NATIONAL DRINKING WATER SUPPLY AND SANITATION POLICY 1997

1. PREAMBLE AND PERSPECTIVE

Safe water and sanitation contribute to enhancement of the quality of life through improved general health conditions and well-being of the people. The Government's goal is to ensure that all people have access to safe water and sanitation services at a cost affordable by the households and by the country as a whole. The Government is committed to achieve this goal and will take measures so that development in the water supply and sanitation sector is equitable and sustainable.

The Government's initial intervention in the sector was to start the development process with an objective to gradually build an effective service delivery mechanism. After independence of the country in 1971, the Government focused on the rehabilitation of damaged and installation of new water supply and sanitation services in rural and urban areas through the Department of Public Health Engineering (DPHE). Services were provided mostly free. The user's role at this period was at a minimum. However, user participation in decision making, cost sharing and operation and maintenance has significantly increased over time. Rural communities now take over the responsibility for operation and maintenance of hand pump tubewells for which they receive training. In urban areas, the responsibility for installation and operation and maintenance of piped water supply was initially with DPHE, but now lies with the Paurashavas. The capacity of the Paurashavas are now being developed by involving them in planning, implementation and management, and through provision of training. Water Supply and Sanitation Committees, involving the user communities, for supervising water and sanitation related activities are now established in most of the Paurashavas and the Union Parishads.

The Government is encouraging and supporting the involvement of other partners, such as non-governmental organizations (NGOs) and the private sector, in water and sanitation development. The health and hygiene promotional campaign by Government as well as NGOs has increased the demand for tubewells and sanitary latrines. The private sector has come forward and developed its capacity for production, installation and maintenance of tubewells and sanitary latrines. Materials for installing tubewells and spares for maintenance are available in the market produced by private manufacturers. The materials which were imported before are now mostly manufactured in the country. A number of NGOs have devised and implemented innovative and effective approaches of service delivery.

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Bangladesh has made commendable progress in provision of basic service level of water supply services to its rural population. Rural water supply coverage is over 90%, but only in terms of a low service level¹. The rural sanitation coverage² by sanitary latrines is only 16%, though it increases to 42% when 'home-made³' latrines are considered. The urban water supply⁴ and sanitation² coverage are both around 50%. Despite this level of achievement, the sector objectives remain only partially fulfilled: the incidence of morbidity and mortality from water borne diseases is still high; pockets of underserved areas remain; inequities in access to water supply and sanitation service provisions persist; health and hygiene messages have not been received by all; facilities provided are not used optimally; and service sustainability needs to be improved. Consequently the development of productive activities is hampered and efforts to improve public health have limited effect. Many development projects have attempted to redress this inadequacy but these adopt divergent approaches and the benefits are limited only within project boundaries.

The above considerations require the Government to review the past practices, build on its positive aspects, incorporate the lessons acquired and formulate new necessary changes for a effective and uniform sector policy.

2. OBJECTIVES

The Bangladesh Government is committed to provide basic level of services in water supply and sanitation to all citizens by the year 2010. To that end this policy is formulated to promote sustainable sector development through coordination and uniformity of approaches for investments, ensuring full participation of the beneficiary communities and coherent participation of all stakeholders. The policy recognizes that the users are the main actors in sector development.

3. DEFINITION

Drinking water supply means withdrawal or abstraction of either ground or surface water as well as harvesting of rain water; its subsequent treatment, storage, transmission and distribution for domestic use. Sanitation means human excreta and sullage disposal, drainage and solid waste management.

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¹ Rural water supply coverage is presently defined as percentage of population living within 150 meters of a tubewell.

Rural and Urban sanitation coverage is presently defined as one sanitary latrine per household.

³ Home-made latrines are defined as pit latrines without water seal pans and without pit linings.

Urban water supply coverage is presently defined as one house connection per household or one street hydrant per 100 people.

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4. SCOPE

This policy covers all rural and urban areas of Bangladesh except for Dhaka and Chittagong cities. Water and sewerage services of Dhaka and Chittagong cities are the responsibility of the respective Water Supply and Sewerage Authorities (WASAs). The size, magnitude of problems and institutional set-up for these two large cities are different than other urban areas. The WASAs operate under a separate ordinance and have, therefore, been excluded from the preview of this policy.

5. POLICY PRINCIPLES

Based on local and international experience, the following principles have been adopted as the basis for policy formulation:

- 5.1 **Basic needs.** The satisfaction of basic needs is a high priority and will require an increased coverage and improved level of water supply and sanitation services, in particular to the under-privileged groups.
- 5.2 The value of water. Water has an economic as well as a social value. To ensure that service provision is viable, the price of water should reflect its economic value, with the eventual objective of covering the cost of supply. However, there should be a safety net in the pricing for poor communities.
- 5.3 Participation of users. Users are the main actors in the development activity. Effective use of resources and the provision of appropriate service level is facilitated by user participation at various stages of planning, implementation and in operation and maintenance. The degree and form of participation will depend on the local conditions and the type of services. The role of women will be promoted.
- 5.4 Level of services. The level of service shall be determined according to demand, based on informed choice of users, and cost sharing. A wider choice of feasible technological options shall be provided to the users. The Government will periodically review the basic service level and gradually enhance the standard of services.
- 5.5 Institutional arrangements. The Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Cooperatives (LGRD&C) will guide sector development activities. The Government shall set guidelines, control the withdrawal and coordinate the use of ground water for drinking purpose. Under the Ministry, the Department of Public Health Engineering (DPHE) is the focal agency which shall create an enabling environment for people to have better access to water and sanitation services, which they demand and are willing to pay for. The management

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of operations and maintenance will the responsibility of the User Groups in the rural areas and the Local Government Bodies in the urban areas. The User Groups and the Local Government Bodies will be empowered and trained to run their business efficiently and independently.

- 5.6 Investment. Investment in the sector will focus on facilitating water and sanitation services, leading to improvement of public health, well being of the people and economic development. Weaknesses would be addressed on a priority basis with emphasis being given to maintaining the operation of the services, while further coverage, specially to the under-privileged sections of the community, would be facilitated. The investment projects must address the above issues and be adaptive to incorporate learning and feed back to refine it.
- 5.7 **Integrated development.** Isolated development of water and sanitation services is generally inefficient. Coordination is necessary with all tiers of the government, NGOs and other related parties.
- 5.8 Capacity building. The capacity of the sector needs to be expanded in order to improve and broaden the reach of services it provides. This will require actions related to human resource development, definition and implementation of appropriate institutional arrangements, active involvement of user groups, and new roles for the Government, Local Government Bodies, NGOs and private organizations. The Government will decentralize decision making and encourage training and resource planning through local level management.
- 5.9 **Private sector.** Many sector functions can be undertaken by private organizations to improve efficiency within the sector and thereby lessen the burden on the Government. The Government will strengthen the means for a politically and financially enabling environment for the private sector to participate and contribute to sector development. The private sector may be used to accelerate the implementation of this policy and to establish a closer relationship between the quality of services and its financial viability.
- 5.10 **Environmental integrity.** It will be ensured that all development activities related to water supply and sanitation are considered within broader environmental considerations.
- 5.11 Emergency responses. DPHE will take necessary measures for immediate response, before and after natural disasters, and as directed by the Ministry. Participation of other stakeholders will be encouraged.





6. POLICIES

At a general level, the urban and rural water supply and sanitation issues appear similar, but they do differ in institutional aspects, and in content and magnitude. As such, policies for rural and urban areas are presented separately.

6.1 Rural Water Supply and Sanitation

- 6.1.2 All communities in the rural areas will be provided with basic water and sanitation services by the year 2010. The basic service level⁵ will be one point source per 35 persons and one sanitary latrine per household.
- 6.1.3 Communities shall be the focus for all water supply and sanitation development activities; all other stakeholders including the private sector and NGOs shall provide coordinated inputs into the development of the sector under the lead of DPHE.
- 6.1.4 As water is increasingly considered to be an economic good (as well as a social good), water supply services shall be provided based on user demand and cost-sharing⁶. By the year 2000 communities shall share at least the following proportions of costs: 50% for hand tubewells in shallow water table areas, 25% for hand tubewells in low water table areas, 20% for deep hand tubewells and other technologies for difficult areas.
- 6.1.5 Communities shall be responsible for operation and maintenance of water and sanitation facilities and shall bear its total costs.
- 6.1.6 The user shall bear the total cost of construction of sanitary latrines and other sanitation services by the year 2000. However, in case of hard core poor communities, educational institutes, bazaars, mosques and other places of worship, the costs may be subsidized partially or fully. In public places separate provision will made for women users.
- 6.1.7 Behavioral development and changes in user communities shall be brought about through social mobilization and hygiene education in alliance with the Ministry of Health and other related agencies.
- 6.1.8 Women will be encouraged and supported to actively participate in decision making during planning, implementation, and operations and maintenance.

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⁵ The basic service level for rural water and sanitation will be periodically reviewed by the Government and modified, as necessary.

The proportion of cost sharing will be periodically reviewed by the Government and modified, as necessary.

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- 6.1.9 The rural water supply and sanitation program shall support and promote a range of technology options for water and environmental sanitation including waste disposal. Technological packages and specifications for hardware and service levels shall be formulated.
- 6.1.10 During natural disasters necessary measures shall be taken so that people have access to safe water and do not drink contaminated water. DPHE will store enough materials and spares to take immediate action for repairing or installing tubewells.
- 6.1.11 Government shall improve its capacity for qualitative and quantitative monitoring, analysis of information, policy implementation, evaluation and revision.

6.2 **Urban Water Supply and Sanitation**

- All household within the urban area will be provided with basic water and 6.2.1 sanitation services by the year 2010. The basic service level⁷ for water supply would be one house connection per household. In exceptional cases where this solution is not feasible a point source should be provided for about 50 people. For human excreta disposal each household will have one sanitary latrine. Adequate level of other sanitation services will be provided to maintain a sound environment.
- The underlying policy of the Government is that services should be self-6.2.2 sustaining. However, where poor communities are not able to afford basic services, there could be cross subsidy or other form of subsidy towards the cost of construction of basic minimum service level but not the operation, maintenance and replacement costs.
- 6.2.3 The Local Government Bodies will be responsible for sustainable water supply and sanitation services including solid waste collection, disposal and their management.
- The Local Government Bodies will be empowered to set tariffs, by-laws, 6.2.4 appointment of staffs, etc. according to their needs and in accordance with the guideline laid down by the Ministry.
- The Local Government Bodies will have to improve their operational efficiency 6.2.5 including financial management. Billing and collection efficiency will have to be at least 95% and 80% respectively, by the year 2000. Local Bodies will take appropriate measures to reduce water losses to at least 30% by 1999 and will take actions against unauthorized connections.

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The basic service level for urban water and sanitation will be periodically reviewed by the government and modified, as necessary.

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- 6.2.6 The Government's development grant to the Local Government Bodies will be proportional to the accomplishment of their operational efficiencies.
- 6.2.7 The role of women in the process of planning, decision making and management shall be facilitated and promoted.
- 6.2.8 DPHE will assist the Local Government Bodies in planning and implementation of macro-drainage systems only, while the micro-drainage drainage system development will be taken care by the Local Government Bodies. Communities will be gradually involved in the primary collection process.
- 6.2.9 Private sector involvement shall be encouraged for a cost-effective and efficient water supply and sanitation system. Local Government Bodies shall endeavor to contract part of the activities to private sector.
- 6.2.10 Local Government Bodies shall be responsible for hygiene education, and for awareness raising, public participation in all phases of design and implementation. Part of these activities could be carried out by NGOs.
- 6.2.11 During natural disasters DPHE will take immediate measures for providing safe drinking water, which will include repairing and cleaning pipelines, production wells and other installations.
- 6.2.12 The Ministry, with the advice from DPHE, shall establish standards and guidelines for drinking water service levels (quality, quantity i.e. pressure, delivery period, etc.) reflecting the demand of the consumers (private users, industries, etc.) and monitor and control the water quality and service levels of Local Government Bodies.
- 6.2.13 DPHE shall conduct research and development activities for appropriate technologies and other developments with special emphasis to the difficult and underserved areas, and will provide technical support to the private sector.
- 6.2.14 Efforts shall be made to upgrade the capacity of the Local Government Bodies. Local Government Bodies shall receive support from DPHE for planning, designing, implementation, management and human resource development till such capacity is developed within the Local Government Bodies and for this the Government will formulate an appropriate institutional arrangement. DPHE will monitor the sector and advice the Ministry on sector planning, strategy formulation and development projects.
- 6.2.15 DPHE in collaboration with National Institute for Local Government (NILG) and other training institutions shall facilitate training to Local Government Bodies and other related institutions.

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6.2.16 Government shall improve its capacity for qualitative and quantitative monitoring, analysis of information, policy implementation, evaluation and revision.

7. POLICY IMPLEMENTATION

All future investment projects will be made under the framework of this policy. An immediate strategies, plan of operations will be prepared and investment projects identified. The process will require dialogue with other stakeholders. To enhance available knowledge and fill in information gaps focused studies will be conducted. The Government intends to establish a policy implementation plan and subsequently make changes to the legal and institutional arrangements, clearly defining the legal status of the various local service organizations. The Government will periodically review the policy and make changes when required.

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