

A sanitation success story — the effects of demand creation in Bangladesh

by Derrick O. Ikin

Despite Bangladesh's great achievements in increasing drinking-water coverage, there were no parallel improvements in the health of its people — until a radical rethink of the country's sanitation focus. Derrick Ikin describes some dramatic developments.

THE DEATHS, SUFFERING, and financial losses caused by sanitation-related diseases cry out for the urgent promotion of sanitation at all levels. There are about two billion incidents of diarrhoea per year; the real costs of no sanitation are astronomical.

A rough cost estimate for basic oral rehydration for only 20 per cent of diarrhoeal incidents worldwide is US\$5 million per day. These estimates exclude hospital and burial costs, and working days lost.

In Bangladesh, there are 61 million cases of diarrhoea, and approximately 260 000 children die, every year. The overall problem is directly related to the 28 000 metric tonnes of faecal matter deposited openly into the environment every day. Unsanitary hygiene practices and the lack of facilities are major problems. Drinking-water coverage in Bangladesh is estimated to be over 90 per cent, reaching about 85 million people. Yet, because of the sanitation situation, no beneficial health impact seems to have occurred.

With this in mind, we will examine in this article the 'sanitation success' which is taking place in Bangladesh. Sanitation success can be defined as coverage, users paying, commercial producers supplying hardware, and the safe removal of faeces from people's immediate environment. Longer-term successes are a sustained, positive health impact, and regular, safe, pit-emptying and latrine maintenance.

Since 1965, the Government of Bangladesh's Department of Public Health and Engineering (DPHE) has promoted a simple water-seal slab and ring-lined pit.

Coverage never rose beyond between 2 and 3 per cent in the late 1960s. In 1975, DPHE and Unicef began to expand the sale of this subsidized product and, by 1993, over 1000 village-sanitation production centres had been established. In addition, numerous NGOs focused on similar products,

usually subsidizing their own production costs and selling at market, or near market, prices.

Demand creation

In 1989, Strauss and Chadha's ideas on the promotion of rural sanitation in Bangladesh contributed greatly to the process of treating beneficiaries as customers with needs and an ability to pay.¹ Despite subsidies, over 80 per cent of the population could not afford the product promoted by DPHE, Unicef, and the various NGOs. It was also estimated that, by 1989, about 700 commercial latrine producers were operating, despite the subsidies.

It also became increasingly apparent that neither the government nor donors could afford to meet the vast sanitation

needs of Bangladesh's 120 million people. This led to a re-thinking of the programme and, after considerable internal and external efforts, (marketing-oriented input and pressure to improve the health impact), the country programme was reoriented to promoting affordable solutions and hygienic behaviour. This pioneering effort began in 1990 with a DPHE/Unicef implementation of a social mobilization programme that encouraged better hygiene practices as well as the buying or building of basic latrines.

This sanitation promotion consisted of a mix of interpersonal and appropriate mass-media techniques, and resulted in tens of thousands of latrines being built or bought. Many latrines that had been built over water sources were destroyed, and open defecation decreased. The real breakthrough was the development, and innovative mass promotion of, an affordable, sanitary, home-made latrine which had a slab and one ring. This social marketing built on previous efforts to improve sanitation; but although the basic knowledge was there, before serious promotion began, no action had been taken.



The rural health horror — a thing of the past?

In partnership with Unicef, the Government of Bangladesh has carried out a number of social mobilization programmes for sanitation; and between 1993 and 1995, SDC and DANIDA provided funding of US\$3.7 million. In effect, this is a massive demand-creation programme, based on people's needs and linked to their cultural understanding, incorporating contributions from prominent figures, ranging from the Prime Minister, to village leaders. Even more importantly, it promoted a range of available, affordable alternatives. The results of these social mobilization/social marketing efforts are being continually analysed, and fed back into the programmes. Through its 494 partner

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Although expensive, the government model helped popularize the idea of paying for sanitation.

NGOs, the NGO Forum for Drinking-water Supply and Sanitation has been supporting Bangladesh's sanitation programme, with success. The Forum is implementing social mobilization programmes in close co-operation with DPHE and Unicef and its partner organizations in 20 *thanas*. Positive

learning experiences are disseminated to NGOs, and are fed into the ongoing social mobilization for sanitation programme.

The producers

In 1991, interviews were carried out with 50 latrine producers. Their answers were revealing; they demonstrated remarkable production flexibility, an ability to adapt the product to customers' requirements, a willingness to deliver to people's homes, and to survive on small profit margins. To a large extent, commercial producers had managed their own credit needs and, in general, preferred non-interference from the authorities.

Many producers set up their businesses near the government latrine-production centres. The government centres introduced an 'expensive' status product that, over the years, played a seeding role in popularizing the idea of paying for sanitation.

A recent countrywide survey showed that the number of commercial producers in Bangladesh had increased from approximately 700 in 1989, to 2542 in 1994. Sanitary latrine coverage is now above 25 per cent; in five 'model' districts, coverage ranges from 60 to 80 per cent, and health conditions are thought to be improving. In addition, latrine-pit cleaners reported an increased demand for their services.

Secrets of success

Several factors have contributed to this success:

- For the average Bangladeshi, owning a basic latrine was not, ten years ago, a priority. Following product promotion, however, it is seen as integral to taking care of one's family and being a responsible citizen. Demand had been created.
- Users as customers, commercial producers, and an affordable product all formed central aspects of the programme strategy.
- Core promotional material was professionally developed and used. Latrines were promoted on the basis of privacy, prestige, and convenience for women.
- Some larger NGOs bought directly from commercial producers instead of establishing their own centres.
- Religious leaders actively supported the campaign for sanitation, and thousands of schoolchildren and teachers played a leading role.
- Research before, during, and after the campaigns allowed the programme to be modified.

Future challenges

For the Bangladesh programme, the ultimate goal is to attain a positive health impact. The immediate challenge is how to reach the remaining 2650 — out of over 4450 — unions that are still without commercial producers. The large number of commercial producers makes the government village production sanitation centres redundant, and a decision to close or move superfluous centres is critical to the continued spreading of the sanitation success. DPHE is experimenting with mobile latrine production, and with this selling units in unions without production centres.

A WHO study confirmed that nearly half the water-seals had been broken by users, and it has often been observed that water-seal latrines are only flushed occasionally, leaving accumulated faeces exposed to animals and flies. New products such as the Sanplat (without a water-seal)² are being introduced very slowly; further options are required.

Then there is the question of subsidies: both the government and Unicef are resisting calls to remove or reduce latrine subsidies — although, together with other NGOs, they are looking

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Slab ahoy! Commercial latrine producers know it makes business sense to deliver to their customers' homes.

closely at different options — because of the current political climate.

Another challenge is to establish how much of this type of mass promotion and social mobilization is needed to ensure sustainable changes from generation to generation. A demand was created for products that are available, affordable (with or without subsidies), and meet the needs of the users. People's needs and perceptions were studied, and appropriate promotion strategies were developed. The users and sanitation promotion had now become a central focus. This marketing approach moves away from the false assumption commonly held that, because X is good for the beneficiaries, they will buy it or change elements of their behaviour. Demand creation increases families' willingness to pay, and to take action.

Commercial producers are recognized as an essential element in solving the problem of sustainable sanitation. The success in Bangladesh is even more remarkable in view of the large number of poor Bangladeshis.

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People the world over know what they want, and will work together to bring about change.