

CASE STUDY

Title of the case: When every body stands

Issue: Hygiene Education & Promotion through Community-managed Approach

Safe water, sanitation and hygiene behavior are the most vital component for public health development. Although the achievement of safe water access is significant in the South East Asian region but it is recognized that the objective of total improvement in general health and well-being have not been achieved partially. Consequently, the development activities are getting hampered and efforts to improve public health have had limited effect. However, many development projects have attempted to address these inadequacies but these adopt divergent approaches and thus the benefits have remained only within the project boundaries.

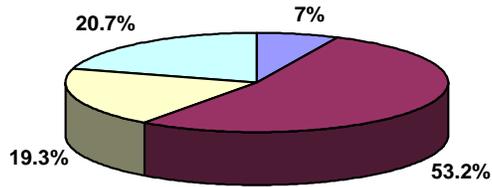
Sound sanitation practice and maintenance of hygiene practices are must for all. But even while standing at the doorsill of the third millennium, after such a journey towards the future, these basic needs are not yet to be ensured universally. The world observed the International Drinking Water Supply & Sanitation Decade (IDWSSD) for the period of 1981 to 1990, and another decade from 1991 to 2000, and still it is standing on the outset of depressing sanitation and the situation of inadequate hygiene practice.

Present WatSan scenario of Bangladesh

Bangladesh is a small country in the South East Asia had been facing severe problems relating to safe water supply, sanitation and hygiene practice. But now a day, the situation has been improved though not yet in the expected level. These issues have a twisting relation with the total development of the society. Despite a considerable coverage in the water supply, Bangladesh face a high degree of inequality in terms of service distribution and access of people to safe water. The sanitation situation yet lags far behind a satisfactory level in terms of coverage of affordable hygienic latrines at the community level.

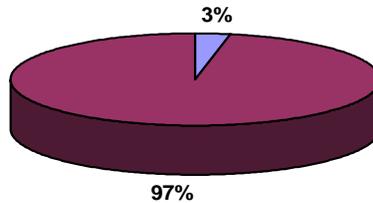
Ninety-eight percent of the population in rural areas and 100% in the urban areas have access to water from tubewell, tap or ring-well. However, recent survey detected arsenic contamination in 53 districts out of 61 districts tested 210 out of 464 Upazilla. Access to safe water is now estimated to be 70%. About 32 million people are potentially at risk of arsenicosis. 34-44% of the total population has access to hygienic latrine though in the rural context coverage is not more than 20-25. But the most challenging issue is to change people's hygiene behavior. All the people wash their hands by only water before taking food and wash hands after defecation by only water. Only, 7 percent people wash hands by soap and only 5 percent people use soap after defecation, which is an alarming situation in Public Health aspect. The following graph shows the prevailing disparity in the WatSan sector in terms of Community hygiene practice and perception. (Progotir Pathay 2000, BBS -Unicef)

Coverage in Hand Washing after Defecation



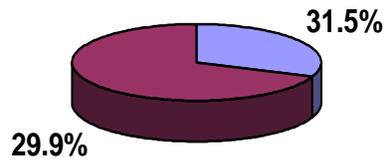
■ With Water & Soap ■ With Water & Soil □ With Water & Ash □ With Water Only

Coverage in Hand Washin before Eating, Feeding and Handling Food



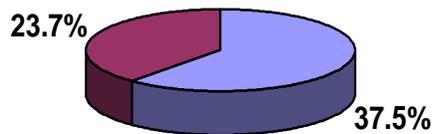
■ With Water & Soap ■ With Water & Soil

Coverage in Using Hygienic Latrine



■ Water-seal Latrine ■ Home-made Pit Latrine

Percentage of Unhygienic Sanitation Practice



■ Hanging Latrine ■ Open Defecation

About NGO Forum

NGO Forum works as the non-government apex networking and service delivery agency of local, national & international NGOs, CBOs and private sector actors who implement safe water supply and environmental sanitation programme at the community level. The Forum launched its journey in 1982 as the apex body in the WatSan sector in Bangladesh in with the IDWSSD. During this two decade long journey, NGO Forum has been involved in the sector progress in designing and re-designing its strategies based on its lessons learnt. As a development partner it works with relevant agencies and stakeholders ranging from the government and civil society to donor organizations. Currently, NGO Forum woks in a country-wide decentralized mechanism through partner NGOs, CBOs and private sector actors with total manpower strength of more than 380,000 workers. It has dedicated itself to ensure the basic needs of safe potable water, sound sanitation and hygiene practice for the distressed humanity. The motto of NGO Forum is to initiate a radical change in the depressing water supply, sanitation and the specific area of hygiene promotion through its about 600 partner NGOs.

Vision

Improved Public Health situation

Goals of NGO Forum

- Access to safe water supply and sanitation
- Sustainable change of hygiene behavior
- Reduction of morbidity and mortality

NGO Forum's Approach

NGO Forum implements its projects in a partnership approach throughout the country. At this moment, the Forum has been working with 600 partner NGOs by its 14 Regional Offices located in different parts of Bangladesh. Being an apex body of the WatSan sector in Bangladesh, NGO Forum implements its program on learning by doing approach. Considering the nature of the program, NGO Forum emphasis the following aspect to make effort effective and sustainable.

- Participatory Planning that starts from the community.
- Capacity building at different levels (Staff of PNGO and community)
- Demand responsiveness
- Gender sensitization
- Ownership of the program

NGO Forum utilizes it vast experience to explore new strategy and approach considering the cultural aspect of the rural people. Based on that, the partners of NGO Forum facilitated the Community-managed WatSan through which the demand responsive

supports are ensured. Ensuring this Community-managed WatSan Programme, NGO Forum formed VDC (Village Development Committee) through its partners and built up their capacity to plan and implement the WatSan Programme in a sustainable manner.

In the year of 2000, partners of NGO Forum formed 290 VDCs and these contributed in the implementation of all the planned activities in the selected 290 villages ensuring the active participation of the community people. Around 4,500 members were involved in the VDCs where the WatSan Programme had been carried out since January 2000.

Community-managed WatSan Programme

Natuapara is a village out of 290, where the Community-managed Approach had been carried out. In January 2000, this village under Sadar thana of Jessore district was selected for the 100% sanitation coverage of the village under Community-managed WatSan Programme. The main objective of this Community-managed WatSan Programme was to ensure sustainable behavioral change of the villagers on WatSan. In order to achieve that NGO Forum initiated this project through the Barinagar Samaj Kallyan Sangatha (BSKS) one of the partner NGOs of NGO Forum with the following key issues:

- Capacity building of the partner NGO.
- Formation of VDC
- Capacity building of VDC
- Hygiene promotion
- Mobilizing community resources
- Monitoring and follow-up

Location of the village and other information

The village Natuapara is located in the Southern part of Bangladesh. This village is 200 km from the capital city Dhaka and only 15 km from Jessore (a medieval district town in Bangladesh). This village reflects a common scenario of other Bangladeshi rural villages. There is a primary school and 3 mosques exist in the village along with 5 samiti was formed by the BSKS. 80% villagers are engaged in agricultural farming and a very few family engaged in small business in that village. There are some influential persons living in this village like, elected member of the Union Parishad (Institute of the local Government of Bangladesh) religious leader, school teachers and other persons who have economic solvency.

Baseline survey information of the Natuapara village

After the selection of the village the partner NGO analyzed the present situation of the village by carrying out the baseline survey. Before intervention of Community-managed WatSan Programme the total WatSan scenario of that village was very frustrating and due to that criteria partner NGO selected Natuapara village for 2 years period under the Community-managed WatSan Programme.

There were only 33 latrines out of 287 households. And most of the latrines were unhygienic in terms of cleanliness. The villagers used open spaces for defecation. Boys and girls used roadsides or open spaces of the village for defecation. Out of 287 households, only 3 families were found who maintained the right process of hand washing after defecation and before taking food.

During the survey, there was no alternative water supply technology except No. 6 tubewell. But in comparison to latrine use and hygiene practice safe water supply was in a better condition. Almost 100% people used to drink tubewell water (as they know TW water is safe for drinking) and also used for other domestic purposes like cooking and cleaning utensils.

During the survey time, diarrhea and dysentery were very common diseases for the villagers and some of the village people mentioned that in every year they spent a lot of money, even some of those sold out their properties for treatment purpose.



Rational of area selection

In January 2000, NGO Forum started to implement its Community-managed WatSan Programme at 290 villages through the partner NGOs. Natuapara is one of the villages where a significant change has been brought out with the association of the villagers by implementing the integrated approach. This is a village where more than 50% people living under bellow poverty level. This is also an interesting issue that after a month of the project started, one of the influential people created a lot of problems, which had been solved by the villagers in an united way. This influenced us to develop a case on this village that may create a positive impact among the stakeholders working for WatSan sector in country and abroad. The village Natuapara is also a tremendously low coverage area in terms of WatSan and was one of the important considering factors to select Natuapara for this case study

Program Implementation Process

Capacity building of the Partner NGO

NGO Forum organized and conducted a few training courses for the staff of partner NGOs to build up their capacity for implementing the Community-managed WatSan Programme. Basically, 2 training courses helped them to form VDC and conducting promotional activities for the villagers. Course No. 1 is Community-managed WatSan Programme and the other one on Facilitation of Promotional activities.

After the training courses, the trained staff of the BSKS (PNGO) initiated the process of forming VDC and other related activities. The villagers, with the guidance of BSKS formed Village Development Committee for ensuring the progress of village development activities with particular focus on WatSan.

This Committee was formed consisting of 15 members including one chairperson, two vice-chairpersons, one member secretary, one treasurer and nine general members. The VDC was formed with participation of different section of people of the village including 4 women members who are involved in different occupation. The representative of BSKS has worked as member secretary of the VDC.

Capacity building of the VDC

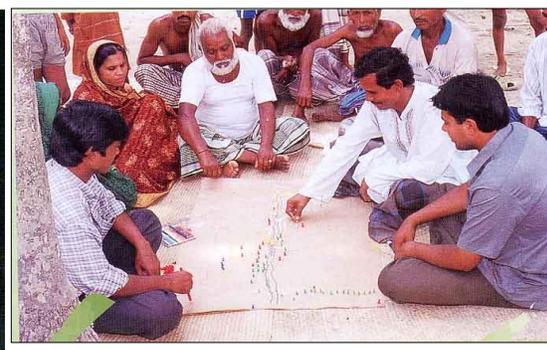
VDC worked as focal point of WatSan for the particular village BSKS intervened. Staff of BSKS conducted planning meeting with the involvement of the VDC members by using Social mapping, Hazards mapping and Van diagram exercise. From these exercises, villagers identified the WatSan status of the village as well as they increased their knowledge and changed attitudes towards community participation for the betterment of health.

After formation of VDC, members of the Committee were provided training & orientation for enhancing their managerial and development program facilitation skills. The key responsibilities of the committee were to assess the needs of the villagers in relation to safe water supply and sanitation and motivating the villagers towards safe WatSan practices with the cooperation of BSKS. The VDC also helps BSKS to monitor the operation and maintenance status of different water points and overall hygiene practices. The VDC conducts monthly meeting regularly to discuss various important issues on water supply and sanitation. Besides this, they also reviewed the progress of target they fixed up in the last meeting and if there is any hindrance found in the process, they discussed on that issue also.

Hygiene Education & Promotion (HEP)

The VDC concentrated operating HEP activities under the Community-managed WatSan Programme for promoting the overall development of the village including WatSan. After formation of VDC the members started massive social interaction with different section of the village people through various HEP related activities. They also organized different orientation session, meeting and other activities to reach all the villagers, which were conducted by the staff of BSKS. Some of those HEP related activities were:

1. VDC monthly meeting
2. Courtyard meeting
3. School program
4. Rally/milking
5. Tea stall session
6. Popular Theatre show
7. Video film-show
8. Community meeting
9. Monitoring by the villagers



Interview with the villagers

Md. Rezaul Islam, a member of VDC of the Natuapara village. By profession he is farmer with having a few own lands for cultivation. His wife is a member of the BSKS women savings group. Mr. Rezaul has two sons. Elder one is a student of class 5 and the younger one studying in class 3 in the primary school located in their village. Rezaul said I had no hygienic latrine at my house when I attended in the first meeting organized by the staff of BSKS. Ms. Shamima staff of BSKS was well known to us, because she closely worked with the women group where my wife belongs as member of that group. Before attending that meeting I thought, BSKS will give us something in kind as because they have been working in our village for a long time. In the second meeting we formed VDC and I became a member of the VDC. In that discussion Shamima explained how we had been suffering from diarrhea and dysentery and also explained how much money we spent for treatment. At that time, this issue came in my mind and I started to explore regarding what to do. Finally, I was motivated when my elder son told me to install a latrine (that he learnt from his school) and maintain hygiene practices particularly hand washing before taking food and after defecation. In this connection, our village school teacher (who also a potential member of the VDC) played a very important role to motivate me. Initially, I purchased a slab with two rings and installed that by myself. After installation of my one, I talked to my neighbors several times to install a latrine and maintain hygiene practices. Some of those followed except two families. I also participated in the rally organized in our village by the VDC. But some times, I also forget to wash my hands by soap. Nevertheless, we are in a good condition rather than the situation we had here before.

Ms. Sakina Khatun one of the female VDC members played very important role in promotion WatSan status in Natuapara village. She is 40 years old housewife, but not a member of BSKS women group. Her husband does small business in their village. She lives in last part of the village. As the economic condition of her neighbors is not well there were only one tubewell for 20 households at her para. Safe water supply was really a problem for them. Sakhina said I felt so happy when villagers selected me as a member of our VDC. After the second meeting of the VDC I organized a courtyard meeting at my para and invited the BSKS staff to conduct the meeting. She helped me to make the participants aware on how diseases spread through use of unsafe water and open defecation. Before this intervention, there was only one tubewell and no hygienic latrine. Female members of each household went to the open field near the village at evening in a group.

In the first meeting most of the participants mentioned that they are poor, they cannot buy a tubewell and latrine. It would be better for them if the BSKS can provide those things as free of cost. After this meeting I personally talked with them and motivated to share costs. Finally, they agreed and installed a tubewell. Now all of them are using tubewell water for drinking and cooking purpose. In this regard, some other programs like video film-show, popular folk drama, rally/miking helped me a lot to motivate my neighbors. Now most them have hygienic latrines. I feel proud of doing something for my neighbors. Now, I believe that money is not only the factor for the villagers to change their hygiene behavior. It was possible due to active participation of the influential persons in this village.

President of the VDC

Mr. Shafiar Rahman

We formed the VDC consisting of 15 members from different corners of the village. After formation, we met together to assess the present WatSan situation and identify some activities, which needed to be conducted to make people aware on WatSan. As a result of that we arranged and the staff of BSKS conducted courtyard meeting at different parts of the village. During the time of courtyard meeting some other villagers regarding VDC formation had asked us. They argued that they don't know anything about the VDC we formed. So a major portion of the villagers opposed to accept the VDC we formed. After getting this kind of reaction from others we immediately informed the concern staff of BSKS and as per his suggestion we arranged another meeting in the name of Community meeting with the involvement of other people who did not participate in the meeting where we formed VDC. In this meeting we explained the total process of VDC formation and why this VDC was formed.

This is the way we solved the problem by explaining our objectives of forming of VDC for the welfare of the village. Initially, I was in trouble to mobilize the villagers but I finally solved the problem with the help of BSKS staff. Out of the planned activities, I visited house to house with my some other members of the VDC and requested every one to use hygienic latrine and maintain hygiene practices at all level. Along with the other promotional activities our house visits created a positive impact to motivate the villagers.

The VDC members stated that we would not dissolve the Committee although we did not receive any technical support from any NGO or other agencies. Because, most of us, are now more or less aware of health and hygiene issues. We must continue the existing trend of hygiene practice for the betterment of villagers. In course of time, the VDC became a common platform for the villagers where they can discuss some other issues as well. The president said we also discussed about a road reconstruction in our village and as per the decision of the VDC I contacted with the Union Parishad Chairperson. They also said that community people of neighboring villages are also being motivated through experiencing health situation of Natuapara village. This approach can be replicated for other villages but selection of the VDC members should be done very carefully. It would be better if VDC can be formed after conducting para meeting.

The president stated a very important opinion in regard to hygiene behavior changing aspect. He said that use of safe water and use of hygienic latrines is achievable but changing people's hygiene behavior is very hard. Village Development Committee should take some special interventions like follow-up through house visit and continue the follow-up meeting of the VDC. The mortality and morbidity rate of the village has been reduced remarkably. At present they do not need to spend extra money for medical purposes.

Evaluation Stage- was the process monitoring and evaluation

NGO Forum developed a participatory monitoring package for assessing the progress of quantity and quality aspect of its projects. For quantitative aspect of monitoring partner NGO used the PRA sheet which was prepared by the VDC members in needs assessment and planning meeting. That sheet indicated the present status of WatSan at the time project started. In addition to this staff of BSKS and VDC members reviewed the progress in the monthly meeting of VDC and visited house to house before ending this project. In this package, role of each NGO Forum, PNGO and Community people were clearly defined. The following monitoring tools had been used:

- Review the status of progress through monthly meeting
- House visit
- FGD with the villagers

Advantages in the process

BSKS has been working for the village Natuapara for a long time. Most of the villagers have good relation with BSKS, which contributed a lot to implement this project as per the guideline. Location of the village was not so far from the BSKS head office. The staff of BSKS paid adequate visits out of the set plan. For the same reason, Director of BSKS paid enough visits, which created an additional impact among the villagers to carry out all the activities in line with its design.

In connection to regular follow-up, NGO Forum program staff was closely associated with the staff of BSKS. The staff who worked on behalf of the PNGO still possesses a good relation with the villagers through other interventions.

Disadvantages found in the process (bottlenecks)

Initially, villagers thought that they would get something in kind, which created problems to assess the real scenario. Due to class differences in the village community, rich people showed their interest to be members of the VDC. On the other hand, poor people are very busy for their daily work, which hampered to ensure equal participation of the poor villagers in HEP activities. Particularly, in the rainy season poor villagers became unemployed and due to that they do not feel to participate in the Hygiene Education Programs spontaneously. During conducting this study, the village was affected by flood. Due to that I could not meet other groups living in that village.

Other lessons learnt

Only knowledge cannot change people's behavior. Almost 100% household members excluding under 5 children are informed that they need to wash hands before taking food and after defecation. But the real scenario of practice is so frustrating. So it is apparently indicates that there is a gap between knowledge and practice. People know most of the important messages from different media that made them knowledgeable but not in the way to change people's behavior. In this connection, individual interaction and group interaction helps to motivate people to take in to action.

It would be more effective if I could interview the villagers on random basis. Because, considering our social infrastructure, low-income group people do not share their opinions in front of high-income group people. In spite of that the following lessons have been learnt from the implementation of HEP program through Community-managed Approach.

- Group effort is always effective rather than individual effort.
- Involvement of key persons helps a lot to motivate other people.
- Regular follow-up helps immensely to motivate people for changing their behavior.
- Usually there is a certain group of people who does not want to be motivated by the villagers due to their social and economical status.
- People's capacity, affordability and choice must be considered in promoting hygiene behavior.
- Participatory approach needs to be handled very carefully.
- Some courtyard meetings can be conducted before formation of VDC

Suggestions for further steps to be taken

- To make the effort sustainable, a regular follow-up and monitoring need to be carried out by the PNGO for one more year.
- VDC meeting should be continued for a while.
- Linkages and communication process need to be developed with the Local Government Institutions like, Union Parishad and Upazilla.

