●	●
Strategy defines gaps and actions needed to improve[a]	✘	✘	✘
Human resource constraints for WASH[b]			
Availability of financial resources for staff costs	●	●	✘
Availability of education/training organisations	●	●	●
Skilled graduates	●	●	✘
Preference by skilled graduates to work in other sectors	✘	✘	✘
Emigration of skilled workers abroad	✘	✘	✘
Skilled workers do not want to live and work in rural areas	✘	✘	✘
Recruitment practices	●	●	●
Other			

[a] ✘ No. ● In development. ✔ Yes.
[b] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there is a reported insufficiency of funds with a reported 138,000 million Taka required to be invested annually to meet the MDG target by 2015.

FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies[a]	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	✔	✔	✔	✔
Estimated % of donor commitments used[b]	✔	✔	✔	✔
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	✘	✘	✘	✘

[a] ✘ No agreed financing plan. ● Plan in development or only used for some decisions. ✔ Plan/budget is agreed and consistently followed.
[b] ✘ Less than 50%. ● 50–75%. ✔ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure[1]	
2012–2013	472.65 M.USD
Expenditure as a % GDP	
Education[2]	NA
Health[2]	3.7
WASH[3]	0.3

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, nine disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to urban areas, however, the unserved are mainly in rural areas.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✔		✔	
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✔	✔	✔	✔
Extent to which users participate in planning	✘	✔	✘	✔
Effective complaint mechanisms	●	✘	●	✘

[a] ✘ Low/few. ● Moderate/some. ✔ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous people
5. Ethnic minorities
6. Displaced persons
7. People living with disabilities
8. Children
9. Women

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

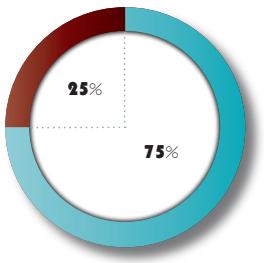
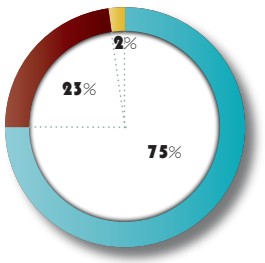


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

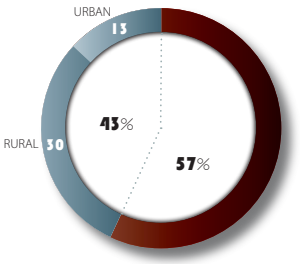
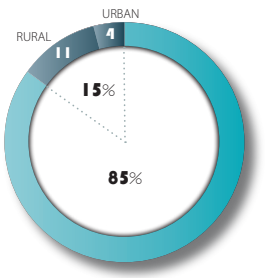


Figure 4. Population with access to improved drinking-water sources



[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.