

# Initiatives To Address The Health, Sanitation, Water And Infrastructure Need Of The Slum Dwellers In Bangladesh: Were The Past Initiatives Successful?

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**Abstract:** Every year 3, 00,000 to 4, 00,000 people migrate to Dhaka and most of the them finally find their places in slum areas where their standard of living is even exacerbated as they live in dilapidated residence with a very limited access to health, water and sanitation. Slums dwellers of Dhaka continuously face hurdles to access safe water and proper sanitation and had an unacceptable level of malnutrition, hygiene and health. In such a backdrop, by reviewing the existing literature the paper attempts to explore the cause behind the ongoing sufferings of the slum dwellers in spite of the past initiatives adopted by the government, private parties and NGOs. The papers finds that in spite of several initiatives taken by the government, NGOs and private parties to address the slum dwellers, desired level of success was not achieved for lack of coordination and evaluation, following top down approach, poor need assessment, and implementation failure.

**Keywords:** Government, Health, Infrastructure, NGO, Private Parties, Sanitation, Slum dwellers, Water.

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## I. INTRODUCTION

Dhaka division of Bangladesh is most populous division of Bangladesh with a total population of 11158375 where the number of migrants is 5644643 (BBS, 2012). Every year 3, 00,000 to 4, 00,000 people migrate to Dhaka (DSK, 2013). Most of the migrated people finally find their places in slum areas. 3.5 million people lives in slums of Dhaka (Friedman,2009) with a poor standard of living. Slums dwellers of Dhaka continuously face hurdles to access safe water and proper sanitation and had an unacceptable level of malnutrition, hygiene and health (Islam et al, 2005). Most of the slums are situated over water bodies, beside railway and garbage dumping point (DSK, 2013;) Slums dwellers of Dhaka are continuously facing hurdles to access safe water and proper sanitation and had unacceptable levels of malnutrition, hygiene and health (Islam et al, 2005). In many houses 10 to 20 families share one toilet (DSK, 2013). In Hazaribug, many slum dwellers resided within leather processing zone with a high risk of health hazard (DSK, 2013).The largest slums of Dhaka is Karail slum with 80,000 populations in 85 Acres with only 2 water points and 1100 latrines including hanging and bucket latrines (Biplob, Sarkar and Sarkar, 2011). For being crowded and distant, they face severe problems in water collection. There is no system of solid waste disposal. Open space and road side are occupied by waste leads to environmental degradation (Biplob and Sarkar and Sarkar, 2011).

In such a backdrop, by reviewing the existing literature the paper attempts to explore the cause behind the ongoing sufferings of the slum dwellers in spite of the past initiatives adopted by the government, private parties and NGOs.

## II. INITIATIVE BY NGO SECTOR AND THEIR EFFECTIVENESS

After independence in 1971, NGOs emerged in the unstable and inefficient governance system (Chowdhury, 1989) with the primary aim of combating poverty and natural disaster (ADB and Government, 1996). Due to flexibility NGOs can facilitate replicable projects and fund small scale initiatives. Also, NGOs can be an effective channel for intermediating

activities between government and slum dwellers and mediate resource from private sectors (Rahman, 2005). According to World Bank (2007) some relevant recommendations for improving the condition of the slum dwellers were

1. Implementation of National Housing Policy (NHP)
2. Strengthening public institution for implementation of NHP
3. Establishing better cooperation between DCC and RAJUK (among planning authority, line ministry and utility agencies)
4. Ensuring better performance of RAJUK
5. Developing pilot projects in poor areas in collaboration with NGOs (Mohit, 2011).

Though there was no particular initiatives took place to address the need of the slum dwellers, there have been several efforts to address the need of the slum dwellers as a whole. However, for different limitations these efforts were not at all successful. The following section describes the initiatives and their weaknesses.

#### **Housing and Infrastructure:**

NGOs have been less involved for high cost of lands and for involved risk factor for cost recovery. However, some of their initiatives can be implemented on a larger scale. BRAC in collaboration with government provide affordable housing for especially for poor single women (Akbar, 2007).

#### **Health, Sanitation and Water:**

*DSK Model: Dustha Shahtha Kendra* (DSK) is a NGO in Dhaka provides health, sanitation and water service to the slum dwellers. The community based water supply and sanitation is known as DSK model (Akbar, 2007). The core principle of the model was if a NGO provide guidelines, the slum dwellers are able to manage the formal water points. They installed hand pump in the slum areas. However, in dry seasons the ground water level was too low to have water. WASA had provision for not providing water to the areas without legal land holding and so excluded the slum dwellers. To overcome the problem, DSK acted as guarantor for the slum dwellers. In 1992, they established piped water system after the negotiation process with WASA and DCC. By 2002, 115 piped water systems have been established in the slum areas of Dhaka (Akbar, 2007). In the first steps they arrange a dialogue with the community to understand their needs. In the second step they submit proposal to donor for funding. Third step start with the base line survey that assesses the existing practice and select the area for water points. Fourth stage is the implementation stage where Community Based Organizations (CBO) is formed and formal permission from the local government is sought. Water point management and monitoring is the fifth stage (Akbar, 2007).

*Weaknesses:* For the lack of governance, the slum dwellers have to pay a lot for access to basic services. Usually *mastaan* (local level leaders) took the advantages of the facilities. The *mastaan* take the control of the water points by bribing the lower employee of DWASA for illegal water connections. They sell the water to the slum dwellers with a high price. Slum dwellers who can pay can have access to the water points. Where there is provision of free water, it remains available only for half an hour. Women and young girls had to wait in long queue under hot sun that has detrimental effect on their health (Rashid, 2009).

Water Aid is the main donor for such initiatives. However, they lack funds. Another challenge is that the staffs of DCC and DWASA frequently seek for bribe for establishing water points. Also, legal access to land is another challenging aspect. As the land owners adjacent to slum areas consider these as losing their land rights and a process to establish permanent settlement of the slum dwellers (Singha and DSK, 2002).

Weakness also found in the implementation of the model. A FGD revealed that they were not happy for the long queuing specially in the morning. Also service of the water points deteriorates after several months for the lack of proper management by the communities. Even, the CBO collected water first. Even, they had to pay less than others (Akbar, 2007). Even, social violence increased in some cases. For these water points were not desirable for the large number of people were involved in illegal water business. They created problem for the user who collect water from these points.

However, the core lesson from the DSK model is the formation of a group for the management of water can be an effective way (Akbar, 2007). Also, DWASA is encouraging other NGOs for such initiatives (DWASA, 2002).

*Other Initiatives:* A NGO developed wealth ranking process in the slum areas. On the basis of wealth ranking, they categorized four types of class in the slum areas- better off, middle class, moderately poor and hardcore poor. On the basis of that they determined cost sharing strategy to establish tube well and sanitary latrines (Ahmed, 2006)

Community clustered latrine projects managed by CBOs is an initiative of partner NGO of Water Aid named Assistance for Slum Development (ASD) (Ahmed, 2006).

Government also took several substantial initiatives for the slum dwellers that were not very successful for several reasons that have been discussed in the following section.

### III. INITIATIVE BY GOVERNMENT AND THEIR EFFECTIVENESS

#### Housing and Infrastructure:

Under Kalshi Rsettlement Project in 1980s, each family was designated a plot of 475 sq feet – a basic one room with access to community facilities. The problem was poor in need of money sold their plot and moved to other slum areas (Rashid, 2009). Government and investor face a dilemma for the mobility of urban poor as they do not own the land and can move any time (Rahman, 2005). Better strategies like involving groups as guarantor to prevent the misuse and selling of lands (Rashid, 2009).

In 1989, a comprehensive plan for slum development was recommended by Dhaka Mahanagori Baste Samashya Nirasan Committee (Dhaka Metropolitan Slum Settlement Problems Eradication Committee). Though, the project was not properly executed for change in government in 1990s (Rashid, 2009).

In 1999, government initiated town housing scheme for the slum dwellers to return home with loans, housing, ponds for fishing etc. The projects failed because of improper monitoring activities and at the same time lack of income generating activities in the rural areas (Rashid, 2009).

Slum Improvement Project (SIP) funded by Unicef and implemented by government was designed to provide better infrastructure, primary health care, credit provision and empowerment of women. 185 slum clusters were covered by the project by 1994 (Habib, 2009). However, little information is available to assess the success of SIP and so far has not been evaluated independently (Habib, 2009).

Urban Basic Service Delivery Project (UBSDP): With the funding from ADB, DCC formed 100 urban centres for environmental improvements, health, education and income generation of the slum dwellers (Habib, 2009).

### IV. INITIATIVE BY PRIVATE SECTOR AND THEIR EFFECTIVENESS

#### Housing and Infrastructure:

*Satellite town for the Slum Dwellers:* The involvement of market in slum development so far remained minimal. Contracting health service delivery for the slum dwellers takes place through the bidding process in Bangladesh. In this process, NGOs and private parties get the contract through competition. In 1998, 47.9 acres of land was allocated by government to build a modern satellite town for the slum dwellers. Government was responsible for funding and private parties were responsible for implementation (Mohit, 2011).

The project did not meet the target for high price. The company claimed that the cost of construction was higher than the expectation. Consequently, the price also went up for the flats (Rashid, 2009). The housing made for the slum dwellers were sold to the economically solvent citizens (Kamruzamna and Ogura, 2006).

*Slum Development by SHEVA:* Shelter Improvement Project was initiated to provide better infrastructure and housing facilities to the slumdwellers. In this case loan from Basic Bank was provided to the slum dwellers for building semi permanent houses. Plan also incorporated separate bath, toilet and ventilation. Landowners were agreed for the mortgage at a fixed rent. The community members also agreed to receive training focusing on water, sanitation, health care and skill development (Rahman, 2005).

Solving the issue of infrastructure involves large investment. At the same time, land scarcity also delays implementation of infrastructure projects (Rahman, 2005). At the same time 97 of the slum dwellers do not own the land the live. In spite of spending on housing, they may shift to other slum areas (Rahman, 2005).

### Health:

*Urban Primary Health Care Service Delivery Project (UPHCP)*: UPHCP is one of the largest public private initiatives (PPP) in serving primary health care specially for poor women urban areas in Bangladesh. The first phase was implemented from 1998 to 2005 and the second phase completed in 2012 (ADB, 2012). The project was supported by ADB, government of UK and Sweden. The project promotes stakeholders participation as the representatives from poor and of vulnerable groups; Ministry of Health and Family welfare, Ministry of Local Government, Rural Development, and Cooperatives; DCC, NGOs involved in the UPHCSDP; project implementation unit of the UPHCSDP; community-based organizations; donor consortium were involved in the project designing stage. And they claim for ongoing consultation with the stakeholders in the implementation phase (ADB, 2012).

UPHCP was implemented in urban areas of Dhaka to provide accessible health care service to the women and children living in slum areas (Mohit, 2011). The project was implemented by ADB through PPP in collaboration with city corporations and NGOs. The NGOs were selected on the basis of formal competitive bidding process and selected on the basis of their technical and bid price (Mohit, 2011).

Though Government spent 10 million on average for this project, expected target of providing health service to the slum dwellers was not met. One core reason was the health service centre opened when they got out for work and closed by the time they came back (Ahmed, 2006). Also, the project was not very successful for lack of accountability, transparency and irregular filed supervision by government (Mohit, 2011).

The issue of metropolitan governments to facilitate public private initiatives has been raised several times even after independence in 1971. However, it never came in to effect for competition and inter agency rivalry (Rahman, 2005). Even, private sector could not involve for the resistance of the trade union and officers unions of the DWASA. Bottled water and beverage companies interested to invest in slum areas for small scale portable water supply system. They are looking for government's cooperation. However, the government also hold the opinion that involving private parties would lead to clash with the unions of DWASA. Public sector and NGO both suffer from limited resources. Hence, there is an opportunity with the private sector for partnership. Following table shows the important initiatives for the slam dwellers. It is noticeable that after the 90s, the vital initiatives by the government, NGOS and private parties have been inaugurated. Nevertheless, challenges thwart the effectiveness of the initiatives.

## V. MAJOR PAST INITIATIVES AT A GLANCE

Following table reveals the past initiatives and major challenges.

**Table 1: Past Initiatives of the government, NGOs and private parties to address the slum dwellers**

Government Initiatives			
Project	Target	Project initiated	Challenges
Kalshi Rsettlement Project	Housing to slum dwellers	1980	Poor people sold their lands
a comprehensive plan for slum development	Development of the slum	1989	Not executed for change in government
Town housing scheme	Slum dwellers would Return home (providing loan)	1999	Lack of income generating activities
Slum Improvement Project	Better infrastructure and health care for women	1994	Not evaluated independently
Urban Basic Service Delivery (UBSDP)	Environment, Health and income generating activities	1999	Not independently evaluated
NGOs			

DSK Model	Provide health, water and sanitation service to slum dwellers	1992	Inadequate water supply, limited funds, dominance of local leaders
NGO	Wealth Ranking Process for providing access to water and sanitation	2000	Not independently evaluated
BRAC	Affordable housing	2000	Not independently evaluated
Private Parties			
Satellite town for the slum dwellers	Satellite town	1998	High Price
Slum Development by SHEVA	Housing and Infrastructure	1995	Land scarcity and large investment required
Urban Primary Health Care Service Delivery Project (UPHCP)	Health	1998	Poor need assessment

The table demonstrates that lack of evaluation, poor need assessment and lack of income generating activities were the main challenges that the initiatives could not overcome. However, the table also reveals that major initiatives to address the slum dwellers emerged in the 90s decade. Also NGOs expanded their activities primarily from the 90s decade. For promoting participatory approach and working with the grass root level involvement NGOs are of the major actors for addressing the needs of the slum dwellers. However, in the context of Bangladesh several challenge thwart NGOs to function effectively.

## VI. CHALLENGES TOWARDS INVOLVING NGOS

### International NGOs:

International NGOs are mainly concerned with providing basic education for the children in slum. However, other aspects like health, sanitation, infrastructure and water are often not covered. Still, few international NGOs provide support for developing capacity of the local NGOs to work for the development of the slum dwellers. Also, international NGOs like Water Aid and Plan Bangladesh offer technical and financial support to the national NGOs for slum development (Habib, 2009).

### Lack of Institutional Regulation:

There is no institutional regulation for the involvement of the NGOs. Though the high officials of DCC and DWASA are willing to cooperate with the NGO initiatives the field level staff are often hostile (Ahmed, 2006). NGOs are not willing to get involved to housing for tight government regulations. There is no developed framework to facilitate participation of NGOs, private parties and people (Rahman, 2005).

### Overlap and Lack of Coordination:

NGOs so far could not contribute significantly for slum development in urban areas. Because NGOs activities usually do overlap and lacks coordinated. For instance health related NGOs only work for the development of the health issues, where other related aspects like water and sanitation are less covered. These aspects at the same time also deteriorate the health issue (Habib, 2009). Another aspect is that the NGOs still focus their activities for developing rural poor where urban poverty treated with less focus (Habib, 2009). The primary responsible agency DCC also has also failed to develop a inter agency coordination strategies. At the same time, in fear of government eviction they are reluctant to be involved in slum development (Habib, 2009).

### Lack of Proper Evaluation:

38 NGOs state that they spent \$ 84 million for 5,732,000 slum dwellers for education, health and environmental awareness. Still, they could not bring any significant change in the livelihood of the slum dwellers (Kabir, 2000).

**Dependence on International Donors:**

NGO program depends on international donor agencies. Design and guideline provide by the donors often fail to take into account the conception of the slum dwellers and socio cultural conception (Habib, 2009). In spite of having flexible and innovative approach, NGOs often follow established program in spite of going for new ones unless not suggested by the financier (Rahman, 2005).

**Development of Housing gets less Priority:**

NGOs main priority activities are improving socio economic condition of the poor people. Hence, working on infrastructure and housing are treated with less priority (Rahman, 2005). Weak institutional support also deters the efficiency of the NGOs. Lack of land records, laws regarding land acquisition also possesses challenge on the activities of NGOs (Rahman, 2005).

**Lack of Regulations and Laws:**

Lawlessness and dominance of the *mastan* (local rough) also limits the activities of the NGOs in the slum areas (Aziz, 1999). In short, causes of limited participation are rooted in the administrative culture of hierarchy, centralization and mistrust towards the NGOs. Nevertheless, involvement of NGOs is an effective strategy for involving slum dwellers. Proper coordination mechanism and ensuring sustainability of the project would ensure effective functioning of the NGOs. DWASA now allows some NGOs and CBO to work as mediator for WASA to provide and improve water supply for slum dwellers. Supply, operation, management and collection of bills are managed by a trained group of slum dwellers. .

**VII. CONCLUSION**

Initiatives have been taken by the donor agencies, government and NGOs for the slum dwellers addressed the issues like health, sanitation, water and infrastructure. Still, their core objectives were not at all achieved successfully. Lack of coordination among the implementing agencies was one of vital reasons for this. Moreover, centralized structure, lack of trust on NGOs also inhibited effective implementation. Also, most of the projects were the prescriptions were of the donors communities in spite following bottom up approach. Though, the NGOs worked for the slum dwellers, the implementation strategies are recommended by the international agencies where the affected communities have no room for participation. The government run projects also followed the same pattern as they had to depend on donor agencies for fund and so implementation strategies. These initiatives thus also followed the expert driven top down approaches. Adopting bottom approach facilitated by central coordination by the government could achieve the desired objective of ensuring better access to health, sanitation, water and infrastructure for the slum dwellers.

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