

Project Completion Report

Pilot Project on Activities with Differently Able People (DAP) in Varshaw union under Manda upazila in Naogaon district and in Ouchpara union under Bagmara upazila in Rajshahi district

Introduction

ASEH project is intended to make an equitable provision of safe sanitation options for the Differently Able People (DAP) in its intervention areas including pregnant women, elderly people, physically vulnerable people, children etc. VERC as a partner of WaterAid Bangladesh (WAB) is also committed to follow the strategy and to that effect, a detailed action plan was developed to addressing the water and sanitation needs of the noted segment of community people. Thus, VERC completed piloting in 3 Wards in two of its working area unions in the northern region of the country. One is Ward No. 7 of Varshaw Union in Manda Upazila under Naogaon while the other area is Ward No. 2 and 8 of Ouchpara Union in Bagmara Upazila of Rajshahi district. The piloting period was April 2007 to March 2008.

Objective:

The objective of the piloting is to introduce appropriate and user-friendly sanitation options for Differently Able People (DAP) and to mainstream Differently Able People (DAP) through provision of proper sanitation options and replicate in other working areas.

Project Process:

Data collection work was completed in May, 2007 and compilation of data continued till last week of June, 2007. After completing the piloting a handsome amount of Differently Able People user friendly latrines have been installed through the cooperation and motivation of Project frontline staff. Basically, most of the DAP friendly latrine models were installed during September, 2007 to December, 2007.

Over all process is as follows -

- Firstly, VERC staff communicated with CBO member to know about DAP, type of difficulties, their problems and their situation. Collected DAP list, cross checked, conducted assessment of the list and prepared the final list. Gave priority on economic class in this regard. Conducted Courtyard session with DAP and their caregivers and introduce with them the overall DAP issue, overall programme, effectiveness of installing DAP friendly latrines.
- Separately orientation programme organized for DAP to explain about piloting of the DAP programme, objective of the programme, advantage of installing DAP friendly latrine, how to use and maintain latrine, hygiene practice such as maintain separate dish to take food, hand washing with soap/ash before taking food and after anal cleaning etc. It is to be mention here that some physically vulnerable people were not able to attend the Courtyard Session due to physical difficulties. Latrine model decided through discussion with DAP.
- VERC staff conducted intensive counselling with DAP, gave psychological support to them. Knew about overall condition of DAP livelihood, their problems,

caregiver's attitude and behaviour with intensive involvement. Some physically disable started crying while telling their miseries of life. But it was not possible for conducting counselling for dumb. Also conducted counselling among their caregiver so that they can cooperate holistically and help maintain DAP's personal hygiene.

- Union Parishad members also were involved with overall DAP programme process. They motivated to DAP for installing latrine model. They cooperated in different way. They distributed ring slab (which supposed arrange as cost sharing money) to some DAP for installing special latrine technology model
- When continuing latrine installation and going on DAP programme Health Motivator, Senior Health Motivator, Assistant Project Engineer monitored the programme on daily basis, sometimes in two days intervals, sometimes after seven days. Monitored latrine use and maintenance, hygiene practices etc. But now a days, they monitor after long gaps, sometimes after 15 days, sometimes after 30 days. They gave feedback to identify the lackings. Thus the style of monitoring was continued.
- After monitoring the DAP programme, wrote report in separate format and submitted the same to Area Coordinator. Then Area Coordinator submitted the same to VERC Head Office.

Some key findings of the field observation:

- In Varshaw union, total 92 DAP friendly latrine installation completed. It is to be mention here that no latrine installed for pregnant women. Because the latrine installation work was supposed to start in July, 2007 but in reality it started in September, 2007. In the mean time most of the pregnancies were released.

Table: Feature of latrine installation at Varshaw union

Nature of DAP	Number of latrine installed
Elderly people	61
Pregnant women	0
Physically disable –Paralyzed	2
Blind ¹	4
Defective leg	14
Hunchback	3
Multiple handicap	8

Total 92

- In Ouchpara union, a total of 51 DAP friendly latrine installation completed.

¹ VERC did not arrange and spent money for installing DAP friendly latrine model for blind. After aware from VERC, blind people installed latrine by themselves using social materials.

Table: Feature of latrine installation at Ouchpara union

Nature of DAP	Number of latrine installed
Pregnant women	15
Elderly people	11
Physically disable –Paralyzed	16
Affected by Polio	1
Defective leg	8
Total	51

- Earlier, the disable people had to go to their relative's/neighbour's latrines. People with defective leg, need to sit on all fours in sanitary latrine of other people, in doing that they felt pain. Now, they use disable friendly latrine in their own place. Now they feel free because they need not go to other's latrine.
- Some of the DAPs use sticks for mobility. They had been suffering from pain for long while using traditional sanitary latrine by sitting on all fours. But now they feel no pain as on use of disable friendly latrine. These types are of low height.
- UP members, CBO members, VERC staffs encourage them to use this latrine model. CBO members discussed about disable friendly latrine in their monthly meeting as usual and keep record in resolution book. CBO members are aware of all information regarding DAP issue.
- Some DAPs used neighbour /relative's latrine for a long time. Sometimes they had to wait for latrine use serial to get the chance and had to bear the strains of holding the pressure. But the situation has changed now. Now, they use the disable friendly latrine at the moment when called by nature. Moreover, they feel honour due to their ownership of latrine; they need not to go other's latrine. They expressed, that the changes has increased their dignity in the village.
- Women disable people are most vulnerable in the other sense. In menstrual period, it is comparatively difficult than other time to move on all fours to reach the latrine and defecate in the low-height type of latrine. But the present DAP friendly latrine of high type is easier to defecate, to take cloth for menstrual management and cleaning of bottom.
- Once some families had no latrine and they share with relative's latrine. For some disable, it is not possible to move independently for defecation. They defecate openly in their corner of yard behind the house with the help of caregiver. After installation of DAP friendly latrine they can use it on his/her own and they are no more on open defecation.
- At the initial stage, some DAP were not able to bear minimum cost sharing money for installing latrine. In this perspective, social asset were used for installing latrine for DAP organized by VERC. In a few case, *fetra* was used in this purpose.

- Hygiene practice level is still lacking in as of DAPs. Mostly do not know about hygiene message properly and do not follow due to lack of awareness.
- Some CBO members expressed that environmental pollution decreased due to installation of disable friendly latrine. Once the DAPs were defecating indiscriminately. Now open defecation is not seen in the open field, in cultivable land that occurred by disable people.

Problems/Challenges faced

- There is a presumption that pregnant friendly latrine model will be used several times one after another. That may be within relative circle or she can be a neighbour. But in practical situation, women do not agree to use the latrine model already used by another pregnant woman.
- DAP expressed that a minor problem arises while cleaning the bottom. The gap between the pan and the anus is insufficient for proper cleaning.
- At the initial time, DAP were not with the latrine model. They were astonished, mostly were confused with the latrine model. They did not express their views openly. So it was very tough to explain the utility of the technology support to them.
- When the selection process was going on for distribution DAP friendly latrine, at that time Union Parishad members including Chairman were present there. So DAP assumed that Union Parishad would supply cost sharing money (for arranging fences, ring slab with cover etc.) for installing the special latrine model. For this reason, they were waiting silently and delaying the latrine installation work.

Learning

- One latrine model can be used for different purposes with additional arrangement. Such as pregnant women, elderly people are using same latrine in the same family where there is already a latrine installed for family use. The adaptation solves the space shortage.
- Local people never think about special provision for DAPs and it is a measure of problem solving related to defecation. Now villagers are thinking about them in humanitarian way. Even other DAPs who have not yet received latrine model from VERC also feel encouraged and have installed user friendly latrine on their own.
- Open defecation is related to the disability issue. If they defecate openly, 100% sanitation coverage is not achieved. However, by installing DAP friendly latrine, open defecation can be stopped.

Recommendations

- The existing differently able people latrine pan is not spacious enough for bottom cleaning. This is the feeling of DAPs as expressed during the talks with them. They suggest, these would be comfortable if these would be spacious in future.
- Hygiene practice session should be initiated as soon as possible to strengthen the specialized intervention with the DAPs.
- Pregnant women do not agree to use the latrine which is already used by other pregnant women. To meet this problem some members of WatSan Action Committee suggest that this latrine model can be introduced in other unions, in other villages instead of Varshaw and Ouchpara union. It can be taken up on an experimental basis. This can be more fruitful if the old ones are re-painted to have a fresh look.
- It would be fruitful, if the different types of DAP friendly latrine models would be available in union and upazila level local market through local market interpreters. We can do advocacy with local market interpreters to demonstrate the models for publicity thus people can be aware about the latrine models and can use these.
- It would be wise to replicate on a broader scale the DAP programme in other areas on the basis of the learnings/feedback of the DAP piloting programme.
- If the DAP programme will scale up, it would be more successful if separate staff would be engaged.

Case study

Saira Khatun is happy now

Saira Khatun (40) is a woman with a defective leg. She lives at Pakuria purbopara village under Varshaw union of Manda upazila in Naogaon district. Saira's father Ismail Ali is a poor farmer. Their family was passing their days in good way. Unfortunately, in her childhood she did not stay with her mother. Her father divorced her mother due to delivering two daughters named Saira and Rokeya. So, Saira's mother went away to her parent's house. After that situation, frequent times, Saira's mother came to them and were crying to see them. When Saira was baby, her mother wanted to take away Saira and Rokea to stay with her. Once a day, her mother came for taking her, at the same moment her parents acted of dragging forcibly to take her. Immediate after the incident, Saira's leg were seriously injured due to dragging forcibly. As a result Saira became disable. In the present situation, Saira is surviving through sewing bed sheet. Village Education Resource Center (VERC) knew about Saira through WatSan Action Committee in 2005 when VERC was working for 100% sanitation coverage in that area. Saira helped WatSan Action Committee and VERC to implement water and sanitation programme in her village. But it was very difficult for her to sit on traditional latrine for defecation due to defective leg. So sometimes she had to defecate openly. In 2007, VERC started DAP piloting programme. She had been oriented about the special provision of latrine model from VERC. At last she felt encouraged and installed DAP friendly latrine on her own by following the process of cost sharing. In this process, Saira explored the measure of removing obscurity of defecation. Now she can defecate easily. Saira is absolutely happy now.



DAP are working for latrine installation

