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**New Concepts
for Partnership in Rural Water Supply and Sanitation
for the Low Water Table Areas of Bangladesh**

**Report
of a Planning Mission**

**Carried out by
Swiss Agency for Development and Cooperation (SDC)**

July 1997

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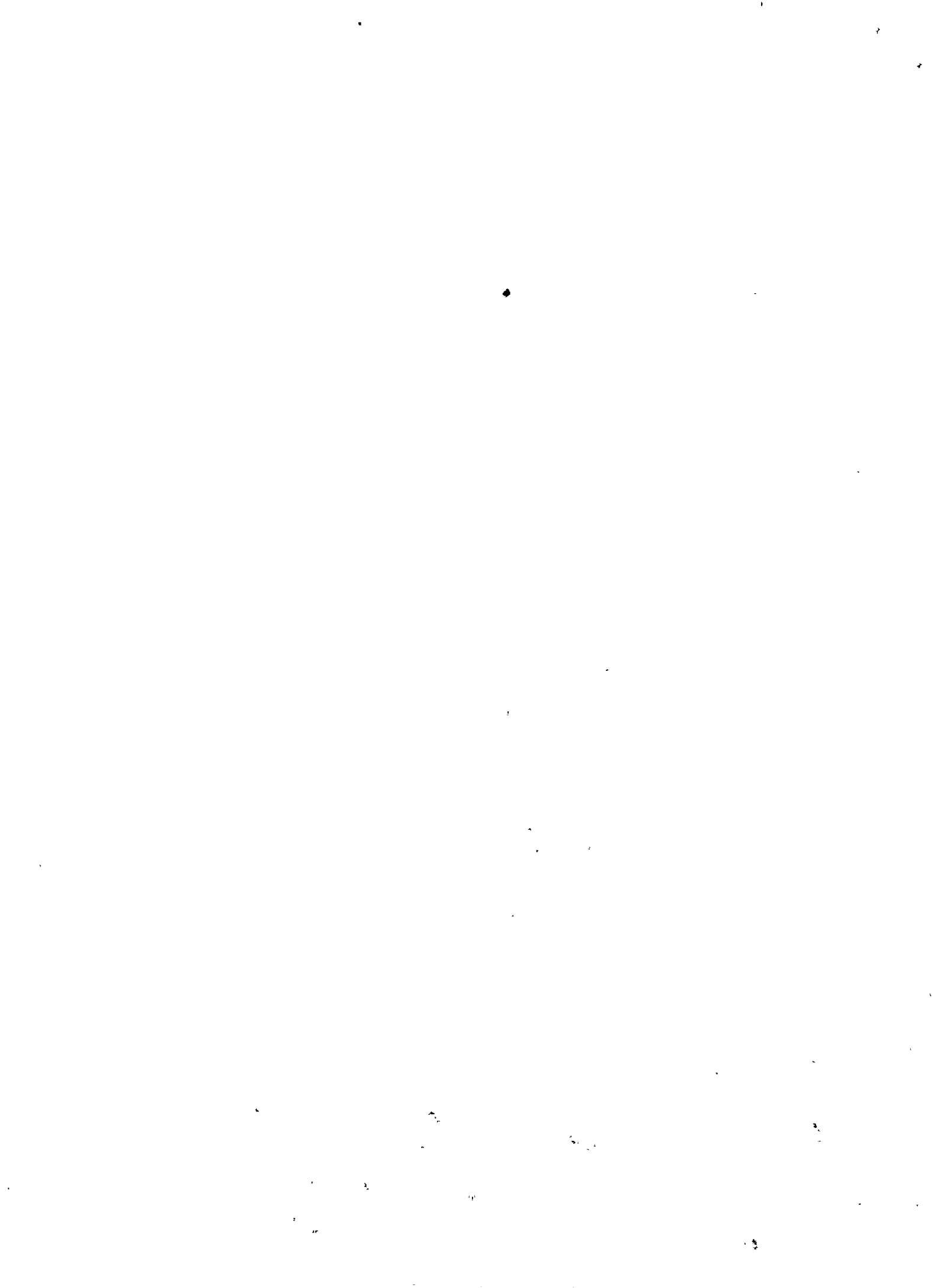
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Acronyms and Abbreviations

CARE	“Coordination of American Relief Everywhere” (an international NGO)
CBO	Community Based Organisation
Danida	Danish International Development Agency
DASCOH	Development Association for Self-reliance, Communication and Health
DPHE	Department of Public Health Engineering
ECNEC	Executive Committee of National Economic Council (of GOB)
EU	European Union
FSU	Field Support Unit
GOB	Government of Bangladesh
HTMP	Handpumps Training and Monitoring Project
HTN	Handpump Technology Network
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IDE	International Development Enterprise (an international NGO, Denver)
LGD	Local Government Division (of MLGRD&C)
LWT	Low Water Table
MLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
MPO	Master Plan of Operation (of UNICEF)
NGOs	Nongovernmental Organisations
PSU	Project Support Unit
R&D	Research and Development
RWSG-SA	Regional Water and Sanitation Group - South Asia (of World Bank & UNDP)
SDC	Swiss Agency for Development and Cooperation
SWT	Shallow Water Table
TNO	Thana Nirbahi Officer (government officer at sub-district level)
TOR	Terms of Reference
TW	Tubewell (hand pump)
UNICEF	United Nations Children’s Fund
VSC	Village Sanitation Centre (latrine production centre)
WATSAN	Water and Sanitation
WES	Water and Environmental Sanitation
WHO	World Health Organisation



EXECUTIVE SUMMARY

After a SDC/Danida fact-finding mission in June 1996, the Government of Bangladesh (GOB) and SDC expressed an interest in developing a programme for water and sanitation in the low water table (LWT) areas of Bangladesh, whereby Danida would focus on the coastal belt areas. The aim of the LWT pilot project would be to develop and test innovative approaches to water and sanitation that would optimally involve and utilise all players in the sector. These new approaches would take into account sector trends and provide input for the next generation of water and sanitation projects.

In February 1997 GOB formed a working group consisting of DPHE, UNICEF, the Regional Water and Sanitation Group, South Asia (RWSG-SA) and SDC to develop conceptual input for a future LWT programme. In June 1997 this SDC planning mission took place as part of the process of developing a project proposal and document. In this context the mission's aim was to **provide input for developing a project framework** and facilitate the decisionmaking process.

Sectoral Trends

Significant progress is indicated by the increase in access to **tubewell water** which is now estimated to be over 90%. Reports show that over 80% of all pumps installed are in working order, 75% of all pumps have been purchased privately and that operation and maintenance is paid for by the users. At present **latrine coverage** estimates range from about 30% to 40% with thousands of families buying or building their own facilities. The **social mobilisation** campaigns contributed considerably by building onto past efforts and resulted in a significant increase in overall latrine coverage.

These lead indicators show that the sector is vastly changed compared to as little as 15 years ago when users were predominantly passive recipients and the private sector was weak. In the context of these successes the **private sector** is now dynamic and playing an increasing role in meeting the demand for both water and sanitation. Over the past decade there has been a drastic increase in the number of **NGOs** involved in the sector. Their expertise in reaching the poor have also contributed to sectoral improvements. The **public sector** played an important role in achieving the present situation and continues to develop and mature.

Certain areas, however, are open to improvement. **Hygiene behavioural changes** remain a major challenge and at present most projects and NGOs do not pay sufficient attention to this aspect. Furthermore, social mobilisation could be more professional in the areas of communication material and efforts to contribute to long-lasting behavioural changes.

Estimates indicate that by 2010 approximately 33% of Bangladesh will be affected by a **lowered water table** in the dry season, making hundreds of thousands of pumps non-operational for 3 to 4 months every year. The pump coverage for LWT areas is said to be 232 persons compared to 70 for shallow water table areas. In addition there are indicators that sanitation coverage in LWT areas may also lag behind

New Approach

Within the above-mentioned scenario the mission considered that the project should utilise the situation where the private sector now plays a major role and there is a user demand for products and services. The new approach would, with the exception of marketing, not be new in its individual elements, but new in the way **partnerships** are sought. Users and the private sector

would be the main players, with the public sector and NGOs taking on a facilitating role. The main focus would be on how to build on past successes, fully utilising the talents and abilities of each player while taking into account the present trends within the sector.

Pilot Project: Components and Main Activities

- A **marketing** strategy and plan for selected water and sanitation facilities would be developed and tested by specialised marketing agencies. One of the key complementary measures would include subsidy reductions by both government and NGOs.
- **Intermediary organisations** such as NGOs and local government bodies would be **strengthened** through networking, promotion and advocacy for the project purposes. This would be complemented with the promotion and provision of application-friendly training packages to be developed by experts in sector specific "weaknesses" such as (i) social mobilisation for sanitation, (ii) hygiene behaviour development, (iii) local and village level organisation, and (iv) enhanced use of existing credit and savings programmes for the project purpose
- Through participatory research and development, **low cost options of hardware**, namely LWT handpumps and latrine patts, would be further developed and marketed. Total cost recovery of hardware would be central, but linked to the availability of low cost options.
- Special emphasis would be put on the **policy dialogue** through creation of specific platforms that would contribute to enhance a more concerted policymaking among a wider range of government and non-government stakeholders.

Project Implementation Frame

The pilot project would be carried out over a period of three years (**July 1998 to June 2001**) but with preparatory work commencing already in 1997. Two districts, **Rajshahi and Nawabganj**, have been selected as main pilot project area.

The pilot project design would be flexible and adjusted as required during implementation. The phases would be preparation and testing, field implementation, and preparation for expansion. Some components such as the strengthening of intermediary organisations would be field-tested in the limited two districts, others would be applied beyond the limited pilot area, e.g. the marketing strategy, technology option development, and policymaking facilitation.

Administrative, Institutional and Project Management Arrangements

If possible, the project would fall under UNICEF's master plan of operation for which agreement with GOB exists. The SDC financial contributions would be administrated by UNICEF.

The institutional arrangement would reflect the partnerships amongst the key stakeholders. A **special project support unit (PSU)** would be formed that would assume the overall management responsibility, and a **steering committee** comprising representatives from a wider range of government and non-government stakeholder would govern the project implementation.



I. Introduction

Subsequent to the June 1996 SDC Danida "Fact-finding/Support mission for conceptualising complementary sector programmes in RWSS in Bangladesh", both the Government of Bangladesh (GOB) and SDC expressed an interest in providing additional support for rural water and sanitation in low water table (LWT) areas. Danida would concentrate on the coastal belt areas. The main point of agreement was that a proposed pilot project would result in a new generation of projects with innovative implementation approaches that would lead to increased coverage, sustainable use and change in hygiene behaviour.

In February 1997 GOB formed a working group comprising representatives from DPHE, SDC, UNICEF and the Regional Water and Sanitation Group (RWSG-SA) to develop a conceptual frame for a future programme. The working group prepared an input paper for this SDC planning mission. **This mission is seen as part of the planning process that will result in the development of a project document**

The mission consisting of Peter Tschumi, (SDC, Berne; team coordinator), Derrick Ikin, (SDC, Maputo), K. M. Minnatullah, (RWSG-SA, New Delhi; part-time), Haroon Ur Rashid, (RWSG-SA, Dhaka) and Arun Mudgal, (UNICEF/IITN, New Delhi) visited Bangladesh from May 25th to 9th June 1997. Rahmatullah Habib (SDC, Dhaka) and Americo Muianga (provincial director, Department of Water, Mozambique) participated as observers, the latter in the scope of a South-South exchange of experiences.

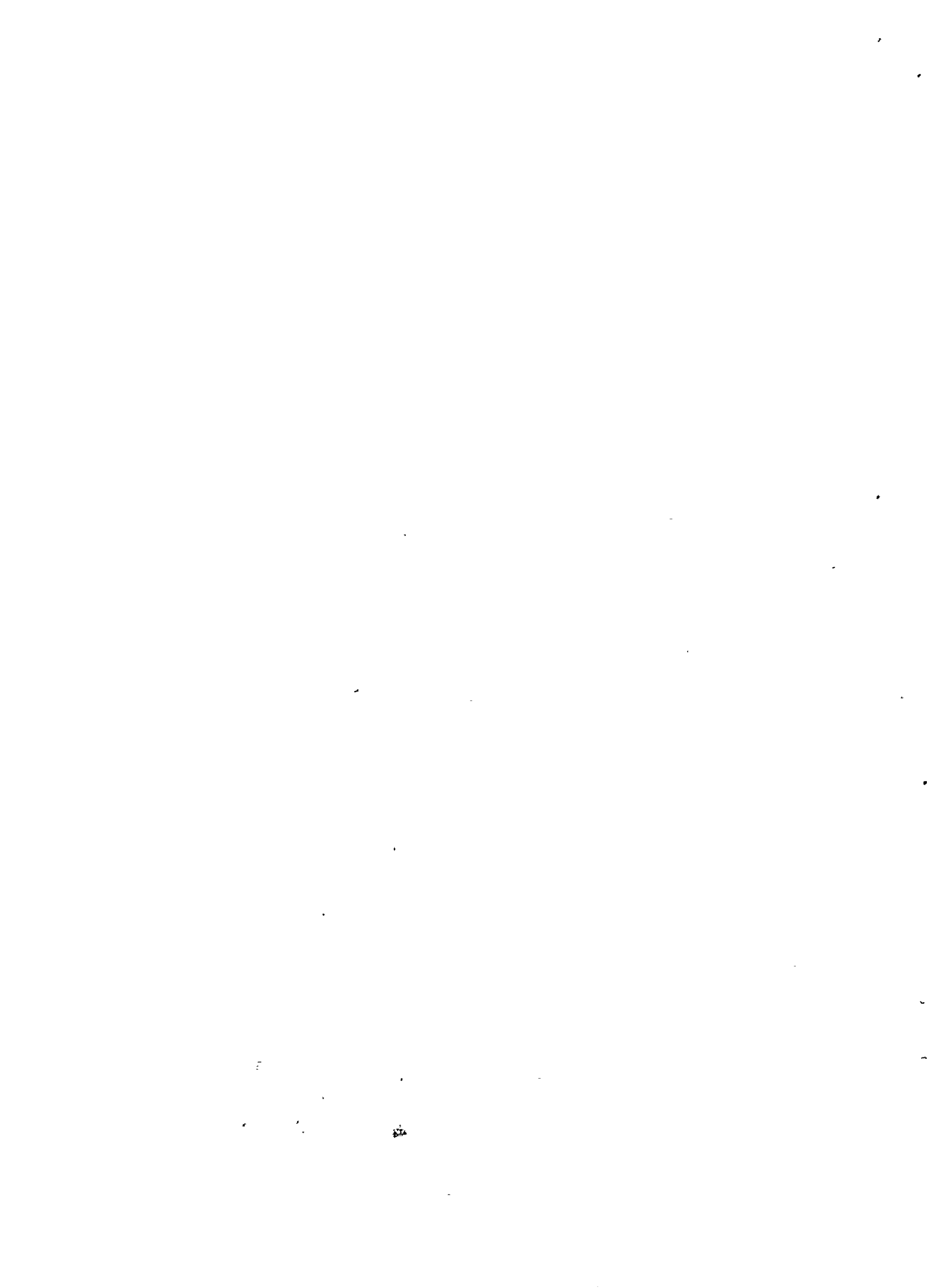
The mission's brief was to a) review the ongoing preparation process in general, b) provide input for a planning frame and schedule, c) facilitate decisionmaking, and d) engender a sense of ownership of the project. Refer to Annex 1 for the terms of reference.

The mission met with various sector partners including MLGRD&C, DPHE, UNICEF, EU and NGOs and travelled to the Rajshahi and Bogra areas. As part of the planning process an issue-oriented workshop was organised with over 25 participants representing major sector partners. The work covered in the workshop provided essential input to the mission. Refer to Annexes 2 and 3 for the mission work programme and the list of key persons met.

A wrap-up presentation was held at the UNICEF offices and attended by representatives of DPHE, UNICEF, RWSG, NGO Forum and SDC. The participants discussed a broad range of issues related to the mission's presentation. The presentation was positively viewed and it was agreed that the key participants would go ahead with developing a pilot project document to be financed by SDC. The contributions from this meeting are reflected in this report. Refer to Annex 4 for the persons present at the wrap-up meeting.

The mission wishes to acknowledge and thank MLGRD&C, DPHE, UNICEF and other partners for their valuable input and advice. The excellent support of the SDC Dhaka office made the full schedule possible.

This report reflects the opinions of the mission and does not necessarily coincide entirely with the policies of the partners involved in the development of a pilot project document.



II. Sectoral Context - Issues and Trends Relevant for Decisionmaking

Bangladesh has achieved **significant progress** in the provision of water and sanitation for its people. **Access to tubewell water** has risen from only 38% in 1981 to an estimated **over 90%** in 1997. This is based on a fixed basic level of access to tubewells. Surveys showed that 75% of all handpumps have been purchased and installed privately and over 80% of all handpumps installed are in working order. This indicates that the users are purchasing, repairing pumps and paying for parts themselves. As the main providers of water, women are central to these successes.

Sanitation coverage has dramatically increased from just over 20% in 1991¹ to the present estimate of **over 40%**. Most families either bought or built their own facilities.

At present the impact of these successes on health is thought to be limited. There is an overall decrease in reported diarrhoea cases as well as a decrease by 33% in the mortality rate from diarrhoeal diseases amongst under-5 year olds since 1987. These trends indicate that water, sanitation and hygienic behaviour measures together with other factors such as a successful oral rehydration therapy programme throughout Bangladesh have **contributed to health improvements**. This is confirmed through recent research and experience in Bangladesh (e.g. action research by ICDDR,B and CARE).

Regional disparity in access to tubewells still persists, i.e. 70 persons per handpump in shallow water table (SWT) areas compared to 232 in LWT areas. The **lowering water table** is a matter of concern and it is predicted that by 2010 about one third of rural Bangladesh will be affected by this low water phenomenon during the dry season. This could mean that hundreds of thousands of No.6 pumps could become non-operational for three to four months every year.

In recent years the presence of **arsenic** above permissible levels in tubewell water has been noticed in over 20 districts and this adds new dimensions to rural water supply. Prolonged ingestion of arsenic above the permissible level of 0.05 mg/l is considered a health hazard. Currently GOB, supported by WHO, World Bank, ODA and others, has started determined actions, both immediate and longer term, to address this issue in a comprehensive manner.

The **social mobilisation** programme of DPHE-UNICEF has built on past efforts in sanitation and has contributed to remarkable increases in sanitation coverage. However, a number of shortcomings have to be addressed based on the lessons learned: a) insufficient and inadequate communications materials; b) message overload; c) poor performance of WATSAN committees; and d) lack of repetition to ensure sustainability.

The positive focus on developing good hygiene behaviour in children can significantly contribute to immediate changes as well as to the longer term challenge of passing on good practices from generation to generation. Most current programmes still do not pay sufficient attention to **hygiene behaviour aspects**. Often programmes are not adequately designed to enable a learning process with the users. They tend to focus on messages and unrealistic hardware targets such as "Tubewell water for all purposes" rather than on the essential key behaviour patterns.

¹ Estimates include homemade sanitary latrines not yet included in official 1991 statistics.



The present public sector implementation programme is **supply driven** with limited user participation. GOB, however, plans to reduce subsidies and increase user participation. Furthermore, the process of decentralisation is continuing and will be enhanced by the introduction of Gram Parishad as the lowest level of government administration.

The **private sector is vibrant** and has been able to meet market demands in both water and sanitation. The 1994 estimates indicate that 1.6 million No.6 household pumps were installed privately. In addition the private sector manufactures a range of water and sanitation products such as hand-pumps, pipes, pipe fittings and latrine slabs and rings.

This has been possible due to the **seeding role** played by DPIIE in previous years that encouraged the promotion of handpumps and low cost sanitation.

Nevertheless, despite DPIIE's seeding role, a market demand for the **Tara handpump** has not been generated, presumably due to high costs and inadequate marketing efforts. Its subsidised costs and the government role as the main supplier probably inhibit a market success. Other more affordable deepset handpump options developed by the private sector exist. Their current quality, however, still call for improvements with regard to performance, mechanical reliability and sanitary criteria.

At present **NGOs are taking on a significant role** in increasing the sector's overall performance. NGOs have considerable experience in mobilising communities and encouraging user-centred programme development. They often work in remote areas, provide credit and savings schemes and are willing to focus on hygiene behavioural changes. NGOs also have considerable knowledge and experience in reaching the poorer sectors of the population. The need for coordination with the government both at policy and implementation level has become an absolute must.

There appears to be unanimity among the sector partners that in order to increase coverage and improve the service level and sustainability, **a shift in approach is needed**. This shift would build on past successes and utilise the present trends within the sector to move from the current predominantly supply driven approach to a demand-driven approach with users as the main players. DPIIE, NGOs, CBOs and the private sector would play supporting and facilitating roles.

The present stage of water and sanitation development in Bangladesh provides an **opportunity** to apply and test these new approaches that would be used in a new generation of sector programmes. The obvious advantages such as increased coverage would be supplemented in the longterm by improved resource mobilisation and private sector employment generation.



III. Proposed Project Frame

III-1 Goal of the Pilot Project

Contribute to users' hygiene behavioural changes and to the improvement of user access and sustainable use of water and sanitation facilities.

III-2 Objective of the Pilot Project

Develop and test an innovative, replicable model for an enhanced collaborative partnership amongst users, Government, NGOs and the private sector in water and sanitation.

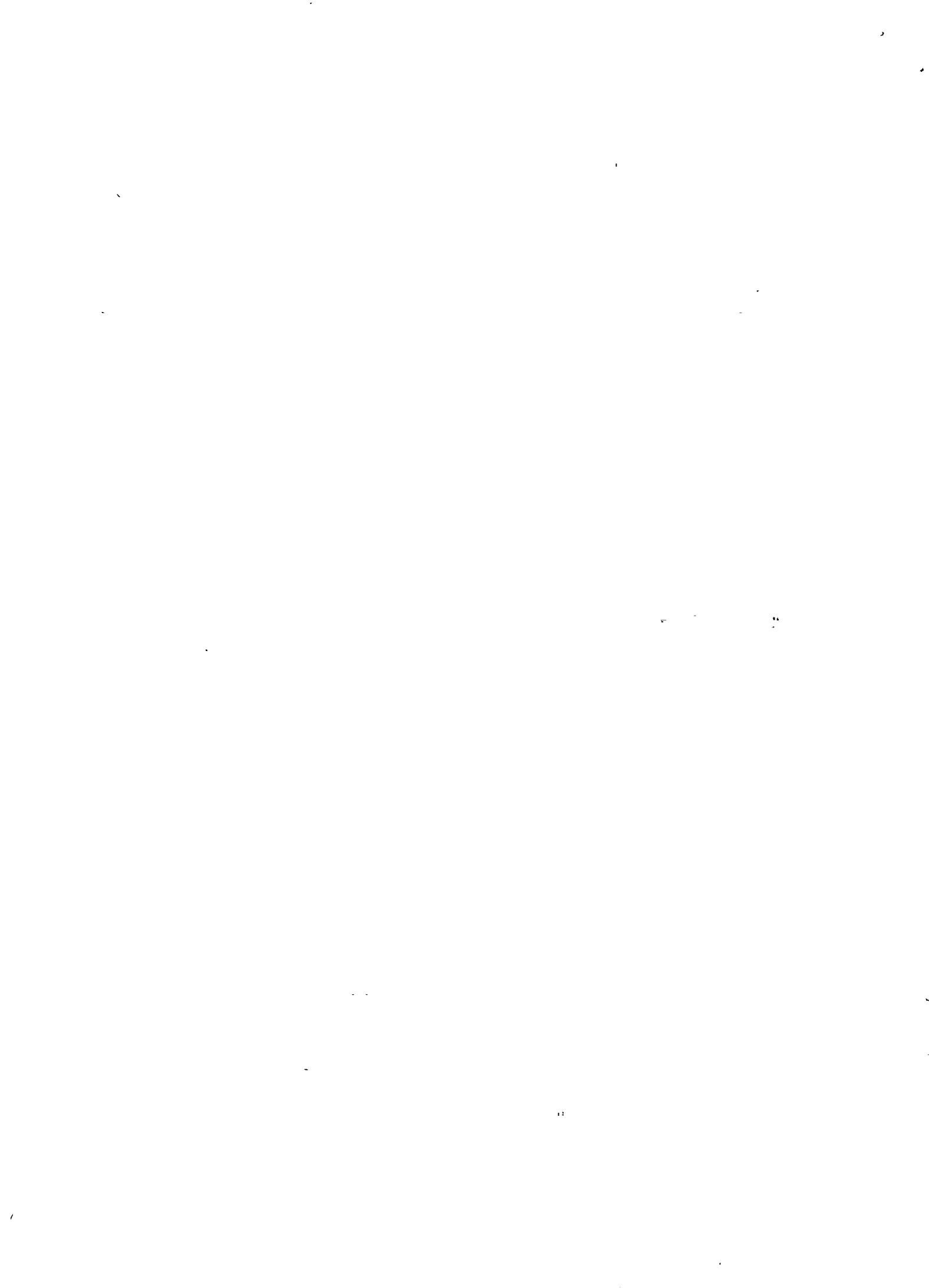
III-3 Expected Outputs of the Pilot Project

- Develop and use a marketing strategy for selected water and sanitation facilities for widespread application.
- Strengthen intermediary organisations (NGOs, local government agencies) in their overall capacity to support the users' efforts in hygiene behavioural development, and for improved use of water and sanitation facilities.
- Elaborate improved and application-friendly "packages" (training; systems and procedures) in selected key areas to be used by intermediary organisations.
- Test and develop new low cost technology options in sanitation and water supply for low water table areas to enable low income users or user groups to purchase a wider range of options.
- Contribute to the harmonisation of sector policymaking among the major stakeholders (GOB, NGOs, private sector).

(Progress indicators would have to be developed for all levels of objectives.)

III-4 Key Principles

- Water and sanitation facilities are both considered to have social and economic dimensions.
- Users are the main players; all other partners have to act as supporters and facilitators to empower the users.
- All players in the sector contribute to a collaborative partnership of optimal functioning and avoidance of effort duplication.



III-5 Project Implementation Strategies

The pilot project design will be flexible and based on a planning platform which could be expanded and adapted gradually to meet the required adjustments during implementation. The pilot project will follow the pattern of an inter-linked three phased implementation plan: (i) preparation and testing, (ii) field implementation, and (iii) evaluation and preparation for expansion.

There will be components and key activities that will be field-tested *in a limited project area only (two districts)* such as the strengthening of intermediary organisations combined with training package development. Other components will be applied *beyond the pilot project area*, e.g. the marketing strategy, technology option development, and policymaking facilitation.

A project specific monitoring and evaluation system will be developed using carefully analysed base line data and selected key criteria.

Assuming a successful outcome of the pilot project, it is envisaged that it would be upgraded to a broader application in all the LWT areas.

III-6 Components and Main Activities

i) Marketing

The marketing component will be subcontracted to a specialised organisation. First contacts have been established with International Development Enterprise (IDE) which has been successfully marketing the treadle pump for small-scale irrigation in Bangladesh.

Based on applied research (desk and limited field study), a marketing plan will be established comprising the yet to be defined products (low cost latrines and/or SWT pumps and/or LWT area pumps). Refer to Annex 5 for marketing assumptions.

Parallel to this it is envisaged that in a limited area (e.g. half of the thanas in both project districts), all government VSCs will be phased out and NGOs would be requested to do the same. The production, marketing and distribution of latrine sets will be left to the private sector, but facilitated by social marketing for sanitation campaigns.

In line with the GOB policy, subsidised provision of SWT pumps shall be phased out in the whole project area

Tara pumps for LWT areas shall be sold through private dealers whereas the users or user groups will pay the full purchase price of the pumps. GOB (DPHE) may cover the cost of the installation by using DPHE's established installation system (contracting out).

On a longer term, after the pilot project period, it is envisaged that users will assume the full costs (including installation) based on the assumption that additional, less expensive options for LWT areas will be available.

ii) Strengthening of Intermediary Organisations

The project will aim at strengthening intermediary organisations such as NGOs and local government bodies in order to improve both their interaction with the users at village level, and the collaboration amongst themselves.

Based on a rapid appraisal of existing NGOs in the project area, a strategic choice of initial collaborating intermediaries (e.g. NGO Forum) will be made. This will allow the elaboration of project activities in cooperation with the involved organisations.

Promotion, advocacy and mediation will be undertaken to enhance the collaboration amongst NGOs, local government bodies and the private sector.

Networking, promotion and advocacy for project purposes will be complemented by the development of "packages". These packages will cover training and systems and procedures which focus on sector specific weaknesses such as (i) social mobilisation for sanitation, (ii) training materials for hygiene behavioural changes, (iii) local and village level organisation of users and user groups, and (iv) the promotion of enhanced use of existing credit and savings programmes for the purpose of the project.

"Package" development will be made with external consultancy assistance, and in close collaboration with or contracting out to partner organisations having comparative advantages in specific specialised areas. For example, it may be collaborated with CARE for village-based hygiene behavioural change programmes and with DASCOH for community-based, participatory development aspects.

iii) Research and Development of New Technologies

The available lowest cost options in sanitation shall be further enhanced (e.g. plastic pan, sanplat) according to good practices of applied R&D.

LWT pumps options will be developed. They will have to be in a lower price range than the existing tara pump so as to come closer to the users' or users groups' willingness-to-pay level and purchasing power. Preference will be given to the improvement and adaptation of already-existing pumps on the Bangladeshi market and abroad.

In addition, a menu of complementary options such as the improvement of existing pond sand filters, household water filters, rainwater harvesting, and water quality field test kits will be developed and/or introduced into the market.

R&D development will be undertaken as applied field research in close cooperation with manufacturers, users and marketing specialists.

iv) Contribution to Policy Dialogue

The project will be implemented according to clearly defined management structures. However, for the purposes of good governance, a steering body comprising representatives from a wider range of

government and non-government stakeholders will be formed. This will broaden the ownership of the project and build a base on which to increase its leverage potential at policymaking level.

III-7 Partners and Key Roles

Refer also to Annex 6 for possible implications for the partners.

i) Users at Village Level

- Main actors and focal point of the project
- Be their own chairpersons of change
- Informed decisionmakers on level of service and technology according to their (economic) possibilities
- Active participation in planning and implementation
- Significant contributions to and management of maintenance.

ii) Village Organisations

- Local development agents, promoters and facilitators
- Collaborators with both sides (intermediary) NGOs, local government representatives and users.

iii) NGOs

- Key actors for the project implementation
- Intermediaries and collaborators with government agencies, local government as well as village organisations and users
- Partners and “change agents” for hygiene behaviour development, sanitation and water supply improvement measures at village level.

iv) Private Sector

- Key player in manufacturing, supply and distribution of hardware parts (mainly handpumps and latrine sets), support in their installation.

v) DPHE/LGD

- Close collaborator with NGOs and private sector
- Coordinator of project implementation with assistance from UNICEF and extensive delegation of project activities to partners in comparatively more advantageous positions for the project implementation
- At central level, steer, coordinate, monitor and evaluate with other partners, arrange and facilitate contracting out of tasks and services to NGOs and private sector
- At local level, coordinate with other actors, assume specific role in technical training, supervision and installation of some service facilities.



vi) UNICEF

- Provide specific assistance to enable a partnership centred project implementation: act as coordinator, facilitator, provider of interim management support structures
- Provide, in collaboration with subcontractors, specific inputs in the key areas to ensure the achievements of the planned project outputs.

vii) RWSG-SA

- Be involved in strategic monitoring, and document and feedback lessons learnt.

viii) SDC

- Contribute at the overall level to planning, monitoring, implementation and evaluation of the project
- Provide financial support for the project implementation.

III-8 Institutional Arrangements and Project Management

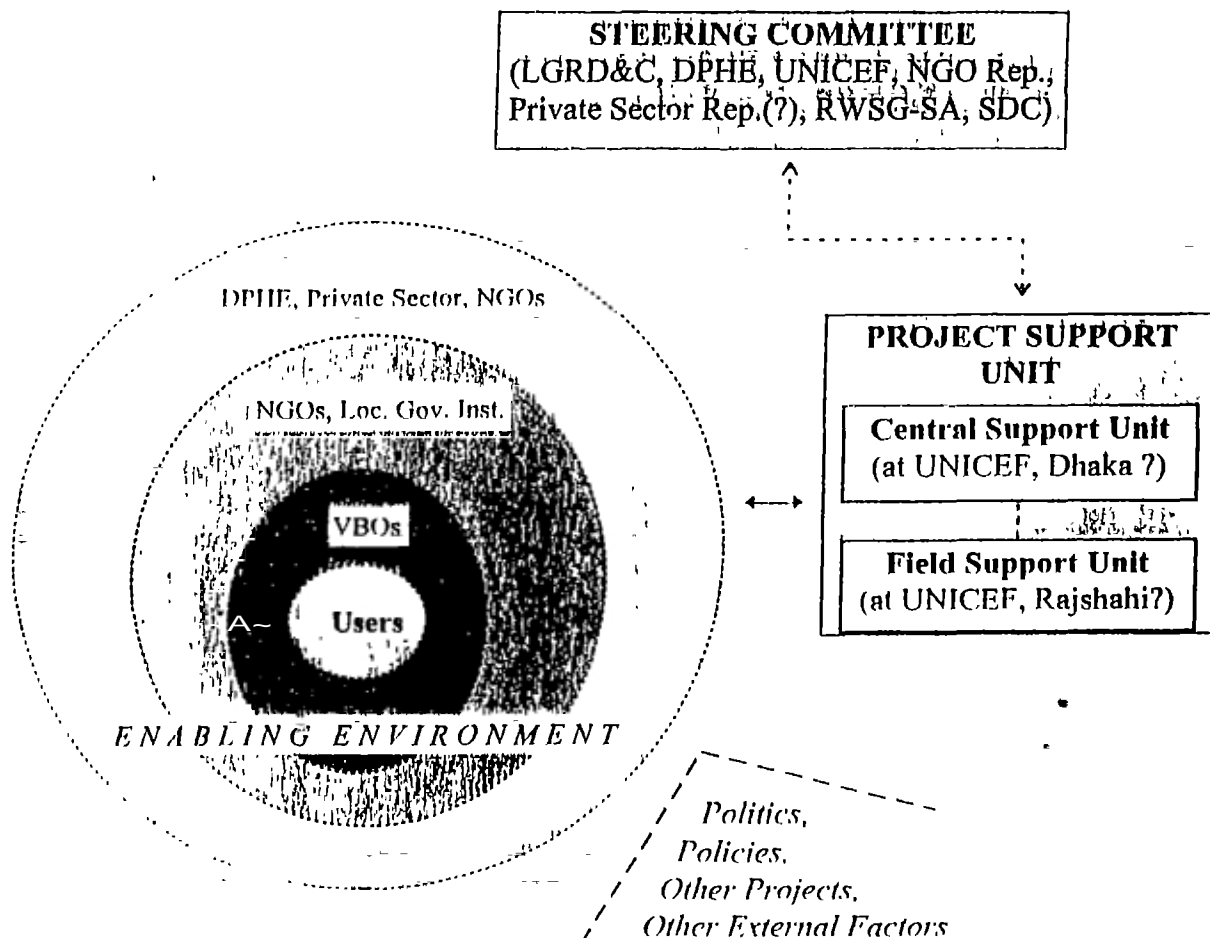
The project's institutional arrangement shall reflect the envisaged organisational partnership among the key stakeholders. To address the project's main thrust in respect of organisational development, namely, the strengthening of intermediary organisations, a project management structure has to be created. Therefore, a **project support unit (PSU)** shall be established at an apex level. Since GOB, UNICEF and SDC have agreed in principle to continue the longstanding project implementation arrangements, it is suggested that UNICEF Water and Environmental Sanitation Unit (WES), in close collaboration with DPHE, shall be the focal point for a PSU. The actual organisational setup of the PSU will have to be agreed upon among GOB, UNICEF and SDC. In any case, an ideal PSU will have to fulfil the following criteria:

- (i) Assume the overall management responsibility,
- (ii) have a capable, recognised head (main options are either a specially therefor contracted person or the chief of WES),
- (iii) be adequately staffed (WES shall be supported by a small multidisciplinary team and shortterm experts, costs for justified additional posts to be assumed by the project),
- (iv) an optimal distribution of the staff between central and district level (the staff of the PSU should be predominately placed at district level (Rajshahi) in an organised **field support unit, FSU**).

For the overall governance of the project a **steering committee** should be formed comprising of representatives from a wider range of government and non-government stakeholders. The committee should be chaired by the secretary of MLGRD&C, and should preferably include members from DPHE, NGO decisionmakers, UNICEF, RWSG-SA and SDC. The head of the PSU should act as secretary of the steering committee.



The figure below illustrates the project management arrangements and the relationship to the various project partners.



III-9 Project Area

The LWT areas extend almost over half the country including 32 districts and 3000 unions. Two districts in the Rajshahi region, **Rajshahi** and **Nawabganj**, have been selected. The two districts comprise 25 thanas, 217 unions and 3682 villages with a total population of 6.1 million people.

Since typical basic selection criteria regarding the degree of development do not depict obvious differences, other criteria focusing on comparative advantages have been applied to select the project area:

- The project area has to be a certain size to develop and field-test the main aspect of the project which is to enhance the collaborative partnership between public organisations, NGOs and the private sector



- In the Rajshahi area there is a sufficiently developed NGO network. This is of particular importance since the users' access to credit is an essential instrument for the enhancement of the users' ability and willingness to pay for facilities and services. At present NGO schemes are the only feasible option in this respect.
- The ongoing Danida supported DPHE/RWSG Handpump Training and Monitoring Project (HTMP) in Rajshahi has provided inputs and experiences that are to be used in this project.
- In the northern region an innovative network of NGOs has evolved for social agroforestry, which may be of direct or at least synergistic benefit for the project implementation.
- NGO Forum is active in this area.

III-10 Time Frame

The pilot project will be implemented over a period of three years (July 1998 to June 2001). However, preparatory work may start once the basic agreements on a project document have been reached and certain activities could already start in 1997.

III-11 Financial Arrangements

The external finances will be provided by SDC. UNICEF will administer the finances according to the established rules and regulations for the administration of supplementary funding.

For the preparatory work, funds remaining from SDC's contribution to the DPHE/UNICEF Rural Water Supply and Sanitation Project and/or the Social Mobilisation for Sanitation Project could be used.

III-12 Administrative and Contractual Arrangements

It is foreseen that this pilot project will be implemented under the umbrella of UNICEF's master plan of operations for which an overall agreement with GOB has been reached. Although to date only limited funding is available, GOB has initiated its administrative approval process that at the time of the mission had entered the stage of "pre-ECNEC approval".

IV. Opportunities and Risks

IV-1 Opportunities

The main opportunities are already built into the report. The following summary addresses the longer term implications.

- A demand-based implementation offers an excellent opportunity to mobilise additional user resources and increase ownership of water and sanitation facilities. The above measures should



in the longterm reduce the load on the government's resources. The project supports GOB's policies of subsidy phasing out and decentralisation.

- Marketing and refining of existing options can result in improved technologies being introduced and increased market demand, and ultimately strengthen the private sector's involvement
- A strategy of networking with existing NGO set ups, using their existing services like credit and savings facilities and contributing at the same time to the strengthening of their capacities in project relevant areas like hygiene behaviour development implies multiple potential benefits, namely, take advantage of NGOs good position to support "the poorest" and integrate the NGOs themselves in a policy dialogue of national relevance

IV-2 Risks

The risks identified are in many ways also opportunities and could be minimised by taking them into account in the project.

i) Project Overall

- The overall project concept is new and is not yet clear to all players.
- The project is a relatively complex set of factors and this could hamper its replicability.
- The general lack of experience and knowledge of all players in bringing about longterm hygienic behaviour changes is a risk and could limit the potential benefits of both water and sanitation improvements
- The lack of professionals involved in communication and social mobilisation put these critical elements at risk.

ii) GOB

- DPHE will be challenged to support this project in which they have a management role but on the whole a smaller role than in previous projects. There seems a possibility that GOB could redefine "access" to reduce the number of users per pump, thus ensuring a future major public sector role in pump installation.
- The government's policy of subsidy withdrawal could become a political issue that could hamper the project. This is despite the fact that the subsidy has seldom reached the very poor.

iii) UNICEF

- The new and reduced staff structures of UNICEF will be challenged to undertake their role in this project. There is a risk that a) the project would be tacked onto existing programmes resulting in generalists being used where sector professionals are required, and b) the number of staff required to run such a project would be insufficient related to both implementation and monitoring

iv) NGOs

- It seems unlikely that large NGOs have the need or flexibility to join this project. This could limit the overall coverage of the project particularly to the poorer sections of the population.

v) Market

- Marketing support from HDF remains questionable and alternatives are limited.
- The policy of providing choices requires time to implement as pump options require extensive field and market testing.
- The market is not likely to respond to any the deepset pump option that is expensive, particularly if other local cheaper alternatives are available.

V. Proposed Follow-up Schedule of Planning Process

The preparation arrangement foresees that UNICEF would assume a lead role in project preparation, however, in close consultation with the working group constituted by GOB that consists of representatives from DPHE, UNICEF, RWSG-SA and SDC.

ACTION	BY WHOM	BY WHEN
• Ascertain if project is within the MPO and amend if required	GOB, UNICEF	June/July
• Preparation for TOR for base line survey	UNICEF, WG	July
• Request to UNICEF to take a lead role in project preparation and implementation	SDC, GOB	July/August
• GOB constituted working group to arrange a series of meetings with key players to clarify issues and concepts after the mission wrap-up presentation	working group (WG)	July/August
• SDC planning mission report finalised	SDC (mission)	end July
• Presentation of mission report to WG and key partners	WG	end July/ August
• Present project idea to district administration, NGOs	DPHE, UNICEF	mid August
• Preparation of project document, identification of internal and external consultants and TOR preparation	UNICEF, DPHE, w/ consultants support, consultation of WG	September/ October
• Base line survey completed	UNICEF, consultants	September
• Project document completed	UNICEF/DPHE	December 97
• Project document appraisal	GOB, UNICEF, SDC	February 98



Terms of Reference

Planning Mission of SDC

**to facilitate the Preparation Process of the Working Group (RWSG-SA, DPHE, UNICEF)
formed by MLGRD&C
for a New Programme of a Rural Water Supply and Sanitation Programme in the Low
Water Table Area of Bangladesh**

1. Background

During the Fact Finding/Support Mission of Danida/SDC in March 1996, the need for conceptualizing a new sector policy and complementary programmes in RWSS was recognised and first suggestions made. GOB and the Donors subsequently endorsed the major recommendations which represent a shift from "business as usual" towards a new generation of programmes which will lead the RWSS into the 21st century.

On the policy level, GOB has started to formulate a new sector policy, both rural and urban. The RWSG, in collaboration with SDC has been reinforced to be able to carry out its role as coordinating agency for the LCG and as facilitator in the policy development process. The draft sector policy of GOB is expected in a few months

A DANIDA mission visited Bangladesh in April to formulate a draft Sector Programme Support Document for the Water Supply and Sanitation Sector in Danish Assistance. The Mission confirmed the common views of DANIDA and SDC on a Sector Approach, the reorientation needs of sector policies and the necessary coordination and collaboration.

An extension of the present RWSSP has been accepted by GOB, Danida and SDC. Planned innovative action-research within that extension was not possible. However, UNICEF and SDC kept some funds for preparatory action-research and studies in the Low Water Table Area (LWT)

The Working Group in charge of the LWT Programme preparation has visited field activities and discussed a series of innovative programme elements so far. Action-research and studies have started. The Group will propose a Draft Programme Concept Paper to the Mission, to be elaborated further.

2. Objectives of the Mission

The main objectives of the mission are:

To assess the present programme formulation process and relevant sector developments in order to recommend:

- 1) a clear schedule and agenda for the next planning steps representing an agreed planning platform for all involved (SDC HQ, SDC COOF, partners)

2) assess and if found adequate, draft a proposal for a first credit (Eröffnungskredit) starting January 1st, 1998

To assess the policy formulation process and policy orientations and give inputs where needed.

To participate at the elaboration of a Draft Concept Paper for the LWT Programme

3. Expected Outputs

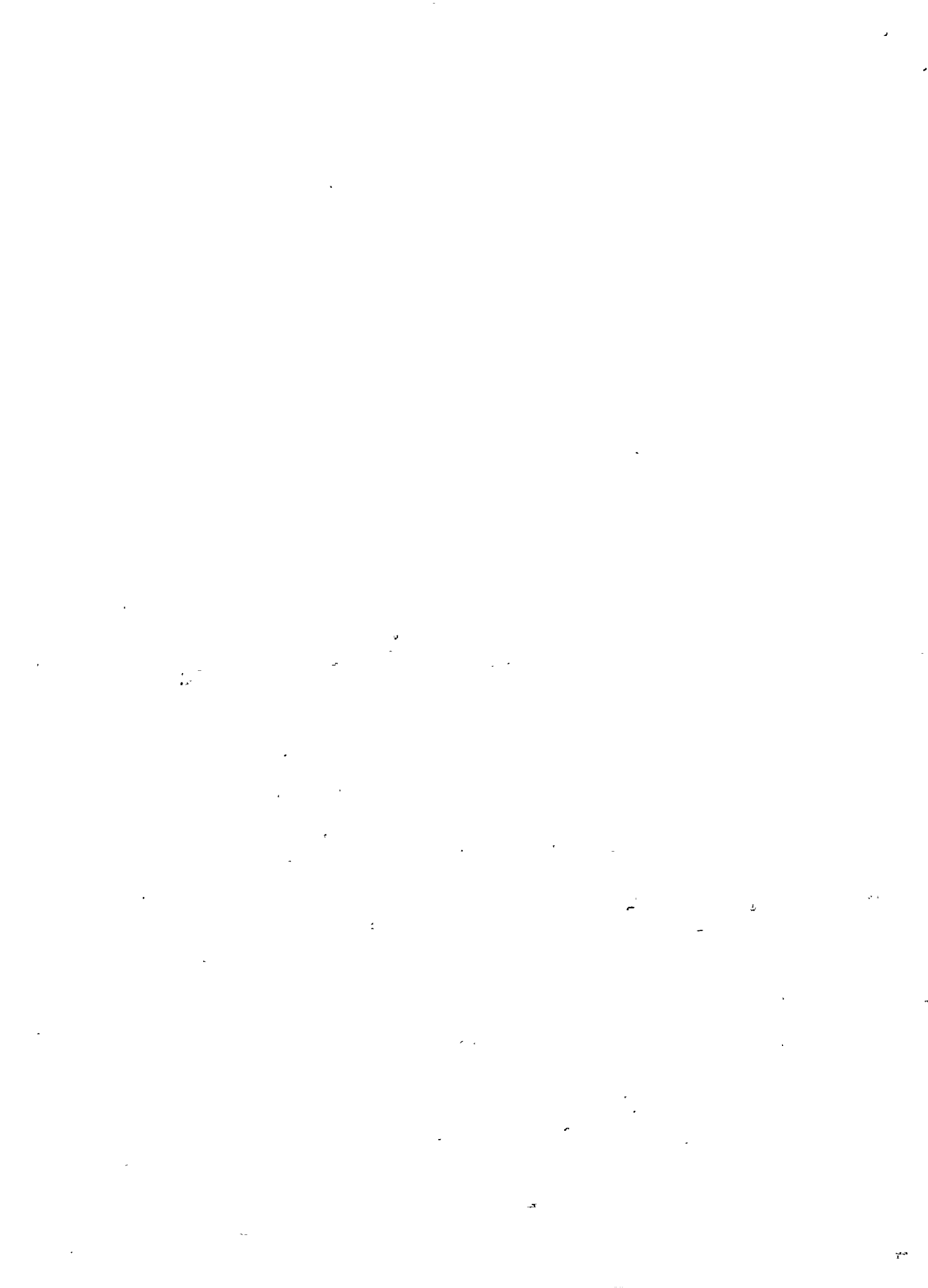
The outputs of this mission will be:

- (1) An agreed revised planning agenda (June 1997-June 1998) and if found adequate, draft a credit proposal (Eröffnungskredit) for the activities to be implemented in 1998
- (2) If required, short written inputs concerning policy orientations, studies and action-research in process or draft TOR to be defined, and donor coordination
- (3) The outputs will be assembled in a draft report to be distributed to the concerned partners not later than July 30.

4. Activities

The Mission is expected to engage in a participatory process of planning and facilitation of the preparation process with all sector relevant partners involved. The work of the team will be based on a selected list of documents and proposals, discussions with Ministries of local Government and Health and Family Planning, SDC COOF, RWSG, DPHE, UNICEF, DANIDA, EU, ITN/BUET, NGO Forum for Water and Sanitation, CARE, Proshika, ICDDR, WHO, MIDAS, DASCOH, and own observations. The work of the team will comprise, but not necessarily be limited to:

- 1) Briefing with SDC COOF One day briefing of SDC COOF and RWSG on the actual state of programme preparation and sector development. Handing over of selected documents, brainstorming, review of Mission TOR and Agenda for the Mission. SDC Headquarters will explain position, role, requirements, guidelines of section Asia I concerning SDC WATSAN sector involvement in Bangladesh.
- 2) Analysis of the proposed Concept Paper for a LWTP, and of the related studies and action-research in progress. Give inputs and complete Concept Paper.
- 3) Preliminary feedback to the Working Group and proposal to work on selected priority issues.
- 4) Based on an agreed agenda, continue to work in thematic sub-teams to analyse further the main proposed Programme Components (see Draft Proposal for RWSS Project for the LWT area)
- 5) Field visits: to illustrate innovative activities, a few field visits will be proposed to the Mission in the Briefing Session.



- 6) Analyse policy orientations and programme orientations and give inputs for possible improvements
- 7) Assess sector and donor coordination and give recommendations, if needed.
- 8) Negotiate planning platform and planning agenda June 1997 - June 1998.
- 9) If needed, draft credit for 1998 pilot programme in LWT (Eröffnungskredit) and framework for the whole phase.
- 10) Share results in appropriate form with all sector partners (LCG/GOB)
- 11) Assess requirements for inputs related to gender specific aspects.

5. Team Members

- Peter Tschumi, SDC HQ Bangladesh Team, Team Coordinator
Task: Overall Planning and coordination, Policy, private sector promotion
- Arun Mugdal, Handpump Technology Network
Task: water supply issues (delivery, monitoring, training, production etc.), water quality (arsenic etc.), private sector
- K M Minnathulla (part time), RWSG Delhi
- Policy, institutional set-up, financial arrangements, HTMP follow up (with DANIDA)
- Haroon Rashid, RWSG Dhaka, Coordination, Policy, action-research
- Derek Ikin SDC Consultant (Sanitation, Promotion, Marketing, Private Sector)

Observers:

Amerigo Muianga, provincial director, responsible for water and sanitation, Government of Mozambique

Habib Rahmatullah, National Programme Officer, SDC Dhaka

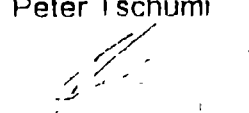
6. Timing

The Mission will take place from 26.5.97 - 9.6.1997 (travel time excluded)

List of Documents

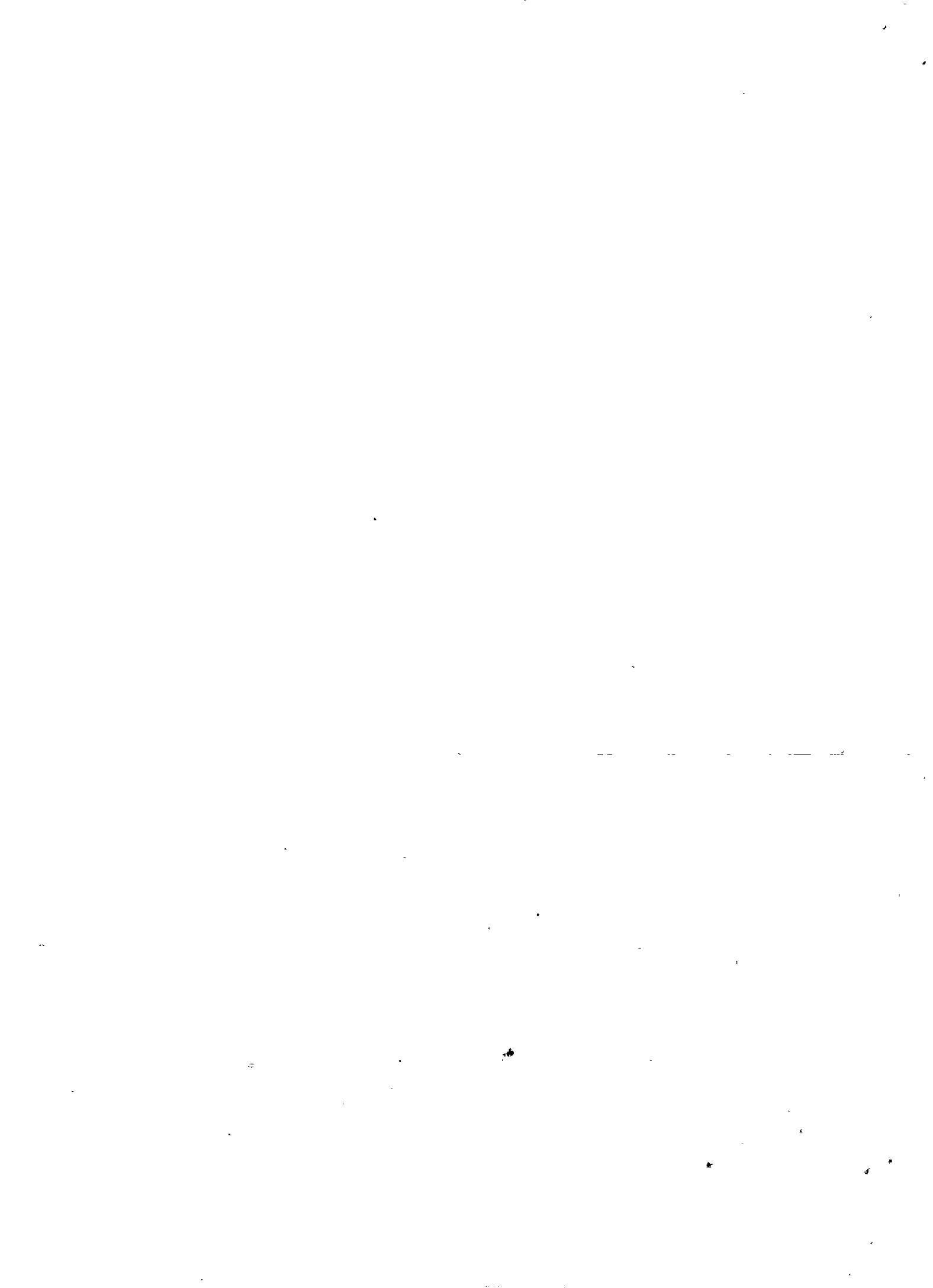
The selected Documents will be distributed and commented during the Briefing Session.

Peter Tschumi


SDC Asia I
Bangladesh Team

Walter Meyer


SDC COOF Dhaka
Dy. Coordinator



**Updated Programme of
SDC PLANNING MISSION
from 25.05.97 to 09.06 97**

Mission Members:

1. Peter Tschumi	PT
2. Derrick Ikin	DI
3. Arun Mudgal	AM
4. Minnat Ullah	MU
5. Haroon Rashid	HR

Resource Persons:

1. Walter Meyer	WM
2. Rabiul Islam	RI
3. Baber Kabir	BK

Observers:

1. Rahmatullah Habib	RH
2. Americo Muianga	AMG

SCHEDULE

25.05.97 (Sunday)

- Preparation for Mission
- Arrival of Mission Members (PT, AM)
(DI arrived on 24 05.97)

26.05.97 (Monday)

Briefing at SDC Office By WM, HR & BK

0830

- Introduction of WATSAN issues
- Background on WATSAN issues
- Policy level discussion
- LWT area WATSAN
- Arsenic situation
- Discussion on Mission TOR

27.05.97 (Tuesday)

Meetings with different Organisations:

- Meet Chief Engineer at DPHE 0830
- ICDDR,B (Bilqis) 1000
- DASCOH (Peter Eppler) 1100
- LUNCH BREAK 1300
- WHO (Alex) 1400
- UNICEF (Deepak) 1500

28.05.97 (Wednesday)

- * Meeting of PT with Unicef RR (Rolf) 0900
- * Meeting with CARE - Bangladesh (Afroza) 1100
- * Mission Team Work

Leave Dhaka 1300, Arrive Rajshahi 1815
Halt at Rajshahi Parjatan Motel



29 05 97 (Thursday)

At RAJSHAHI and BOGRA / NATORE

- 1) Field trip and visit to different offices in Rajshahi (PT, HR)
- DPHE
 - HTMP
 - NGO FORUM
 - NGO Offices (VERC, Mohila Saughati Protisthan)

29 05 97 (Thursday)

- 2) Other team at Bogra and Natore by road (AM, DI, RI)
- Visit BMEEG, Bogra
 - One metal enterprise, M/s Rahman Metal Works, Bogra
 - KB office, Bogra
 - KB sub-agent, Sanitary goods dealer, Natore
 - IDE Regional office, Natore

30 05 97 (Friday)

- Visit to HTMP office, Rajshahi
- Group Discussion by Field-trip team, Parjatan Motel Conference hall

Leave Rajshahi by Air 1640, Arrive Dhaka 1820

31.05.97 (Saturday)

FREE DAY
Mission working in SDC, Dhaka

01.06.97 (Sunday)

- Presentation of "Mozambique Experience" By Americo. 0830
- Preparation for Brainstorming session.
- Meeting with Savilla, Facilitator for brain storming session 1530
- Arrival of Mission member MU, in the evening.

02 06.97 (Monday)

Brainstorming on WATSAN project in LWT area 0930

Venue : UNICEF JPG Conference Hall

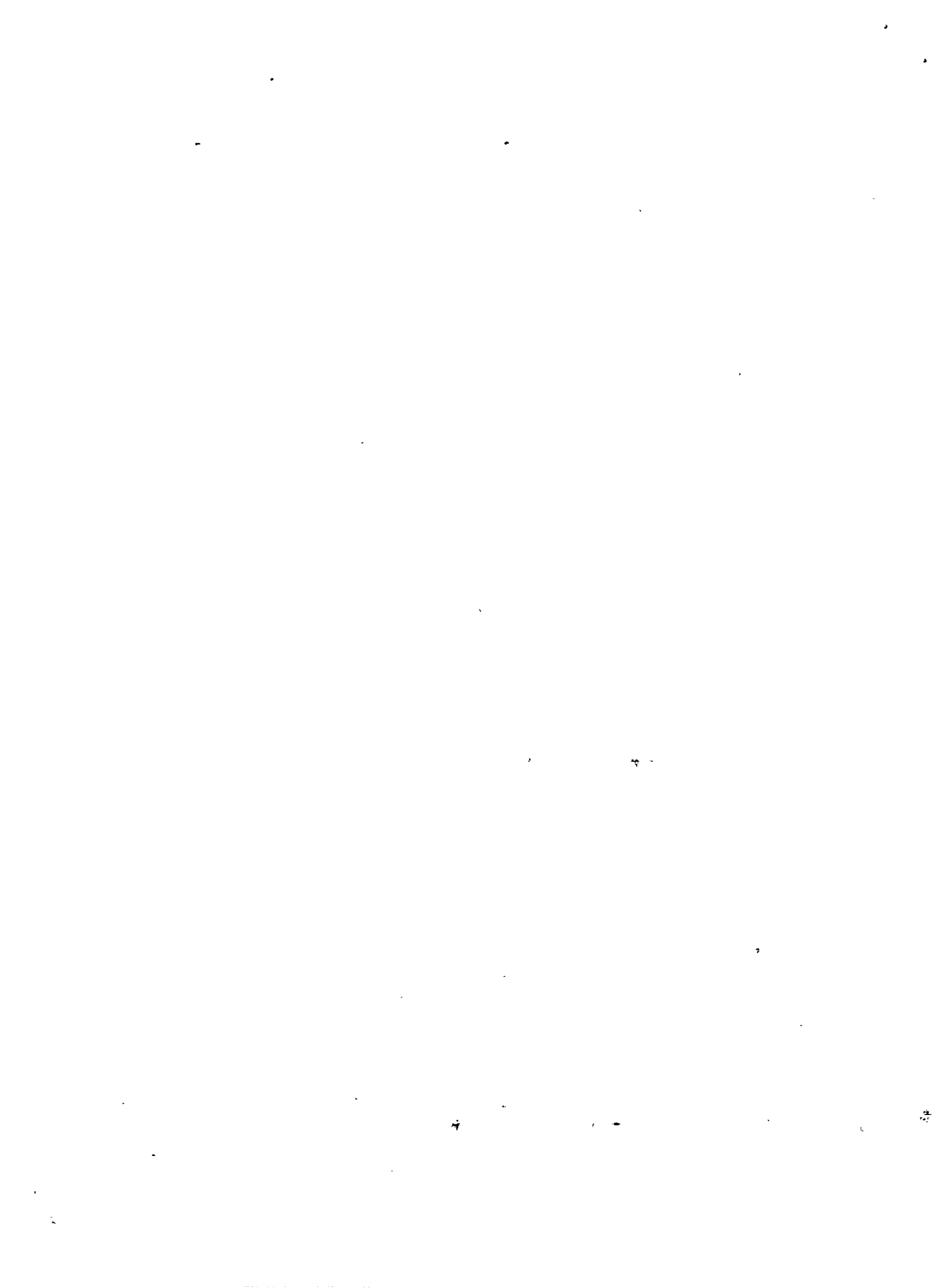
Participants:

• Mission	:	5
• DPHE	:	5
• UNICEF	:	3
• SDC	:	3
• RWSG	:	1
• NGO-F	:	2
• ICDDR.B	:	1
• Proshika	:	2
• EU	:	1
• Facilitator	:	2

- DINNER hosted by WM for mission members 1900

03.06 97(Tuesday)

- Discussion with BK on Policy level issues of WATSAN 0830
- Meeting with IDE 1500
- Team-work of the Mission



04.06.97 (Wednesday)	<ul style="list-style-type: none">• Meeting with Rashid of NGO Forum• Mission's own time for Work.	1000
05.06.97 (Thursday)	<ul style="list-style-type: none">• Meeting with Secretary, MoLGRDC, GoB• Team-work of the Mission.• Cultural evening (Flute play) (at Civil Engineering Auditorium of BUET)	0930 1900
06.06.97 (Friday)	FREE DAY Boat Ride (Optional) Dinner (Offered by RI)	
07.06.97 (Saturday)	Mission's own time for Work.	
08.06.97 (Sunday)	<ul style="list-style-type: none">• Mission Work at SDC• Meeting with MIDAS about Handpump study• Mission's own time for Work • Departure of Mission member MU, in the evening.	0830 1000 1200 1800
09.06.97 (Monday)	Wrap-up meeting of the Mission Venue : UNICEF JPG Conference Hall Participants (17) : <ul style="list-style-type: none">• Mission Members: 5• DPHE : 3• UNICEF : 4• SDC : 3• RWSG : 1• NGO-F : 1 <ul style="list-style-type: none">• Departure of Mission members PT and AM in the evening. 1800	0900
10.06.97 (Tuesday)	<ul style="list-style-type: none">• Departure of Mission members DI and AMG in the evening.	2000



List of Key Persons Met

(by the Mission during the period from May 25 to June 09, 1997)

GOB Officers:

Mr Hasnat Abdul Hye,	Secretary LGD of MI GRD&C
Mr Aminuddin Ahmed,	Chief Engineer, DPHE
Mr SAKM Shafique,	Addl. Chief Engineer, DPHE
Mr Fariduddin Ahmed Mia,	Superintending Engineer, Planning, DPHE
Mr Abu Muslim,	Project Director, Social Mobilisation, DPHE
Mr Amanullah Al Mamon	Executive Engineer, Planning, DPHE
Mr Tajmilit Rahman	Executive Engineer, P & C, DPHE

UNICEF Representatives:

Mr Rolf C. Cartiere	Resident Representative
Dr Deepak Bajracharya,	Chief, Water and Environment Sanitation Section
Dr K S Huda,	Co-ordinator, WES
Mr A S Azad,	Programme Officer, WES

Other International Agencies and NGO Representatives:

Dr Babar N Kabir,	Team Leader, RWSC-SA
Ms Bilqis Amin Haque,	Head, Environment Health Programme, ICDDR,B
Ms Mohsena Islam,	Program Officer, Water and Sanitation, DANIDA
Mr Maqbul Hossain,	Dev. Aid Professional, EU
Dr Swarup Sarker,	CARE - Bangladesh
Ms Afroza Ahmed,	CARE - Bangladesh
Mr Alex Redekopp,	WHO CWS programme
Mr Peter Eppler,	Swiss Red Cross
Mr Leonard Jounlin,	Country Director, IDE-Bangladesh
Mr Arun Dutta,	Asso. Country Director, IDE-Bangladesh
Mr Saeed Ahmed,	HRD Manager, IDE Bangladesh

National NGO Representatives:

Mr SMA Rashid,	Director, NGO Forum for Drinking Water and Sanitation
Mr Mahboob Hassan,	Information Officer, NGO Forum for Drinking Water and Sanitation
Mr Mridul Biswas,	Sr. Programme Officer, MIDAS
Mr Khaze Alam,	Director programmes, Proshika
Mr Dulal Dey,	Coordinator, Sanitation, Proshika

Field Officers and Representatives:

Mr Zahurul Haque,	Superintending Engineer, DPHE, Rajshahi
Mr Abdul Motaleb,	Coordinator, ITMP, RWSC-SA, Rajshahi

Mr Rafiqul Alam Khan,	Regional Officer, NGO Forum, Rajshahi
Mr Terrence DeCarloza,	Regional Manager, IDE, Natore
Mr Talim Khasru,	Project Manager, BMED Project, Bogra
Mr Moshir Rahman,	Proprietor, Rahman Metal Works, Bogra

SDC, Dhaka

Dr Walter Meyer,	Deputy Resident Coordinator
Mr Rahmatullah Habib,	Programme Officer
Mr Rabiul Islam,	Consultant, Water and Sanitation



List of Persons Present at the Wrap-up Meeting

(held at the James P. Grant Conference Hall of UNICEF, Dhaka on 9th June 1997 at 09:30 am)

1. Mr Aminuddin Ahmed, Chief Engineer, DPHE, Dhaka
2. Mr SAKM Shafique, Addl. Chief Engineer (Works), DPHE, Dhaka
3. Mr Fariduddin Ahmed Mia, Superintending Engineer, Planning, DPHE, Dhaka
4. Mr Tajmilur Rahman, Executive Engineer, P & C, DPHE, Dhaka
5. Mr Rolf C. Carriere, Resident Representative, UNICEF, Dhaka
6. Dr Monica Sharma, Senior Programme Coordinator, UNICEF, Dhaka
7. Dr Deepak Bajracharya, Chief, Water and Env. Sanitation Section, UNICEF, Dhaka
8. Dr K S Huda, Co-ordinator, WES, UNICEF, Dhaka
9. Mr Haroon Ur Rashid, NCO, RWSG-SA, Dhaka
10. Dr Tanvir Ahsan, Consultant, RWSG-SA, Dhaka
11. Mr SMA Rashid, Director, NGO Forum for Drinking Water and Sanitation, Dhaka
12. Dr Walter Meyer, Deputy Resident Coordinator, SDC, Dhaka
13. Mr Rahmatullah Habib, Programme Officer, SDC, Dhaka
14. Mr Rabiul Islam, Consultant, Water and Sanitation, SDC, Dhaka

Mission Members:

15. Mr Peter Fschumi, SDC, Berne
16. Mr Derrick Ikin, SDC, Mozambique
17. Mr Arun Mudgal, UNICEF, New Delhi
18. Dr Americo Muianga, DNA Mozambique (Observer)

Market Assumptions (Brainstorming Input)

Water

- User groups are able to contribute more towards the costs of number 6 and deepset pumps.
- Through a marketing and participatory approach the demand for water will be reinforced and increased. This will result in a greater willingness to pay for services
- The tara pump due to its price has a limited non-subsidised market
- Locally manufactured deepset options show potential and with modifications could be the solution for small groups of users. However, these options appear viable but have priming problems and are a potential health risk, thus initially severely limiting the pump options that could be promoted.
- A market exists for cheaper deepset pumps for groups of 3 to 4 users
- Market expansion for number 6 pump is possible in LWT areas

Sanitation

- Social mobilisation is seen as a programme that can complement past and future efforts to create a powerful demand for sanitation. The private sector will meet this increasing demand in both the shallow and LWT areas
- Public sector VSC's are in competition to the private sector in some areas.
- Public sector subsidies minimise the quality and margins of the private sector.
- The phasing out of NGO and GOB VSC's will allow private producers to take over this market sector



Possible Implications for Partners (Brainstorming Inputs for Planners)

USERS

- In a limited project area where the subsidy is reduced, a limited number of users will pay more for pumps and about the same for latrines
- Through more hygienic behaviour practices, users should a) suffer less from water and sanitation-related illnesses; b) spend less on illness treatments; and c) labour loss through illness
- Through the installation of deepset community pumps access to water in the dry season will improve.
- Users' involvement in purchasing and installation will strengthen their bargaining position in future
- As groupings of 3 to 4 families will be encouraged to purchase a pump, access should improve.
- Through the project users will learn of the options available (an informed customer) for both sanitation and water services and thus be able to make the optimal use of resources. After the social mobilisation campaign the latrine coverage should have been substantially increased.
- Improved and less expensive locally built deepset options should be available

COMMUNITY

- Community-based organisations would be strengthened through the participatory project approach
- The community environment should have less faecal contamination.

PRIVATE SECTOR

- The marketing of an improved-locally produced deepset pump will benefit both manufacturers and dealers (sales and customer confidence)
- Manufacturers and dealers will, through participation in development and marketing of additional options, gain marketing and quality knowhow.
- The subsidy reduction should allow a small increase in profit margins and enable improved quality (competition will keep both these factors modest)
- In partnership with NGOs, mobile sales should widen the market for latrine producers.
- Social mobilisation for sanitation will increase sales of latrines considerably
- As demand increases, so new businesses should start thus creating more employment opportunities.

PUBLIC SECTOR

- Will test ways of phasing out subsidies and reducing VSC's as well as in decentralising activities
- Will gain more experience in facilitating social marketing
- Will gain experience in assisting the community to make informed choices and decisions regarding pumps and latrines
- Organise installations of deepset wells in a participative way
- Longterm saving of resources by subsidy reduction (implement GOB policy)
- DPIIE would continue to play a seeding role in areas where no private sector VSC's exist

NGOs

- The small mid-level NGOs will become partners in the project
- NGOs will expand their target group for latrine promotion (social mobilisation)
- NGOs will learn to assist users to choose and buy from the commercial sector, the best water and sanitation options instead of the current limited NGO options offered.
- Reduce their overhead costs and become more cost effective by utilising the private sector for latrine production
- Learn new participation techniques
- Gain additional funds for credit and limited overhead support related to performance

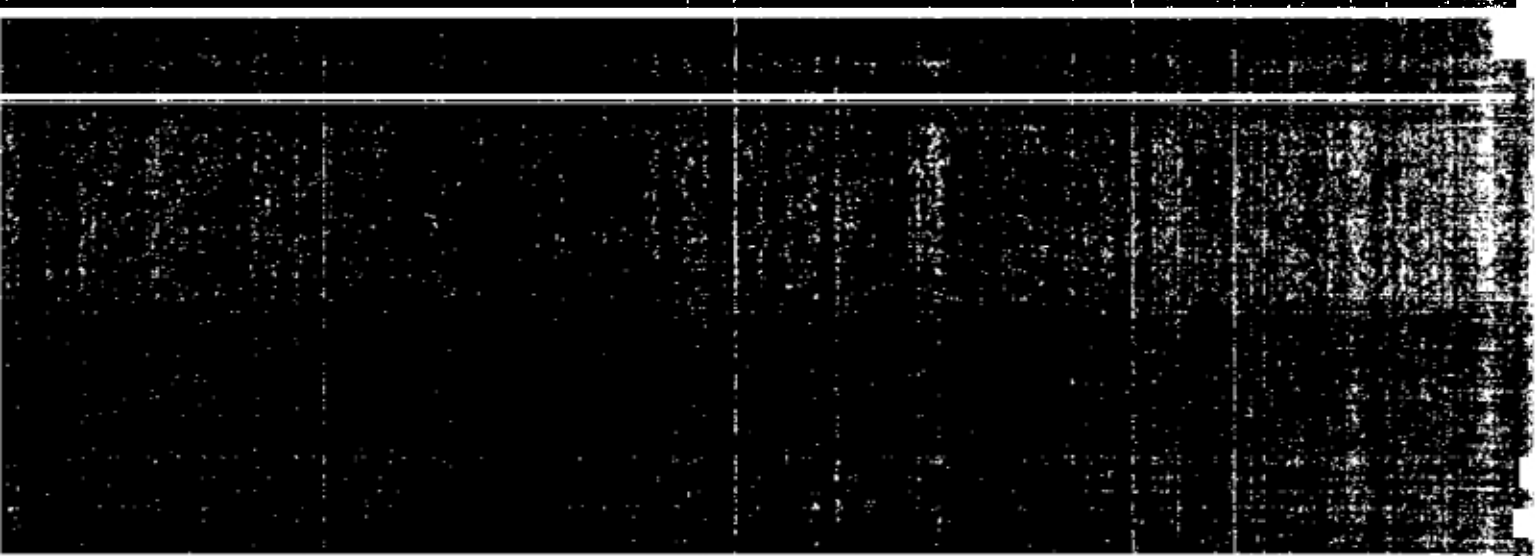
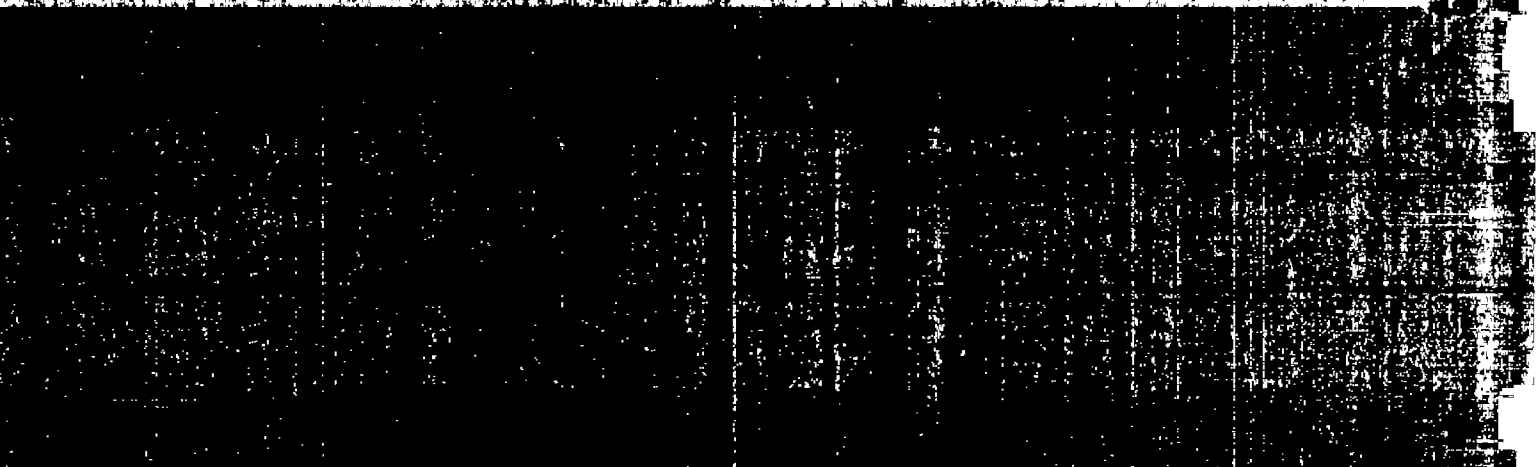
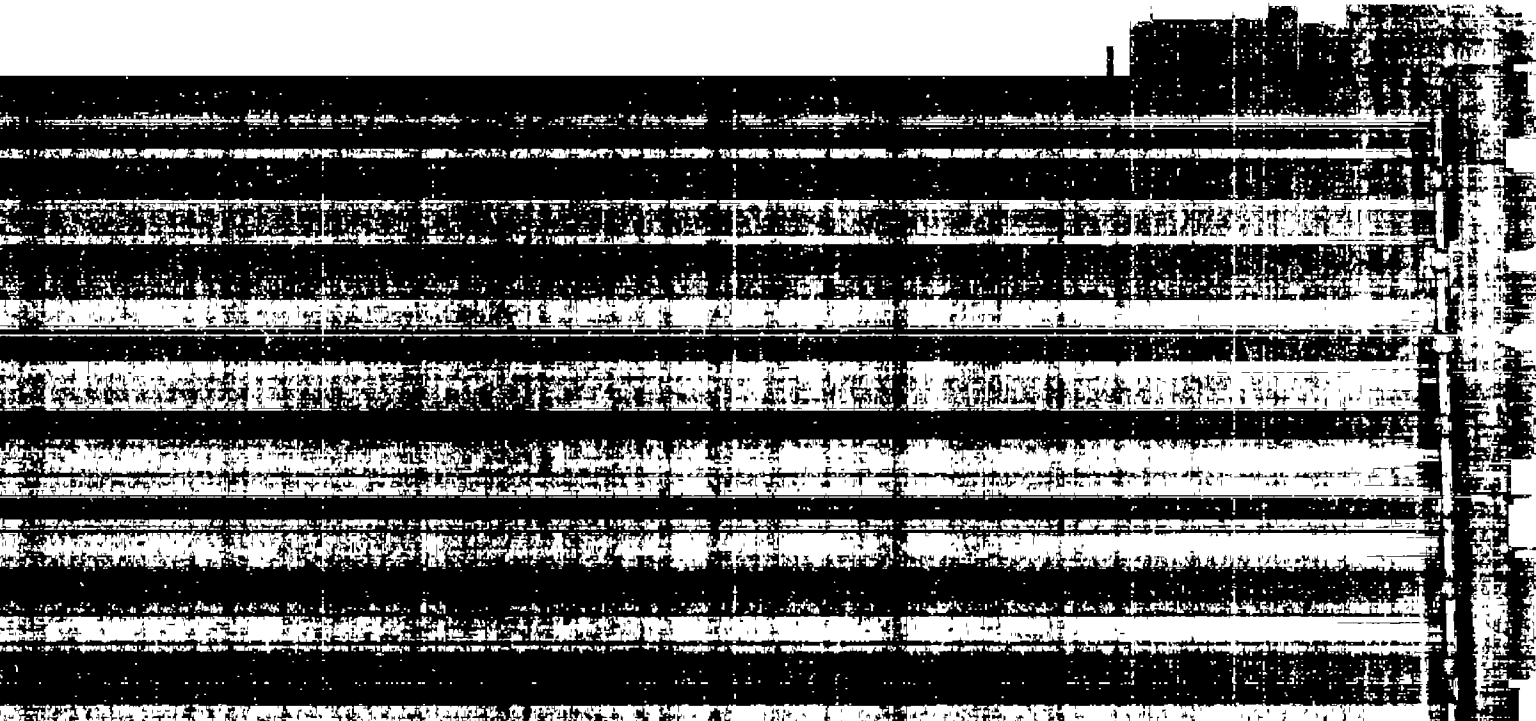
DONORS

- Assist GOB to develop a new approach to longterm sustainability in water and sanitation



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2. Danida: Mission Debriefing Notes of Danida Assistance for Sector Programme Support for Water and Sanitation in Bangladesh. - April 1997
3. Danida Sector Study on Water and Sanitation in Bangladesh (by SAJ Shamsuddin, Islam Mahmuda) - June 1997
4. DPHE: Evaluation of DPHE/ UNICEF RWSS Project (from 1987 -1995) in Low Water Table areas (by PAI- DPC Consortium). - June 1995
5. DPHE: Project Concept Paper for Rural Water Supply Project Throughout the Country (GOB-4). English version. - June 1995
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7. DPHE: Project Concept Paper for Rural Sanitation Project (English version) - January 1996
8. DPHE: Evaluation of Sanitation Project Concept Paper for Rural Sanitation Project. (English version) - January 1996
9. DPHE/ UNICEF/ SDC/ RWSG Working Group: Draft Input Paper for Project Proposal for Rural Water Supply and Sanitation Programme in Low Water Table Areas in Bangladesh - June 1997
10. GOB: National Programme Document: Water and Sanitation. (Draft) - September 1994
11. GOB: Water Supply and Sanitation Sector: Policy Directions (Draft). - June 1997
12. ICDDR,B/ CARE: Sanitation and Family Education (SAFE); Pilot Project: Report on the Final Surveys (by R.A. Jahan, S. Brahman, CARE, and O.M. Bateman, S. I. Aston, ICDDR,B). - February 1995
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14. SDC: An Evidence Gathering Study to Determine the Contribution of Water, Sanitation and Hygiene Activities to Health in Bangladesh (Draft), (by M. De Wier) - May 1995
15. SKAT/ SDC: Proposal for a Pilot Project in Bangladesh Rural Water Supply to Achieve Private Sector Involvement (by Erich Baumann). - September 1995
16. UNICEF/ DPHE: Study to Forecast Declining Ground Water Level in Bangladesh. (by EPC Dhaka and Mott McDonald Ltd, UK) - June 1994
17. UNICEF: Hygiene Education in Bangladesh (by M. Boot, International Water and Sanitation Centre). - January 1995
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19. UNICEF: Performance Assessment of an Extractable Model of Tara Pumps. (by MAWTS, Dhaka and report by S. Chowdhury). - October 1996
20. WHO: Impact of Social Mobilisation for Sanitation on the Private Producers - February 1996
21. WHO: Study on Performance of Mobile Centres Operated by DPHE, NGOs and Private Producers (Draft). - January 1997
22. World Bank: Fact Finding Mission on Bangladesh Emergency Rural Water Supply (Arsenic), Notes on Discussion - April 1997



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