Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA,B)

KEY FIGURES AND STATISTICS

<table>
<thead>
<tr>
<th>Figure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of districts SHEWA-B operates in</td>
<td>19</td>
</tr>
<tr>
<td>Number of people directly targeted</td>
<td>20 million</td>
</tr>
<tr>
<td>Number of people targeted through mass media campaigns</td>
<td>10 million</td>
</tr>
<tr>
<td>Number of primary schools covered</td>
<td>8800</td>
</tr>
<tr>
<td>Number of secondary schools covered</td>
<td>650</td>
</tr>
<tr>
<td>Number of new and renovated water points</td>
<td>13,000</td>
</tr>
<tr>
<td>Number of new and renovated latrines</td>
<td>1.3 million</td>
</tr>
<tr>
<td>Number of Community Hygiene Promoters</td>
<td>10,000</td>
</tr>
<tr>
<td>Number of volunteer adolescent hygiene monitors</td>
<td>11,000</td>
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</tbody>
</table>

*All statics from SHEWA-B at a Glance, 2010

BACKGROUND

Bangladesh is one of the most densely populated countries in the world, with more than 1000 people per square kilometre. Three quarters of the population live in rural areas, where running water and sanitary latrines are often considered luxury items. As Bangladesh experiences one of the fastest urbanisation rates in Asia, most of the 7 million people living in urban slums – the population of which is rapidly increasing - have no access to safe water, sanitary latrines, proper waste disposal systems and adequate sewer drainage.¹

¹Understanding Urban Inequalities In Bangladesh 2010
ISSUES

At a glance:

- Lack of access to water supply infrastructure such as tube wells and piping areas is a major issue for the rural poor and urban slum dwellers who often resort to using unprotected surface water for drinking and cooking.

- Access to safe drinking water is limited due to widespread arsenic contamination in millions of privately installed tube wells. Naturally occurring high levels of arsenic in mostly shallow tube wells puts 20 million people in affected areas at major long-term health risks.

- A lack of awareness about health and environmental sanitation means that many still don’t use hygienic latrines and that many, often newly-installed latrines, are contaminating the surrounding environment and ultimately the water points.

- Hygiene expenditure is often a low priority for poor households, who have limited awareness of the benefit of products such as soap.

- While the number of people defecating in the open has decreased overall, and a growing number of people are installing latrines, open defecation remains a major issue, particularly in the Chittagong Hill Tracts.

- Some schools do not have latrines available for students to use. Those that do often lack the resources and awareness to keep them clean.

- Menstrual hygiene is a problem for many adolescent girls and women, who lack the privacy to properly wash and dry menstrual rags. In some rural areas, superstition and tradition means that rags are dried in the dark, away from male view.

- In urban slums, the little space available leads to a lack of solid waste management, one of the factors of environmental pollution and health risks.

- The use of hanging latrines, suspended over rivers and ponds, is common in both rural and urban areas. This means that water sources are likely to be contaminated with raw sewage.

- Because of illegal and uncertain tenor in slum areas, legal water connections can be difficult to secure.

- Hygiene awareness and knowledge of the links between poor hygiene and disease are lowest among the typically poorly-educated slum dwellers.

- Poor sanitation contributes to high levels of acute respiratory infections and diarrhea, which kill thousands of Bangladeshi children every year.

- Poor sanitation practices in both rural and urban areas are exacerbated by seasonal flooding which ruins many water sources and latrines, and hampers efforts to build new ones.
ACTION

OBJECTIVE
The Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) project, is the largest and most integrated project of its kind in Bangladesh. The project is funded by UK Aid, UNICEF and the Government of Bangladesh and is dedicated to improving standards of hygiene practices and behaviour in a sustainable way, while ensuring underserved areas have access to adequate sanitation and safe water. The project has many key features and directly targets 20 million people in rural and urban communities in 19 districts across the country, including the Chittagong Hill Tracts.

KEY FEATURES

Awareness raising
A large component of the SHEWA-B project is to raise awareness on both a national and community level about the importance of proper hygiene and sanitation. Mass media campaigns are run in conjunction with local and interpersonal communicative means, often delivered through Community Health Promoters (CHPs), adolescent volunteers, interactive popular theatre and school programmes. SHEWA-B also works in partnership with local NGOs, to promote safe hygiene practices.

Social mobilisation
Community involvement is central to the operation of the SHEWA-B project and everyone from teachers to local government representatives to CHPs to adolescents plays a key role in disseminating information to their fellow community members. CHPs are particularly vital as they are specially trained to facilitate discussions, organise events, conduct courtyard meetings and monitor safe hygiene habits. Around 10,000 CHPs and 11,000 Volunteer Adolescent Hygiene Monitors operate across all SHEWA-B districts.

Infrastructure building
SHEWA-B builds vital infrastructure in some of the most marginalised parts of Bangladesh. The project has overseen the installation or renovation of 13,000 water
points as well as 1.3 million improved latrines. Specialised infrastructure for disabled people, such as raised latrines, has also been supplied in six project districts.

**Arsenic mitigation**

According to the *Bangladesh National Drinking Water Quality Survey of 2009*, 14.4% of shallow tube wells and of 7.5% of deep tubewells contained a level of arsenic higher than the Bangladesh national standard. UNICEF has established and continued to promote a pay-for-use arsenic testing model, which is administered by local governments around the country.

**Schoolprogrammes**

SHEWA-B has a WASH in Schools (WinS) component, which seeks to specifically target students in the areas of sanitation and hygiene. As part of the component, schools in SHEWA-B districts are monitored via a database and stakeholders are trained and assisted in installing latrines, safe water sources, menstrual sanitation facilities and promoting behavioural change. In primary schools, children are given weekly lessons on safe water, sanitation and hygiene and *student brigades* have been formed to upkeep classrooms, playgrounds and latrines. A new post called Upazila Wash in School Facilitator (UWSF) was created to work with the Upazila Education Officer to strengthen school level activities.

**Chittagong Hill Tracts (CHT)**

The Chittagong Hill Tracts are different to other areas of Bangladesh due to their geographical, socio-economic, and demographic make-up. The hilly terrain is home to 11 indigenous communities, all of whom speak their own unique languages. SHEWA-B inventions are a part of the total integrated development plan for the CHT. Services are implemented through existing government channels such as the Integrated Community Development Project (ICDP) of the CHT Development Board (CHTDB). Water and environmental sanitation interventions are run through the Para Centres, local meeting places staffed by specially trained *Para Workers*. Water systems are developed in line with the topography of the region and hygiene promotion is done in various languages to cater for the CHT’s indigenous population.

**Policy influence and capacity building**

The SHEWA-B project has influenced the Government of Bangladesh to include a hygiene behavioural change component in all WATSAN projects. For the first time the Government is redirecting funds for water supply into social development. SHEWA-B also works with local government officials to ensure they have a clear understanding of the sanitation and hygiene needs of their areas and how best to tackle them. Around 3600 representatives from the local and national government institutions, NGOs, and other stakeholders have been trained in WASH and other supporting areas.

**IMPACT**

SHEWA-B operates in both rural and urban areas and since it began in 2007, the project has seen considerable improvements in sanitation as well as changes in behaviour and attitude towards hygiene. SHEWA-B has seen the renovation and installation of more than 1 million improved latrines and as well as 13,000 water points across the country. \(^2\)

\(^2\)SHEWA-B Annual Report, 2010
SANITATION

Rural

In rural areas the percentage of people using improved sanitation increased from 53 in 2007 to 90 in 2010. Last year alone almost 200,000 latrines were either constructed or repaired, benefitting over 1.7 million people. The proportion of households with individual latrines increased from 38 per cent in 2009 to 43 per cent in 2010.3

Table 1.1 Number of rural households in SHEWA-B districts with access to improved sanitation4

Urban

In urban areas improved sanitation coverage went from 39.6 per cent at in 2009 to 79 per cent in 2010. In 2010, 1,273 latrines (1,052 shared latrines, 194 community latrines and 27 public toilets) were either constructed or renovated. From the end of 2009 until the end of 2010, the number of shared and improved latrines rose from 52 per cent to 66 per cent and 57 per cent of latrines had a water supply system nearby, up from 36 per cent.5 Cleanliness around the latrines was also found to have improved and the percentage of those openly defecating fell from 11 per cent to 6.8 per cent, suggesting a greater awareness of hygiene issues.

Schools

SHEWA-B supports schools to build much needed infrastructure for their teachers and students, such as latrines and water points. In 2009 and 2010, 1465 primary schools were aided in the installation of new water and sanitation facilities or with the renovation of existing ones, benefitting more than 402,000 students. In 2011 an additional 1376 primary schools will receive funds for new or renovated facilities and an expected 378,400 students will benefit. In the urban areas, over 857 teachers, 272 SMC members and 76 pourashava councillors were trained on WinS issues including workflow and the roles and responsibilities of the different stakeholders in implementing the WinS programme.

WATER

Rural

So far close to 13,000 out of a target of 20,500 water points have been constructed, benefitting 1.3 out of the target of 2.1 million people. Of those, 67% are poor or hard core poor. Around 5,800 water points went to ‘arsenic-affected’ upazilas benefitting around 600,000 people and increasing safe water coverage by 3%. A pay-for-use testing model adopted by union parshads has resulted in an estimated 600,000 people switching to safe sources. Since 2000, an estimated 15 million people have gained access to arsenic safe water thus the SHEWA-B contribution represents 8%.

3 Ibid
4 SHEWA-B at a Glance, 2010
5 SHEWA-B Quarterly Report, March 2011
of the entire mitigation effort.\textsuperscript{6} In 2009 a water distribution system was piloted in rural areas, which used multiple connections to draw water from one main underground water source. The innovation made water access easier and cheaper and is being expanded to viable areas in 19 districts across Bangladesh.\textsuperscript{7}

![Image of a person carrying water]

**Urban**

794 water points out of a target of 893 water points (695 hand pump tube wells and 99 piped water supply schemes) have been constructed in urban areas serving 106,270 poor and hard core poor in 17 pourashavas. The number of households with adequate draining around the water pipes increased from 0 to almost 77% and the number of primary schools with adequate drainage increased from 0 to around 56 per cent.\textsuperscript{8}

**HYGIENE**

**Rural**

In 2008, 10,000 CHPs and all union and ward WatSan(water and sanitation) Committee Members received training in intensive hygiene promotion. Both awareness and practice of safe hygiene behavior increased across almost all income brackets between 2007 and 2009\textsuperscript{9}. The percentage of rural households having soap and water at a convenient place after defecation rose from 36 per cent in 2009 to 47 per cent in 2010. The percentage of U5s whose faeces are disposed in a hygienic manner increased from 16 per cent in 2009 to 18 per cent in 2010 and open defecation decreased drastically from 25.3% in 2007 to 5% in 2010.\textsuperscript{10}

**Urban**

In the first quarter of 2011 alone, more than 700,000 urban poor in 18 pourashavas attended monthly hygiene promotion sessions. Intensified promotional activities

\textsuperscript{6} SHEWA-B Intervention Summary (Draft business cases) March 2011
\textsuperscript{7} All other statistics on page 5 from the SHEWA-B Annual Report 2010 unless indicated
\textsuperscript{8} SHEWA-B at a Glance
\textsuperscript{9}Bangladesh WASH monitoring through and equity lens powerpoint presentation, March 2011
\textsuperscript{10} SHEWA-B Annual Report, 2010
reached mothers through courtyard sessions; children aged 6-10 years through school, and males through tea stall sessions. During the quarter, 2548 tea stall sessions, 3897 courtyard sessions, 2448 adolescent sessions and 2509 school sessions were conducted by the 293 CHPs working in the 18 pourashavas.  

**Schools**

In 2010, 8,800 rural schools in 68 upazilas were reached with hygiene education that benefitted more than 2,330,000 students. In seven districts, 1200 Committee members, teachers, masons and tubewell mechanics, received construction training and are applying their technical and monitoring skills to construction of WATSAN school facilities.

**MASS CAMPAIGNS**

The Global washing Day campaign reaches 14.5 million students of 81,000 primary, secondary schools. The National Hygiene Campaign supported by SHEWAB was launched on 6 January 2011 as part of the Bangladesh Sanitation Conference. The campaign will be rolled out in three waves, namely hygiene, sanitation and safe water use. Relevant materials for the first two waves were produced in collaboration with GOB and other key stakeholders, including NGOs and private sector partners.

**WIDER IMPLICATIONS**

In urban areas, local governments are taking the lead in the implementation of WASH interventions and the role of upazilla leaders has been strengthened to help them facilitate and improve access to WASH services. Union Parishad chairmen also receive direct fund transfers to ensure they better manage sanitation and hygiene issues. This is in line with the sector reform to decentralize. The regulatory role of the government has been enhanced by capacity building in water quality testing and data management. The government has adopted a geocode-based water point registration system and standardized water point collection forms, which enable the government to initiate a data management system for drinking water supply. This system is now also being adopted also by the Comprehensive Disaster Management Programme for disaster risk reduction.

**FUTURE DIRECTION**

2011 will feature a continued focus on sanitation and hygiene behaviour change through intensive, interpersonal communication. Through mass media campaigns on hygiene promotion, the project is expected to indirectly reach the whole country. There will be continued training of CHPs and Para Workers by national facilitating agencies as well as media conferences on revamped hygiene strategies and campaigns. SHEWA-B will continue to build vital infrastructure as well as work on a national and community level to ensure safe hygiene behaviour is put into practice and remains sustainable.

*Updated April 2012

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11 SHEWA-B Quarterly Report, March 2011
12 All other statistics on this page from SHEWA-B Annual Report, 2010