

**“Rooted advocacy for pro-poor water governance”  
Enhancing Environmental Health through Community Organization**

RDRS Bangladesh

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**Description of the practice:**

**Name of the practice:**

“Advancing Sustainable Environmental Health (ASEH)” (2006-2009)  
“Enhancing Environmental Health by Community Organization (EEHCO) (2009 – 2012)

**Aim of the practice:**

The overall purpose of the project (EEHCO) is to empower and strengthen Community-based Organizations (CBOs) in order to enable them to achieve sustainable improvements in hygiene behaviour and a reduced exposure of the poor rural communities to water and environmental sanitation risks.

**Target group(s):**

The projects put a special emphasis on the poor, adolescent and other disadvantaged and vulnerable groups. Based on the Bangladesh Bureau of Statistics and the World Food Programme (WFP) poverty map it was revealed that Northern part of Bangladesh is the most poverty prone area of the country and it is highest in the Kurigram and Nilphamari districts where the project is implemented.

**Partners involved:**

WaterAid Bangladesh  
Community-based Organizations (CBOs)  
Local Government Institutions (LGIs)

To attain the goal of the project RDRS engages with a number of stakeholder, including the members of the communities, community-based organizations, the local administration and government (Union

Parishad, Upazila Parishad<sup>1</sup>, Union and Ward Sanitation Task Forces), school and bazar Committees, relevant government departments (e.g. the Department of Public Health Engineering), other development agencies, as well as social and religious leaders.

Capacity enhancement of the local government institutions towards pro-poor service delivery is one of the objectives of the EEHCO project. The Union Council & Upazila Council will benefit from this project as they will be provided various trainings. By enhancing their knowledge and skills, the Union and Upazila council will be enabled to utilize their resources more effectively to achieve their water and sanitation targets.

**Duration of practice:**

“Advancing Sustainable Environmental Health (ASEH)” (2006-2009)

“Enhancing Environmental Health by Community Organization (EEHCO)” (2009 – 2012)

**Financing (short/medium/long term):**

Medium term (annual)

**Brief outline of the practice:**

The overall purpose of the project (EEHCO) is to empower and strengthen Community-based Organizations (CBOs) in order to enable them to achieve sustainable improvements in hygiene behaviour and a reduced exposure of the poor rural communities to water and environmental sanitation risks.

Recognizing that the creation of sustainable and safe access to water and sanitation goes beyond the installation of tube wells and latrines RDRS follows the government of Bangladesh’s definition of “100% sanitation” as meaning to include:

- No open defecation
- Hygienic latrines available to all
- Use of hygienic latrines by all
- Proper maintenance of latrines for continual use, and
- Improved hygienic practice

The project therefore reflects the crucial importance of ensuring lasting behaviour change and continued use of newly installed water and sanitation facilities through community participation and empowerment. Training to the community-based organizations (CBOs) on different issue like leadership, advocacy, management, negotiation skill etc enhance their capacity to identify, manage and mobilization of resources effectively by their own.

At the same time, RDRS believes that it is important to find the right balance between service delivery and advocacy initiatives – RDRS therefore complements service delivery with a strong emphasis on capacity-building of CBOs, for example, by facilitating trainings on “rooted advocacy”. Local Government Institutions (LGIs) also receive trainings. Increased pro-poor investment for water and environmental sanitation is furthermore promoted by enhancing the coordination among local government institutions, private sector initiatives, and community groups and organizations.

<sup>1</sup> Upazila Councils have only been formed recently. They consist of elected representatives and are expected to be functioning effectively.

Building on the previous ASEH project, the objectives of the current EEHCO project are the following:

- 1) build further capacity of community-based organizations maintain water and sanitation facilities sustainably, mobilize local resources, link with relevant stakeholders
- 2) provide support for addressing the remaining essential demands for water and sanitation facilities for improved environmental sanitation and better health
- 3) develop mechanism in the communities to maintain and increase awareness for wider environmental health issues using the skills that have already been developed
- 4) strengthen the citizen action committees (see “7. Participation”) and enable them to voice and bring forward concerns and demands of the community in order to ensure accountability and mobilize resources and services for the poor and marginalized
- 5) contribute to the development or modification of policies, strategies, directives etc. in order to promote pro-poor approaches for the delivery of essential services like water and sanitation

Major activities include:

- Advanced training for CBOs (includes leadership, advocacy, negotiation skill etc.); management training to the CBOs (to enhance their capacity for leading and managing); support CBOs in drafting and updating Community Action Plans (CAPs)
- Install water supply systems to meet essential demands; repair existing non-functional water sources to ensure access to safe water; upgrade tube wells to ensure access to safe water
- Construct latrines particularly in informal settlements and public places and institutions; renovation of public and community latrine
- Refresher trainings for tube well (TW) mechanics; training of caretakers for water points
- Advanced training for community catalysts / change agents on environmental sanitation issues
- Campaign on food hygiene, hand washing, and other relevant hygiene practices
- Training of hotel owners and hotel boys on safe hygiene practices
- Support of the Union Parishad in Participatory Budget Preparation and Open Budget Declaration

## **1. How does the practice meet the criterion of availability?**

### **Explanatory note: Availability**

Availability refers to sufficient quantities, reliability and the continuity of supply. Water must be continuously available in a sufficient quantity for meeting personal and domestic requirements of drinking and personal hygiene as well as further personal and domestic uses such as cooking and food preparation, dish and laundry washing and cleaning. Individual requirements for water consumption vary, for instance due to level of activity, personal and health conditions or climatic and geographic conditions. There must also exist sufficient number of sanitation facilities (with associated services) within, or in the immediate vicinity, of each household, health or educational institution, public institution and place, and the workplace. There must be a sufficient number of sanitation facilities to ensure that waiting times are not unreasonably long.

### **Answer:**

**Water sources:** There are actually quite a lot of water sources in the community (tube wells), but as they are not equipped with sealed concrete platforms they cannot be considered safe. To ensure availability of safe drinking water the EEHCO project therefore provides tube well platforms among the poor and hard-core poor families. At the same time, the wealthier families are encouraged to construct tube well platforms using their own funds and initiatives.

**Sanitation facilities:** Before the ASEH project open defecation was widely practiced in this area. While the project does not provide latrines open defecation has been reduced significantly, mainly through raising awareness and motivating people to build their own sanitary latrines. The local government institutions also provide a limited number of sanitary latrines to poor households.

Although the goal is to achieve private latrines for each household, this is not feasible in the short term, and families who do not have private latrines use shared latrines (1 latrine for two or three families).

At the same time, the project provides hygiene promotion trainings to students, religious leaders & members of bazaar committees to create demand for sanitation facilities. The project also provides financial support to construct new school and public toilets and to renovate damaged school & bazaar toilets.

## **2. How does the practice meet the criterion of accessibility?**

### **Explanatory note: Accessibility**

Sanitation and water facilities must be physically accessible for everyone within, or in the immediate vicinity, of each household, health or educational institution, public institution and the workplace. The distance to the water source has been found to have a strong impact on the quantity of water collected. The amount of water collected will vary depending on the terrain, the capacity of the person collecting the water (children, older people, and persons with disabilities may take longer), and other factors. There must be a sufficient number of sanitation and water facilities with associated services to ensure that collection and waiting times are not unreasonably long. Physical accessibility to sanitation facilities must be reliable at day and night, ideally within the home, including for people with special needs. The location of public sanitation and water facilities must ensure minimal risks to the physical security of users.

### **Answer:**

The water and sanitation facilities provided by the project are accessible to everyone. In a recent survey it was found that on average it takes only five minutes to collect water from the water source to each household.

For people with disabilities, the project also provided 51 specialized latrines (e.g. with a pan fitted in a chair) nearest their household, which are called DAP (differently abled people) latrines. The maintenance of these latrines was also taught.

The project recognizes that in order to ensure access, it is insufficient to simply install latrines and tube wells. In accordance with the Government of Bangladesh “100% sanitation” means to include all of the followings:

- No open defecation
- Hygienic latrines available to all
- Use of Hygienic latrines by all
- Proper maintenance of latrines for continual use, and
- Improved hygienic practice

Based on a recent report, 12 out of the 17 unions of Kishoreganj and Dimla Upazila under Nilphamari district have been declared „Open Defecation Free“(ODF). However, it is important to motivate people to continue their latrine keep hygienic, and despite the mentioned progress, there are still a remarkable number of households that require assistance for ensuring access to safe water. Huge numbers of institution and public places remain untouched under the total sanitation approach.

The EEHCO project will provide support to the communities which have achieved ODF status recently with a particular emphasis on sanitation facilities at public places and institutions. Critical WatSan demand in unserved/ under-served difficult areas and disaster-prone areas will also be met by Co-EWSBPCP along with ensuring hygiene behaviours at practice level in 17 unions of Kishoreganj and Dimla Upazila under Nilphamari district producing 40650 water and 93771 sanitation beneficiary by September 2012.

### **3. How does the practice meet the criterion of affordability?**

#### **Explanatory note: Affordability**

Access to sanitation and water facilities and services must be accessible at a price that is affordable for all people. Paying for services, including construction, cleaning, emptying and maintenance of facilities, as well as treatment and disposal of faecal matter, must not limit people's capacity to acquire other basic goods and services, including food, housing, health and education guaranteed by other human rights. Accordingly, affordability can be estimated by considering the financial means that have to be reserved for the fulfilment of other basic needs and purposes and the means that are available to pay for water and sanitation services.

Charges for services can vary according to type of connection and household income as long as they are affordable. Only for those who are genuinely unable to pay for sanitation and water through their own means, the State is obliged to ensure the provision of services free of charge (e.g. through social tariffs or cross-subsidies). When water disconnections due to inability to pay are carried out, it must be ensured that individuals still have at least access to minimum essential levels of water. Likewise, when water-borne sanitation is used, water disconnections must not result in denying access to sanitation.

#### **Answer:**

To make easy access and affordable for all people RDRS provides technical support to the poor and hard-core poor by showing them the low cost sanitary latrine models, that is how a sanitary/ hygienic latrine can be installed with 35-50 BDT (0.5 – 0.7 USD) only (for the pan and platform, not including the wall or roof). For proper maintenance of the facilities RDRS conducts courtyard sessions with the user groups regularly.

It is expected that if the community people use safe water and sanitary latrines properly the water borne diseases and related costs for medical treatment will be reduced. They will therefore be able to spend the money for their other regular human needs and their quality of life will be enhanced.

### **4. How does the practice meet the criterion of quality/safety?**

#### **Explanatory note: Quality/Safety**

Sanitation facilities must be hygienically safe to use, which means that they must effectively prevent human, animal and insect contact with human excreta. They must also be technically safe and take into account the safety needs of peoples with disabilities, as well as of children. Sanitation facilities must further ensure access to safe water and soap for hand-washing. They must allow for anal and genital cleansing as well as menstrual hygiene, and provide mechanisms for the hygienic disposal of sanitary towels, tampons and other menstrual products. Regular maintenance and cleaning (such as emptying of pits or other places that collect human excreta) are essential for ensuring the sustainability of sanitation facilities and continued access. Manual emptying of pit latrines is considered to be unsafe and should be avoided.

Water must be of such a quality that it does not pose a threat to human health. Transmission of water-borne diseases via contaminated water must be avoided.

#### **Answer:**

Sanitation facilities must be hygienically safe to use. For this purpose a water seal is used with the latrine pan which effectively prevents human, animal and insect contact with human excreta. Technical support is provided to the community for installing disabilities & child-friendly toilets. We motivate people to ensure that water & soap or ash are available near the latrine for washing their hands properly after defecation.

Menstrual hygiene sessions are conducted with the adolescent groups. They are advised to dispose of the used sanitary towel & other menstrual products by burying them in the soil. To prevent the contamination of water all water sources are installed keeping a distance of 20 meters from the next pit latrine.

RDRS has been following the national standard for safe sanitation in this project:

- *Human excreta will be not seen*
- *There will must be a water seal*
- *No bad smell will come out*
- *There will be not any access of flies, mosquitoes, and other insect in the human excreta*

The standard for safe water is:

- *There will be a concrete platform (to cover the well and for people to stand on safely)*
- *There will be not any arsenic, iron & other harmful agents in the water*

## **5. How does the practice meet the criterion of acceptability?**

### **Explanatory note: Acceptability**

Water and sanitation facilities and services must be culturally and socially acceptable. Depending on the culture, acceptability can often require privacy, as well as separate facilities for women and men in public places, and for girls and boys in schools. Facilities will need to accommodate common hygiene practices in specific cultures, such as for anal and genital cleansing. And women's toilets need to accommodate menstruation needs.

In regard to water, apart from safety, water should also be of an acceptable colour, odour and taste. These features indirectly link to water safety as they encourage the consumption from safe sources instead of sources that might provide water that is of a more acceptable taste or colour, but of unsafe quality.

### **Answer:**

There is no separate sanitation or water facility for women at the household & community level. But in the public place we have a separate chamber for females. At the school level there are also separate toilets for boys & girls.

Especially in the latrines provided by the project in Girls schools there is a separate chamber to accommodate for menstrual needs of the students. There are separate toilets for girls and adjacent to that there is a part where the girls can change, wash sanitary things during menses. From outside nobody will know whether the girl is menstruating as all girls are going to the same toilet.

## **6. How does the practice ensure non-discrimination?**

### **Explanatory note: Non-discrimination**

Non-discrimination is central to human rights. Discrimination on prohibited grounds including race, colour, sex, age, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status or any other civil, political, social or other status must be avoided, both in law and in practice.

In order to address existing discrimination, positive targeted measures may have to be adopted. In this regard, human rights require a focus on the most marginalized and vulnerable to exclusion and discrimination. Individuals and groups that have been identified as potentially vulnerable or marginalized include: women, children, inhabitants of (remote) rural and deprived urban areas as well as other people living in poverty, refugees and IDPs, minority groups, indigenous groups, nomadic and traveller communities, elderly people, persons living with disabilities, persons living with HIV/AIDS or affected by other health conditions, people living in water scarce-regions and sanitation workers amongst others.

### **Answer:**

Though women play a crucial role in the use and management of water (using it, for example, for cooking, washing etc) and in hygiene education at the household level, women's role is still often hardly recognized. They are usually not involved in decision making, planning, operations and maintenance. There are some representations in the Union and Upazilla Task force Committees but these meetings are not held regularly and even if held women members are either not informed about the meeting dates or women themselves are not interested to attend those meetings due to the unfriendly environment. Some advancement regarding women's right and policies has been there but discrimination against women and disrespect still exist; it is embedded in our social tradition.

RDRS therefore continues its efforts to prioritize women as a central focus of social awareness. Women are encouraged and supported to actively participate in decision making during planning, operations and maintenance which will contribute to the over all development of the sector.

## **7. How does the practice ensure active, free and meaningful participation?**

### **Explanatory note: Participation**

Processes related to planning, design, construction, maintenance and monitoring of sanitation and water services should be participatory. This requires a genuine opportunity to freely express demands and concerns and influence decisions. Also, it is crucial to include representatives of all concerned individuals, groups and communities in participatory processes.

To allow for participation in that sense, transparency and access to information is essential. To reach people and actually provide accessible information, multiple channels of information have to be used. Moreover, capacity development and training may be required – because only when existing legislation and policies are understood, can they be utilised, challenged or transformed.

### **Answer:**

Participation is one of the main principles of EEHCO project. From the very beginning of the project participatory approach is followed strongly in every step of implementation.

At first Community-based Organizations (CBO) are formed with 50-70 households in each community. Then a ward citizen action committee is formed with the representative CBO leaders of a ward. Representatives of the ward citizen action committees then form the joint Citizen Action Committee at the Union level. Subsequently, all Union Citizen Action committee leaders form the Upazila Citizen Action Committee.

The community situation analysis and the preparation of the Community Action Plan (CAP) are implemented with the participation of all members of the community. The activities according to the action plan are also implemented with the active participation of the members of the community.

To strengthen the citizen action committees we organize various training, including rooted advocacy training, management and leadership training, training on the rights-based approach etc. Rooted advocacy in this context means to empower the people at the household level so that they can raise their voice to claim their rights. The CBO leader arranges the monthly meetings, sometimes there are two meetings in a month. About 30 members attend, usually female members. The Asst. Union facilitator facilitates the meeting and provides information, such as lessons on hygienic behavior, hand washing, clean environment, benefits of sanitation and clean water, and also about the availability of government funding for poor people. This way they are empowered to raise their demands before the Union Parishad chairman, e.g. asking for the allocation of free latrines to the most needy, poor and vulnerable households in their community.

## **8. How does the practice ensure accountability?**

### **Explanatory note: Accountability**

The realization of human rights requires responsive and accountable institutions, a clear designation of responsibilities and coordination between different entities involved. As for the participation of rights-holders, capacity development and training is essential for institutions. Furthermore, while the State has the primary obligation to guarantee human rights, the numerous other actors in the water and sanitation sector also should have accountability mechanisms. In addition to participation and access to information mentioned above, communities should be able to participate in monitoring and evaluation as part of ensuring accountability. In cases of violations – be it by States or non-State actors –, States have to provide accessible and effective judicial or other appropriate remedies at both national and international levels. Victims of violations should be entitled to adequate reparation, including restitution, compensation, satisfaction and/or guarantees of non-repetition.

Human rights also serve as a valuable advocacy tool in using more informal accountability mechanisms, be it lobbying, advocacy, public campaigns and political mobilization, also by using the press and other media.

### **Answer:**

We organize monthly meeting for the entire ward, union & upazila citizen action committee every month where issues are selected as advocacy issue and necessary actions are taken level wise.

The local government institutions have budget allocated from the Government. They can spend 20% of ADB allocation (Annual Development Budget) of union parishad in the WATSAN sector. But according to our experience we see that hardly any union parishad used to honor this rule. After

receiving training Citizen Action Committee took the initiative to make a list of the hard-core poor of the union & submit it to the union parishad. They engage from time to time in lobbying with the union parishads. As a result many union parishads provide ring slab latrines & tube-wells from the 20% of ADB allocation to the hard-core poor.

We also organize training for the local government institutions on their roles & responsibilities. They receive an orientation on how to better perform their roles and receive policy orientation and support for promoting best practices. They are provided training on the benefits of Hygiene, sanitation, clean and safe water. The importance of maintenance of latrines is also taught. The need of the community to have toilet and water points at public places and schools, market places etc is emphasized in those trainings.

Union Parishad Chairman, members, female members & UP secretary participate the trainings. We also organize various trainings for ward, union & upazila sanitation Taskforces. Ward & Union Sanitation Taskforce conduct a monthly meeting every month where the present sanitation situation are discussed and necessary action plan are prepared for next course of action.

## **9. What is the impact of the practice?**

### **Explanatory note: Impact**

Good practices – e.g. laws, policies, programmes, campaigns and/or subsidies - should demonstrate a positive and tangible impact. It is therefore relevant to examine the degree to which practices result in better enjoyment of human rights, empowerment of rights-holders and accountability of duty bearers. This criterion aims at capturing the impact of practices and the progress achieved in the fulfilment of human rights obligations related to sanitation and water.

### **Answer:**

RDRS accomplished a significant achievement in water, sanitation and hygiene promotion issues. During the project life of ASEH, a huge number of communities have been declared ‘Open Defecation Free (ODF)’ status, a significant no. of water options have been installed and knowledge level regarding hygiene behaviours of the working communities increased to a reasonable level.

During the past ASEH project, 47’055 single-pit ring-slab latrine, 374 twin-pit ring-slab latrines & 15’646 locally innovated latrines<sup>2</sup> were installed. 8’680 house hold Latrines are renovated by the community. In public places, four public toilets were installed & two were renovated. In educational institutions 13 new school latrines were constructed with separate chambers for boys & girls & a menstrual chamber (only for girls’ schools). Another 16 school toilets were repaired.

Throughout the total project period (October-2006- march-2009) 108’378 water, 471’861 sanitation & 399’389 hygiene beneficiaries were covered.

It is difficult to provide direct evidence of the health impact of these interventions. We can use secondary data from the District Civil Surgeon office which confirms that nowadays diarrhoeal epidemics are very rare, there are only sporadic cases.

Apart from these, WAB and other partner NGOs are in the process of bringing about some changes through policy influencing which requires continued efforts. Each year, a national level workshop is arranged in Dhaka where WaterAid and their partners, including RDRS, participate. Both Government and NGO officials attend the workshop. Several stalls are given to the partners where they can give practical demonstrations, for example, of various types of latrines and water facilities.

<sup>2</sup> Locally innovated latrines are made of local materials and are therefore cheap and affordable. For example, some are made of bamboo, some of tin, poethylene, plastic materials etc.



**Morsheda' story:**

Morsheda (35 years) lives in the village of Uttar Chandkhana Balapara in the Nilphamari District. According to the community situation analysis (CSA) she comes from a very poor family. Yet her poverty could not stop her from working to improve the health situation in her village. She is now a popular advocacy and development worker of the Chandkhana Union. As a result of her advocacy and mobilization 1'153 poor families received ring-slab latrines and 60 shallow tube wells were distributed among the poor by the Chandkhana Union Parishad.



*Morsheda is receiving awards for her achievement from Director (PC) RDRS*

When the ASEH project (Advanced Sustainable Environmental Health) started, Morsheda played an important role in implementing the community situation analysis in the Chandkhana Union. Later she was selected as the president of the Balapara CBO. The selection increased her confidence and speed of work. Morsheda received various trainings from RDRS Bangladesh and she started to conduct the CBO meetings regularly; as a result the area for which her group was responsible works became “100% Latrinized” within 6 months.

When Morsheda realized that from the local CBO level it would not be possible to establish pro-poor rights and governance, she brought together all the CBO leaders in the Chandkhana Union and formed the Chandkhana Union Federation of which she was elected the Vice Chairman.

Now she is also a member of the Ward & Union Sanitation Task Force. She attends all the meetings regularly. Morsheda is playing an active role to holding the Union Parishad (lowest tier of Govt. Institution) and other organizations accountable for the WATSAN rights of the poor people.

In the current year large numbers of poor people received and installed ring slab latrines from the Union Parishad and 60 hand tube wells were distributed among the community from the annual development plan (ADP) budget allocation, something which had never happened in Chandkhana Union before Morsheda's advocacy.

Over time, Morsheda had received various trainings from RDRS which helped her achieve this success in life and in the community. The trainings she received at different times are as follows:

- Rooted Advocacy Training
- Leadership and management training
- ToT on Menstrual Hygiene
- Training on Facilitation
- Training on Hygiene Promotion
- Training on Gender & Equity
- Training on Good Governance
- Training on right Based Approach
- Training on Disaster Management
- Training on IGA, etc.

## **10. Is the practice sustainable?**

### **Explanatory note: Sustainability**

The human rights obligations related to water and sanitation have to be met in a sustainable manner. This means good practices have to be economically, environmentally and socially sustainable. The achieved impact must be continuous and long-lasting. For instance, accessibility has to be ensured on a continuous basis by adequate maintenance of facilities. Likewise, financing has to be sustainable. In particular, when third parties such as NGOs or development agencies provide funding for initial investments, ongoing financing needs for operation and maintenance have to be met for instance by communities or local governments. Furthermore, it is important to take into account the impact of interventions on the enjoyment of other human rights. Moreover, water quality and availability have to be ensured in a sustainable manner by avoiding water contamination and over-abstraction of water resources. Adaptability may be key to ensure that policies, legislation and implementation withstand the impacts of climate change and changing water availability.

### **Answer:**

To ensure the sustainable use and maintenance of the household latrines courtyard sessions on maintenance are implemented.

Two people have been trained as caretakers for each tube well, one male and one female. They are provided training on operation and maintenance, also provided a tool box for repairing the tube wells.

Public toilets have been leased out to poor people from the communities who can earn from this activity and will clean and maintain the latrine regularly.

In schools school brigades have been formed who are responsible for cleaning and maintaining the school toilets. We have not encountered any problems with this practice; the students understand the value of cleanliness and maintenance. They are motivated and even promote this practice at the household level in their family.

For the sustainability of hygiene practices four hygiene promotion volunteers/ CBO are trained who observe, monitor & follow up the hygiene practices of the community.

## **Final remarks, challenges, lessons learnt**

- **Community participation** is very important. Once community-based organizations are strengthened with knowledge and skills they can play an effective role in the achieving accountability, sustainable improvements in hygiene behavior and a reduced exposure to water and environmental sanitation risks for whole poor rural communities.
- **Coordination with the local government institutions** is also very important. The Union Parishad has an annual development plan and budget. Community-based organizations can take the lead and assist the Union Parishad in selecting the right people (poor, hard-core poor) for allocation of free latrines, water facilities or other facilities available.
- Community-based organizations can also succeed in raising **demands for increased ADB allocation** (that is the annual development budget of the Union parishad) to water and sanitation as well as other crucial community needs.