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# Awareness and engagement of community enhances WASH in local HCF

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Joint efforts at various levels are being made in Bangladesh to improve WASH in health care facilities.

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In recent decades, Bangladesh has made remarkable progress in health outcomes. In terms of providing primary health care, the country has achieved most of its health indicators, showing the health status of the population has improved. Currently, a number of steps have been taken by the government to improve equity and quality of services, especially to reach the poor and the disadvantaged. There are initiatives for development of a new health policy and revitalisation of primary health care by making all facilities functional with deployment of required human resources, supplies and logistics.

In order to sustain this level of service, ensuring safe water and sanitation facilities for patients is important. In general, lack of water, sanitation and hygiene (WASH) provision in health care facilities (HCFs) also increases the risk of health care acquired infections, and undermines national and global

efforts to improve maternal, neonatal and child health. It is important to have gender-segregated latrines, piped water systems and handwashing devices. To make the system self-sustained a detailed policy guideline on operation and maintenance of WASH facilities is essential.

The public health care network of Bangladesh is a complicated web of public health departments, NGOs, and private institutions. Responsibilities and functions range from policy planning, regulation, implementation, and health care delivery to medical education. The Ministry of Health and Family Welfare (MOHFW) is responsible for formulating national-level policy, planning, and decision making in the provision of health care and education. The health care infrastructure under the Directorate General of Health Services comprises six tiers: national, divisional, district, upazila (sub-district), union, and ward. The community clinics are the lowest-level static health facilities located at the ward level.

## The story of Naima

Naima, 35, is a housewife and skilled seamstress living in Biswas Dangi village in Bangladesh where 50% of the 81 households have a basic toilet and few have a water source. She lives there with her husband and two children.



Naima and her neighbours normally travelled to a nearby medical facility for any health problems, including family planning and paediatric and perinatal care. Over the years, the villagers saw mothers and babies fall ill with preventable diseases at the facility, even some infants and mothers died from infectious diseases. Naima was one of the patients who became ill while giving birth there. The situation became so bad Naima and her neighbours stopped going to that facility and had to seek medical assistance at a hospital further away, delaying medical care.

As Naima and her neighbours travelled to distant health care facilities, NGO Forum started to look into the matter in order to understand the root causes of why potential patients were avoiding this facility and why patients were contracting communicable diseases. The NGO Forum team tested the water and checked the toilet facilities. Through this survey, Dr. Shukla Rani Biswas, the sub-assistant medical doctor, acknowledged the causes of contamination as being "distance to the water point and cleanliness and poor maintenance of toilets, which caused infection in new-borns and recently delivered mothers. These causes resulted in people avoiding visiting the hospital." Everyone involved acknowledged improvements needed to take place for the protection of the patients and the health care professionals.

## Community mobilisation

During a Participatory Rural Appraisal organised by NGO Forum, Naima got actively engaged in the social mapping of her community. She stood out through her facilitation skills. Today Naima is one of the lead members of the community-based Open Defecation Free (ODF) committee set up by NGO Forum to improve water, sanitation, and hygiene access at this health facility. Together with 230 other committee

members she received training on hygiene and behavioural issues at personal and family level. Naima conducts awareness sessions, maintaining close communication with providers of childcare at the sub-centre and shares her experiences with nearby communities. Through courtyard meetings, she motivates them to change behaviour, attitudes and practices on handwashing, menstrual hygiene, personal hygiene and food preparation etc.



Community mobilisation in one village (81 households) has resulted in the establishment of 15 handwashing devices and the provision of sanitary latrines to the hard-core poor. These activities have impacted the whole union (about 24 villages) and has extended benefits to 25000 people living there. This is due to the awareness and mobilisation activities led by Naima from a remote and hard-to-reach village.

## The role of NGO Forum

NGO Forum for Public Health has more than three decades of experience in this particular sector. The organisation knows the situation. Due to the importance of public health concerns, NGO Forum has the mandate to be a facilitating partner at policy level and bring all sectoral stakeholders together. Stakeholders such as DGHS, DPHE, LGRD, LGED, City Corporations, district and sub-district level HCF management committees, development partners, private sector, networks, alliances and communities who all need to concentrate on the issue. It is crucial to develop an integrated operational guideline for WASH to be an integral part of health care facilities in Bangladesh.

The initiative of reconfirmation of establishing adequate WASH standards in health care facilities is an attainable goal that will ensure increasing utilisation of public health facilities.



## Useful links

[Expanding the reach of health advocates to improve WASH in HCFs - blog by Elynn Walter](#)

[NGO Forum for Public Health website](#)

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