

LEARNING FROM OTHERS – HOW WATER AND SANITATION PRACTICES HAVE IMPROVED IN BANGLADESH

The story of the Horizontal Learning in Bangladesh began in 2007, when community councils proposed a knowledge sharing approach allowing to learn from each others' experiences, with the aim to improve access to safe drinking water and the use of sanitary installations – both critically important to good household health.

“When my husband and two of my children started to suffer from headaches and feeling lightheaded, I just thought, we all have problems” said a poor woman – let’s call her Khadija – in rural Bangladesh. She had no idea that the water they were drinking was contaminated with arsenic. “But one month later the hands and feet of my husband started feeling numb, and I knew something was wrong. As I shared it with my friends in the community I discovered that there were more people with such complaints.”

Bangladesh had reached almost universal access to safe drinking water by 1990, at the end of the International Drinking Water Decade declared by the United Nations. This remarkable success in a deprived, mainly rural and significantly overpopulated country was made possible primarily through the market based extension of low-cost hand-pumps, allowing to access groundwater instead of the polluted surface waters.

Only a few years later, this achievement was severely questioned with the discovery of natural arsenic in the tapped ground water. The contamination with poisonous arsenic raised new concerns about potable water availability in Bangladesh – the figure reflecting access to safe drinking water had to be drastically adjusted. UNICEF and WHO estimated that in 2008, up to 50% of the population were still exposed to hazardous drinking water.

THE ROLE OF COMMUNITY COUNCILS

Switzerland since many years supports the fight for safe drinking water, as well as sanitation services for the poor. In the past twenty years, about 20mio Swiss Francs were invested in the improvement of access to safe drinking water, the use of sanitary latrines, hygiene, as well as arsenic mitigation. The Swiss involvement in Bangladesh addresses the issue through strengthening of public service delivery in the rural communities. As a matter of fact, the delivery of services in this sector lies in the responsibility of the local administrations at communal level; but although these Local Government Councils, the so-called Union Parishads are attributed a significant role in delivering public services, they lack resources, knowledge, and support from the central government in order to fulfil their responsibility. Switzerland, jointly with the Water and Sanitation Program (WSP) of the World Bank, engaged in strengthening of local governance aiming at affordable, safe and sustainable solutions to water and sanitation services in Bangladesh. One of the key elements of the WSP is the Horizontal Learning Program, a capacity-building process among Community Councils.



THE STORY OF THE HORIZONTAL LEARNING

The story of the Horizontal Learning started in June 2007; the Union Parishad Chairpersons themselves, during a WSP workshop in June 2007, proposed a knowledge sharing approach allowing to learn from each others' experiences, with the aim to identify and replicate good practices related to water, sanitation and hygiene. The idea of the Horizontal Learning was born. No one at that time expected that as many as 225 Union Councils, covering a population of over 5 Million people, would be involved in this process by the end of 2010, with demand to scale this up nationwide.



Water contaminated with arsenic can be treated by using a filter; the water is then safe for drinking. This well, and the filter have been installed at household level. Although very efficient, the use of water filters is still not widespread in Bangladesh.

Through Horizontal Learning, members of local governments share knowledge among each other. Rather than receiving solutions through teachers or Government officials, the Horizontal Learning taps into local skills and tacit knowledge that have been successful in similar communities. Actively participating in the program helps to build peer relationships and a sense of shared identity among Union Parishad Chairpersons, creating more value than simply a transfer of knowledge.

“The Horizontal Learning process helps to reinforce our own awareness of our value, strength and potential – to overcome the limits that we often unconsciously impose on our own capacities”

Such relationship allows Chairpersons to feel supported and helps them achieve concrete outcomes. Horizontal Learning has been successful not only at disseminating good practices for safe delivery of water and sanitation services, but it also fosters the link between various levels of government, private actors, and national and international Non-Governmental Organisations.

Khadija reported: “Our Community Group leader heard about arsenic in water and how this is bad for people’s health. She proposed to bring up our problem during the community planning meeting, which would be organized by our Union Parishad (communal council) the following month.” The women were very surprised to receive a visit not much later from people from the council. “They told us that it was possible that our wells were contaminated with arsenic and that they could test all wells in the village. My family approved, and so did others. We paid 50 taka (≈ 0.70 CHF in 2010) for the testing. And yes, the well near our place had arsenic in the water”. The pump was then marked with red painting, meaning that the water should not be used for drinking or cooking. “After testing all wells in our village, they advised us not to use the wells painted red. Now we collect water from a well not far from our place which is painted green.”

Representatives of Khadija’s Union, and many other Unions learned about the practice of well switching through the Horizontal Learning Program. In this peer-to-peer learning process, communal councils identify good practices that have shown successful in their communities. Other communes were then invited on exposure visits for learning, setting standards, and planning the implementation in consultation with the local people. Replication of the practices must be funded by own community resources, after discussion with citizens in open budget meetings.

100 % SANITATION: A VALIDATED GOOD PRACTICE

A Government of Bangladesh survey in 1993 in Sreepur District recorded latrine coverage at 46% only; open defecation was common, diarrhoea was rampant at different times of the year, and the illhealth of productive family members posed a serious risk to the livelihood of the poor. Based on their experience in Vitipara Village of that district, a local NGO sought to achieve 100% latrine coverage in the overall Sreepur District. Communities were encouraged to identify the places where people go for defecation, with a focus on open defecation sites. These sites were put on a map of the area created by the villagers themselves, then, the excreta that each individual deposited per week, per month and per year was calculated, and the flow diagram showing where the excreta goes, and how it enters the food chain of the families was made visible. Based on this unequivocal picture, the community chose solutions to address the problem, leading to 100% latrine use coverage in the district. This successful process has now been adapted as a validated good practice in the Horizontal Learning program.

EFFECTS OF THE HORIZONTAL LEARNING PROGRAM

In a period of less than 3 years (November 2007 to June 2010) the peer-to-peer learning among communal councils had a direct effect on lives of over 5 Million rural people in Bangladesh. With the support of Switzerland, the WSP Horizontal Learning Program contributed to:

Improved household health: Thanks to improved water and sanitation services, diarrhoea incidence was reduced in 21 Unions comprising 660'000 people.

Access to safe drinking water: 56 Union Parishads (communal councils) learned to deliver water supply services (water testing, well protection and participatory water scheme selection) through which about 650'000 people in 51 Unions have ensured access, and 1.6 million people gained improved access to safe water, supported by practices of a pay-for-use arsenic screening and wells switching in case of arsenic contamination.

Use of sanitation installations: 42 Union Parishads improved their knowledge on sanitation services, resulting in improved access to safe sanitation for 1.2 million people, thus reducing the incidence of open defecation in these Unions.

Disaster-resistant installations: Another 76'000 people benefitted from better supply of water and sanitation because their Union Parishads implemented disaster resilient ponds, canals, latrines and rainwater harvesting.

Better services delivered by Union Parishads: Collaboration among communal councils enables them to expand and adjust their range of services. Learning across neighbouring communities and between local government bodies, community representatives, and private service providers helped 111 Union Parishads to raise own source revenues, implement participatory planning, and deliver improved services to the people. With the improved services, the council members' visibility and credibility increases within their constituency.

Effects at national level: The success of the Horizontal Learning Program of the past years shows its potential of supporting government strategies to achieve total sanitation with access to improved water points, and basic sanitation services for all people living in Bangladesh. The replication of the arsenic mitigation practices, for instance, have resulted in revising the respective National Implementation Plan, and the National Training Institute for communal council members has adapted its training curricula based on such good practices.

A vibrant learning network: The exposure to good governance practices from peers has developed into a vibrant learning network for communal councils. The link to higher level administrative units is made once a good practice is successfully replicated by more than 50 communes: In this case, the 'best practice proponents' are invited by the central government to report on the key ingredients for their success.

THE WAY FORWARD

In Bangladesh, the proportion of population using an improved drinking water source has improved from 78% in 1990 to 86% in 2009. This figure, however, has to be corrected downwards given the high incidence of arsenic in the drinking water. Slow progress is made regarding the use of an improved sanitation facility, with 39% in 1990, and 54% in 2009.

The Horizontal Learning Program with its fast mobilisation of communal council capacities significantly contributes to the achievement of targets of total sanitation by the year 2015. This is why Switzerland jointly with WSP decided to invest in a 4-year program focussing on replication of good practices over the entire country, and the translation into policies and institutions.





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Page 1: Intercooperation, Page 2: SDC, Page 3 and 4: Poffet.net