

# **AN EFFECTIVE WAY TOWARDS LOCALIZING SUSTAINABLE DEVELOPMENT GOALS (SDG) - TRANSLATING TWO SPECIFIC AREAS OF SDG INTO ACTION IN TWO UNIONS**

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## **Introduction**

Bangladesh, after achieving success in Millennium Development Goals (MDGs), would now like to achieve the Sustainable Development Goals (SDGs) to further improve the overall scenario of Bangladesh to stand as the most promising country demonstrating remarkable economic growth, peace, prosperity, and well-being. Rapid economic growth coupled with a rising population is taking a huge toll on the environment, ecology, and natural resources in Bangladesh. To ensure the best possible opportunities for a productive and healthy life for the people, while maintaining the balance in nature, and ensuring sustainability for future generations, the country needs to have “human centered” sustainable development.

To achieve SDGs globally, adequate focus has been given to localization of SDGs, especially to conceptualize, internalize, and demonstrate SDGs in action at the local government level. It is quite important that local governments understand, internalize the importance, and inter-link between different sustainable development goals to reach the planned goal. The role of citizen to be engaged with local government in localizing SDG is also simultaneously important.

However, in Bangladesh, at the lowest local government level - Union Parishad (UP) localization of SDGs is questionable. There remains no clear institutional mechanism to localize SDGs into action at Union Parishad level. In this backdrop, it is now becoming more essential to have some mechanism for localization of SDGs specially at Union Parishad level.

Therefore, it is important to understand existing situation and develop appropriate mechanisms to ensure localization of SDGs at Union Parishad level to leverage maximum benefit for achieving SDGs.

Localizing SDGs means linking local and regional governments' agendas with the global goals, and empowering local governments. Localization brings change in the way development policies are designed, and works as a way to promote convergence and quality relation between local processes and national plans. There is a great need for localization of SDGs in Bangladesh, especially local governments, as Union Parishads must conceptualize, internalize, and have clarity on how to address SDGs from their level, and how to report back to the national system.

According to the Article 59(2)(C) of the Constitution of Bangladesh, key responsibilities for social and economic development, including “the preparation and implementation of plans relating to public services and economic development” lie with local government. Moreover, the Local Government(UP) Act of 2009 strengthens local governments by incorporating global best practices for direct participation by active citizens in planning and social accountability. Therefore, it is an urgent need in Bangladesh to localize the SDGs. Through this localization, the UPs will be equipped to analyze their local situation, set priorities for each of the relevant SDGs.

## **Objective of Research**

Out of 17 goals, this research proposal aims to identify two selected specific areas of SDG namely SDG 3 and SDG 6; on how it is being conceptualized at the lowest tier of the local government i.e., at the Union Parishad level; and how to further strengthen translating SDG into action, at least SDG 3 and SDG 6 in two selected Union Parishads.

**Objective 1:** To carry out a research work to see how SDG 3 and SDG 6 are being conceptualized at the Union Parishad level, and how it can be further strengthened by creating effective awareness, and coordination in two selected Union Parishads.

**Objective 2:** Based on research findings, prepare a simple guidebook for Union Parishads on how to translate two specific areas of SDG into action effectively and efficiently.

## **Research Question**

All of the SDGs have targets directly related to the responsibilities of local and regional governments. That's why the achievement of the SDGs depends, more than ever, on the ability of local and regional governments. This research put questions on Goal-3 and Goal-6. Therefore, questions on relevant targets of the SDGs "3.1 by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births" -health related; "6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all", and "6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all; end open defecation, paying special attention to the needs of women and girls, and those in vulnerable situations" - WASH related.

Though an Inter-Ministerial Committee has been formed in Bangladesh, which is actively trying to coordinate the applications and results of SDG at the local level, Union Parishads are not yet visibly or effectively involved in translating SDGs into action. Secondly, until Union Parishads and other local government institutions (LGIs) are not adequately and effectively involved in translating SDGs into action, it will be difficult to achieve SDGs in reality.

## **Local Government Structure in Bangladesh**

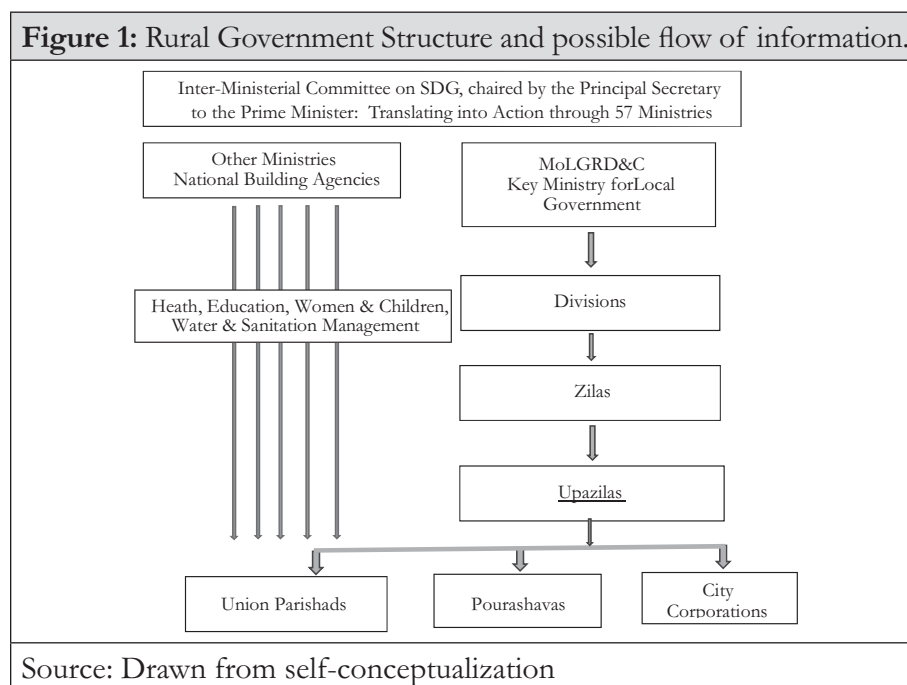
SDGs cover the years 2015-2030, which is being translated through existing 7th Five-Year Plan; to be further strengthened through two more Plans, i.e., 8th and 9th Five-Year Plans in Bangladesh.

On the other hand, Union Parishads are responsible for preparation of a comprehensive Union Plan, and inclusion of inter-ward development projects after identification and prioritization.

According to the Union Parishad Act, 2009, there is a provision for 13 Standing Committees (SCs) in the UP to support the Union Parishad. Union Parishad might be a possible platform at local level for localization of SDGs. Possible flow of information interrelation among ministries has been shown in Figure -1.

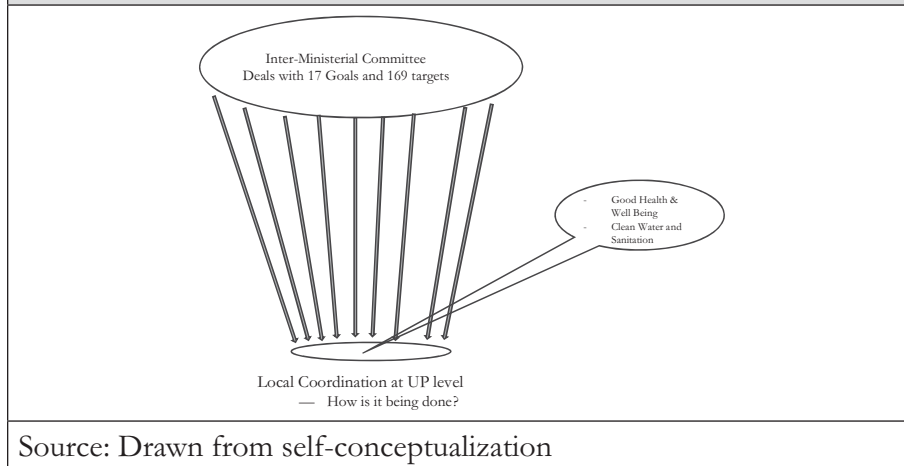
SDGs allowed national governments to set and prioritize their own development targets considering their national circumstances. The Citizen's Platform for SDGs, prioritized the SDG targets, and contextualized “leave no one behind” for Bangladesh. It ranked seven SDGs as the highest priority areas in Bangladesh.

Out of these seven prioritized goals, this research considers only two goals - Goal 3: Good Health and Well-being; and Goal 6: Clean Water and Sanitation have been for applying to localization at Union Parishad level. Within these two goals, one target for Goal-3, and 2 targets for Goal-6 were identified and have been shown in Figure 1.



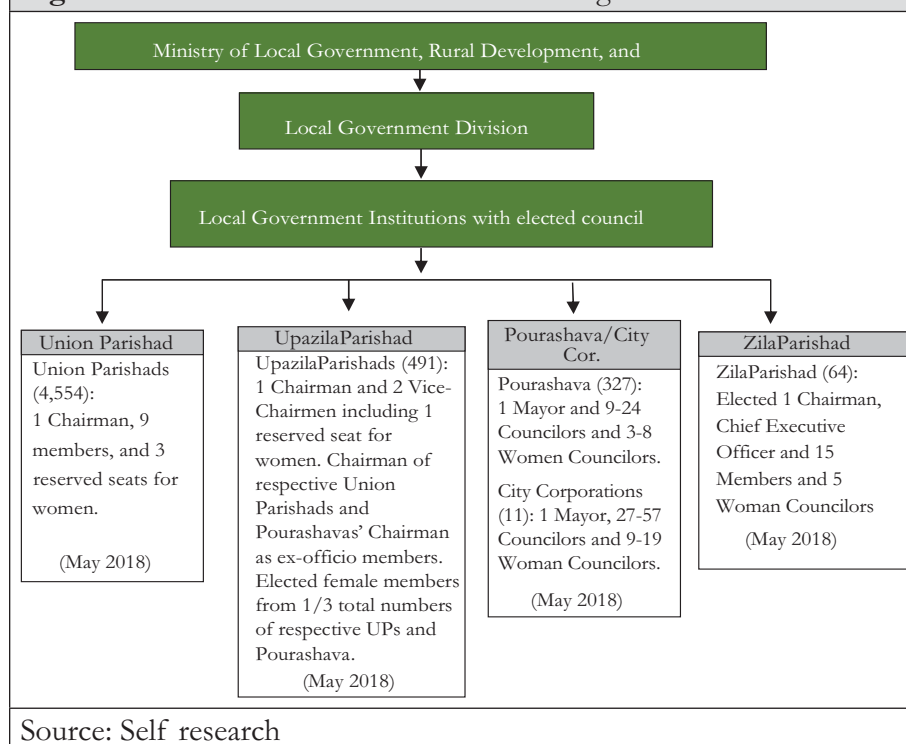
In a democracy, the Constitution ensures legal recognition of local government through Parliament Acts incorporating relevant provisions (Khan, 1997: 11). The legal basis and responsibilities of local government in Bangladesh are incorporated in the Article 59 of the Constitution.

**Figure 2: Boundaries for Research Work**



A schematic diagram i.e., Figure-3 and table-1 are highlighted to show at-a-glance the institutional set-up and governance arrangements of rural local governments in Bangladesh. There are no hierarchical supervisory relations among these local governments in Bangladesh, however, some functional linkages exist among them.

**Figure: 3** Local Government Structure in Bangladesh



## Union Parishad

In the context of the present study, the Union Parishad has been chosen as a unit of the local government institutions (LGIs) in Bangladesh because it is the oldest LGI established through an Act. It is run by the elected people's representatives that have control over certain local affairs. It has also the power to impose taxes.

The Union Parishad is headed by an elected people's representative called Union Parishad Chairman. Union is divided into 9 wards. Each ward elects a member. On the other hand, each 3 wards create a separate and reserved constituency for women. The whole Union territory is a constituency for the post of UP chair. Therefore, UP is a Parishad consisting of a chairman and 12 elected representatives.

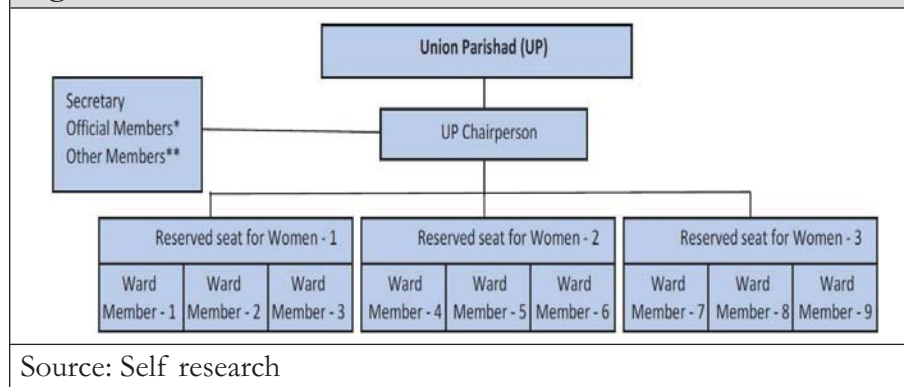
**Table: 1: Number of Local Government Bodies in Bangladesh**

Administrative Unit	Number	Local Government Body/Institution	Average Population Size & Area
District	64	District Parishad	Avg. Population size - approx. 1.9 million Avg. land area - approx. 2,305 sq. km.
Upazila	491	Upazila Parishad	Avg. population size - approx. 0.25 million Avg. land area - approx. 30 sq. km.
Union	4,554	Union Parishad	Avg. population size - approx. 23.6 thousand Avg. land area – approx. 32.2 sq. km.
Pourashava/ City Corporation	328/ 11	Pourashava	Avg. population size- appx. 45.9 thousand (100,000) Avg. land area - approx. 15.2 sq.km. (> 20 sq. km.)

Source: Self-research

In accordance with the law, there are two staff members in a Union Parishad: Secretary and Accounts Assistance-cum-computer operator in a Union Parishad.. Besides, Government places ten village polices variably in a Union Parishad. Figure-4 shows the formal arrangement of the UP.

**Figure 4: Administrative Structure of Union Parishad**



On the other hand, the Block Supervisor (Directorate of Agriculture), Health Assistant, Family Planning Assistant, Family Welfare Worker, Ansar/VDP, and all other field staff of government departments working at Union level will be the official members of Union Parishad.

Under the Local Government (Union Parishads) Act, 2009, there are ward level Committees such as the Ward Committee (WC). The Union Parishad functions by establishing and effective functioning of UP Standing Committees under the Act.

Union Parishad (UP) is the only institution to ensure good governance, development planning, implementation, transparency, and accountability at the local level.

### **Localizing SDGs**

Localizing the SDGs means more than just “landing” internationally agreed goals at the local level. It means making the aspirations of the SDGs become real for communities, households, and individuals, particularly to those who are at risk of falling behind (UN-Habitat and UNDP).

An important condition for implementing the 2030 Agenda will be to incorporate the SDGs into the actions of all sections of Government - in other words adopting a “whole of Government” approach - while also bringing the various government institutions together to develop and implement integrated policies.

### **Goal 3: Ensure Healthy Lives and Promote Well-being for all at all ages.**

Sustainable Development Goal (SDG)-3 aims to “ensure healthy lives and promote well-being for all at all ages”. It takes a comprehensive view of health and well-being by expanding its focus beyond a core set of diseases. SDG - 3 will allow countries to pursue a comprehensive program for improving health systems performance.

Many of the SDG-3 targets are dedicated to tackling pressing issues surrounding maternal health and child mortality rates, which continue to affect much of the Global South in particular. Present research shed light on target 3.1 “reduce the global maternal mortality ratio to less than 70



per 100,000 live births “by 2030. Local governments (LGs) can play an important role in identifying local needs and coordinating prevention and response activities. It can also contribute to the reduction of deaths caused by water, and infectious diseases if required measures are taken care of properly.

### **Goal-6: Ensure Availability and Sustainable Management of Water and Sanitation for All**

Goal - 6 stands for access to safe water, sanitation, and sound management of freshwater ecosystems as they are essential to human health and to environmental sustainability and economic prosperity. According to the UN, clean water for drinking and domestic use has been a long-term challenge in developing countries mainly due to lack of sufficient material to make available water safe for domestic use, and partly due to the dry settings of some of these countries where fresh water sources are scarce.

SDG-6 comparatively presents a complex, interlinked, and demanding set of challenges. It talks about ensuring availability and sustainability, bringing in issues of hygiene, water quality, efficiency, management, ecosystems, and community and international involvement. Successful water management will serve as a foundation for the achievement of many of the 17 SDGs. Present research will shed light on targets 6.1 to achieve universal and equitable access to safe and affordable drinking water for all, and 6.2 to achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls, and those in vulnerable situations. Both are by 2030.

The provision of clean water and sanitation is essential to lowering infant, child, and maternal mortality. Water scarcity, poor water quality, and inadequate sanitation affect food security, nutrition, educational, and economic opportunities for poor families across the world.

Local authorities will have a critical role in implementing the SDGs and ensuring that no one is left behind. They deliver a wide range of public services that are at the heart of realizing the SDGs. They are also likelier to take integrated approaches (Smoke and Wagner, 2016).

The UN Committee of Experts on Public Administration recently recommended that local authorities adopt “Local Agendas 2030”, akin to the local agendas 21 that followed the 1992 Rio Conference. This would require “localizing” targets and indicators to sub-national levels.

The roadmap for achieving SDGs is now being considered by the Global Taskforce of Local and Regional Governments, UNDP, and UN Habitat, since the UN framed SDGs need to be localized for their successful achievements by 2030. In achieving the SDGs, one of the most troubling issues is that the participation of all classes of people needs to be ensured in this journey.

Localizing SDGs relates both to (i) how LGs can support the achievement of the 2030 Agenda through bottom-up action, and (ii) how the SDGs can provide a framework for local development policy. Providing local and regional governments with an enabling environment and resources to participate in the “localization” of the SDGs is a strategic priority to ensure the success of national efforts and the whole global agenda. Although primary accountability for the SDGs belong to nations, the SDGs explicitly call for action by local authorities. At least 12 of the 17 SDGs - all excepting 9,12, 13, 14, and 17 - require integrated strategies at the community level to overcome the interlinked challenges of poverty, ill-health, social ills, poor governance, and environmental destruction (Majumdar, 2018).

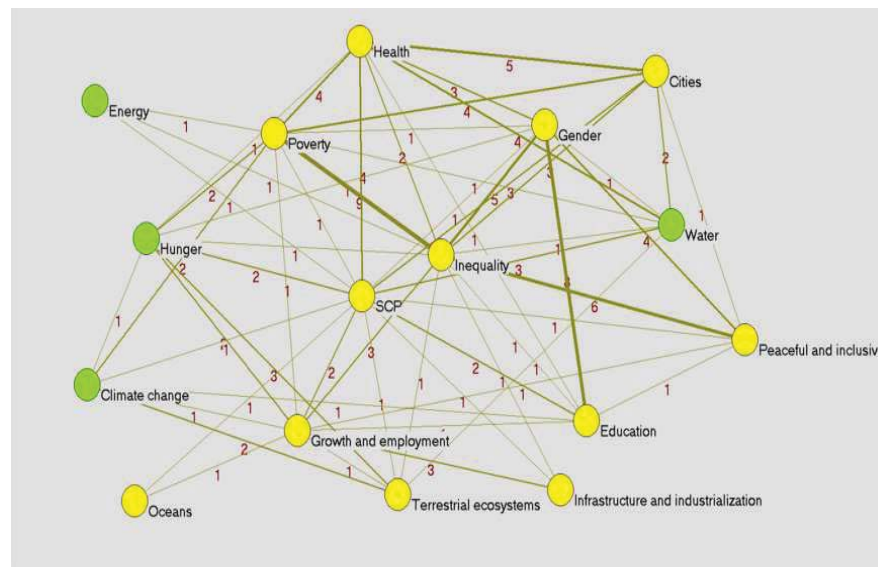
## **Localizing SDG in Bangladesh**

Bangladesh’s Constitution wisely placed key responsibilities for social and economic development, including ‘the preparation and implementation of plans relating to public services and economic development at the level

closest to the people' with the local government bodies, particularly the Union Parishad (UP), the body at the doorstep of the people (Constitution of the People's Republic of Bangladesh, 1971, Article 59(2)(C)).

Though there is a great need for localization of SDGs in Bangladesh, yet, there have been a few attempts at localizing SDGs in Bangladesh, such as, focusing on participatory approach, and involving civil societies to assist UPs to focus on some areas of SDGs. However, no attempt has been made through any institutional arrangements on how to foster translating SDGs into action, and reflect it back to the national level. As the goals of SDG are interlinked, and therefore, it becomes even more complex, both at the national and local level, to understand it, and reflect that into action. The potential linkages between goals are highlighted below in Figure -5.

**Figure 5: Interlinkages between goals**



Source: Author's elaboration.

Note: the numbers on the map indicate the number of targets linking different goals. For example, SDG 16 on peaceful and inclusive societies is linked with SDG 5 on gender through four targets. The circles representing the goals on climate, land, energy and water have been singled out for purposes of comparison with other mappings (see below section 5)

Source: UNDP website

It is obvious that all 17 goals are well interlinked, and one goal helps to leverage others.

Therefore, while caring out an in-depth dialogue with corresponding UP Standing Committees, it was explored that whether they have any idea about SDG and its targets, especially the targets that have been considered for research; and if they have some idea, then how are they amalgamating all field level information and data while implementing these, and reflecting to national level.

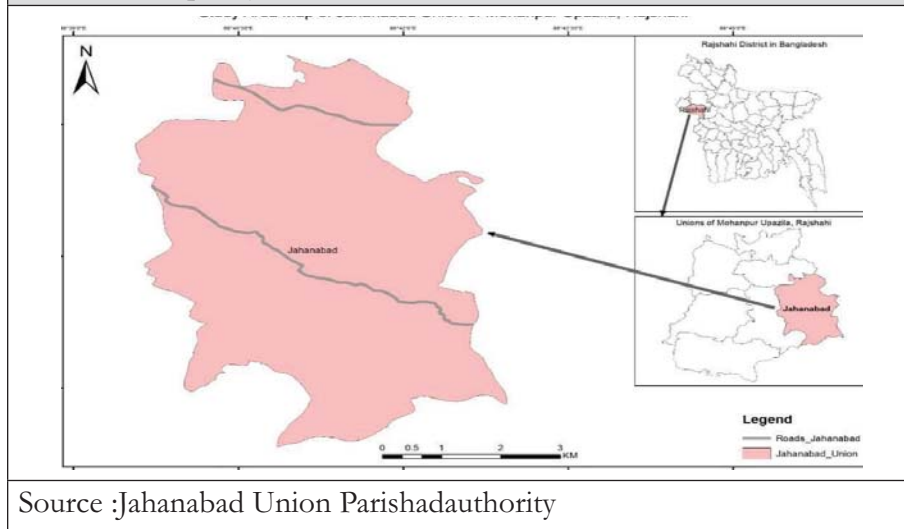
## **Field Analysis and Findings**

The objective of this research was to identify how SDG-3 and SDG-6 were being conceptualized at the Union level of the local government of Bangladesh. To realize the objective, the researcher selected two Union Parishads, namely, Jahanabad Union of Mohanpur Upazila under Rajshahi District and Ranihati Union of Sadar Upazila under Chapai Nawabganj district. The idea was to try and pilot the hypothesis in two Unions for localizing SDGs in selected targets.

### **Jahanabad Union Parishad**

Jahanabad Union is in Mohanpur Upazila under Rajshahi district. The area of this Union is 23.38 sq. km, and it comprises of 9 wards. It has 27 villages, comprising 10,753 households. The total population is 31,813 (males-16,535, and females-15,278). Most of the inhabitants of this Union are Muslims, rest are Hindus, but some tribal people also live there. There are five haats in this Union. People of this Union are engaged in agriculture; the produce being mainly rice, potato, betel leaf, and mango.

**Figure 6: Map of Jahanabad Union**



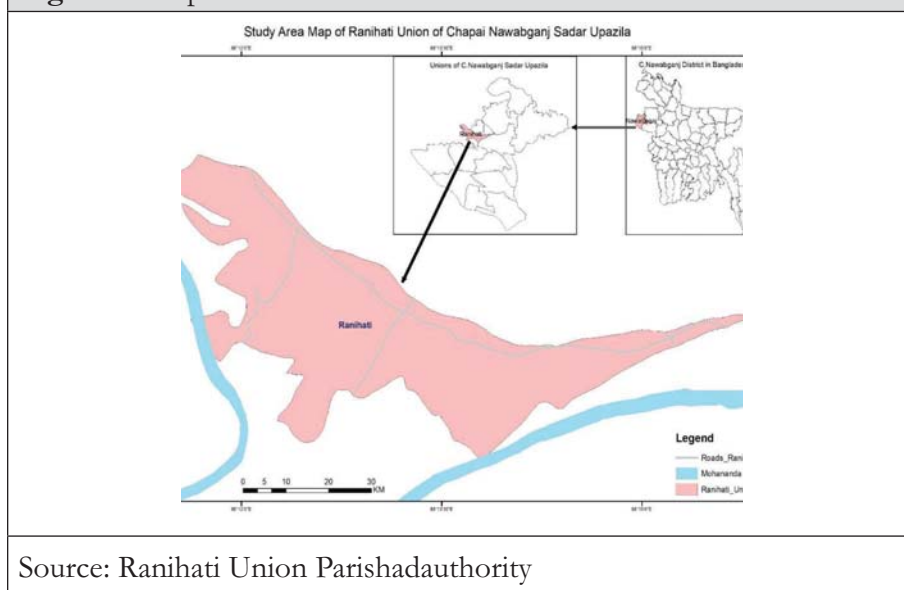
People of this Union get health and family planning services from three community clinics, and one Union Family Welfare Center where 15 health professionals work.

### **Ranihati Union Parishad**

Ranihati Union is in Sadar Upazila under Chapai Nawabganj district. Pagla river passes through this Union. The area of this Union is 7.68 hectares, and comprises of nine wards. It has 14 villages, comprising 7,873 households. The total population is 36,213 (males-18,426, and females-17,787).

There are 3104 children aged between 0-5 years. Most of the inhabitants of this Union are Muslims, rest are Hindus. There is only one haat in this Union. People of this Union are engaged in agriculture; the produce being mainly rice, vegetables, and mango. People of this Union get health and family planning services from two community clinics, and one Union Family Welfare Center, where 12 health professionals provide services to the people. 84% households use hygienic latrine. Most use tap and tube well water.

**Figure 7: Map of Ranihati Union**



Source: Ranihati Union Parishadauthority

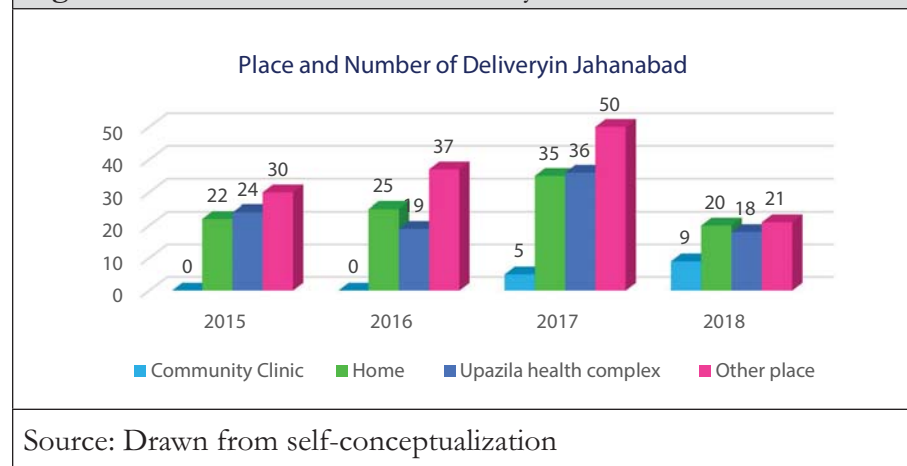
## Analysis of Information

Related to pregnancy care under SDG Goal-3, the indicator selected was “Reduction of maternal mortality ratio”. From the response of Jahanabad and Ranihati Union Parishads, it was found that the maternal mortality is decreasing in both the Unions. It was also found that population growth rate in both the Unions are displaying a decline trends. In both the Unions, delivery usually take place at home, community clinic, Upazila health complex, and other places. Excluding Upazila figures as a whole, the number of births in all these places in both the Union has declined from 2015 to 2018. Figure-8 and Figure-9 shows the picture of delivery places, and number of deliveries from 2015 to 2018 in Ranihati and Jahanabad Union Parishads respectively. This situation was also supported by FGD.

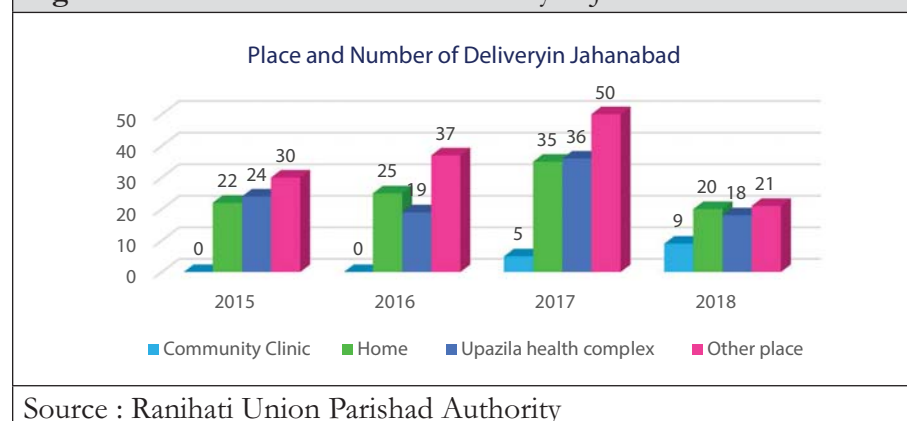
It was found that, the achievements of reducing maternal mortality rate are quite remarkable inboth the Unions. It was found that, in Ranihati, maternal mortality was 552 in 100,000 (i.e., 5 in 905) in 2015, and 341 in

100,000 (2 in 585) in 2018. It means maternal mortality rate (MMR) was reduced almost 38%. More efforts are required still to improve to reduce MMR to 70 per 100,000. In Jahanabad, it was mentioned that since 2015 onwards no maternal deaths occurred there, which is an outstanding performance though these data have not been validated, they will be validated during Review and Validation Workshop in July 2018. If we take the average of Ranihati and Jahanabad, then maternal mortality will be around 170 per 100,000; which is quite remarkable.

**Figure 8: Place and Number of Delivery in Ranihati**



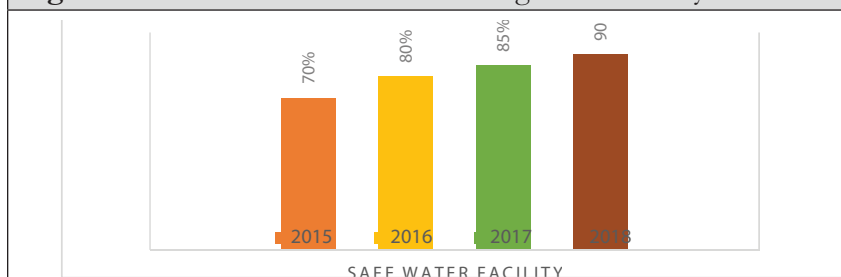
**Figure 9: Place and Number of Delivery in Jahanabad**



While from FGD, it was found that neither community clinic representatives, nor UP Health Standing Committee members are aware about the goal and target related to SDG on maternal health; but they follow the directions of the DGHS local representatives, and are moving quite confidently towards achieving targets of SDG.

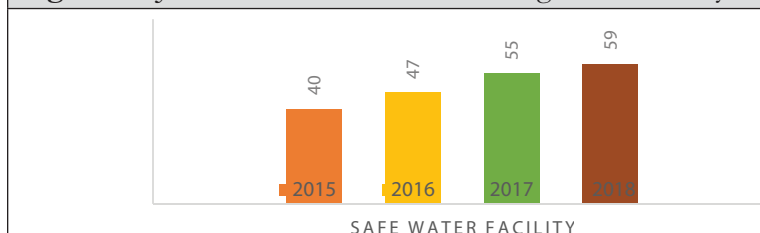
Of WASH services, safe water supply in Ranihati has been ensured through piped water supply; whereas in Jahanabad safe water supply has been ensured through hand pumps though both are arsenic prone areas. Figure-10 and Figure-11 shows the increasing trends of safe water supply both in Ranihati and Jahanabad Union.

**Figure 10: Ranihati Union Safe Drinking Water Facility**



Source: Drawn from self-conceptualization

**Figure 11: Jahanabad Union Safe Drinking Water Facility**

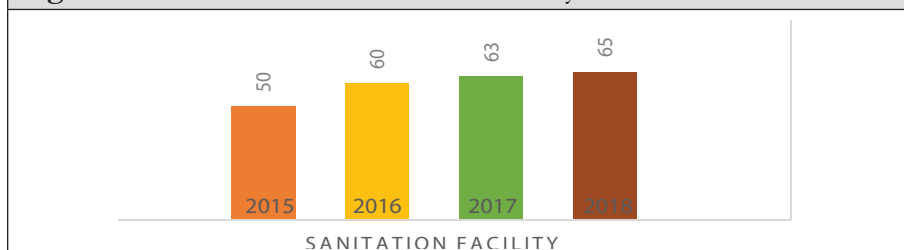


Source: Drawn from self-conceptualization

In case of sanitation, Ranihati is better at 85% in terms of hygienic latrines progress than Jahanabad, which is at 65%. However, both can achieve the target much ahead of 2030. The comparative achievement of both the Union has been shown in Figure -12 and Figure-13.

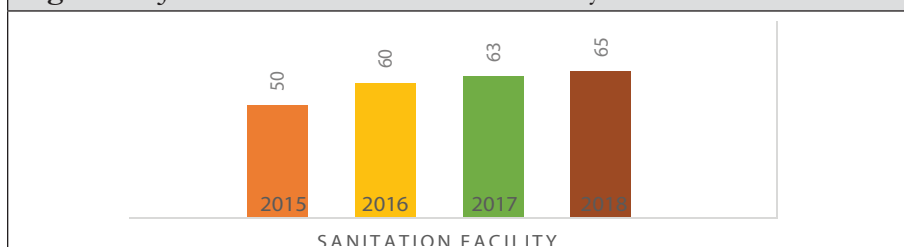


**Figure 12: Ranihati Union Sanitation Facility**



Source: Drawn from self-conceptualization

**Figure 13: Jahanabad Union Sanitation Facility**



Source: Drawn from self-conceptualization

## Findings of the Research

The progress of water supply and sanitation in both Unions is quite impressive, where Union Parishad, NGOs, and PKSf are active. It is quite interesting that where NGO fund is directly going to UP, and NGO works quite closely with UP - the data obtained on water supply and sanitation are same. In Ranihati, UP and DASCOH - both are giving same data for water supply coverage i.e., 90%, and sanitation coverage 85%; whereas, where NGO works closely with UP, but doesn't fund through UP and NGO works parallel with UP - the data are different.

In Jahanabad, water supply coverage by UP shows 95%, whereas Shataphool says 98%; in sanitation UP says 95%, Shataphool says 98%, which means there are some gaps in NGO and UP data collection. In summary, no differences were observed between control Union Parishad, and two research Union Parishads related to WASH activities. Both water

supply and sanitation situation as discussed above has been shown in Table 2 and Table 3.

Institutionally, these UP is working through its UP Water and Sanitation Standing Committee, whereas, many NGOs are working through UP Water and Sanitation Committee formed earlier by DPHE. This creates challenges to retrieve actual data from the field, and reflect it back to national level.

<b>Table 2 : Water Supply situation in Ranihati, Jahanabad and Deluabari</b>				
Ranihati		Jahanabad		Deluabari
UP data Water Supply	NGO data DASCOH	UP data Water Supply	Latrine data from Shataphool	UP data Water Supply
90%	90%	95%	98%	89%
Source: Drawn from self-conceptualization				

<b>Table 3 : Sanitation situation in Ranihati, Jahanabad and Deluabari</b>				
Ranihati		Jahanabad		Jahanabad
UP data latrine	NGO data DASCOH	UP data latrine	Latrine data from Shataphool	UP data latrine
85%	85%	70%	63%	67%
Source: Drawn from self-conceptualization				

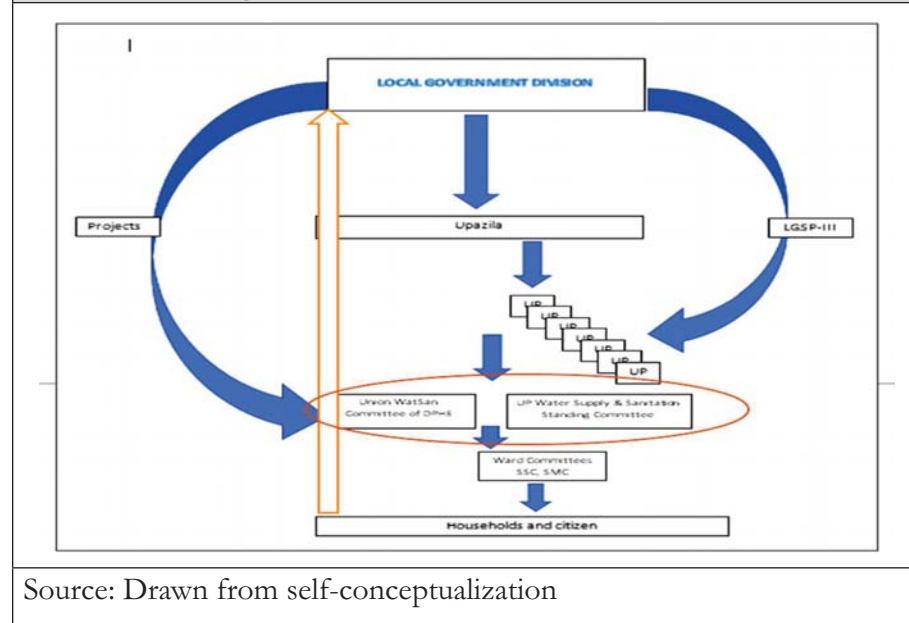
Therefore, it is now important to decide which “committee” is responsible to collate data on WASH, and reflect it back to national level. In the absence of that, though progress in the field of water supply and sanitation is high, but, reporting on the same for SDG will be low. Existing information collection system that is done not in a collective manner has been shown in figure-14.

In this regard, it is quite important to highlight that though the access to drinking water supply is quite high, indicating that these two Unions that Bangladesh will be able to reach SDG, but the quality aspect is fully

neglected. Until it is proven that supplied water is safe for drinking, access alone will make no difference.

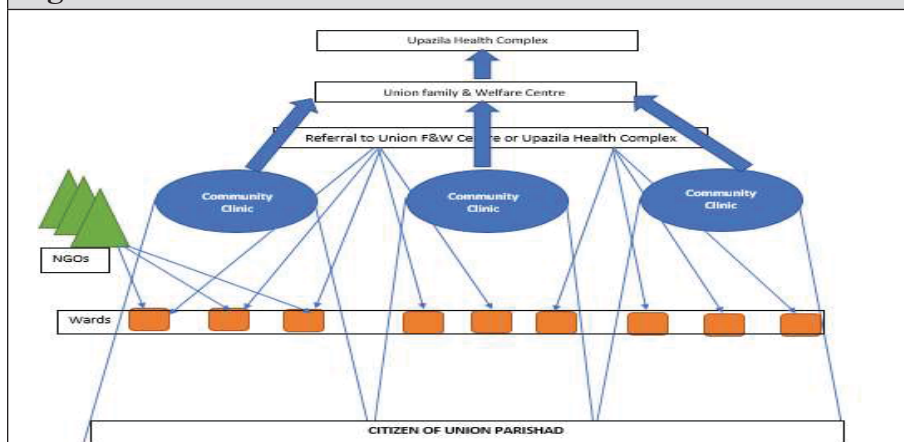
Therefore, it is quite essential to develop a mechanism for water quality surveillance, and testing of all drinking water points, if Bangladesh would like to achieve SDG.

**Figure 14:** Information flow of water supply band sanitation between local and Central government.



While comparing between control Union Parishad and two research Union Parishads related on safe motherhood and maternal health, it was clear that where support partners, i.e., NGOs exist, and either work independently, or work in close collaboration with community clinics, the activities, results, and documentation data are well organized; whereas, in case of control UP where no NGOs are actively involved in safe motherhood and maternal health, the services are poor, no results and data are preserved. Therefore, it is obvious that there is a need for NGOs or private clinics to work in rural areas to strengthen services related to safe motherhood and maternal health.

**Figure 15:** Health service situation in Local Government



Source: Drawn from self-conceptualization

The analysis reconfirmed that the Directorate of Health Services had created a well-defined institutional mechanism to reach the citizens at the doorstep to ensure better health. Each community clinic is covering around 20,000 people, and in general one Union has three community clinics. Each community clinic consists of three community support groups consisting of volunteers drawn from local citizens through which community clinics are trying to reach all households within their jurisdiction. The community clinic provides PNC, ANC, nutrition, regular checkup of pregnant mothers, and use as a referral point to refer the pregnant mother for delivery in Union Family and Welfare Centre. But in reality, many community clinics are being used for delivery. Simultaneously, Union Family and Welfare Centre also established satellite clinics in six wards where community clinics do not exist, and are trying to reach citizens through their staff. Similarly, many NGOs that work under Samridhi, try to reach households through their project's paid volunteers, and the project has allocated a doctor to ensure safe delivery.

The services that are provided by NGOs, Community Clinics, and Union Family and Welfare Centre are not reflected in UP's regular meeting, especially within the resolution. Community Clinics submit reports to

DGHS and CBHC directly through their online reporting system; whereas, NGOs submit their reports to PKSf; and/or other donors, which are not reflecting to DGHS.

Here, further work is needed to capture the success at the grassroots level, and report it back to SDG Inter-Ministerial Committee.

## **Conclusion**

There is satisfactory progress on all three indicators (one in health, and two in WASH) that were selected in this research study, except hand washing. Citizen ignition, setting up of appropriate institutional mechanism, and disbursing funds to local government helps to improve these services further. However, the lack of progress in hand washing shows clearly that local government is improving services as per priority agenda of Government of Bangladesh; but they do not appreciate the correlation between their progress of services vis-a-vis achieving SDGs.

Local government has a vital role to play in the leave no one behind agenda, ensuring that the basic services are accessible for all marginalized and disadvantaged groups, including women, the poor, youth, and minority groups. Civil society is a key partner in both identifying poor and disadvantaged communities, and in ensuring equitable service delivery to them. It is important to strengthen existing and new mechanisms for localization of national targets across local communities such as local development planning processes, integrated planning processes, and consultative mechanisms such as ward committees and Parishad development committees.

It was found that until local governments are aware of the importance of following the indicators of SDGs; it will be quite difficult to measure the progress. Therefore, whether local government knows about SDGs or not - that's not so important; but local government institutions need to collect information, and share data on specific indicators to help the national

government to compile, review, validate, and share these data globally to claim their success. It was clearly observed that on many occasions Union Parishad representatives attend different meetings related to WASH and health. In reality, while UPs are organizing their own meeting, and/or Upazila coordination meetings, the outcomes, challenges, and solutions related to WASH and health were not included within their own UP or Upazila resolutions. Therefore, these are not properly reflected and institutionalized.

Therefore, the study reached a conclusion that it would be effective if UP plays the following roles:

- Understanding on achieving SDG.
- Conceptualizing SDG through a discussion process with UP representatives.
- More engagement to ensure services (health, sanitation) through local government itself.
- Capturing practices within UP resolutions, and reflected back to Upazila and upwards.
- Coordinating with relevant stakeholders and linking the gaps

Based on research carried out, observations made, and findings assessed, it was felt that there is an acute need to identify local indicators, and develop the necessary data collection processes to enable local governments to measure local progress towards agreed targets, ensure disaggregated targeting, and monitoring of the most vulnerable to ensure universal and equitable basic service provision to all. Things are possible only by ensuring sufficient political will at the central government level for decentralization, and related constitutional protections/enabling legislation.

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She had a special experience in the rehabilitation of the refugees of Kosovo in Australia. She Attended a number of training in Disaster Management, Disaster Risk Management, Capacity Building for Gender Mainstreaming, Violence Against Women, The Rights of Child-Practical Approach, Green Jobs: Linking Environment, Climate Change, Environmental Law and Policy. Two of her articles have been published in the Journal of National Institute of Local Government, (NILG).