

## **Management of the Arsenic Problem in Bangladesh: Some Challenges**

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shock to people at all levels of society that the universally accepted message, "tubewell water is safe water," is no longer valid in all places.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

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

The initial push to determine the scale of the arsenic problem and alert the public ended around 2005 or 2006. The most seriously affected areas<sup>2</sup> were identified. The water of tubewells was mostly all tested. People became familiar with the word "arsenic," though misunderstandings were common. In 2004 the Government developed a policy document., *The Bangladesh National Policy for Arsenic Mitigation*.

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<sup>2</sup>269 sub-districts, 53% of the total 507

The Bangladesh Arsenic Mitigation and Water Supply Project (BAMWSP) started up in 1998 with responsibility to do arsenic mitigation in 70 percent (189) of the 269 most affected sub-districts, having a population of more than 46 million. World Bank funding for this effort amounted to 44.4 million dollars by the time the project ended in 2006. In 2001 UNICEF signed on to do action research and blanket screening in approximately 45 more sub-districts and mitigation in 20 others. Other places were covered by various NGO's and medical research projects. Some of these activities have continued, or led on to others. BAMWSP, the largest project, did not continue. Nor did it lead to new arsenic mitigation ideas and programs on the anticipated scale. There was very little to show for the huge monetary investment except for a small number of hastily distributed deep tubewells.

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

A lot of mistakes were made during this initial period. All work was done by short-term "projects." There was too much money given out too quickly from the biggest outside donor, the World Bank. There was too much bureaucratic bargaining, and not enough program planning or monitoring. Public awareness has been negatively affected by all this. The coming and going of project personnel has been confusing to many villagers.

Engineers have led the problem-solving effort; and they have come up with a number of ingenious technical ideas. But every technical issue has a social side. The shallow tubewell, for example, was a technical *and* a social success; and it is still quite popular. People like having their own, private water sources. The introduction of community-managed, arsenic free water

options, such as pond sand filters or large arsenic removal plants, requires unfamiliar and often uncomfortable types of local cooperation and cost-sharing. Some neighborhoods are able to work together for the common good; but some are not. The Bangladesh countryside is littered with abandoned, broken wells and other structures – technically sound objects that have failed socially.

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

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

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

- 1) Locally managed safe water sources in all arsenic affected areas
- 2) Accessible and affordable water testing services; and
- 3) Long-term maintenance support for mitigation technologies.

What is the way forward? There is an urgent need for *decentralized planning*. The reason for this is that, the arsenic problem is not evenly distributed in the Bangladesh countryside. Some areas are acutely affected; some not at all. Tailoring plans to specific local needs requires

attention to regional details. Local government is critical to this effort. One learning point from BAMWSP is that the Union Council can and will work locally to provide safe water for their people. But local government in this country is not strong enough to do the job. And, in recent years, arsenic mitigation has been assigned a lower priority than other activities. Localized trust and thrust are both weak. The focus on arsenic has become blurred<sup>3</sup>.

The central government – with the support of NGO’s -- has developed strong policy guidelines to tackle the arsenic problem. Two documents<sup>4</sup> outline the main challenge and provide a framework for addressing these challenges. They include consideration of social issues and mandate improved coordination of the efforts of all concerned agencies and organizations, both governmental and non-governmental.

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

These inspiring words could provide guidance for local initiatives in high need areas, if – *and only if* – local government has the authority and resources to discharge its responsibility to protect the public health by providing safe, arsenic-free drinking water. Local government in this country is still evolving; newly elected sub-district councils are about to be established. However, Union- and sub-district government bodies, if they are to play their needed role,

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

<sup>4</sup>The Bangladesh *National Policy for Arsenic Mitigation 2004* and the 1998 *National Water Policy*

urgently need the support of a strengthened Department of Public Health Engineering. The role of NGO's in a well functioning system is to enhance, not replace, regular public services.