

**Government of Bangladesh  
Local Government Division, Policy Support Unit**

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# Sector Development Plan (FY 2011-25)

## Water Supply and Sanitation Sector in Bangladesh

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### **WORKING DOCUMENT NUMBER 3**

Sector Wide Approach (SWAp): A Road-map for the  
Water and Sanitation Sector in Bangladesh

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*The working documents were used as background materials for preparing the Sector Development Plan (SDP). The factual information and views expressed in the working documents are of the authors and does not necessarily of the Policy Support Unit or of the agencies that the authors belong to.*

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## **THE SECTOR-WIDE PROGRAM APPROACH**

With a view to rationalizing and simplifying the modalities of aid delivery sector wide approaches (SWAp) were first initiated in the health sector in the early 1990s. In this approach donors and lenders collectively contributed to funding the entire health sector of those countries. Since then most of the donors adopted this approach in many countries and expanded it to other sectors as well. Bangladesh, along with some African countries, was a pioneer in adopting the sector wide approaches for health sector development.

In the past, donors provided support through project aid, resulting in many self contained projects which tended to fragment the health system, or through programme aid, where particular donors may provide funds through national budgets. In sector wide approaches donors agree to contribute to a single basket of funds, which in turn contributes to the country's national plan. The partner government and development agencies negotiate and agree policies and plans for development in the sector, including resource allocation, and aid is provided within this context.<sup>3</sup> The potential benefit is that money is spent on priorities set by the country, not external agencies, and aid is more efficiently managed through the country's existing structures, with only one set of monitoring and accounting mechanisms.<sup>1</sup>

## **EXPERIENCES OF SWAP IN BANGLADESH**

So far there have been two sector wide approaches (SWAp) in Bangladesh-one in the health sector and the other in the primary education sector. In spite of both being programs there are significant differences between these two SWAps. A review of these two programs could present significant lessons for a SWAp in WSS sector.

### **HNPSP: THE SWAP IN THE HEALTH, NUTRITION AND POPULATION SECTOR.**

In Bangladesh the first SWAp was adopted in the health and population sector during the late 1990s. The Health and Population Sector Strategy was developed on the basis of consensus between the GoB and the development partners. Subsequently the Health and Population Sector Program (HPSP) was formulated based on the HPSS. A five year Program Implementation Plan (PIP) was developed and put in place for implementation in 1998.

During the HPSP period (1998/99-2002-3), the proportion of Government health expenditure going to ESP rose to as targeted to over 65 percent. Two poorest quintiles account for over half of those using facilities at upazila level and below. However, unmet health needs continue to be greatest among the poor and progress in improving health indicators under HPSP was less than optimal, particularly in the priority areas.

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<sup>1</sup> Javier Martínez, (2008) ;Sector wide approaches at critical times: The case of Bangladesh

In order to address these deficiencies of the HPSP and with the long-term aim of creating a modern responsive, efficient and equitable HNP sector, the Ministry of Health and family welfare (MOHFW) started a new program from 2003/4 called the Health, Nutrition and Population Sector Program (HNPSPP). The first two years of HNPSPP was more like a bridging period for preparation and negotiations with the key stakeholders.

The MOHFW prepared the conceptual framework for the HNP sector after extensive consultation with the sector stakeholders, which set out a situation analysis and identification of the main issues that needed to be addressed. Based on this conceptual framework a three-year Program Implementation Plan (PIP) was prepared, which was approved by ECNEC on 17 March 2004. This PIP was in operation with GOB financing and development partners contribution through contingency plan and bilateral funding.

However, with a view to achieving longer term strategic objectives, in November 2004 a Strategic Investment Plan (SIP) was prepared. It was prepared in line with the millennium development goals (MDG) and poverty reduction strategies of the Government of Bangladesh. The SIP identified the key investments needs, required to accelerate the process of modernizing the HNP sector so that the sector becomes more efficient and more responsive to the clients' needs.

Based on the Strategic Investment Plan, Conceptual Framework and PIP of HNPSPP (2003-2006), the preliminary document entitled "Health, Nutrition & Population Programme Proposal (HNPPP)" was developed in January 2005 for aid negotiation with the World Bank as the lead organization for pool funding and also the DP Consortium. Subsequently a revised PIP (2003-2010) was prepared and was approved on 31 January 2006.

However, to incorporate the recommendations of the Mid Term Review (MTR), held in April 2008 and to extend the program to 2011 the PIP was once again revised in August 2008. Issues like emergence of avian influenza, re-emergence of kala-azar, malaria etc. response to cyclone SIDR, renewed efforts to achieve MDGs particularly of maternal and child health were also taken into account during this second revision of the PIP.

#### **Implementing Agency:**

Ministry of Health and Family Welfare (MOHFW) and its attached departments such as Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGP), Directorate of Nursing Services, Directorate of Drug Administration, National Institute of Population Research & Training (NIPORT), National Nutrition Programme (NNP), Construction and Maintenance Management Unit (CMMU) and Public Works Department (PWD) of the Ministry of Housing and Public Works have been implementing the programme throughout the country.

**Goal:**

Within the overall development policy framework of the Government of Bangladesh, the goal of the Health, Nutrition and Population Sector Program (HNPSP) is to achieve sustainable improvement in health, nutrition and reproductive health, including family planning, status of the people, particular of vulnerable groups, including women, children, the elderly and the poor with the ultimate aim of their economic emancipation and physical, social, mental and spiritual well being and thus contribute to the poverty reduction of the country.

**Priority Objectives:**

Within the context of the PRS, the HNPSP has been emphasizing reduction of severe malnutrition, high mortality and fertility, promoting healthy life styles and reducing risk factors to human health from environmental, economic, social and behavioral causes with a sharp focus on improving the health of the poor. Priority objectives, by which the success of HNPSP be measured, are (i) reducing MMR (ii) reducing TFR; (iii) reducing malnutrition (iv) reducing infant and under-five mortality; (v) reducing the burden of TB and other diseases and (vi) prevention & control of non-communicable diseases including injuries. The table below shows the priority objectives with unit of measurement, benchmark figure and projected targets.

**Table 1: HNPSP priority objectives and indicators with benchmarks and targets**

<b>HNPSP Priority Objectives</b>	<b>Units of Measurement</b>	<b>Benchmark (with Reference Period and Source)</b>	<b>Achievement with reference period and source</b>	<b>Projected Target Mid-2011</b>
Reducing Maternal Mortality	Proportion of births attended by skilled health personnel	15.5% (BDHS 2004)	18% (BDHS 2007)	43%
	Maternal deaths per 1,000 live births	3.2 (BMMS, 2001)	2.75 (ESD,HS 2005)	2.4%
Reducing the Total Fertility Rate	Lifetime number of births per woman at current-period age-specific fertility rates	3.00 (BDHS 2004)	2.7 (BDHS 2007)	2.2%
Population Growth Rate	The average annual percent change in the population, resulting from a surplus (or deficit) of the births over deaths and the balance of migrants entering and leaving the country	1.42% (MTBF2008-11)	1.35% (MTBF2008-11)	1.20%
Reducing Malnutrition	% of underweight children age 6 to 59 months (weight-for-age Z-score < -2)	50.9% (Child Nutrition Survey of Bangladesh 2000)	46.3 (BDHS 2007)	36%
	% of severely underweight children age 6 to 59 months	12.9% (Child Nutrition Survey of Bangladesh 2000)	10.9 (BDHS 2007)	<2%
Reducing infant and Under-five Mortality	Infant deaths per 1,000 live births	65.0 (BDHS 2004)	52 (BDHS 2007)	37%
	Deaths in children under 5 per 1,000 live births	88.0 (BDHS 2004)	65 (BDHS 2007)	52%

Reducing the Burden of HIV/AIDS, TB, malaria and other diseases	Case detection: Proportion of estimated new smear positive TB cases detected in a given year	38% (NTP, 2003)	72% (NTP, 2007)	70%
	Cure rate: Proportion of registered smear positive TB cases Successfully treated under DOTS in a given year	83.7 % (NTP, 2003)	92% (NTP, 2007)	85%
	HIV prevalence among pregnant women aged 15 to 24 years	<1% among High-risks groups except IDUs in Central Dhaka with 4% (5 <sup>th</sup> Surveillance 2004)	<1% among High-risks groups except IDUs in Central Dhaka with 7% (7 <sup>th</sup> Surveillance 2007)	<1% in General population
Prevention and Control of major Non-communicable diseases	Prevalence of Smokeless Tobacco use in adults	20.9% (WHO 2004)	N/A	15%
	Prevalence of Smoking in adults	19.7% (WHO 2004)	N/A	15%
	Increase screening of Early Detection of Cancer (Cervix, Breast & Oral Cancer) through Self Examination	N/A	N/A	30% of the eligible women
	Detection of Hypertension with awareness raising	N/A	N/A	20%

## FINANCING AND FINANCIAL ARRANGEMENT OF HNPSP

In HNPSP there are three sources of funding, GoB Revenue, GoB Development and DPs contribution. During the whole program period (2003-2011) GoB revenue is estimated to account for 55.69% of the total budget, while contribution from GoB development and DPs is estimated to account for 16.85% and 27.46% respectively of the total budget. Of the development budget GoB's share is 38.02% and DPs share is 61.98%.

**Table 2: Financing Arrangements of HNPSP**

*(Taka in Lakh)*

Financing Pattern	Original (2003-2006)	1 <sup>st</sup> Revised (2003-2010)	2 <sup>nd</sup> Revised (2003-2011)	
GOB (Development)	140000.00	542970.00	<b>629911.82</b>	
PA	320000.00	1079350.00	RPA	627330.06
			DPA	399404.65
			PA	<b>1026734.71</b>
<b>Sub Total (Development)</b>	<b>460000.00</b>	<b>1622320.00</b>	<b>1656646.53</b>	
GOB (Revenue)	481000.00	1622710.00	2081764.52	
<b>Total (Rev + Dev)</b>	<b>941000.00</b>	<b>3245030.00</b>	<b>3738411.05</b>	

Two different modalities exist for allocation, disbursement and use of DPs funds. Pooled funds provided by pooled DPs in proportion to their financing share of the agreed **operational plan (OP)** and budget is made available to implementing agencies or spending units through GOB's normal budgetary channels. While non-pooled funds, technical assistance and in-kind contributions provided by DPs are

being directed towards specific projects or budget lines in the OP or budget in accordance with bilateral arrangements between GOB and the respective DPs.

In accordance with bilateral arrangements between IDA and some Pooled DPs, the said Pooled DPs, deposit their contributions to a trust fund managed by IDA. IDA transfers the fund to a FOREX Account of the program at the Bangladesh Bank.

## **FUND FLOW MECHANISM**

### **Pooled Fund**

IDA deposits into HNPSP FOREX Account, held by GoB at the Central Bank, an amount corresponding to Pooled DPs share of six months estimated expenditure of the operational plan. GOB's normal budgetary channels are used to make funds available to the implementing agencies or spending units. Following the completion of each quarterly review meeting MOHFW requests disbursements from Pooled DPs on a quarterly basis. The disbursement requests are based on the agreed OP, budget and Procurement Plan.

### **Non-pooled Fund**

Arrangements for disbursement of non-pooled funds has been negotiated between GOB and each non-pooled DP and incorporated into bilateral financing arrangements between the two parties.

### **Funding from Line Directors to Cost Centre**

According to existing GOB system of release of funds, Line Directors disburse funds to various cost centers, i.e. Drawing & Disbursement Officer at Regional level. Districts and Upazilas. Disbursements are made quarterly on the basis of approved Administrative Order (AO) [or each Operational Plan. The Chief Accounts Officer (CAO) of MOHFW transmits copies of the AO to the Divisional Comptroller of Accounts (DCA). District Accounts Officer (DAO) and Upazila Accounts Officer for ensuring that expenditures are consistent with approved spending.

### **Performance-Based Financing (PBF):**

In order to promote achievement of key outputs or reforms of HNPSP, a percentage of the pooled funds have been allocated to a specific category, disbursement of which would be based on certain performance indicators each year.

**TOTAL HNPSP SUPPORT**

**Ministry of Health & Family Welfare  
Health, Nutrition & Population Sector Programme (HNPSP)  
Government of Bangladesh Contribution [BDT 271167.6 m]  
Japanese Debt Cancellation Fund (BDT 2500 m)**

**Ministry of Local Govt..  
Rural Development &  
Cooperatives**

**MOF/ERD/  
MOLGRD&C**

**POOL FINANCIERS  
Development Partners  
[\$861.25 m]**

CIDA (\$ 5.05 m)  
DFID (\$ 194.80 m)  
EU (\$ 108.37 m)  
IDA (\$ 320.74 m)  
The Netherlands (\$45.00 m)  
Sida (\$75.87 m)  
UNFPA (\$1.0 m)  
KFW (\$55.07 m)  
Investment Income (\$10.35 m)

**NON-POOL FINANCIERS  
Development Partners  
[BDT 40609m]**

JAPAN GOVT. (BDT 498 m)  
UNICEF (BDT 1596 m)  
UNFPA (BDT 1473 m)  
WHO (BDT 5471 m)  
CIDA (BDT 2710 m)  
USAID (BDT 6649 m)  
GFATM (BDT 7865 m)  
GAVI (BDT 5365 m)  
DFID (BDT 923 m)  
EC (BDT 1100 m)  
KFW (BDT 4517 m)  
GTZ (BDT 321 m)  
ARC (BDT 262 m)  
IDB (BDT 805 m)  
JICA (BDT 713 m)  
GDF (BDT 181 m)  
ORBIS Intl. (BDT 21 m)  
Sight Savers Intl. (BDT 65 m)  
Save The Children USA (BDT 2 m)

**1.1 Other DPs  
[\$96.5 m]**

ADB (\$50 m)  
DfID (\$28.3m)  
EU (\$13.2 m)  
Sida (\$5 m)  
Urban Primary Health  
Project ESP NGO  
Service delivery  
funded MOLGRD&C

**USAID  
[\$210 m]**

Rural/ urban ESP  
activity funded  
through NGOs

## **PEDP II: THE SWAP IN PRIMARY EDUCATION**

### **Background**

Because of the realization that fragmented approaches through projects was not helpful for long-term institutionalization and sustainability the Development Partners (DPs) and the Government of Bangladesh (GOB) jointly agreed to adopt a program approach to achieve quality in primary education in Bangladesh.

As a result, the Second Primary Education Development Program (PEDP-II), the first ever sector-wide program (SWAP) in the education sector of Bangladesh, covering the sub sector of primary education, was undertaken.

During almost a two-year long preparatory phase of the program, intensive consultations were held with the stakeholders under a GOB-led participatory process. Based on these consultations the program design, management and implementation mechanisms were finalized.

The Second Primary Education Program was included in the GOB's Annual Development Program (ADP) of the financial year 2003-04. As such, officially the Program existed since June 2003. However, The ADB loan for PEDP-II was declared effective on 19 April 2004 and the IDA credit became effective on 22 May 2004. The first Joint Inception Review Mission was held during June 12-20, 2004 and its second phase was undertaken during 7-18 July 2004. The Prime Minister formally launched the program on 8th September 2004. However, the expenditure from the Program could be started only at the beginning of 2005, after initials advance from all the three sources of pool funds were available.

### **Implementing a Program Approach**

To ensure sustainable quality improvement, PEDP II was designed to be implemented through a Program Approach with the Directorate of Primary Education (DPE) acting on behalf of the Ministry of Primary and Mass Education (MOPME) as the executing agency for the program under the direction of the Director General (DG) of the DPE. DPE was required to implement the massive Program through its existing structure and workforce unlike the previous project-styled implementation arrangements. The development of strategies to achieve and institutionalize an integrated and coordinated sub sector program for primary education through which development activities can be coordinated with an over arching program approach, is one of the major challenges for the success of PEDP-II.

### **Funding**

PEDP II is financed jointly by the Government of Bangladesh (GoB) and 11 development partners (DPs) – the ADB (lead DP), CIDA, DFID, EC, Norway, the Netherlands, Sida, World Bank, UNICEF, Australia, and JICA. The original total financing envelope of the PEDP II is \$1,815 million over six years (2004-2009), comprising \$1,161 million (64%) equivalent from GoB including \$864 million for the stipends program and \$654 million (36%) from the DPs.



**Table 3: PEDP II Financing arrangements**

Source	Total Cost (US \$ Million)	Percentage of total cost
Asian Development Bank (ADB)	100	5.5
International Development Agency (IDA), The World Bank	150	8.3
Department for International Development (DFID)	150	8.3
European Commission	100	5.5
Netherlands	50	2.8
Norwegian Agency for Development (NORAD)	40	2.2
Swedish International Development Authority (SIDA)	29	1.6
Canadian International Development Agency (CIDA)	20	1.1
Government of Japan (JICA)	3	0.2
United Nations Children's Fund (UNICEF)/ Australian Government	12	0.7
Government of Bangladesh (GOB)	1161	63.9
<b>Total</b>	<b>1815</b>	<b>100.00</b>

However, as endorsed during the Mid Term Review (MTR), the total cost for PEDPII was revised upwards from \$951 million to \$1,101 million excluding stipends. The increased amounts largely come from additional funds from CIDA (fresh funds of CAN\$ 30 million) and EC (expected gains through the different exchange rate at the date of signing and the rate prevailing at the MTR). The revised cost also includes increased contributions from the parallel financiers (JICA, AusAID through UNICEF).

### **PEDP-II SCOPE, DESIGN, DESIGN AND IMPLEMENTATION ARRANGEMENTS**

Under PEDP I, development activities were implemented through discrete projects, with separate offices, and manpower. To improve sustainability, PEDP-II was designed as a sub-sector program to cover all government-supported primary

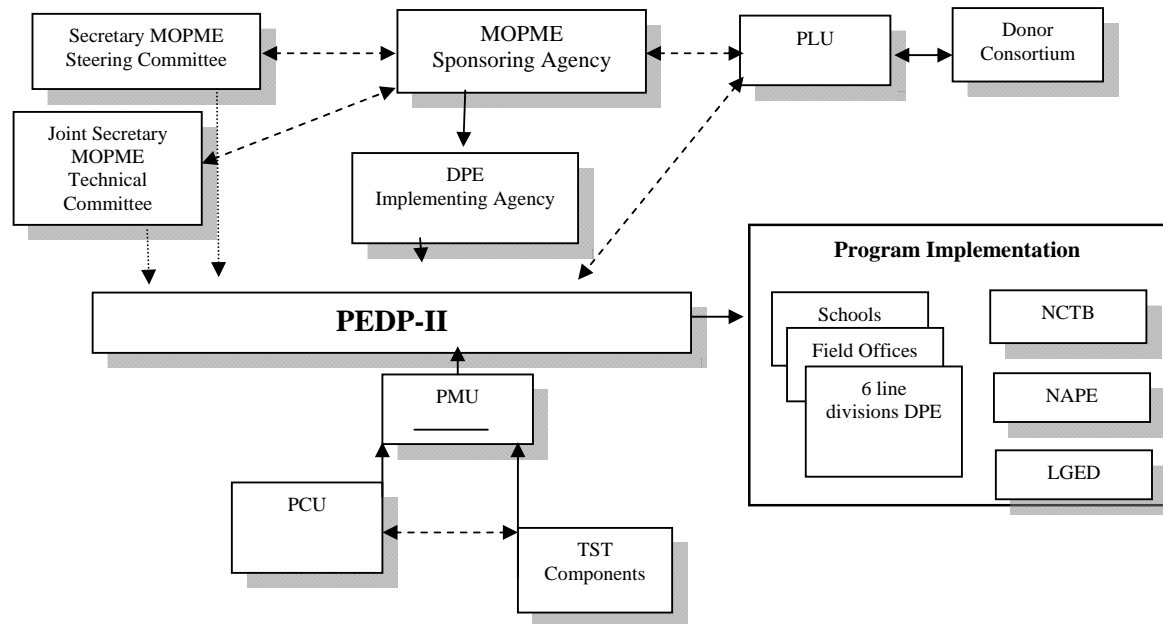
education and with all activities to be institutionalized within the administrative and organizational set up of the MOPME and the DPE. During its early period, PEDP-II focused on capacity building in preparation for program implementation.

The Ministry of Primary and Mass Education (MOPME) is the Executing Agency for the PEDP-II and is responsible for the overall policy, administration and guidance of the program. The Directorate of Primary Education (DPE) is the implementation agency with all the activities implemented through the appropriate Line Divisions of DPE, and where appropriate, through the National Academy for Primary Education (NAPE), the National Curriculum and Textbook Board (NCTB), and the Local Government Engineering Department (LGED). MOPME has established a 20 member Program Steering Committee (PSC), comprising high-level representatives from relevant Ministries. The Steering Committee holds meetings every quarter or as and when necessary and required. There is also a Technical Committee, chaired by the Joint Secretary (Development) of MOPME, in accordance with paragraph 21.1 of the PEDP-II Project Proforma (PP).

A PEDP-II Donor Consortium has been established, consisting of the eleven Development Partners (DPs) who are providing financial support to the PEDP-II (ADB, WB-IDA, DFID, EU, Netherlands, NORAD, SIDA, CIDA, UNICEF/AusAID, JICA). The Consortium is intended as a coordinating agency for ensuring coherence between PEDP-II and the broader development efforts of development partners, particularly in relation to the national poverty reduction strategy. The consortium has an agreed code of conduct. The Donor Consortium meets formally in each quarter. It carries out regular monitoring reviews of PEDP-II with the GOB through a joint annual review mission and an annual thematic review mission. The ADB, the Lead Agency, has appointed a Program Manager (PM) for PEDP-II.

A Program Liaison Unit (PLU) was set up for everyday functions, with a Team Leader who is accountable to the Country Director through the Program Manager. The PLU was to provide regular information and guidance on issues of policy importance, act as a link between the Development Partners, the MOPME and the DPE. The PLU is responsible for monitoring and evaluation of the Program on behalf of the DPs. The following organization chart identifies the key organizational structures involved in PEDP-II

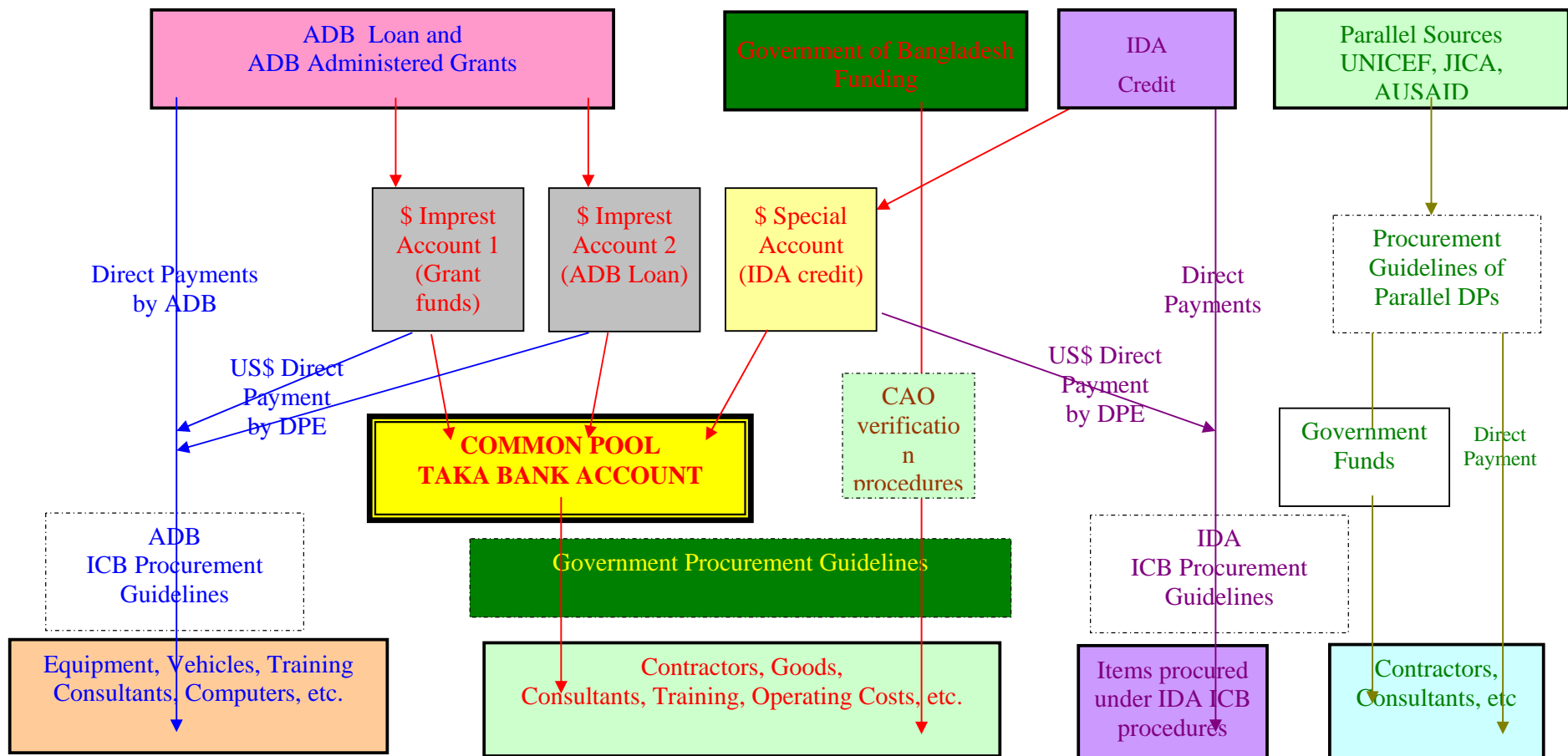
## PEDP-II Organizational Structure



## Fund flow arrangements

Funds of PEDP-II operate under four sources: (a) Co-financing by major development partners (pooled funding), (b) Bilateral funding (non-pool funding), (c) Parallel financing for non-pool ICB procurement, and (d) Government (GOB) fund. The ADB funds and the ADB managed co-financing grant funds are advanced as per agreed percentage and deposited in the two Imprest Accounts and the IDA funds are advanced and deposited in the dollar special account in a commercial account. All the three USD accounts and a common pool taka account to the same bank are being operated by the Program Director of PEDP-II. The Common Pool Taka Account (CPTA) is being operated by the Program Director for making payment to suppliers/contractors

## PEDP II: Fund Flow Diagram



and giving advance to the cost centers viz. DPE HQ; Divisional, District and Upazila offices; URCs, PTIs, LGED, NAPE. Authorization of PLU is required for transfer of fund from three dollar accounts to CPTA. The basis of advance funds in the Imprest/DOSA Accounts established so far is based on estimate of six months disbursement from CPTA or 10 percent of local expenditure.

<b>HNPSP and PEDP II : Some key features compared</b>	
<b>HNPSP</b>	<b>PEDP II</b>
<ul style="list-style-type: none"> <li>Covers broader health sector</li> </ul>	<ul style="list-style-type: none"> <li>Covers formal section of the primary education sub-sector</li> </ul>
<ul style="list-style-type: none"> <li>Program budget includes both revenue and development expenditure</li> </ul>	<ul style="list-style-type: none"> <li>Program budget includes development expenditure only</li> </ul>
<ul style="list-style-type: none"> <li>The program is divided into 38 operational plans, which are being implemented by 38 line directors from 5 organizations (DGHS, DNS,DDA,DGFP and MoHFP)</li> </ul>	<ul style="list-style-type: none"> <li>The program has four components that are being implemented by 6 line directors of DPE.</li> </ul>
<ul style="list-style-type: none"> <li>For flow of fund GoB's normal budgetary channels are being used.</li> </ul>	<ul style="list-style-type: none"> <li>Special fund flow arrangements developed for PEDP II.</li> </ul>
<ul style="list-style-type: none"> <li>IDA is the lead donor</li> </ul>	<ul style="list-style-type: none"> <li>ADB is the lead donor.</li> </ul>
<ul style="list-style-type: none"> <li>Includes wide ranging activities</li> </ul>	<ul style="list-style-type: none"> <li>Activities are more focused compared to HNPSP</li> </ul>
<ul style="list-style-type: none"> <li>Prominent role of TA through Program Support Office.</li> </ul>	<ul style="list-style-type: none"> <li>Initially there was a TA unit called Program Coordination Unit (PCU). But after three years the PCU was abolished. Now individual TA is being used only in focused areas.</li> </ul>

### **Lessons Learnt from two SWAPs**

Bangladesh has been implementing two of the largest SWAPs in the world. Significant lessons have been learnt from both of these SWAPs. However, more lessons are still emerging. While some substantial benefits have been evident, considerable problems have also been encountered. Some of these problems emerged from the SWAP concept and some from the implementation of the concept. Even after more than a decade SWAP still remains a new model. Both of the programs had long teething periods and lack of appropriate capacity at the implementing agencies level remained a crucial issue. However several real and practical advantages over the old project approach are becoming evident and the sectoral-wide programmes are now well understood by those involved, and producing increasingly positive and sustainable outcomes. The

PROG3 Concept Paper, prepared by DPE listed , among others, the following lessons of PEDP II:

- Better ownership by DPE: Activities of a project was seen as something temporary and outside mainstream activities. PEDP II activities are now perceived as mainstream;
- Increased capacity of DPE personnel: During the project era, involvement of mainstream staff was limited as far as implementation was concerned. PEDP II required the people working in concerned line divisions to be responsible for the implementation of the programme, thus providing them with an opportunity to build their capacity and skills;
- Sustainability: Because of the involvement and ownership of the mainstream machineries, the chance of sustainability is higher compared to isolated donor-driven projects;
- Inclusive approach: Instead of the previous fragmented tactics, the inclusive approach of the programme helps to bring different activities into a common and holistic framework;
- Recognition: Because of the SWAP, the primary education sub-sector achieved exceptional importance both to the donors and to the government. GOB termed PEDP II as its 'flagship' programme; and
- Improved discipline and governance in the development activities in this sub-sector: Previously the projects followed the guidelines of particular donors (e.g. in procurement, financial management, monitoring and evaluation) with different systems in different projects. In PEDP II, a harmonized system was developed from the DP side. GoB rules and regulations were followed properly. Mainstreaming government procedures in the implementation of development activities is a big achievement (an example of alignment by the DPs). Although projects are sometimes more efficient and quicker to implement, the programme approach is increasingly more effective and has a higher chance of sustainability.

Compared to HNPSP the activities of PEDP II more focused and the institutional arrangements less complex. This helps PEDP II become a better managed programme of the two. HPNSP is yet to achieve the proper orchestration of highly diverse activities to achieve the desired targets. But both the ministries recognized the need to continue with the sector wide approach. MoHFW's increased ownership of the SWAp has been reflected in the revised Programme Implementation Plan of HNPSP. MOPME has expressed its recognition of the SWAp by deciding to go for Programme 3 after PEDP II comes to an end in June 2011.

# Developing a SWAp in the Water Supply and Sanitation Sector of Bangladesh

## What are the components of a SWAp?

While every SWAp is different, there are a number of identifiable “components” that tend to be common to all SWAps. Remember though that a SWAp is a complex process: these “components” may not come together at the same time, and the partner government may require time and support in developing them. In a sector-wide approach the process of supporting partner country planning and practice represents a step towards country-led development.

Based on some general features of SWAps in different countries and in the Health and Primary Education sub-sector in Bangladesh we can identify the following components as key components for a SWAp in the WSS sector. With these components in place - or a clear plan of action to establish them - a programmatic approach for the development of the sector could be developed.

- A **Macro Plan/strategy** for Sector Development.
- **Medium-term expenditure framework**, linked to the sector strategy
- **Clear understanding** between government and development partners including **agreed funding modalities**.
- **Performance monitoring**, with agreed indicators for measuring achievement of results
- **Broad consultation mechanisms** that involve all key stakeholders.
- A process for alignment with **government systems** for reporting, budgeting, financial management and procurement.
- Partner government-led process for **development partner coordination**, at sector level.

## Is the Sector Ready for a SWAp:

Before taking a decision to go for a program approach of development in place of existing project approach it is crucial to assess if the sector is ready for such a paradigm shift. Because transition from a project approach to a program approach for sector development involves significant challenges. However in Bangladesh several important developments have already taken place in the WSS sector that would smooth out the initial challenges in transition from project approach to program approach in this sector.

In the light of the above mentioned components of the of a SWAp in the sector, the following factors would positively contribute towards developing a SWAp in the sector:

- There is a national sector policy for WSS and a policy for arsenic mitigation. A Sector Development Plan (SDP) has been prepared and a sector development strategy is being developed in the context of the revision of the SDP.
- Ministry of LGRD and Cooperatives have adopted MTBF for financing the sector.
- The government has in principle agreed to adopt a sector wide approach and most of the development partners are willing to move towards that approach.
- A system has been developed and put in operation for effective coordination among the donors, government and other sector stakeholders through establishment of sector steering committees and national WSS forum.
- Thirteen thematic groups have been formed involving various stakeholders in the sector.
- Development partners have started to align almost fully with government systems of auditing and partially with government system financial management and procurement. **(will be checked)**

### **Some Issues to Consider**

In order for the government and the development partner to decide to move go for a program approach in this sector settlement of the following issues is crucial:

- Should the program cover the whole WSS sector?
- Should it cover WASAs, solid waste management, drainage system?
- Should the program cover the whole country or be limited to certain areas (e.g rural areas only).
- What will happen to the existing projects?
  - a. Should they converge into the new program or continue for some time in parallel?
  - b. Should the manpower (project personnel) of the existing projects be transferred to the new program/revenue?
- Which organization should be the lead organization?
  1. Local Government Division?
  2. DPHE?
  3. Any WASAs?
- Is the government ready to make the organizational reforms required for a SWAp?
- To build necessary capacity to implement the SWAp does the Government commit to fill exiting vacancies and/or create new sustainable positions?
- Should there be one donor or several donors? If several donors should there is a single financial system or multiple financial system of the program?

### **Way to a SWAp in WSS**

For a sector wide approach, a key issue to be considered is the role of government in the particular sector. To date, sector-wide approaches have mostly developed in sectors where the partner government plays the predominant role in setting policy directions and is the major provider of funding. This is typical in education and



health, for example. In sectors where the government does not play this role, it has relatively less ability to influence practice directly, at least in the shorter term.

In Bangladesh rural water supply and sanitation is the responsibility of the government. However, the role of private sector is prominent in rural water supply and sanitation particularly in the supply of hardware. Urban water supply and sanitation are the responsibilities of the municipalities/City Corporations. Private sector is an important player here as well. The responsibility of water supply in Dhaka, Chittagong and Khulna lies with the respective WASAs.

From the lessons of HNPSP and PEDP II it seems that the SWAp in this sector should not be very ambitious at the beginning. The diversified institutional arrangements might prove very difficult to handle. The government may agree a broad Program Framework for the WSS sector but implement it in phases starting with rural water supply and sanitation and gradually expanding to small towns, large towns and cities.