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The Permanent Mission of the People's Republic of Bangladesh to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights (OHCHR) and in reference to the latter's communication No. IW/SW7NM dated 24 April 2007, has the honour to enclose herewith copy of the response of the Government of Bangladesh as received from the capital to the said Council decision 2/104 dated 27 November 2006 entitled "Human Rights and Access to Water".

The Permanent Mission of the People's Republic of Bangladesh avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights (OHCHR) the assurances of its highest consideration.

Geneva, 21 June 2007

Office of the High Commissioner for
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OHCHR REGISTRY

21 JUN 2007

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1.1 Background:

Bangladesh is a delta of 147,570 square kilometer formed by the rivers, the Ganges. The Brahmaputra and the Meghna systems. The main source of water in Bangladesh is surface water in rivers, reservoirs, lakes, canals, & ponds and groundwater in shallow and deep aquifers. In our country drinking water supply system is mainly based on groundwater source. Both ground and surface water sources are dependent on each other. Many streams receive a major portion of their flow from groundwater. Elsewhere, water from surface streams is the main source of recharge for groundwater. In general, the two sources of water are interrelated. In recent years, large-scale use of groundwater for irrigation purpose has caused lowering of groundwater levels. Moreover, hand tubewell based rural water supply is now facing a serious challenge due to presence of arsenic in groundwater in excess of acceptable limit particularly in the shallow aquifers. Saline water is another common pollutant of groundwater in the coastal belt and island of Bangladesh. It is mentioned that uncontrolled uses of pesticide, insecticide contaminate the surface water supply. The major water supply related problems facing the country are:

- Decline of ground water levels.
- Presence of Arsenic in ground water.
- Intrusion of saline water in coastal belt.
- Pollution of surface water by pesticide, insecticide and other pollutant.

The sanitation coverage in City Corporations, and Paurashavas (Municipalities) are comparatively better than rural sanitation coverage in Bangladesh. Sanitation coverage decreases from city corporations to small towns and to rural areas, while households without latrine increases from urban to rural areas. The population growth in urban centre is out of pace with the infrastructure development causing unhygienic environment in the densely populated urban slums. Sewage from this unserved urban areas finally reaches the water bodies in and around urban centres to cause severe water pollution.

The government of Bangladesh conducted a countrywide extensive survey of existing sanitation situation throughout the country under National Sanitation Campaign

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engaging Local Government Institutions (LGIs) under the guidance of LGD/DPHE in rural and urban areas during October 2003. It is a commendable work completed by the Local Government Ministry to acquire baseline data for area-wise planning of sanitation programs to achieve the National target

In 1991, a 10-year national sanitation strategy was formulated and the countrywide sanitation program moved into a much higher gear. The social mobilization approach known as SOCMOB was launched in 1993 and sanitation week was introduced at the national level down to the union level, which was later discontinued in 1998. School Sanitation Program was also launched in phases in 44 districts during 1992-2000 to promote sanitation involving school management committee with technical support from DPHE and UNICEF. The homemade pit latrine was also promoted under latrine promotion campaign.

1.2 Legislation

The constitution of Bangladesh provides provisions to protect people's right to basic services and needs and to adopt effective measures to remove disparity among the people and regions. Till now, there is no special legislative measures have been taken for water supply and sanitation sector. However, the government is now considering to adopt relevant legislative measures in this sector. The government already adopted different policies and programmes to provide universal access to safe water supply & sanitation.

1.3 Policies

National Policy on Water Supply & Sanitation 1998 is considered as a milestone towards the steps taken by the Government in this sector. To materialize the policy the government prepared **Sector Development Framework** in 2004. latter on the government published **Sector Development Programme (SDP)** in 2005 To address the arsenic problem in ground water Bangladesh government has adopted **National Policy for Arsenic Mitigation 2004** and **Implementation plan for Arsenic Mitigation in Bangladesh** to provide guide lines for mitigating the affects of arsenic on people and environment in a holistic and sustainable way. The government adopted **National Strategy for Economic Growth and Poverty Reduction** for attaining rapid growth and development and to alleviate poverty. Based on this,

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Medium-term Policies and Strategies for Socio-economic Development has been prepared. DPHE following these documents prepared **Rolling Investment Programme** for water supply & sanitation sector. A list of current water supply and sanitation projects is attached herewith in annexure. The government also published **Pro-poor Strategy for water and sanitation services** in 2005. To achieve 100% sanitation coverage, GOB formulated **National Sanitation Strategy 2005**. The government published **Water Policy** to take all necessary means and measures to manage the water resources of the country in a comprehensive, integrated and equitable manner.

National Policy for safe water supply and sanitation 1998 has been published with the purpose to ensure that the development in the water supply and sanitation sector is equitable and sustainable. This national policy provides a long-term framework for adoption and implementation of action plans of the government.

To achieve the objectives, the policy suggests few steps. Few of them are crucial to protect the human rights to the access to safe water supply & sanitation irrespective of race, religion, wealth etc and to facilitate access of all citizens to basic level of services in water supply and sanitation.

In preparing any water supply and sanitation project, it is always taken care to avoid disparity among the citizens within the project area. Special focus is given to under served and un-served areas within the project area.

The policy identifies the need to expand water supply and sanitation facilities in the case of under privileged groups and regions. It also emphasizes promotion of various technology options keeping the needs of specific areas and socio-economic groups of people. Such activities will minimize the risk of discrimination in difficult areas not suitable for conventional technologies.

Women are one of the less advantaged groups but their role in providing safe water & sanitation is indispensable. The policy has paid special attention so that women can play their due role and shall not face any inequality. In different places such as section 7, Role of women, clauses 8.1.5, 8.3.7 and 8.4.4 under section 8.0, the policy clearly define the role of women.

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The SDP aims at providing the basic minimum service level of safe drinking water, sanitation and hygiene to all citizens of the country by 2010 in a programmable manner. The SDP says that the government would provide 100% coverage of safe drinking water and sanitation to all citizens of the country up to basic minimum service level by the year 2010 to worked attainment of millennium development goals. It stresses on preparation of time bound programme of providing 100% coverage both in rural and urban areas by 2010. It also suggests to conduct water supply & sanitation census on a 5 yearly basis to assess the level of access, service level and technology to the people, especially to the hardcore poor.

The SDP stresses that the government will ensure an immediate provision of drinking water to all "no safe source" villages/clusters with special priority to arsenic affected and poverty infested areas. A priority of investment will be given to those villages/clusters which have service level lesser than basic minimum service level. Within these, a higher priority is given to those villages/clusters with higher incidence of poverty with same service level.

The SDP says that the government will also ensure one hygiene latrine for each household, with grants for the hard core poor. Where it is not possible to provide household latrines to some due to unavailability of land, the government would cover the concerned households by providing hygienic public latrines.

The Pro-poor Strategy for water and sanitation services has been developed in the recognition of two major needs. Firstly, there is a need for 'direct attack on poverty' as the benefits of growth are not distributed equitably. Secondly, the National Policy for Safe Water Supply and Sanitation, 1998 provides for a 'safety-net' for hardcore poor in conjunction with reducing subsidies overtime. The Pro-poor Strategy for drinking water is based on identifying clusters or habitations whose basic minimum need for drinking water is not met and then having a '*Direct Attack on Poverty*' by first identifying the hardcore poor within them and then providing them with Basic Minimum Service Level at the earliest with preference in resource allocation, cost-sharing, voice in decision-making and responsibilities of O & M. While drinking water is a community asset, sanitation is individual asset. The Pro-poor strategy for sanitation is based on identifying all hardcore poor households whose basic minimum

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need for sanitation is not met and then providing them the basic minimum service level by giving them preference in resource allocation.

Thus the Pro-poor strategy for water and sanitation rests on four pillars of (1) Operational Definition of Hardcore Poor households (2) Definition of Basic Minimum Service Level (3) Targeting and Organizing the Hardcore Poor households, and (4) Mechanism for Administering Subsidies.

Arsenic policy identifies arsenic problem simultaneously a water supply and a health issue. It recognizes that arsenic affects life and people in various ways and symptoms of arsenic poisoning bring in the social dimensions. People with arsenic induced symptoms face social sanctions with apparent but no real justification. The policy provides a guideline for mitigating the affect of arsenic on people and environment in a holistic and sustainable way. This also supplements the National Water Policy 1998, National Policy for Safe Water Supply and Sanitation 1998 in fulfilling the national goals of poverty alleviation, public health and food security.

The Water Policy considers water supply and sanitation sector as an important sector that needs due importance. To address this sector, the water policy recognizes the following measures to be taken.

- a. Facilitate availability of safe and affordable drinking water supplies through various means, including rainwater harvesting and conservation.
- b. Preserve natural depressions and water bodies underground aquifers and rainwater management.
- c. Mandate relevant public water and sewerage institutions to provide necessary drainage and sanitation, including treatment of domestic wastewater and sewage and replacement of open drains and construction of sewers, in the interest of public health.
- d. Empower, and hold responsible, municipalities and urban water and sewerage institution regulate the use of water for preventing wastage and pollution by human action.
- e. Mandate local governments to create awareness among the people in check pollution and wastage

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1.4 Best Practices

The government declared its goal to achieve 100% sanitation to all by 2010. Relevant strategies and policies emphasize to provide safety net to hard core poor and land less people. Without such support, it might not be possible to achieve the target.

The government already keeps provision to spend 20% money out of block allocation to local government institutions such as city corporations, municipalities, upazila parishad and union parishad for sanitation. They spend these money to provide individual hygienic latrines to hardcore poor, latrines at public places. They will also a considerable amount of money for software activities such as social mobilization, awareness raising etc.

In many water supply & sanitation projects, communities are mobilized to prepare community action plans (CAP). In the CAP, they identify all existing facilities and future need for water supply and sanitation. They also identify the hard core poor, un-served and under-served areas. This new approach has shown better output to remove disparity among the people within the project area. Experiences in recently completed UNICEF-DFID funded and World bank financed Bangladesh Arsenic Mitigation Water Supply Project show how this new approach reduce the inequality.

1.5 Present Status

A. Rural Water Supply

The Department of Public Health Engineering (DPHE) is implementing rural water supply programmes through installing different categories of installations. Up to June'2006, DPHE has installed about 1.274 million water points in the rural areas which results water supply coverage of one tube well for 99 persons in the rural areas of the country. The principal objective of rural Water Supply Programme was to increase service coverage through installation of hand pump tube wells and to minimize the disparity of un-served and under served areas. The sector also promoted the private organizers to implement various hand pump tube well projects in rural areas. As a result, Bangladesh achieved a success in the rural water supply sector by providing drinking water supply among 97% of the rural population within a distance of 150 meter. But this success got set back while arsenic, contamination in ground

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water was detected in early nineties. On account of the setback the overall coverage of safe drinking water is estimated to have come down about 75% from 97%.

The following water supply options are being used as arsenic mitigation measures.

- Installation of deep tube wells with sealing
- Construction of Dug well
- Construction of Pond Sand Filter (PSF)
- Rain Water harvesting
- Arsenic Removal Unit
- Piped Water Supply

Till now, 57482 villages are identified as arsenic contaminated. The range of contaminated water points in these villages vary from 1 to 99 percent. Out of these villages, 8549 villages having contaminated tube wells ranging from 80 to 100%. Till June 2006, about 107 thousands arsenic free water points have been installed in arsenic contaminated villages by DPHE. Different NGOs also installed few thousand arsenic free water points in different arsenic contaminated villages. Besides this, few NGOs also installed few rural piped water supply schemes. Through implementing these programmes, the coverage of arsenic free safe water has been reached to 82%.

B. Urban Water Supply

Urban areas include city corporations, district towns, upazila (sub-district) headquarters and upazila pourashavas. The main feature of urban water supply is piped water supply system. However, in the fringe areas, water supply is being provided by hand pump tube wells.

There are 6 city Corporations and 308 Pourashavas in Bangladesh. In all the City Corporations and 95 Pourashavas, Piped water supply has been commissioned. Commissioning of piped water supply in 65 Pourashavas and 6 upazila headquarters is underway. In order to establish piped water supply in remaining 148 Pourashavas by 2010, the development projects are under the process of formulation, which needs assistance from the external support agencies (Donors).

The water production in the urban town, except Dhaka and Chittagong WASAs, has been increased from 18500 mgd in 2001 to 22650 mgd contributing to coverage of 58% population

C. Water Quality Monitoring & Surveillance:

Monitoring & Surveillance of water quality is very much important to ensure safe water to the people. Policy guidelines also provide emphasis on water quality monitoring. DPHE has already established one central laboratory and eleven zonal laboratories to monitor water quality in rural and urban areas.

WHO Guidelines for Drinking Water 2004 has emphasized on Water Safety Plan (WSP) to ensure safe water to the people. Bangladesh is one of the pioneer country adopting this new concept. Model WSPs for different types of water points and piped water supply have been developed. Both DPHE and NGOs are adopting these model WSPs in their water supply projects. A protocol for monitoring and surveillance rural water supply has been published by DPHE.

C. Present Sanitation Situation in Bangladesh

The recent countrywide present situation indicates as follows

Region /Area	Base line Survey 2003				HH With Hygienic Latrines up to September 2006 (%)
	Total no. of House holds	HH With Hygienic Latrines (%)	HH Unhyg. Latrines (%)	HH with No latrines (%)	
Rural areas	18326,332	5272,589 (28.77)	4458,117 (24.33)	8595,626 (46.90)	14552,210 (79.41)
Urban areas	1851,337	983,023 (53.10)	512,114 (27.66)	356,198 (19.24)	1565,799 (84.58)
City Corporation	1216,424	850,527 (69.92)	335,170 (27.55)	30,727 (2.53)	1020,860 (83.93)
Country Total	2,1394,093	7106,141 (33.21)	5305,401 (24.80)	8982,551 (41.99)	17138,869 (80.11)

Conclusion

The government of Bangladesh has achieved considerable progress in ensuring universal access to safe water supply and sanitation irrespective of race, gender, religion, economic status and geographical location. However, it has to pay more attention to less

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advantaged people such as disabled and to remote, problematic and difficult areas such as hilly areas, haor areas.

Access to safe water and sanitation for disable people needs more attention. More focus should be given on this issue. Every water supply and sanitation projects to be taken in future should address this issue with due importance in providing disabled friendly facilities.

Though the government has provided water supply and sanitation facilities to remote, problematic and difficult areas under different projects, its not enough. More new projects focusing on these areas are needed.

What the government has done with its limited resources in water supply and sanitation sector is commendable in compare to the neighboring countries. However, its not enough to reduce cent percent disparity and inequality. It has to continue its effort to uphold humane right to safe water supply and sanitation.