

BUDGET Tracking: A Civil Society Initiative in BANGLADESH



The Context of the Country

Bangladesh is one of the largely populated countries in the world having 155 Million populations. Safe drinking water supply coverage was 97% in early nineties. Due to widespread arsenic contamination safe water coverage goes down to 74 % in 2004. The main problem for water supply in Bangladesh lies in its quality, especially in the widespread contamination with arsenic. A specific problem of the coastal region is the intrusion of saline ground water. A third source of contamination is human excreta, due to unsanitary latrines (e.g. so-called hanging latrines). The JMP report 2012 revealed that the safe water coverage in Bangladesh is 81% and improved sanitation coverage is 56%. Water supply and sanitation sector is vulnerable to potential threat of climate change. Surface water sources in coastal region are contaminated due to the frequent natural disasters (e.g. the cyclones Sidr in 2007 and Ayla in 2009), destroying and flooding tube wells, ponds and latrines.

What is about the Initiative?

The project `s area of focus was Water, Sanitation & Hygiene (WASH, for short) for the most impoverished section of people living in some selected remote locality of rural Bangladesh. The project initiative monitors implementation of WASH budget to encourage the community, particularly the marginalized women to participate in the budget related sessions of the Union Parishad to express their needs with a view to achieve WASH objectives in the intervention areas. The project activities required frequent interactions with various levels of stakeholders, civil society members, academia and different service providers, who are less focused in WASH improvements through budget advocacy which ultimately matters for the poorest of the poor. DORP`s initiative to effect changes in the mind of the community people and also to bring changes in the institutional behavior of the local public offices.

Brief

Health Village: WASH Monitoring Perspective Project is a process of involving community in WASH Budget Monitoring (Tracking) at Upazila and downwards level in Bangladesh

Initiative in Reality “Health Village: WASH Monitoring Perspective”

“Health village: WASH Monitoring Perspective” is an experience based project of DORP, which started in March 2011. Safe water and sanitation for all by 2013 are governmental commitments for which the government needs huge financial allocation and also its proper utilization. DORP’s responsibility is to aware the community in the need of WASH rights and availability of WASH services at the union and upazila level while allocation and utilization of WASH budget is an advocacy issue. By involving various WASH and non-WASH stakeholders, the initiative is trying to play role in the use of existing WASH policies and plans and also trying to involve local decision makers to implement of available WASH related policies and plans to bridge between the community and the local government representatives. Besides, the initiative also monitors implementation of WASH budget to encourage the community, particularly the marginalized women to participate in the budget related sessions of the union parishad to express their needs with a view to achieve WASH objectives in the intervention areas.

Project Intervention Area:

The Health Village: WASH Monitoring Perspective Project is implementing by Development Organization of the Rural Poor (DORP) in six sub-districts of Bangladesh, which are Barguna Sadar, Fakirhat, Ramgati, Kuliarchar, Bhuapur and Sirajgonj Sadar, funded by Simavi, The Netherlands. To select this project area DORP emphasized especially coastal area, flood prone area and haor area.

The Project Objective:

Poverty reduction through community empowerment, increase access to and use of safe water and sanitation services and improved hygiene practices for women and marginalized and establishing 22 agenda of Health village Model.



The Project Approach:

Total 40 categories of activities have been executed each year through five approaches: i) Social Mobilization ii) Lobbying and Advocacy iii) WASH monitoring iv) WASH budget monitoring and v) Capacity Strengthening. Indicator analysis, budget monitoring tools and school WASH monitoring tools have been developed to monitor WASH situation.

This initiative has a scope to use Civil Society’s capacity and the capacity of Local government : Union Parishad’s both health and water, sanitation standing committee to monitor progress (promoting user or downward accountability) and to reduce the ‘disconnect’ between macro level (policy formulation) and micro level (implementation, for example at union level).

Communications Strategy:

Audio Visual documentary, regular interview with print media, Advocacy meeting, consultation meeting, one to one meeting, workshop, dialogue, human chain, TV talk show, messag- es through tri-cycle, information board, banner, leaflet, sign board, health message, rally, and day obser- vation.

The Challenges of WASH Budget Monitoring:

- * To educate community on budget issues (allocation and its use). E.g How budget influence their WASH life? Number or Money into advoca- cy issue etc.
- * Community needs are not taken into account during preparation of the Union WASH budget; when started budget monitoring works, local government authority found this budget monitoring/tracking as opening many things to com- munity.
- * Access to budget data and Trans- lating budget issues into Right to WASH issue
- * WASH budget allocation and/or Materials on WASH is supposed to make available by DPHE, but it is not clear to community . There- fore understanding the role of DPHE to the community is a chal- lenge .
- * Service providers at Upazila level are not fully oriented on imple- mentation (budget) of sectoral development plan (SDP) as well as commitment.

Ways Forward:

This program WASH has shown its potentials and proved to be an effective strategy to increase of the real access of people to budget monitoring and imple- mentation at union level water, sanita- tion and hygiene. A better informed population is better equipped to make sure that the service provided are done efficiently, and they are more likely to be in a position to participate constructively thus sustainability is ensured.



Lessons Learnt:

- Community people are interested to know the WASH budget, but they are unable to communicate with the union parishad. Union Parishad does not get WASH budget from the respective upazila in timely.
- The budgetary process is still conventional in practice, not transparent to all and that the poorest segment of the society is the main target in the planning of budget.
- Water, Sanitation and hygiene are social determinants of health, for which the Local Government Division, through the DPHE and the Union Parishad is responding to provide service in rural areas.

Budget Tracking: Linking with Local Budget Allocation & MDGs' Allocation

Total Annual Costs for Achieving MDGs by 2015 in Bangladesh

MDG 7 - Water Supply and Sanitation									
Sub-total in BDT Billion	120.13	131.48	148.53	131.68	137.93	144.37	151.14	965.26	137.8943
Sub-total in USD Billion	1.76	1.92	2.17	1.93	2.02	2.11	2.21	14.11	2.02
Per capita in BDT	819.27	884.2	984.94	861.13	889.4	918.04	947.71		900.67
Per capita in USD	11.98	12.93	14.40	12.59	13.00	13.42	13.86		13.17

	2009	2010	2011	2012	2013	2014	2015	Total	Average 2009-2015

Source: MDGs Need Assessment and Costing 2009-2015 Bangladesh by GED of Planning Commission

Need **US\$ 12.59 /Capita** in 2012 for Water Supply and Sanitation to achieve MDG target BUT it is **One fifth** now, i.e **US\$ 2.4 /Capita** in 2012



Supported by: **simavi**

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