

International Learning Exchange: Arsenic in Bangladesh
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Statement of Dr. Suzanne Hanchett
Planning Alternatives for Change, LLC¹

I wish you all a good morning. It is an honor to be included in this distinguished panel. Our theme is “government and NGO programs,” and I will say a few words about organization and management. One important learning point from the Bangladesh arsenic work so far is that, it is important *how* the work is organized, and whether government or NGO’s (or some kind of other organizational entity) has primary responsibility.

It has been more than ten years since the Government and NGO’s of Bangladesh first mobilized to deal with arsenic as a national problem. It has been a great shock to people at all levels of society that the universally accepted message, “tubewell water is safe water,” is no longer valid in all places. Government, NGO’s, and villagers alike are still struggling to accept the idea that clear, cool, fresh-tasting ground water may somehow be “poisonous.”

This problem poses serious challenges – technical, social, and administrative. Attempts to solve it have not yet reached a satisfactory level. Almost all work to date has been done through short-term “projects.” There has been little consistency or continuity. With a few important exceptions, the pattern has been to rush forward with some new ideas, try them for a while, and then to rush away without much follow-up or monitoring of outcomes. There is even now no clear commitment to fund long-term solutions.

¹suzanne@planningalternatives.com, www.planningalternatives.com

The initial push to determine the scale of the arsenic problem and alert the public ended around 2005 or 2006. The most seriously affected areas² were identified. The water of tubewells was mostly all tested. People became familiar with the word “arsenic,” though misunderstandings were common. In 2004 the Government developed *The Bangladesh National Policy for Arsenic Mitigation*. (Which was mentioned yesterday by Mr. Ihtishamul Huq, of DPHE.)

The largest organization during the initial phase was the Bangladesh Arsenic Mitigation and Water Supply Project (BAMWSP). BAMWSP started up in 1998 with responsibility for arsenic mitigation in 70 percent of the most affected 269 sub-districts, having a population of more than 46 million. World Bank funding for this effort amounted to 44.4 million U.S. dollars by the time the project ended in 2006. In 2001 UNICEF signed on to do action research and blanket screening in approximately 45 more sub-districts and mitigation in 20 others. Other places were covered by various NGO’s and medical research projects. (These were all mentioned in yesterday’s presentation by Mr. Ibrahim, of DPHE Planning Department.)

Some of these activities have continued, or led on to others. BAMWSP, the largest project, has not continued. Nor has it led to new arsenic mitigation ideas and programs on the anticipated scale. There is very little to show for the huge monetary investment except for the tubewell screening record and a some hastily distributed deep tubewells.

At the insistence of the World Bank, BAMWSP initially was formed *outside of government*. It was, therefore, an administrative orphan that floundered for more than five years despite (perhaps because of) its huge “inheritance.” It only started functioning when the DPHE became formally involved.

²269 sub-districts, 53% of the total 507

There were some achievements, to be sure, but many mistakes were made during this initial period. Too much money was given out too quickly by the biggest donor, the World Bank. There was too much bureaucratic bargaining, and not enough program planning or monitoring.

In rural areas one finds too many abandoned, broken wells and other structures – technically sound, expensive objects that have failed because they were not socially viable, or because of inadequate project follow-up and monitoring.

The coming and going of short-term “project” personnel has been confusing to the public. Public awareness has been negatively affected by all this.

Organizational Issues

National, international, and local NGO’s have been quite active on the arsenic issue in Bangladesh. They have enlivened and supplemented governmental services. But the NGO is an inherently limited type of organization, one dependent on short-term funding and the initiative of individual leaders.

Governmental services, being funded by tax revenues, are set up to serve the whole population in a more uniform manner. The institutional structures exist, but the most responsible agency, DPHE, has extremely limited human and financial resources relative to arsenic mitigation needs. This is a basic structural and administrative problem, one which has increasingly serious consequences with the passage of time.

The project-based approach to the arsenic problem has more or less ended now. But it has not yet been replaced with urgently needed, routine public services in highly arsenic affected areas. Most needed, of course, are three things:

- 1) Locally managed safe water sources in all arsenic affected areas
- 2) Accessible and affordable water testing services; and

3) Long-term maintenance support for mitigation technologies.

What is the way forward? There is an urgent need for *decentralized planning*. The reason for this is that, the arsenic problem is not evenly distributed in the Bangladesh countryside. Some areas are acutely affected; some not at all. Tailoring plans to specific local needs requires attention to regional details. Local government is critical to this effort. One learning point from BAMWSP is that the Union Council can and will work locally to provide safe water for their people. But local government in this country is not strong enough to do the job. And, in recent years, arsenic mitigation has been assigned a lower priority than other activities. Localized trust and thrust are both weak. The focus on arsenic has become blurred³.

The central government – with the support of NGO's -- has developed strong policy guidelines to tackle the arsenic problem. Two documents⁴ outline the main challenges and provide a framework for addressing them. They include consideration of social issues and mandate improved coordination of the efforts of all concerned agencies and organizations, both governmental and non-governmental.

The Bangladesh *National Water Policy* (1998), urges citizens to develop “a state of knowledge and capability that will enable the country to design future water resources management plans by itself with economic efficiency, gender equity, social justice, and environmental awareness....”

These inspiring words could provide guidance for local initiatives in high need areas, if – *and only if* – local government has the authority and resources to discharge its responsibility

³Interviewing Union Council chairmen and members recently in several arsenic affected sub-districts, we have found none who say they will fund arsenic related public services.

⁴The Bangladesh *National Policy for Arsenic Mitigation 2004* and the 1998 *National Water Policy*

to protect the public health by providing safe, arsenic-free drinking water. Local government in this country is still evolving; newly elected sub-district councils are about to be established. However, Union- and sub-district government bodies, if they are to play their needed role, urgently need the support of a strengthened Department of Public Health Engineering. The role of NGO's in a well functioning system is to enhance, not replace, regular public services.

Thank you for your attention.