

What are the barriers to local government delivery of urban sanitation in Bangladesh?

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Quick read...

- Researchers assessed the current practice of Rangpur City Corporation (RpCC), Chittagong City Corporation (CCC) and Dhaka North City Corporation (DNCC) in delivering sanitation, as well as organisational attitudes towards pro-poor sanitation.
- City Corporations have limited capacity in sanitation planning, investment and management, contributing to poor sanitation service provision in low-income urban communities.
- No City Corporation has a city-wide master plan or sanitation strategy, with the direct result that sanitation is not prioritised in municipal budgets.
- Many different municipal and national departments are involved in sanitation, but a lack of coordination and leadership means pro-poor sanitation is not being achieved.

Rationale

According to the Local Government (City Corporation) Act 2009, City Corporations (CCs) are responsible for sanitation in large cities - a key public service, because millions of urban Bangladeshis of all income levels rely on on-site sanitation like septic tanks. But are CCs able to deliver safe and affordable sanitation services such as faecal sludge management (FSM) to millions of urban citizens? And is there internal awareness of the issues, and a desire to overcome barriers blocking improvements to sanitation for all, including the very poorest?

This research looked at organisational practice and capacity for sanitation planning and investment in three CCs - Dhaka North (serving a population of just under 8 million in 2011), Chittagong (2.5 million, 2011) and Rangpur (120,000, 2017). This Policy Brief summarises recommendations about how CC staff can improve pro-poor sanitation.

Methods

Researchers conducted a review of data sources (such as demographic survey data, current institutional frameworks, and sanitation policy documents), and also collected primary data through key informant interviews with staff from CCs (including the Mayors of each city), the Planning Commission, the Department of Public Health Engineering (DPHE) and the Local Government Engineering Department (LGED), as well as from focus groups held with CC decision-makers.

Using the Burke-Litwin model as a framework for assessing complex organisations, researchers focused on the factors impacting the three CCs' performance, and what is driving (or impeding) change. The Burke-Litwin model divides these factors into four groups: external (e.g. legislative framework); long-term (e.g. mission and strategy, leadership); operational (e.g. structure, management practices); and short-term (e.g. individual skills, motivations).



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Findings

Despite Bangladesh's achievement of eradicating open defecation, access to improved sanitation facilities remains poor in low-income areas in the three CCs (Table 1).

Table 1: Sanitation facilities in low-income urban Bangladesh: Dhaka North, Chittagong and Rangpur.

	Total # of slums	# of HHs in slums	Total slum pop.	Distribution of types of latrines (%)					Use pattern (%)	
				Sanitary latrine	Pit latrine	Tin built latrine	Hanging latrine/ Kacha	Other	Single HH user	Multiple HH user
DNCC	1,639	135,340	496,698	20.62	44.14	25.59	8.99	0.66	4.91	95.09
CCC	2,216	127,585	486,099	26.91	41.75	24.66	5.21	1.47	14.31	85.69
RpCC	49	6,282	23,118	39.03	38.75	2.23	12.72	7.26	24.1	75.9

A number of key structural barriers were identified as blocking pro-poor sanitation service development, both within CCs and the Bangladeshi sanitation sector more broadly.

- 1. CCs are not adequately aware of their role in providing and managing sanitation.** In cities with a CC and a Water Supply and Sewerage Authority (like Dhaka and Chittagong), there is still confusion about the split in responsibilities regarding sanitation services. Although the National Institutional and Regulatory Frameworks for FSM (2017) clarify mandates - giving CCs the responsibility for FSM - capacity to enforce those regulations is low.
- 2. CC staff have few opportunities to participate in sanitation planning;** national and non-governmental organisations play key roles, so implementation can bypass CCs.
- 3. CCs do not have a unit dedicated to providing sanitation service.** Various municipal departments have some involvement in related issues (e.g. conservancy, slum development and engineering), but a lack of coordination means pro-poor sanitation is not prioritised.
- 4. Internally-generated CC revenue tends to be low** and central government allocations are insufficient. The Government of Bangladesh (through the Ministry of Local Government, Rural Development and Cooperatives - MLGRD&C) approves CC projects that spend central government transfers: but if sanitation is not included in a CC's master plan, budget will not be made available.
- 5. None of the three CCs have a mission statement or commitment to sanitation.** Available budget therefore tends to be spent on other issues, like solid waste.

While these barriers are challenging, there is awareness within CCs that they must be overcome if sanitation service delivery is to improve at city-wide scale.

Policy recommendations

This project examined three of Bangladesh's 12 CCs, but the findings are indicative of a wider lack of local government capacity to deliver safe and equitable urban sanitation. For this to improve, strong leadership and clear strategies are required. Elected Mayors of CCs can provide such direction: for example, the creation of dedicated Sanitation Units within individual CCs with support from the local government division would be a major step forward, helping to promote enhanced institutional focus and coordination. In parallel, each CC should design a comprehensive plan for improving city sanitation systems (including FSM), investment (including development of public-private partnerships) and services that are accessible for the poorest. MLGRD&C should provide training for CC staff on city-level planning and sanitation.

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