LEAVE NO ONE BEHIND

Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce
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BANGLADESH COUNTRY REPORT

This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.
MORE INFORMATION:

Leave No One Behind, report and resources:


The eight country reports:

· http://wsscc.org/resources-feed/leave-no-one-behind-reports

Video:

· https://www.youtube.com/watch?v=RCGm3t6DX-c

Credits:

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**Leave No One Behind** is a call to listen and learn by putting people in the centre, asking them what they need and valuing the one in everyone. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind ... the last mile ... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The Kathmandu Declaration from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty...” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the Leave No One Behind regional report, the individual country reports and a film that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. The Dhaka declaration² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

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1 Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’
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Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities and Sanitation Workforce

South Asian Conference on Sanitation V (SACOSAN V) in 2013 held at Kathmandu recognized the fact that many marginalised groups like women, adolescents, physically disabled, elderly, transgender and sanitation workforce are excluded from the development process on sanitation, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI.

To fulfill this commitment, Freshwater Action Network South Asia (FANSA), a network working on policy advocacy for access to sanitation for all, and civil society representative on the Inter-Country Working Group (ICWG) for SACOSAN, worked in collaboration with Water Supply and Sanitation Collaborative Council (WSSCC) to organize a consultative process with marginalised groups in all the eight member countries. A series of community consultation meetings were held with these groups in different locations to understand their specific sanitation needs and identify their representatives who then participated in the conference and presented their issues at SACOSAN VI in Dhaka. The community voices were documented and published in a comprehensive regional report named LEAVE NO ONE BEHIND: Voices of Women, Adolescent Girls, Elderly, Persons with Disabilities, and Sanitation Workforce.

Bangladesh is a densely populated country and the marginalised groups are very vulnerable because of the lack of sanitation and hygiene facilities. To highlight and realize the needs of these marginalised groups of people, Freshwater Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) have compiled this national report for Bangladesh.

This report compiles the experiences, problems and recommendations of the marginalised groups for WASH. I hope, through this process their voices will be addressed properly to resolve their needs so that they can enjoy their WASH rights. The report also contains few narratives of marginalised people that give powerful insights to their daily reality of WASH. Their narratives captured in writing also points towards vital clues for potential solutions that can give them a better life.

I do believe the report will be a tool for advocacy for further policy development for marginalised group of people in the country.

Yakub Hossain
National Convenor
FANSA - Bangladesh

FOREWORD

Yakub Hossain
National Convenor
FANSA - Bangladesh
This report would not have been possible without cordial support from a number of civil society organisations and the community participants in the consultation meeting around the country. It is our pleasure to extend our sincere thanks to the NGOs, CBOs, community and civil society members who have helped to organize the consultation meetings. We are grateful to the community participants who gave their valuable time, opinions and insights related to WASH challenges in their daily life. We are also extremely grateful to all partner organisations mentioned below and their nominated focal person for their valuable role in organizing the consultation meetings with different marginalised groups within a short period of time. We would like to acknowledge with gratitude Dr. Md. Khairul Islam, Hasin Jahan, Dibalok Singha, Shafiquel Islam, Shah Md. Anowar Kamal, Alok Majumdar, Shaikh A. Halim, Yakub Hossain, Masud Hassan, Saskia Castelein, Pierre Michel Virot, WSSCC, FANSA team at Regional Secretariat, and all FANSA-Bangladesh members for their advice and constant support.

**Partners**
- Unnayan Shahojogy Team (UST)
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- Practical Action Bangladesh
- CDC Federation
- ADD International Bangladesh
- Bangladesh Society for the Change and Advocacy Nexus (B-SCAN)
- Protibondhi Nagorik Shangathaner Parishad (PNSP)
- Muktit Songram Protibondhi Unnayan Shongstha
- Alor Shaya Protibondhi Unnayan Shongstha, Dushtha Shasthya Kendra (DSK)
- SNV Bangladesh
- Village Education Resource Center (VERC)

Mohammad Rizwanul Haque Khan
National Program Coordinator – FANSA-BD
Background

Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised a consultative process in all 8 member countries of SACOSAN to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies. The purpose of this consultative process was to support South Asian Governments to implement Commitment X of the Kathmandu Declaration. As part of this initiative, ten meetings were organised by the Bangladesh chapter of FANSA with women, adolescent girls, elderly, persons with disabilities, transgender people and sanitation workers and waste collectors in different parts of the country in collaboration with CSOs working with these groups.

Key Findings

Although WASH facilities exist, the challenge for marginalised groups has been in terms of easy, safe and reliable access and use of these services, be it clean drinking water, hygienic toilets and menstrual hygiene management. Tube wells are the typical source for drinking water, however, they are too few or too far, or are placed in a neighbour’s house, which makes it inconvenient and often inaccessible to use at all times. Shared toilets used by too many households leading to long queues and waiting periods characterize the sanitation challenge. When there is an individual household latrine, it is usually far from the household and is difficult to use at night due to the lack of safety and the fear of going out alone.

The challenges of hand washing and menstrual hygiene management are exacerbated by the scarcity of water and inadequate sanitation facilities at home, school and public places. These facilities are also not designed to meet the specific needs of the elderly and the persons with disabilities. They do not have commodes or handle bars for support, and wet, slippery floors heighten the risk of accidents.

Sanitation Workers and waste collectors not only lack sanitation facilities at home and at the workspace, they work in unhygienic

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environment without any protective gear like gloves, boots and masks etc, exposing themselves to the risk of infections, injury and sometimes even fatal accidents.

Key asks by the participants mainly focus on ensuring improved sanitary latrines in the household, in the community and in public spaces, that are accessible, safe, clean and user-friendly for all ages, genders and persons with disabilities. Schools should have separate toilets for girls (with MHM facilities) and boys. Participants also asked for awareness programs on sanitation and hygiene practices, including MHM. They shared that they want to participate in planning and designing of WASH facilities, so that policy makers and implementers can learn about their specific sanitation needs.

**Key Recommendations**

To ensure that sanitation and hygiene services reach every citizen irrespective of their age, gender and ability, the following suggestions were made:

- Allocation of a separate, dedicated budget for ‘Water, Sanitation and Hygiene’ with a special focus on urban slums and hard to reach areas of Bangladesh
- Developing a sanitation strategy that is inclusive of all Marginalised groups
- Implementation and monitoring of WASH guidelines in educational institutions
- Highlighting the WASH needs of marginalised communities through CSOs and media campaigns and strengthening capacities of local civic and government bodies, such as the Union Parishod and Upazilla Parishod, to listen and provide solutions based on specific needs
- Fecal sludge management
- Dedicated programmes for slums/low income communities owned and implemented by City Corporations
Box 1: The Sanitation Situation In Bangladesh

The Sanitation Situation In Bangladesh (2015)\(^4\)

<table>
<thead>
<tr>
<th>Status</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
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<tr>
<td>Improved facilities</td>
<td>58%</td>
<td>62%</td>
<td>61%</td>
</tr>
<tr>
<td>Shared facilities</td>
<td>30%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Other improved facilities</td>
<td>12%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
</tr>
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(Source: JMP WHO – UNICEF)\(^5\)

Achievements:

◊ The political commitment for eliminating open defecation by successive governments in Bangladesh has led to remarkable improvements in sanitation coverage. JMP (2015) shows that Bangladesh has only 1% open defecation and 61% of the population enjoys improved sanitation, 28% uses shared latrines and 10% unimproved sanitation.

◊ The National Hygiene Baseline Survey Preliminary Report (June 2014) has found that more than two-thirds of the households had a handwashing station near the toilet but only 40% had water and soap available. During hand washing demonstration only 13% of the children (3-5 years old) and 57% of mothers/female caregivers washed both hands with soap.

◊ Many community forums like WASH budget clubs with community members and Women WASH Platforms at the village level address local or women-specific WASH needs in their project area to reduce inequities in WASH facilities.

Challenges:

◊ Coverage in the hard to reach areas i.e., hilly regions, islands, swamp (beels and haors), tea gardens, and water-scarce areas.

◊ Access to sanitation facilities in climate vulnerable areas as well as in rapidly growing urban slums.

◊ Appropriate sanitation facilities in public places.

◊ Frequent floods, cyclones and other natural disasters.


Despite having achieved the Millennium Development Goal on sanitation (Box 1), the progress on sanitation in Bangladesh has been inequitable and many challenges remain. Many groups like women, adolescent girls, elderly, persons with disabilities, sanitation workers and waste segregators are systematically excluded from safe and satisfactory hygiene and sanitation services. They are also excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation. Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised consultation meetings with the above mentioned groups with dual purpose of supporting the South Asian Governments to implement Commitment X of the Kathmandu Declaration, and ensuring direct voices of adolescents, women, disabled/ill people, elderly men and women and sanitation workers are heard as a first step towards their inclusion in the design, delivery, management of sanitation and hygiene services.

Ten consultation meetings were held with women and adolescent girls, the elderly and disabled, sanitation workers and rag pickers, and transgender community in various urban, slum and rural areas of Bangladesh. The women and adolescent girl group were represented by 112 participants from Shariatpur and Kalaikoir area as well as the Dhaka Slum. The elderly and disabled consisted of 129 participants from around Dhaka. The sanitation worker group consisted of 72 participants belonging to the Muslim and Harijon communities in Faridpur and from Khulna region. One meeting with 20 participants was held with the Transgender community living around Dhaka. Across these various groups, the participants were asked questions regarding their current WASH practices, the challenges/issues faced during their daily WASH practices, their coping strategies and any successes they would like to share. The Village Education Resource Center (VERC) took the lead in organizing the meetings in Bangladesh in coordination with 10 other local CSO organisations, including those working with people with disabilities and sanitation workers.
Current Practices

The participants in these consultations included women living in slums of Dhaka, women from Kalaikor and adolescent girls from Shariatpur. The women participants were primarily caretakers of their family, responsible for cleaning and maintaining their homes, cooking, fetching water, washing clothes and other domestic chores. Tube wells and dug wells are the major water source in Kalaikor and Shariatpur. They are shared by 12-15 households. In Shariatpur, the households that have no access to tube wells, use river water for their daily hand washing, bathing, washing clothes and defecation. As the river is at a distance, adolescent girls face several problems, such as sexual harassment while going to bathe in the river. There is piped water available for the slum women in Dhaka, though for many households the water connection is not legal. Except for Kaliakor where many households have individual toilets, women and girls have to use community toilets which may be located at a distance from home.

At school, there are no separate toilets for girls. Hand washing is difficult as there is no washing station or proper facilities to maintain menstrual hygiene and girls avoid using toilets in school or do not come to school during menstruation. There are no toilets available in public places such as markets and bus stations, so women and girls wait until they get home to go to the toilet.

“When I was pregnant, my husband left me and I was all alone in the house. At night when I felt the need to urinate, I could not go out, because I didn’t have the courage. I did not have any way to call anyone and say that I had such a problem.”
- Asa Begum, Kaliakoir, Bangladesh.

“In 2011 when I was in class VIII, I lost 50 days of school, 36 of which were because I was menstruating. But when I joined the UST adolescent group and learnt about MHM, it helped me a lot and I did not miss school the following year due to menstruation.”
- Mohona Islam Munni, Char Naria, Kedarpur Union in NariaUpzilla
Challenges and barriers

For the women living in slums, the major challenges are in terms of access to legal or illegal water connections depending on their location. The areas within the network of the Dhaka Water and Sewerage Authority (DWASA) have access to water at a fair price or even higher price. But the ones that fall outside this network have to rely on illegal water sellers or source water from other houses, ponds or ditches. The water problem is compounded by depleted tube-wells, especially in summer and contaminated water. Even though a CBO helped to install tube wells in the slums of Kaliakor, many communities still do not have access to community tube wells. Women in such communities face severe stress as they have to collect water from their neighbour's personal tube wells, which often become a source of conflict. Irregular and unreliable access to water also increases the number of hours women spend on domestic chores and impacts their livelihoods.

With respect to sanitation, community toilets have been built by NGOs in slum areas that are shared by many households and are at a distance from the houses. The main challenge of shared toilets is the unavailability of water, inadequate lighting, long queues and unclean toilets. The distance of toilets from their homes makes it difficult to use at night. Women depend on other members of their household to use the toilet at night and when there is not one to accompany them, they often stop themselves from urinating to avoid going out alone in the dark.

Pregnant women, especially face a lot of problems in this situation, as there is a tendency to urinate more during pregnancy and not passing urine increases the risk of urinary tract infections. There have also been instances of pregnant women falling in the toilet or on the way there.

Adolescent and young girls find it difficult to wash themselves properly and take care of their personal and menstrual hygiene, because they lack privacy and safety in toilets made of tin/corrugated sheets, through which boys often make holes and peep. Menstrual hygiene management is a challenge because they cannot afford to use clean sanitary pads. Instead they use cloth torn from old saris. The toilets in the community and schools have no bins for disposal or washing facilities for used menstrual materials.

Coping Practices

Women and adolescent girls have few choices other than delaying going to the toilet and waiting till they reach home. Girls often avoid going to school when they have their periods. Since they are afraid to go out alone and use the toilet at night, they try to drink less water and eat less. In an emergency their family members accompany them to the toilets.

Toilets are being built through the support of NGOs in the slum areas. Water pumps and tube wells have also been sanctioned in the slum areas and are being installed. Some families have constructed toilets at the household level and the household buys their own soap for personal use.
KEY ISSUES

ELDERLY AND DISABLED

Current Practices

Elderly men and women from the slums of Vashantek who participated in the consultation shared that they are compelled to use toilets which are damaged, filthy and with pits that are filled up. There are only 200 toilets for about 20,000 people leading to a severe hygiene issue exacerbated by insufficient and irregular water supply. The elderly find it hard to wait in the long queues to access these unhygienic toilets. The toilets are also not appropriately designed for them as they need to squat over the pan which is difficult at their age due weak muscles and joint pains. In the rainy season, the situation is even more critical as over 80% of the community toilets are water-logged. Most of the elderly feel they need assistance to go to the toilet at night, as there is no light in the toilets.

Challenges

A key challenge for the elderly and disabled participants is finding suitable sanitation facilities that are designed for their needs and provide privacy. The absence of ramps and handle bars makes it very difficult for persons with physical disabilities to use the toilets. They avoid going out for long periods. At times they soil their clothes as toilets are located far from home. Since water is not available in the toilets, the elderly and disabled are forced to collect water from a distance and so most defecate or bathe near a river or pond where water is available. Many are dependent on other people for fetching water and assisting them with anal and body cleaning.

Women with disabilities are especially vulnerable during menstruation and when pregnant. As they use shared toilets and bathing spaces, the risk of sexual harassment heightens their vulnerability. Going out at night to use the toilet could result in an accident. Hand washing and maintaining personal hygiene, especially during menstruation, is very difficult, as they have to depend on other people for changing the sanitary napkins/cloths or for cleaning them. Women with visual impairment are unable to collect water by themselves and have to rely on others.

11 Consultation Meeting with Elderly People in Vashantak, Dhaka, Bangladesh on 12/11/2015
There is a significant lack of awareness about the barriers that make latrines inaccessible for persons with disabilities and the elderly. For example, toilets often do not have a high commode or a wide door that can accommodate a wheelchair. Toilets are sometimes built on a platform with steps that cannot be accessed by the disabled and elderly. Slippery floors, high wash basins, no hand rails, inaccessible water points, lack of adequate water supply and many other factors make them difficult to use.

Coping Practices

Persons with disabilities manage to take care of their WASH needs thanks to the support of family members. However, if they live alone, they have to rely on the kindness of their neighbours. Some of them have also managed to adapt their sanitation facilities to meet their specific needs. Others, like Momena Begum, have joined local organisations so they can mobilize community members and advocate for safe and adequate sanitation facilities.

“I am a physically disabled person and have to depend on others to keep clean. When I get up in the morning, somebody has to give me water before I go to the latrine so that I can clean myself.”
– Ali, Mohammadpur, Dhaka, Bangladesh

Mrs Momena Begum is 70 years old and is suffering from old age related disability. She is a member of Bondhon Protibondhoi Shogstha (Bondhon Disability Organisation). Her husband died about 4 years ago and even though she has five children, none takes care of her. She lives in Vashantek slum, Dhaka. She is very concerned about the lack of public awareness, proper sanitation and water management facilities which has led to the unhygienic conditions in the slum, especially for elderly and disabled people. Her personal experiences motivated her to join Bondhon Protibondhoi Shogstha. She now leads a forum of the elderly people and maintains the linkages with other organisations, especially the local government institution and its elected representative.
KEY ISSUES

SANITATION WORKERS AND WASTE/RAG PICKERS

“Our problems are related to dilapidated houses, access to safe water and our children’s education. Our work is risky as we have to go down inside septic tanks risking our lives. There are some thugs who abuse our women when they go to work at night to sweep the roads. If we go to the police, they do not help us. We cannot educate our children with the salary we get and neither can we run our families. And we don’t have a good place to stay.” - Mohammad Rafiq Sheikh, Sanitation worker, Faridpur, Bangladesh

Current Practices
Sanitation workers and waste/rag pickers often belong to the lowest castes in the community. The Harizon or harijon communities in Khulna and Faridpur, and the Muslim sanitation workers in Faridpur participated in the consultations and shared their current WASH practices, challenges, key asks and recommendations for improvement. Within these communities, the current WASH practices are largely related to their working conditions and to their living environment. Harizon communities have insufficient water points and have very few latrines. There is a long queue each morning to use the toilet. Since they do not have access to sufficient tube-wells, they have to rely on rivers, ponds or ditches. They believe that because they belong to the lowest caste in society, their health and hygiene needs are not addressed, even though they are responsible for keeping the surroundings and others toilets clean.

At the work place, there is no access to sanitation facilities and they have to resort to using water from drains, ponds or ditches for even cleaning their hands. They reported that no soap is available at work so before eating, they wash their hands only with water. Washing hands with soap after defecation is also not a common practice. In many of their work places, they are not allowed to use public toilets and have to relieve themselves in the open.

Most of the female sanitary workers and waste collectors use old cloths during their menstruation and reuse it after washing.

Challenges
Sanitary workers and rag pickers are highly vulnerable due to the occupational hazards they face. Although they are engaged in sanitation work and picking up decomposing garbage/waste, they usually do not have any protective gear, such as gloves, boots or facemasks etc. The toxic gases from septic tanks and latrine pits affect their eyes and cause various illnesses, especially lung and skin infections.

13 Consultation Meeting with Sanitation Workers, Khulna, Bangladesh on 28/11/2015
Discrimination against them in public spaces is common. Since they are not allowed in most households and do not have access to washing facilities in public spaces, they are unable to wash their hands and face and rinse their eyes after work.

In addition, they get low salaries and there is no fixed rate for pit cleaning. Women sanitation workers are paid less than half of what male sanitation workers earn (80 Tk as opposed to 185 Tk). There is no medical care allowance. Working opportunities are decreasing due to mechanisation, for example the use of vacutugs. The situation is made worse by the practice of illegal sewerage connections, i.e. direct connection of septic tanks to the drains or canals, which not only impacts the environment but also eliminate the need for sanitation workers. The Harizon communities, as well as the Muslim sanitation workers live in poverty and work in unhealthy conditions with low and irregular income. They are able to support their families when they have work and at other times resort to borrowing money from moneylenders.

**Coping Practices**

Health and hygiene are neglected areas as they cannot afford proper medical care and do not have the protective gear to take necessary precautions at the workplace. However, through the help of various NGOs in their area, they have learnt about their rights to water and sanitation. Due to their low caste status, however, they are unable to ensure these basic amenities for themselves.

“...I used to make barely 300Tk per day, cleaning pits and suffered frequent bouts of illness. In September 2015, Practical Action, an organisation working with sanitation workers, trained us to use a mechanical pump to clean the pits. This pump helped us to remove the liquid sludge very quickly without having to get into the septic tank. It also saves time, as we can now do two to three pits in a single night whereas earlier this was not possible. My earning has doubled and there is a visible improvement in my skin problems.” - Chandan Hela, Municipal Sanitation Worker, Dhaka

14 Consultation Meeting with Muslim Sanitation Workers, Faridpur, Bangladesh on 9/11/2015
“...the low quality houses we live in have neither water nor adequate toilets. Water, even if available, is so foul smelling that we cannot use it. So, we pay the rent just in order to have a roof over our heads. What else can we do? We cannot sleep on the roads. For water, we have to go from this area to another area. Even there we are victims of discrimination. People scold us and tell us to go back. They say, “Why do you come here to give us trouble? Why do you disturb us?” - Sumon Raj, a transgender person, Mohammadpur, Dhaka, Bangladesh

Current Practices

The Transgender Community in Dhaka faces extreme discrimination and harassment as part of their daily lives and especially with respect to their WASH needs. They often have difficulty finding a decent accommodation due to the discrimination faced from the society, and end up living in highly congested slums with other members of their own community.

There are only two toilets for 25 to 30 households in the slum where they live. Because they are socially excluded, they are forced to use the toilet after the other residents and end up waiting much longer. Most transgender people bathe in ponds or the railway station or even in drains, if they cannot find another place. They also defecate in these places, as water is available.

Challenges

All the participants from the transgender community stated that they live in a very hostile environment due to the discrimination they face at the hands of their family and society at large. People cannot live without their basic needs, so they are forced to beg or seek sex work to earn a living. Being exposed to unhygienic conditions and not having access to sufficient water and toilets, they are frequently affected by infections of skin, urinary tract and perianal area. They have to rely on treatment by unqualified medical practitioners, as they cannot access and afford proper medical treatment. The transgender participants also shared that they find it difficult to use public toilets as they are chased away from toilets for women and are ridiculed and sexually harassed in toilets for men. They have no access to public facilities even though the state has recognized them as the third gender. They feel that this recognition exists only on paper and not in reality.15

15 Consultation Meeting with Transgender Group, Dhaka, Bangladesh
“Transgenders face a lot of discrimination because of their sexual identities. Many of us live in slums with few WASH facilities because either we have been rejected by our families and cannot afford rentals in better areas, or the landlords are not willing to rent their flats to transgenders. Access to public toilets is also a challenge because if we go to the men’s toilets we are often sexually harassed and if we use the women’s toilet, the women get scared and abuse us. Once I went to the women’s toilet and was abused by the women in there. So then I went to the men’s toilet, only to get assaulted. Ever since, I am scared of using public toilets. I feel it is time the government understood our needs and helped us lead a life of dignity by ensuring facilities for us and sensitizing people on our issues.” Joya Sikder, Dhaka, Bangladesh
1. Ensure accessible, clean and well maintained WASH facilities for the elderly, persons with disabilities, women and adolescent girls.

2. Design and build WASH facilities with handle bars, a high commode, accessible water points, and standard doors/walls to ensure safety and privacy of the elderly, the disabled, women and adolescent girls.

3. Organisations/persons responsible for building WASH facilities should consult the end users to take into account the specific needs and concerns of women, the elderly and disabled.

4. Organize WASH-related training programs for persons with disabilities in order to train them on the various options for improved access and use of WASH services.

5. Develop and enforce norms for equal wages for male and female sanitation workers.

6. Provide sanitation workers with protective gear, such as gloves and facemasks to improve their working conditions and protect them from various diseases.

7. Ensure that transgender people can access public toilets, as well as, community toilets and implement awareness campaigns to sensitize the public on the transgender community.

8. Build and maintain separate male and female WASH facilities in public places.

9. Ensure that all public toilets for women have provision for menstrual hygiene management.

10. Ensure separate toilets for girls and boys in schools, colleges, hostels and other educational institutions.

11. Empower and train school management committees to take the responsibility for ensuring that school toilets are cleaned and maintained regularly.

12. Ensure that girls and women have access to safe bathing spaces where they can maintain their personal hygiene needs.


14. Build tube-wells and toilets on a higher plinth level so that these are above the flood water level and do not get submerged during floods.
1. Separate National Budget for WASH
The national budget should have a separate section for water, sanitation and hygiene, which would enable better allocation to the hard to reach areas as well as focused implementation of programmes.

2. Allocation of adequate WASH budget for urban poor
Sanitation for the urban poor living in the slums needs special attention by government and policy makers. Providing sanitation services to urban slum dwellers is a multifaceted challenge that needs to be addressed not only at the technological level but also on a social level focusing on access to space and behaviours. Adequate budget need to be allocated not only for construction but also maintenance of these facilities. The expenditure should be monitored so that slum dwellers get proper services and are able to maintain the infrastructure.

3. Development of Strategies to address WASH needs of Marginalised communities
Government does not have a separate strategy to address the sanitation and hygiene needs of Marginalised communities. This is necessary to ensure that Marginalised communities are well served by WASH facilities. This would include user-friendly WASH facilities (gender and disability friendly) at educational and public institutions, as well as in public places.

4. Inclusion of Marginalised groups
Members of Marginalised groups must be invited to share their opinions and preferences in appropriate government forums and such spaces should be created by civic and local self-government bodies. This would ensure that proper advocacy can be taken up to resolve the issues and serve Marginalised communities.

5. Implementation of dedicated WASH programmes by (local) government
Local government institutions, especially in urban and rural areas, should have dedicated programmes for slums/low income communities. Accountability mechanisms, with representatives from these communities, need to be in place for these programmes.

6. Implementation and Monitoring of WASH Policy in schools
Recently government has sent out an order to all the government high schools to make arrangements for separate toilets for girls and boys and also have MHM facilities available for girls at schools. Government should also put in place monitoring mechanisms to assess the implementation of the order.

7. Policy to ensure safety norms for sanitation workers
Government should have a policy to provide financial security and safety norms for sanitation workers and waste collectors. Equal pay for men and women, fixed rates for pit cleaning, medical insurance and safety equipment must be ensured through legislation. Mechanical pumping should be made mandatory for emptying of pits and drains. Norms and standards for construction of septic tank must be legally enforced and monitored, banning their direct connection to drains.

8. Fecal sludge management (FSM) should be made a priority
Fecal Sludge Management has been recognized as a priority in the National Water Supply and sanitation strategy (2014). Guidelines and institutional mechanisms need to be set up to ensure sustainable and improved fecal sludge management in all cities and towns of the country. Research for newer technologies and dissemination of successful pilots should be taken up as priority by government in collaboration with civil society organisations, private sector and public entities.
9. Community toilets and tube-wells should be built where space is an issue

Slums mostly do not have space for individual household toilets and tube wells. In such cases, community toilets and tube wells can offer a useful alternative and should be installed to ensure access to private sanitation facilities and safe drinking water. Community groups should identify corporate resources to build these facilities as well as lobby with government institutions, especially with local government institutions.

10. CSO and Communities should advocate for user friendly WASH facilities

CSOs and community groups, like Women WASH Platforms and WASH Budget Clubs, need to advocate with upzila parishods and union parishods to ensure the implementers of sanitation programmes understand the sanitation and hygiene needs of all groups and design the infrastructure accordingly. Civil society should build the capacity of these community forums to take up advocacy action. Media must take up campaigns to highlight the challenges faced by these groups.

The way forward

The Leave No One Behind consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets. We need to address stigma and discrimination, that act as barriers and prevents the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.
ANNEXURES

Annexure I: List of Consultations

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Annexure II: List of Partners

ADD International Bangladesh
Alor Shaya Protibondhi Unnayan Shongstha
Bangladesh Society for the Change and Advocacy Nexus (B-SCAN)
CDC Federation
Dushtha Shasthya Kendra (DSK)
Muktir Songram Protibondhi Unnayan Shongstha
Practical Action Bangladesh
Protibondhi Nagorik Shangathaner Parishad (PNSP)
Somporker Noya Setu
Unnayan Shahojogy Team (UST)
Village Education Resource Center (VERC)
About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

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