Max Value for WASH in Blue Gold Polders in Patuakhali
Water Supply, Sanitation and Hygiene in Difficult and Hard-to-Reach Areas of Bangladesh

Bulletin # 02 Quarter # 2nd Year 2015

Editorial

In many areas of Bangladesh, mainly in the Hard-to-Reach areas, people yet lack in access to improved and sustainable water and sanitation facilities. Challenging environmental conditions followed by complex social factors and also lack of knowledge about the importance of the use of safe water and sanitation facilities is the prime cause of it. As a result, significant numbers of people do not have access to safe water and hygienic latrines. They do not practice good hygiene behaviors, they do not practice effective hand-washing with soap at key five times and also have no access to sources of Arsenic-free water to drink.

The people in particular, the women’s knowledge on maintaining personal health is very poor. Their knowledge on Mother and child health care, women’s pre and post natal care, child stunting growth etc. is very low too. As such, their health is badly affected. Maternal and child morbidity as well as mortality are increasing day-by-day.

Unsafe water and unhygienic latrine use are visible in their practice which has been developed due to lack of knowledge. It causes to increase health problems.

To address these problems, UST has been implementing a project to increase the access to, utilization of, and demand for arsenic-free water, improved latrines and hand-washing in community, schools and health centers in the Hard-to-Reach areas of Patuakhali district which is one of the climate change and disaster prone areas in the Southern zone of Bangladesh.

It is more than a year, UST has been implementing the project under the financial assistance of the Max Foundation of the Netherlands. The project has achieved quite a lot. Significant events are described in this edition of Newsletter.

Introduction:

The working district (Patuakhali) is under Barisal division. It consists of 7 Upazilas, 5 Municipalities with 45 wards, 71 unions and 878 villages. Majority of the households have no safe source of water and improved hygienic latrine.

Tube Wells are inadequate there. As report depicts, about 94% people are covered by Shallow HTWs but most of those tube-wells/ water points are unsafe due to Arsenic contamination. Water of Tube-wells is undrinkable. Thus use of contaminated water is rampant everywhere for lack of knowledge and awareness and shortage of water supply.

The women and children are the most vulnerable section among the users. They are affected by various diseases and other health hazard. Climate is another factor that adds fuel to the flame which affects people’s livelihoods badly.

Therefore UST has undertaken a four-year project – Max Value for WASH in Blue Gold Polders in Patuakhali Sadar that aims to reduce child mortality by providing access to safe drinking water, sanitation and hygiene education (WASH) including primary healthcare for people in the hard-to-reach areas of the Southern district. UST delivers WASH services to more than 80,000 people of 16156 Households in four Unions of Patuakhali Sadar Upazila. The Project aims to reduce Child mortality where safe water, sanitation, safe motherhood, Sexual & Reproductive Health Rights (SRHR) and prevention of stunted growth are being taken care of as effective strategy.
Major Components:
The project consists of a number of integrated components that reduce child mortality.
1) WASH in Community.
2) WASH in School.
3) SRHR.
4) Safe Motherhood and
5) Stunted growth

The approach promotes access to safe drinking water and improved hygienic sanitation, awareness raising and hygiene promotion, Traditional Birth Attendance’s training as well as school water and sanitation (WASH). Mother & child care, sexual and reproductive health and rights (SRHR) and gender are integrated into the training programs from the very beginning, with an emphasis on creating sustainable behavioral changes.

UST follows Participatory Hygiene and Sanitation Transformation (PHAST) approach in implementing this project. In 16-months last, the project has made remarkable progress. The subsequent chapters depict the achievements.

Community mobilization:
The project has formed Community Support Groups (CSGs) with a group of key persons after mobilizing the community. The group members have received training on WASH, Hygiene Promotion and Water Safety Plan. This has opened their eyes. The members effectively do planning and implement project in their respective working areas.

Supplying water to where there is no water
The project has ensured water supply adequately to the poor communities who are badly suffering from shortage of safe water. In this regard, the project has installed Deep Tube Wells and repaired some DTWs in all the project areas. This has contributed to reduce waterborne diseases as well as child mortality in the community.

Students (boys and girls) are getting benefits from using DHTWs, so far installed by the project. Besides, the project has repaired non-functioning DTWs in schools.

Converting the unhygienic in to hygienic
UST endeavors to cut child mortality and reduce stunted growth of children. To achieve this UST ensures hygienic toilets in the project intervention areas with new and also renovate the unhygienic toilets into hygienic toilets.

The project has created access to hygienic latrine facilities by installing offset pit latrine and up-gradation of unhygienic latrines. Along with this, UST has facilitated some households to install hand washing devices at their respective houses by the side or around the Latrine. People practice hand-washing at five critical times properly.

SRHR support
Health service is one of the major components of the project. Incorporation of it in any Water and Sanitation project that UST has run as of today is new too. UST by this component creates awareness of the community people on Sexual and Reproductive Health Rights (SRHR). Through this project UST has conducted sessions on SRHR. Three experienced female Paramedics are engaged to this purpose. They provide services to the women on prevention of stunting growth. The paramedic motivates the community to register children’s birth, get services and administer properly.

ANC, PNC services
Access to antenatal care (ANC) and postnatal care (PNC) services has a great deal of impacts on major causes of infant death and significantly affects trends of mortality in a population. But it was avoided as of today. This project creates a scope to take care of mother too. Antenatal care plays an indirect role in reducing maternal mortality by encouraging women to deliver with assistance of a skilled birth attendant or in a health facility. With this view in mind UST under this project increases health care services.

Before the initiation of this service Community people were almost ignorant and thus they would not seek services. But now they are aware of this issue and they go for receiving service from the local health centers.

The project tracks growth of children of under 5 year-old. Simultaneously it has done registration of birth of children of <5 children.

Women bathing with safe water
Bathing chamber is an important establishment UST builds under this project for women living in the remote hard-to-reach areas. People of these area are used to bath in the open pond / water body which is contaminated. As such
the women fall ill very often. Considering the welfare of both women and children, UST constructs bathing chamber in the community. CSGs look after these bathing chambers.

**Satellite Clinic**

The project has long plan for establishment of Satellite Clinic at each ward of the working areas. Accordingly, implementation of their activities is in progress. Union Parishad has been the part and parcel of the planning. UP chairman and members are involved with the implementation process. They ensure quality and on time work.

**Significant Changes that occurred**

The project ensures people’s access to safe water for drinking, cooking and other domestic uses by installing and repairing Deep Tube Wells. This has not only increased the safe water supply but also contributed to reduction of waterborne diseases and thus reduced the child mortality. The project contributes to reduce the suffering of women and adolescent girls as they endure to collect water.

Monitoring reports depict that a number of people have gained access to improved latrines for installation and up-grading of direct pit latrines to offset-pit latrines by using subsidy, own-contribution and UP-fund. By the courtyard meeting, the community people have understood the advantages and impact of the hygienic latrine, thus it motivates them to install offset-pit latrines near their houses.

As the Local Government Institutions (LGIs) are contacted through District NGO coordination meeting, Upazila Administration and Union Parishad and progress is shared with them they are now more responsive towards the community. Activation of Ward WatSan Committee, Union WatSan Committee has also contributed towards achieving success.

Pregnant & lactating mothers and young mother attend and receive necessary services on ANC & PNC and counseling from Paramedics at Health Camps. They are becoming more conscious about nutrition. The Paramedics are conducting Health Camps in the communities and they are disseminating the knowledge regarding ANC and PNC among the pregnant mothers. Mothers are now more careful about the growth of their children. Community people have nutritious food.

On the whole, a remarkable achievement is made on the use of hygienic latrine, safe water in drinking, cooking and bathing, waste water use for vegetable cultivation, washing hands in all five critical times with locally made liquid soap which contributes to build sustainable environmental health.

**Case story-1 Hena Facilitates courtyard session**

Hena Begum is Chairperson of Sheshkheya CSG of 1No. Ward at Kalikapur union. Hena did not know anything before UST had taken this project to their area. But now she can do everything required as chairperson of CSG.

Hena Begum has received training from UST. She said, “I received training 2-times as CSG leader and as Volunteer on WASH from UST office. These trainings have helped me a lot. Now I can deliver WASH massages through courtyard meetings and home-visits”.

Now Hena Begum facilitates CSG meeting confidently and delivers WASH massages. She writes resolution of the CSG & Courtyard meetings. She always facilitates the session and makes it better by following the advices of UST staff.

Hena Begum had ambition that she would serve people through voluntary activities; as such she was in quest of good opportunity. When she got opportunity to serve the community, she did not miss the chance. She availed opportunity to participate in the field activities and started doing right from the very beginning. She has gathered knowledge and skills on WASH and she spreads that knowledge among her community people.

**Case story-2: ANC, PNC service**

Literacy rate among the community people is very poor. They bear no knowledge on their health. Majority of the women having poverty and ignorance as well do not think of health care. They do not know of Ante natal and Post natal care. Ruma Begum is one of them. She would never think of health care service. They would not go to seek services from the center. This project has created a way for the poor. She said, “Our community women would never think of health services before and after delivery. TBA used to perform delivery and most of the TBAs have learned this technique from their mothers”. Technologically their knowledge is very poor. Ruma begum said that she used to go to doctor only when they faced complication.
Although they know child delivery is a complicated issue. Any time women may meet severe problem. Yet they avoid taking ANC, PNC services. She said “Since one year I have been seeing that a health camp is being operated under the project every month at our neighbor’s house. Many women and children from the village visit and take services. One day I visited the Camp to observe its activities. One Paramedic (Tanza Apa) operates health camp. There, I hear about UST which has been implementing a project namely ‘MAX Value for WASH’ in our village. Paramedic Apa tells me about importance of ANC and PNC services”. She discussed frankly with that Apa about her first baby. Her first child Imam Hasan (5) is a disable boy. Her family trusted that that was their fate. But Paramedic Apa informed that as a wrong thinking. If they could take proper care before and after child birth we could have a healthy baby. Ruma safely delivered her 2nd child after receiving proper care. There was a significant change in her life that UST project contributed.

Ruma Begum further said that if there was no health project in their village, they would suffer from various health complications. Now many young mothers go to health camp to take PNC service. Community women feel comfortable to take those services from women service provider. As Govt. Health service centre is situated far away from their villages they would not go there, but now they visit and receive services from UST-Max’s health camp.

**Progress status up to June 2015**

<table>
<thead>
<tr>
<th>Name of Hardware</th>
<th>Project Target</th>
<th>Achievement Up to 2014</th>
<th>Achievement in 2015 (Jan-June)</th>
<th>Project Total</th>
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<tbody>
<tr>
<td>School Hardware</td>
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<tr>
<td>Installation of new Water option</td>
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<tr>
<td>Repair of existing Water option</td>
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<td>Installation of new latrines</td>
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<td>23</td>
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<tr>
<td>Installation/repair of waste disposal pitliti and hand washing devices</td>
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<td>12</td>
<td>12</td>
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<td>Community Hardware</td>
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<tr>
<td>Installation of new Water option</td>
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<td>Repair/conversion of Hygienic latrine</td>
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<td>Installation of women bathing chambers,</td>
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<td>HH latrine installed by house hold own</td>
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**Case story: CSG Banoful is more dynamic**

Ms. Kohinoor Begum is the president of CSG named Banoful. The other member of this CSG is Ms. Shathi Begum. Both of them play important roles to change their Community through proper implementation of Max Value for WASH Project. Kohinoor Begum said; “I converse monthly meetings regularly and discuss about action plans adopted in previous meeting and note the progress. Everybody shares month’s progress and update social map along with Community Action Plan. If any kind of problem is noticed, I and my team-members would take immediate actions to solve the problem in appropriate manner.”

The Banoful CSG has been maintaining a register khata and noted the resolution with the help of Mr. Wali Ahmed, one of their volunteer, on regular basis. She also said, “We have discussed and realized that birth registration is part of the human rights so they have given emphasis to birth registration of all under 5 children within their CSGs”. Meanwhile around 80% birth registrations have been completed and they also has been advocating to Union Parishad to provide the birth registration certificate free of cost, especially for 5 children.

Ms. Kohinoor-a pro-active chairperson of Banoful CSG said, “I visited different HHs under my CSG and monitored the progress beyond my family and domestic works. Also I motivated the HH to install offset-pit latrine adjacent to house and relatively on high land especially for middle and lower middle class HHs by their own cost, including hand washing devices.”

UST frontline staff attend courtyard meetings regularly according to their plans respectively and observe sessions to fill in the gaps where required. She also assists them for discussion in new topics and visits HHs along with them. She shares good practices of another CSG insisting them to do that in their CSG.

A remarkable change is found due to strong drives given by Banoful CSG. She maintained effective liaison and linkage among CSG, respective Union Parishad and UST personnel.

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