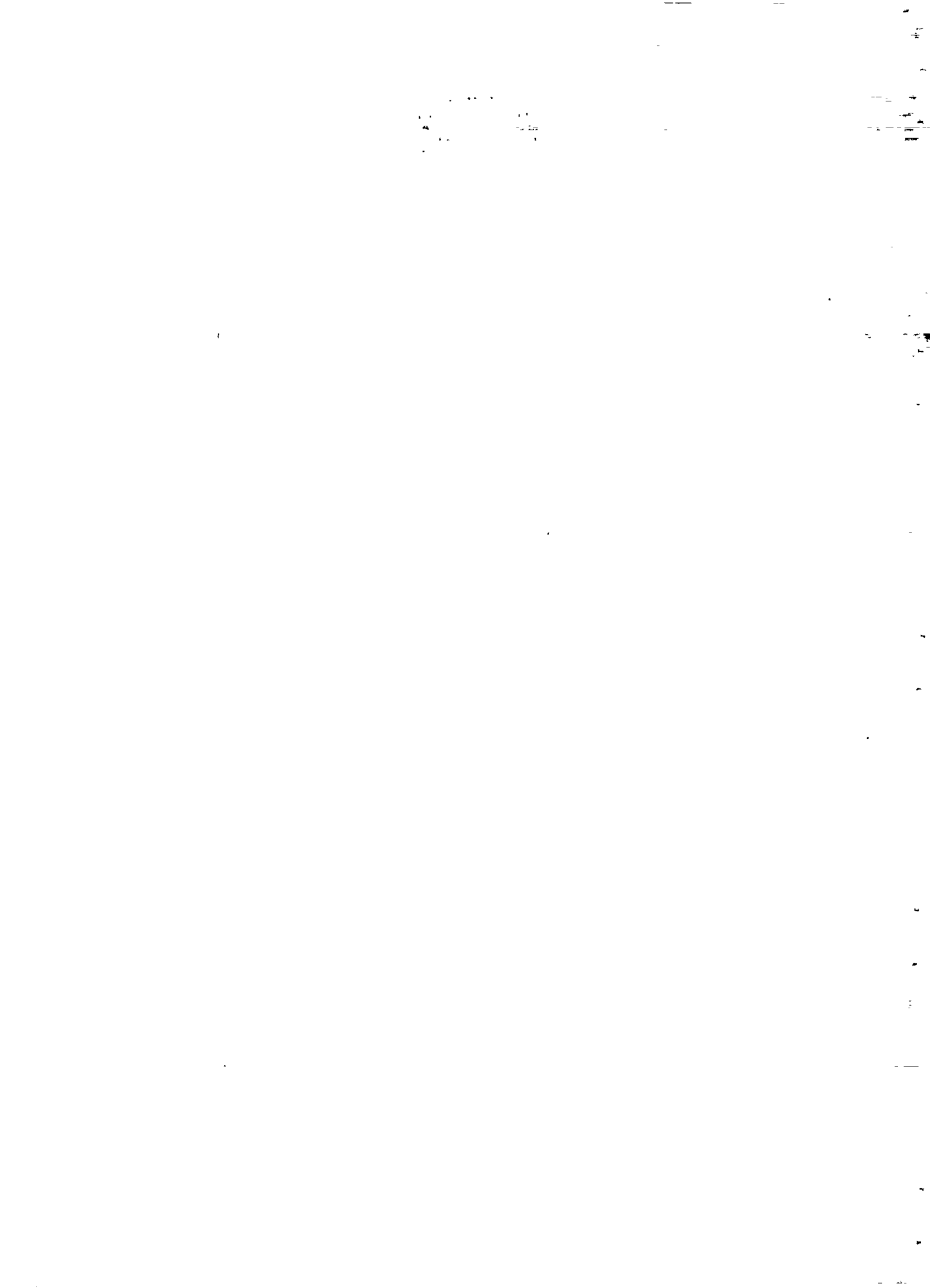


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**REPORTS ON
RURAL SAFE WATER SUPPLY &
ENVIRONMENTAL SANITATION PROJECT**

1996

**BANGA JANANEE
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PROLEGOMENA

Though the decade, "International Water and Sanitation" have passed still for Bangladesh nothing measurable has been achieved within this decade or after that. BJ conducted a base line survey within her working area and considering the survey report, undertaken the project from 1993. From the very beginning of its existence, it has been struggling with a series of adverse situation inspite of all those due to very close relationship with grassroots havenot groups of rural community, it has been able to lead in focusing various development issues of Gurudaspur Thana. Implementation of Rural Safe Water Supply and Environmental Sanitation Project. During the time frame of April 1994-December 1996 is one of the achievement of Banga Jananee (BJ). BJ firmly believe that such a challenging job was possible absolutely for the cause of its stackholders, beneficiaries at grassroots level, BJ staff, Executive committee, local government officials and NGO Affairs Bureau, facilitating organization VERC and project sponsoring organisation WATER AID, London. Of course we would like to bring it in the knowledge of all concerned with very honest confession that all set backs and short comings of project implementation is absolutely ours.

At the end, I hope that, this report will give the readers an opportunity of knowing more about the BJ and its activities

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AN OVERVIEW

The people of Bangladesh grow up from their very childhood with water all around them. Rivers cover one third of the country even in the dry season. During the monsoon, half of the remaining land is inundated and most of the rest is water logged from frequent rains. Ponds and rivers are the primary water sources for bathing, washing, cleaning and cooking.

The availability of safe and adequate drinking water and sanitary measures has a direct bearing on people's health. Therefore, the provision of safe drinking water and proper disposal of wastes is a pre-environmental control measure against the transmission of most water borne diseases. This relationship is in evidence in many research show that over 75 percent of all diseases in Bangladesh are related to unsafe water supply and inadequate sanitation. Moreover, water borne and water related diseases are responsible for high infant/child mortality and poor quality of life. The casual relationship between unsafe inadequate water and diseases is illustrated in the prevalence of gastroenterities and diarrhoea diseases, typhoid and para-typhoid fever, cholera, infectious hepatitis amoebiasis, intestinal parasites, malaria, filoriasis. Some of the behavioural obstacles to clean and safe water and as well as programme issues that affect the success of efforts to overcome these like, unsanitary food preparation, unsanitary methods of washing and drying dishes and utensils, unhygiene practices in bathing and washing cloth, methods of collecting, storing and using water, unsanitary disposal of human waste.

Though the decade of international water and sanitation have passed 5 years back (1990) still for Bangladesh nothing measurable has been achieved within the decade or after that BJ conducted a baseline survey 4582 nos. of household considering the survey report Banga Jananee undertaken the project from 1993.

Gurudaspur is one of the most disaster prone area in the northern part of Bangladesh flood and other natural disaster occurs here in almost every years. Victim of acute poverty and ignorance. Majority people of Gurudaspur are the worst victim. Hence the behaviour and life style of the mass people are indirectly the cause of frequent men made disaster like, Cholera, Diarrhoea, Dysentery, Scabies and many other infections and water borne diseases.

The situation of Gurudaspur thana regarding safe drinking water supply and sanitation remain disappointing even up to the day while the project has been designed. During the last 15 years the progress achieved was deplorable interims of the need of total population of Gurudaspur. Further one thing is very important to mention that 30% of total arrangement for drinking water supply through No. 6 hand pump tubewells will be affected during the draught and the rest 70% by the year 2000. The existing knowledge base and privileges of health care and safe sanitation in the rural area of our country is very inadequate. So peoples here don't feel use particulars safe latrine. It has been revealed from a recent survey conducted by Banga Jananee that such apathy of inability to use sanitary latrine is the cause of destroying hygiene discipline of the project area. It is quite alarming for the environmental balance all over the country. So BJ consider it important to provide awareness and orientation to bring a positive behaviour of rural under privileged people. A recent survey at Gurudaspur area reveals that only 23% people use sanitary latrine whereas the national rate of sanitary latrine user is 35%.



RURAL SAFE WATER SUPPLY & ENVIRONMENTAL SANITATION PROJECT

INTRODUCTION

The source of safe and adequate drinking water and safe sanitary measures has a direct bearing on sound health for human being. The provision of safe drinking water and proper disposal of wastes has a pre-environmental control measures against the transmission of most water borne diseases. This relationship is in evidence in various research studies which show that 75% of all diseases in Bangladesh are related to unsafe water supply and adequate sanitary facilities. Moreover, most of the water related diseases are responsible for high infant mortality and poor quality of life.

Banga Jananee has been working on the project at Gurudaspur Thana. The objectives of the project are:

- To dissemination information among the people of the area to change their attitude from negative to positive regarding personal, domestic and community hygiene practices
- To maintain existing health facilities through community participation.
- To ensure use of safe water for every household and personal cleanliness.
- To develop defecation facilities for the community people.

1. Hygiene Education Programme

It should be stressed that technology in itself is not enough to ensure reduction of sanitation related diseases. Sanitation is depend on the way people behave and organized themselves towards hygiene. Any intervention should based on what people already do. What they know and what they want. A way to set this process started is through the integration of hygiene education in the sanitation programme.

Considering the time factors, strength of project personnel and the relationship with the community population, it is assume that the hygiene education and dissemination of information among the project beneficiaries, the institutional and group base activities will be very effective like, village level organisation, education institutions.

Background of the Organisation

Banga Jananee (BJ) is situated at the middle of the "Chollon Bill", the most severely flood affected and interior area in the northern part of Bangladesh. It is a low land area and about 200 km from Dhaka city. The only means of communication with the thana centre is bus from the capital city. But the insight communication within area is extremely difficult. The only means of communication is country boat during monsoon or foot in other time. This area is the most densely populated in Natore district.

BJ is a non-profit voluntary social development organisation. The organisation came into existence in 1986 initiated by the local enthusiastic youths, literate women and social workers and was registered under the Department of Social Services and NGO Affairs Bureau. The organisation is staffed with Bangladeshi nationals and govern by the general council of 28 members and Executive Committee of 7. The aims of the organisation is

- To alleviate rural poverty through grassroots level organisation development and community participation.



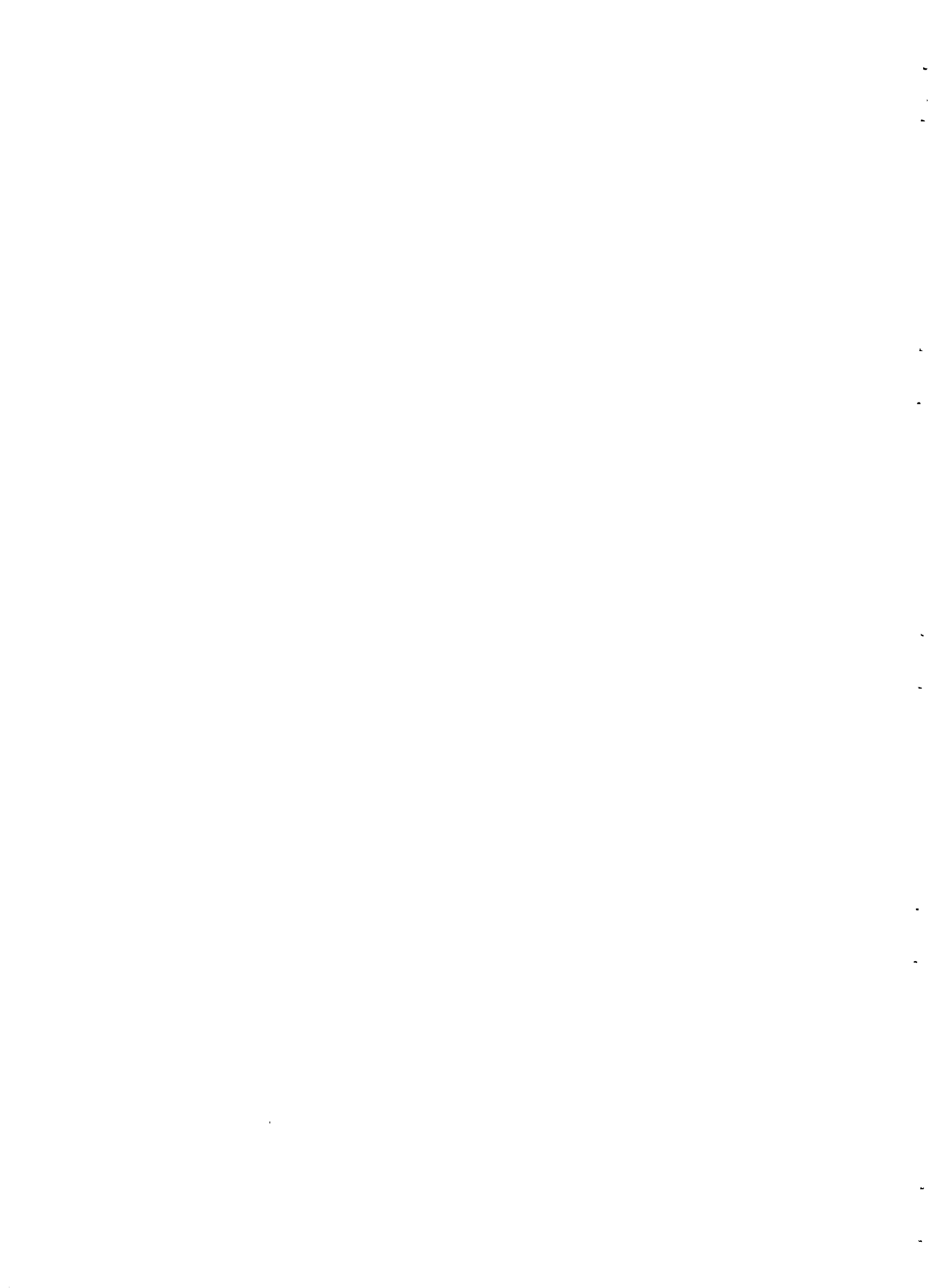
1.1 School Education Programme

As children are in their formative stage can be easily motivated to the extent which will result in permanent behaviour change. Moreover, they can be transmitters of information and act as catalyst for introducing hygiene practices in their families. Another advantage of this programme is that, a large number of audience can be reached in every short span of time. To make this programme more attractive visual shows were shown whenever and wherever possible. Aims of this activities were.

- To raise consciousness by focusing on water sanitation among the school going children for difusing health interventions.
- To transmit the relevant information regarding water sanitation and personal hygiene to the respective family members of school children.
- To linkup the education on safe water use, sanitation practices and personal hygiene, the socialisation of school children Under several education session and follow-up activities. The particulars of education institutions is mentioned below:

Sl. No	Name of Institution	No. of Students	Sl.No	Name of Institution	No of Students
1.	Kachikata govt pry school	378	9.	Dharabarisha pry. school	882
2.	Daribamongara pry. school	399	10.	Charkadaha pry.school	492
3	Hansmari pry. school	289	11.	Talbaria Madrasa	276
4.	Kachikata high school	322	12.	Udbaria Madrasa	270
5	Khakradaha pry.school	307	13.	Shidhuli pry.school	515
6	Khakradaha Madrasa	240	14.	Shidhuli Madrasa	38
7.	Dharabarisha Madrasa	140	15.	Challanali Madrasa	45
8.	Dharabarisha high school	521	16.	Polsura pry school	280

2. Previous and Ongoing Projects of the Organisation						
The Organisation implementing and carriedout the Programmes as mentioned below.						
Sl. No	Project Title	Sponsoring Agency	Duration		Amount Received	Present status
			From	To		
01.	Village Sanitation Programme	NGO Forum	1990		45,000	Continue
02	Remunerative Employment and Income Promotion for Poor Women	Australian High Commission	1990	1991	1,20,000	One time
03.	Fuel Efficient Project	VERC-BCSIR	1990	1991	1,30,000	One time
04	Community level Awareness Development and Action Programme on Environment	VERC	1991		39,000	Continue
05.	Training on Improve Oven	BCSIR	1992		19,800	One time
06	Locally Initiated Grassroot Organization	LARD	1992		12,99,573	Continue
07	Rural Women Institution Building and Action Programme on Reproductive Health Development	GOAL, Ireland	1993	1995	10,30,475	
08.	Gurudaspur Thana Rural Safe Water Supply and Environmental Sanitation Project	Water Aid, England	1994	1996	12,08,263	



1.2 Hygiene Education to Women Group Members

Women are the prime caretaker of the families health. Health issues are mainly discussed to organise women within 45 years age bracket. The women group members can play a vital role for upgrading hygiene practices for their family members and their neighbours. The project staff have been provided hygiene education among the group members of 48 women groups. The objectives of this programme was to.

Transmit information among the group members on personal and domestic hygiene. So that group members will be responsible for imparting hygiene education to the rest of the community people with the expectation witness a positive scenario regarding safe drinking water and environmental sanitation through out the project area.

The particulars of women group is furnished below.

Sl. No.	Name of village	No. of Group	No. of Total Group Members	Sl. No	Name of village	No. of Group	No. of Total Group Members
1.	Charkadaha	6	121	7.	Dharabarisha	6	119
2.	Ubdaria	5	92	8.	Dadua	1	23
3.	Talbaria	2	42	9	Khankradaha	7	117
4.	Shidhuli	6	114	10.	Daribamongara	3	54
5.	Challonali	2	40	11.	Hanshmari	3	61
6.	Palsura	5	95	12.	Kachhikata	2	41

1.3 Hygiene education is an essential part of human life. In this relation, hygiene education is an essential part of water supply and sanitation project. Increased amount of domestic water and better methods of human excreta disposal do not in themselves result in more hygienic environment, reduction of diseases. The target audience of these new facilities must use them properly and then often adapt new behaviours that will maximize the health benefits. The project personal has been provided health and hygiene education to the target audience through domiciliary visits. The content of hygiene education programme have been selected as pre-project findings which was collected by baseline survey within 14 village. They also provided hygiene education and motivation to community people. Following curriculum was followed to train the group members and school education programme.

Women Group	School Education Programme
<ul style="list-style-type: none"> • How diseases transmitted • The role of women in domestic hygiene • How to avoid germs through personal hygiene • Hygienic handling of water • Water born diseases • Care of water storage and water sources 	<ul style="list-style-type: none"> • Definition of personal hygiene • How diarrhoea transmitted • How to help other children to maintain hygiene practice • Nail cutting • Hand washing • Discuss hygiene practices

Organisational Structure of BJ

General Body :

All regular members from the general council is the highest decision making body of the organisation. General body meets once every year and discuss programmes, approve budget, appoints auditor and elects the executive committee bi-annually.

General council elects office bearers and members of the executive committee. The executive committee's tenure is 2 years. Executive Committee has chairman, Vice-Chairman, Treasurer, Social Welfare Secretary, 2 Members and General Secretary. The Executive Committee meets every month to review activities and give fresh directives if needed.



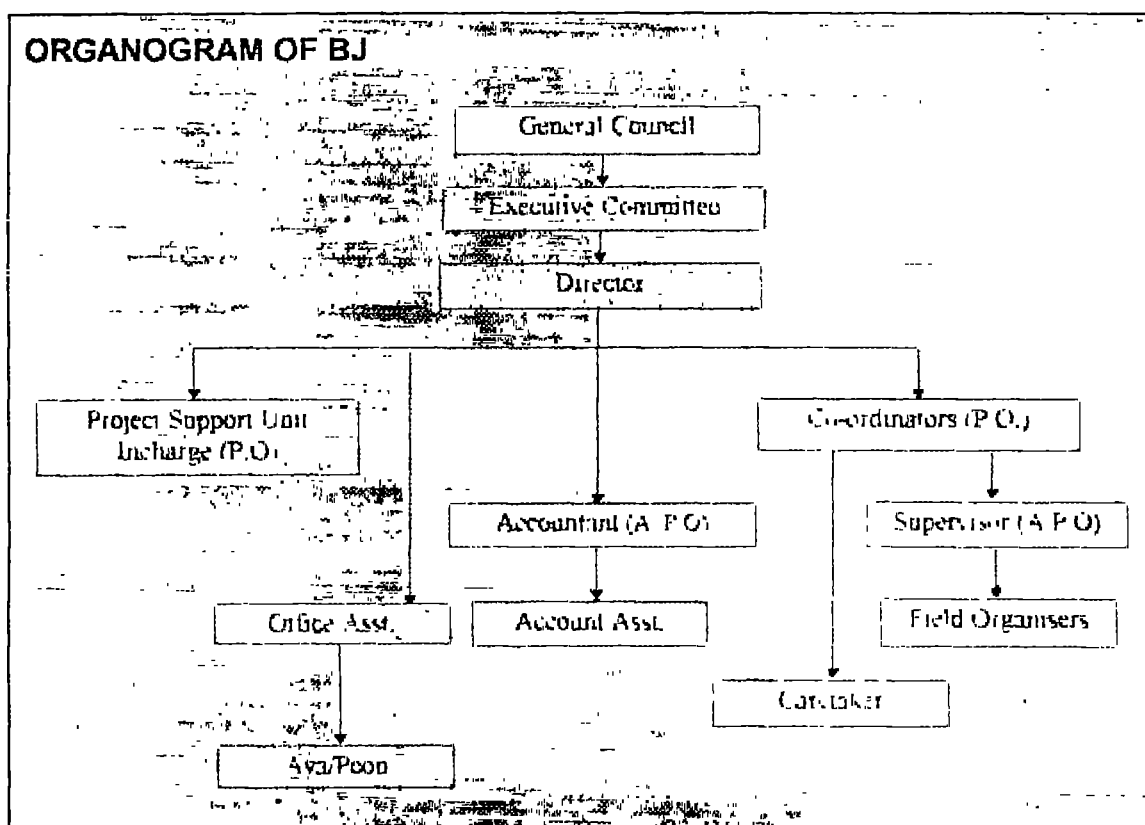
2. Development of Auxiliary Workers

In the hygiene education programme, the village volunteer played a very clear role. These volunteers are natural leader in the community, such as local leaders school teachers, religious leaders, student and TBAs and the Head of the Women Groups.

In this programme, several people already in the village have asked to give a few hygiene education messages to specific target group. No one person have not responsible for all message or for all target groups. Rather the responsibility is divided among a team of village volunteer. Each has a part to play some have large parts such as local youth leader and other smaller part.

The role of village volunteer, specific target group and hygiene education content is mentioned below

Village Volunteer	Target Group	Content
• Religious leader	Adult men	Cleanliness
• School Teacher	Student	Personal hygiene
• Student	Peer group	Personal hygiene and home beautification
• Youths	Friend	Neighbours domestic hygiene
• TBAs	Pregnant/Lactating Mothers	Personal hygiene
• Women Group Leader	Group members	Personal hygiene





3. Tubewell and Latrine Distribution

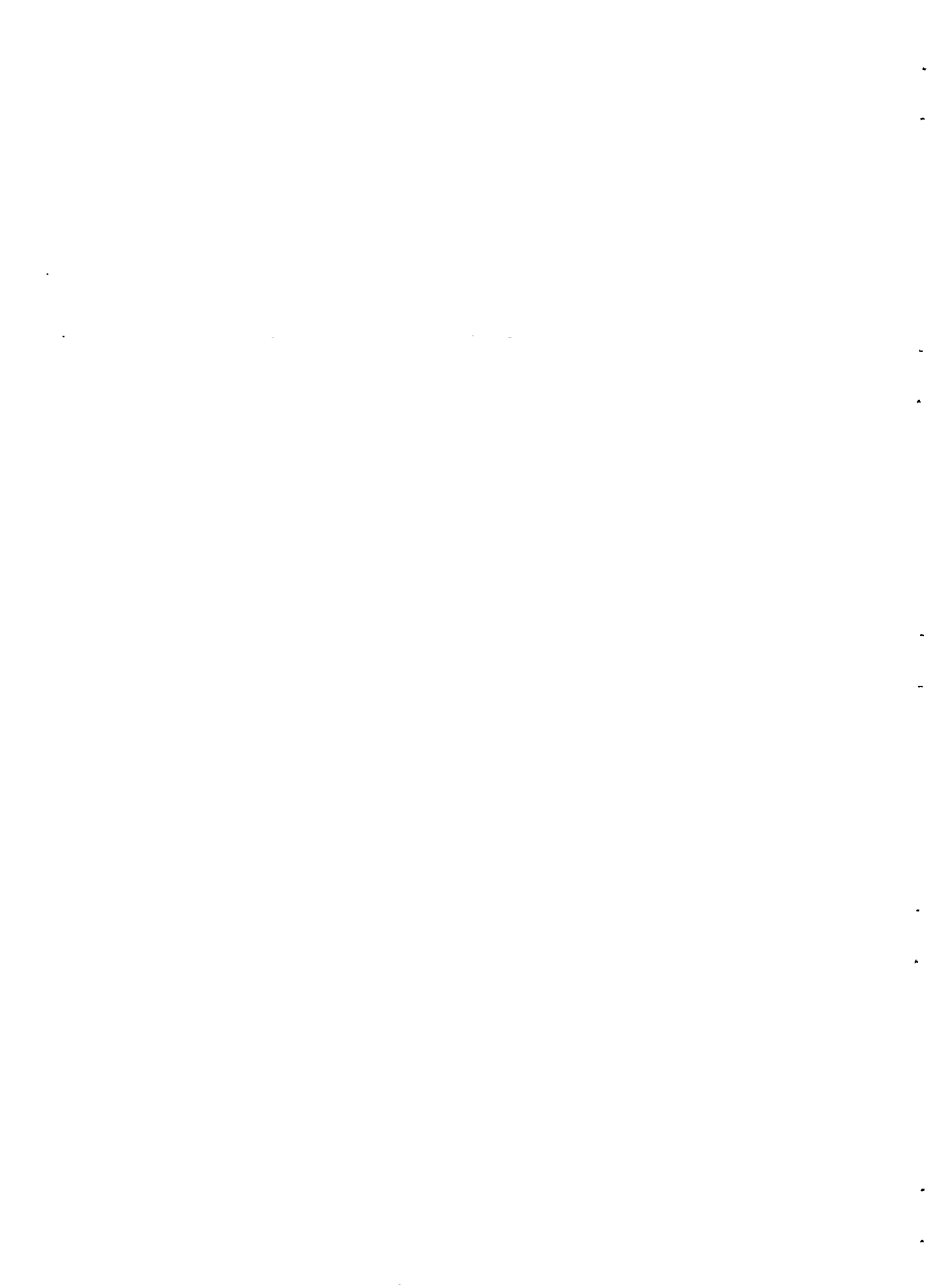
301 sets of latrine has been distributed to the beneficiaries with a subsidy rate BJ set up two latrine production centre within the project area. To ensure access of village population to safe water, the BJ gives 35 number of TARA-2 hand Tubewells, TARA-2 hand Tubewell will be able to meet drinking water facility for longer period.

A one day Care Taker training has been provided to Tubewell owners for imparting technical knowledge regarding maintenance of Tubewells. Village wise distribution of Tubewells and latrines are furnished below.

Tubewell & Latrine Distribution during 1996

Sl. No.	Name of villages	Total Latrine	Tubewell TARA-2	Sl. No.	Name of villages	Total Latrine	Tubewell TARA-2
1.	Dharabarisha	20	2	20	Uttar Naribari	03	-
2.	Dadua	03	3	21	Khujipur	01	-
3.	Chrkadaha	42	5	22.	Chanadanagar	01	-
4.	Challonali	14	1	23.	Binnabari	01	-
5	Shiduli	10	6	24.	Kacugari	03	-
6.	Talbaria	03	-	25.	Panchisha	18	-
7.	Udbaria	11	02	26.	Shikerpur	08	-
8.	Poalsura	10	01	27.	Chhaikola	13	-
9.	Khakradaha	16	05	28.	Anandanagar	01	-
10.	Kachikata	09	1	29.	Bamonkola	02	-
11.	Hansmari	09	1	30.	Billbiaspur	02	-
12.	Darihasmari	02	-	31.	Dinalgram	13	-
13.	Daribamongara	44	07	32.	Shikarpur(2)	01	-
14	Bamongara	01	-	33.	Char Anayatpur	01	-
15.	Moshinda	18	-	34.	Nadosyedpur	03	-
16.	Ranigram	11	-	35.	Kanarchar	01	-
17.	Chanchkoir	06	-	36.	Bilkathor	01	-
18	Khamarnachkoir	02	-	37.	Dhamias	01	-
19.	Gurudaspur	07	1				
	Total	238	35			61	-

Staff :
Activities performed by a set of trained highly motivated staff headed by the Director. The staff constitute four Programme Officer, four Asst Programme Officer, fifteen grassroots workers and four supporting staff.
Weekly and monthly staff meetings conducted in the BJ office to ensure proper coordination, planning and discussion of problem and general ideas.

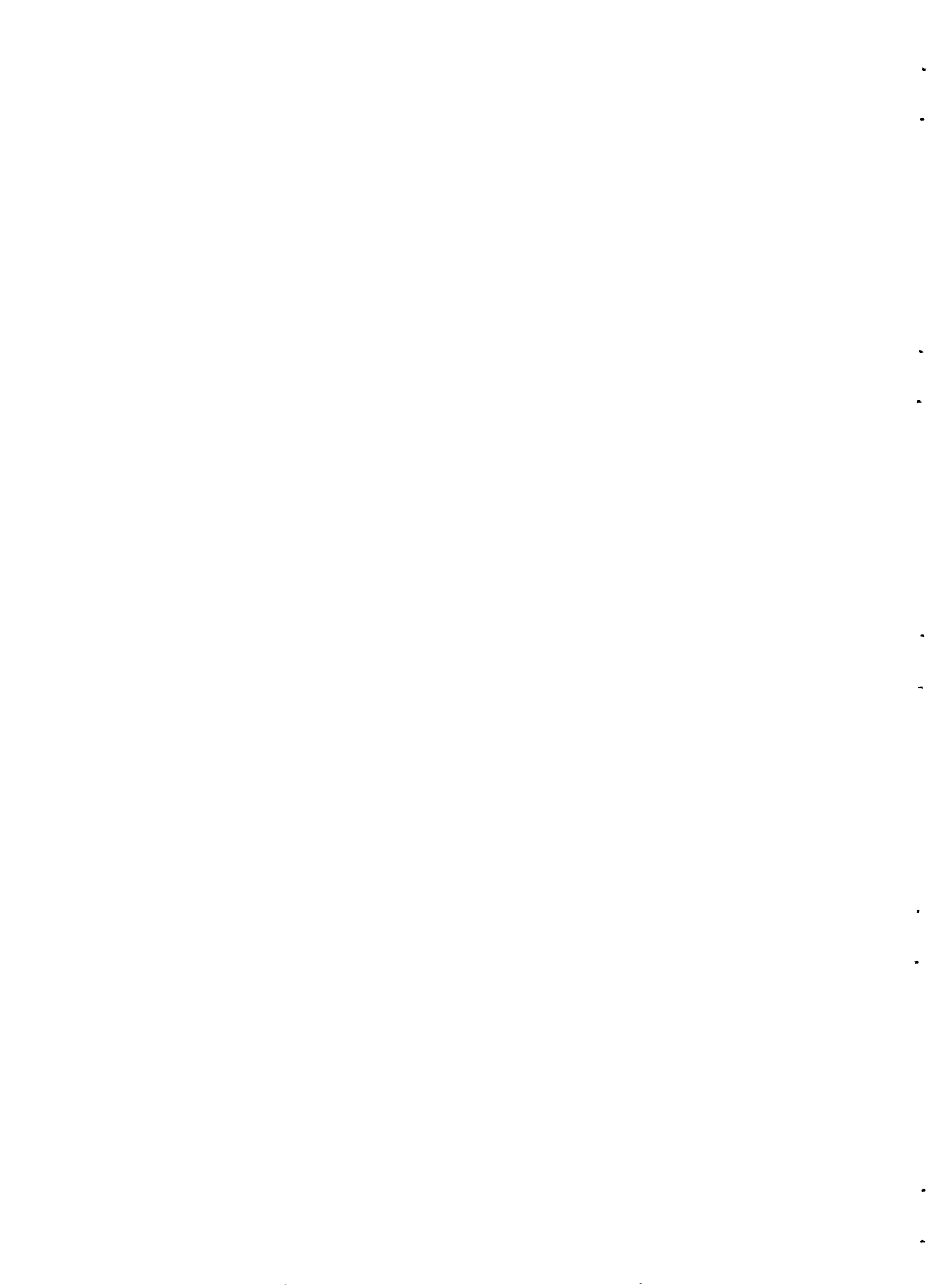


4. Organise and Development of Village Committee:

31 numbers of village committee have been organised. Around 250 members are included in the committee. Each committee has an average 8 members where one is chairman and one is secretary. The committee is mainly responsible for mobilizing exiting social structure for action in the face of defined problem. The filed staff at sits with the organised committee to discuss the programme objectives. So that the committee became convinced about the benefits of this development process and interest. Functions of village committee are as:

- Maintenance of existing health facilities
- Problem Identification
- Problem analysis

Linkage with Specialised Organisation			
Sl. No	Name of Organisation	Specialised Area	Association with the organization
1.	Association of Development Agencies in Bangladesh.	Coordination, Training, Advocacy	10 years
2.	NGO Forum for Drinking Water Supply and Sanitation, Bangladesh.	Training, Coordination	10 years
3.	Voluntary Health Services Society, Bangladesh	Coordination, Training, Advocacy	10 years
4.	Village Education Resource Centre, Bangladesh	Local Resource Utilization, Training	6 years
5.	Woman's Global Net work for Reproductive Rights, Netherlands.	Information Sharing	4 years
6.	International Womens Tribune Centre, USA	Information Dissemination on Women Development	5 years
7.	Asia Regional Cookstove Program, Indonesia	Kitchen Improvement	3 years
8.	Appropriate Health Resource and Technologies Action Group, London	Information Dissemination	6 years
9.	WASH, Water and Sanitation for Health, USA	Publication	7 years
10.	Child In Need Institute, Calcutta, India	Child Development	4 years



5. Summary of Previous Performance

a) Hardware Support

Sl No	Total Latrine Distribution	Total Tubewell Installation	Year	Name of Sponsoring Organization	Name of Project
1.	100 329	11	1988-95 1995	NGo Forum of Drinking water supply and sanitation	WATSAN NSCP
2.	24	6	1989	VHSS	Relief Rehabilitation
3.	10	-	1991	VHSS	Do
4	-	20	1991	World Vision of Bangladesh	Safe Water Supply
5.	-	3	1987	SAP Bangladesh	Relief Rehabilitation
Total	463	40	-		

b) Training-Workshop

Name of Training/Workshop	Duration	No. of Participants	Sponsoring Organization	Year
The role of youth leader in Health & Environment Development	1 day	44	BJ	1990
Workshop on Hygiene Education	1 day	58	NGO-F	1992
Sharing Session with NGO Representative	1 day	13	NGO-F	1993
The Role of women in domestic hygiene development	1 day	152	TARD	1995
Sharign session with Journalist	1 day	26	BJ	1995

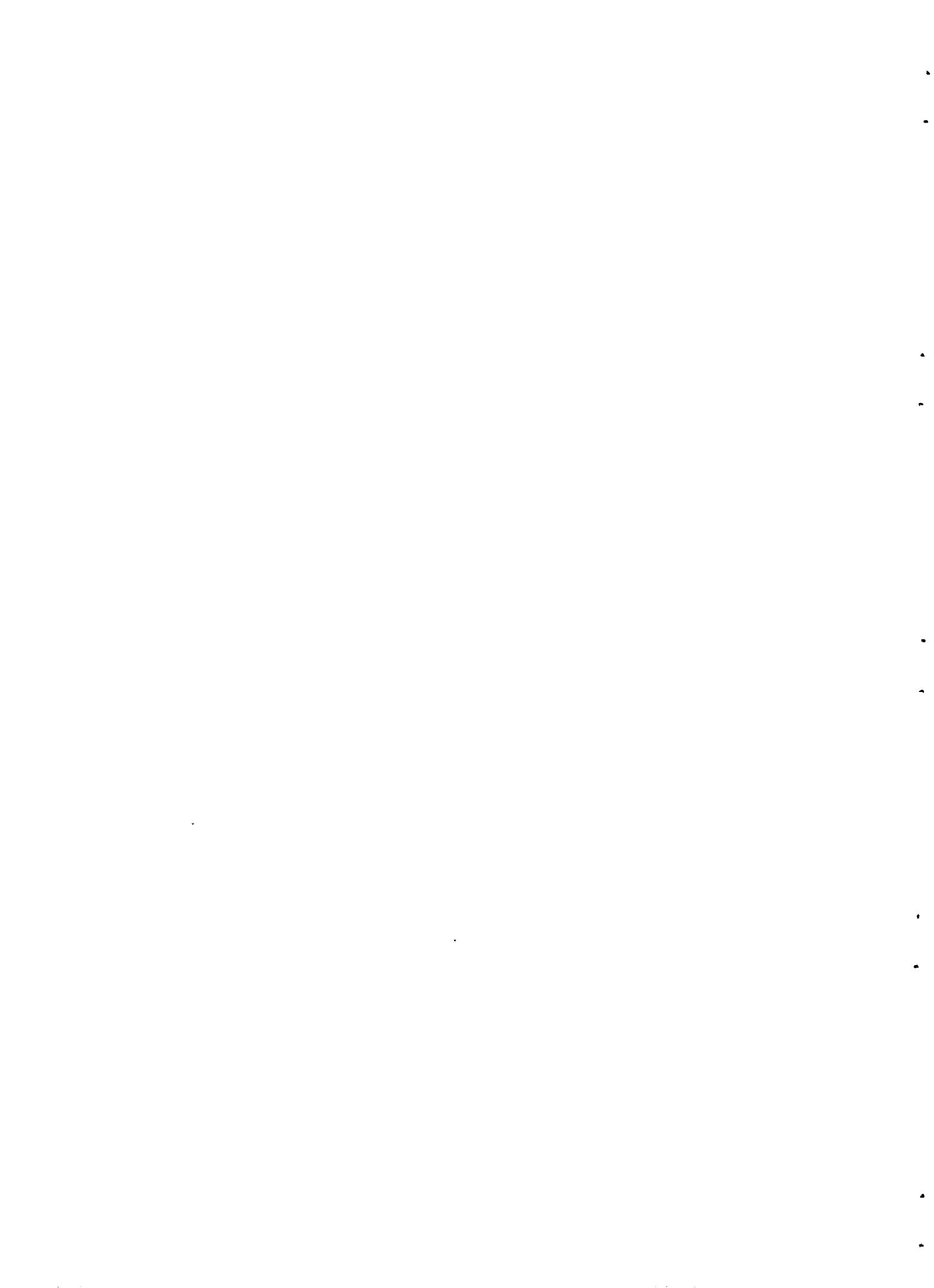
Future Priorities and Programmes For BJ During 1997-2000

Between 1986-1995 BJ has made numerous efforts to promote various project for its target population. However those were not well planned and often the result did not match the hopes and expectations of the concerned population.

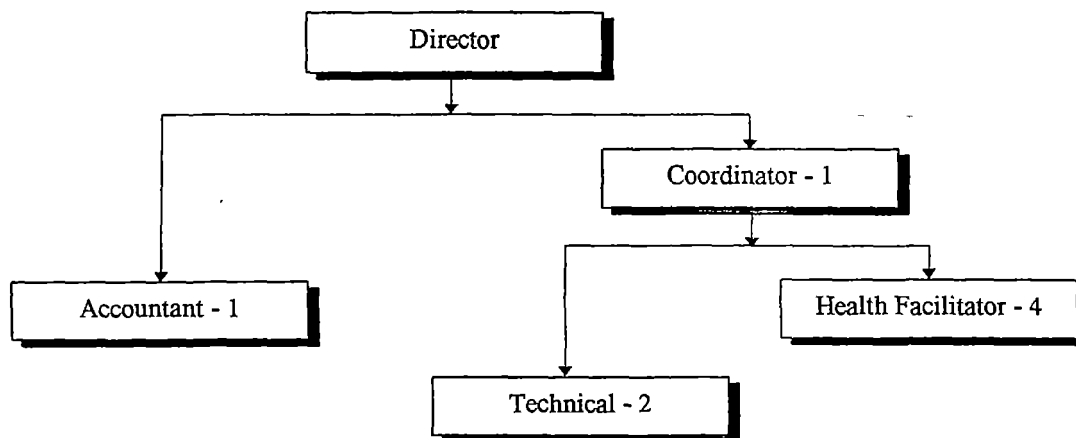
In 1996 BJ organised a training course on "Strategic planning" with the technical assistance from ADAB. The local elites, Community leaders, Journalist and the staff personnel were the participants of the session.

BJ has developed its 1997-2000 plan to achieve the following objectives:

- To reduce child and mother's mortality and morbidity rate through health and nutrition development and community participation.
- To motivate grassroot level organisation to take responsibility in the community health.
- Poverty alleviation through grassroot level organisations and employment creation.
- Human resource development through training and education.



6. Administrative Structure of the Project



7. Future Plan

A wide range of sharing has been made with village committee members and project beneficiaries to develop further course of action related to personal hygiene, safe water supply and environmental sanitation. Following recommendation has been made by all concerned to design future action to sustain the impact of previous activities as well as to ensure personal hygiene, safe water supply and sanitation.

7.1 Community Ownership:

During the next phase of the project, emphasis is to be given to mobilize community people for project implementation as they own the project. Sense of community ownership they will be incorporated by promoting the scope of community participation in stages of the project implementation.

7.2 Development of Private Producer:

Provision has to be incorporated with the project with objective of developing private producer of latrines and supply of Tubewell sets. In addition to the promotive and selective response of Banga Jannanee and DPHE Such private producer will be able to responses when and where need might arise for latrine and tubewell Such private initiators however need to be supported by BJ technically and financially

7.3 Maintenance of Public and Private Tubewell:

Existing numbers of tubewells both in public and private ownership has to be maintained restrictly. In this connection trained caretaker has to be activated by regular follow-up and providing a nominal amount of honoraium in regular monthly basis.

7.4 Information Dissemination:

Cadre of auxiliary worker is recommended to develop by providing training orientation. So that they will be able to disseminate related information to community people regarding the project activities.

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