Report
on
Community Health Volunteer's

Project Title:

TOP-WATAN Project in South-West Region in Bangladesh

Reference : BGDB-19 under PIP P00529
Project Duration : August 08 to April 09
Reporting Period : March 8, 2009
Project Location : Keshabpur and Tala Upazilla of Jessore District

Integrated Development Organization (IDO)

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Introduction:

Around five lakh people remain abandoned as a vast area spread over Jessore and Satkhira districts has become permanently waterlogged due to siltation of the local rivers, subsidence of the wetlands, and lack of proper drainage. Every several thousand houses on 80,000 hectares of land go under ankle- to knee-deep water. In total, around two lakh hectares of land are waterlogged and the number of affected people is around 12 lakh. Waterlogging began to plague the area in 1987-88 as riverbeds rose alarmingly due to growing siltation. It gets extensive during the rains when rivers and beels flow over their banks with almost no natural channel left for the water to drain away.

This is a disaster risks reduction project and the main aim of the project is to reduce losses and damages of disasters through early warning, preparation and management and local resources utilisation and enhance gender equity in the community. The project are Keshabpur Upazilla of Jessore District and Tala Upazilla of Satkhira District are situated on the dangerous rivers Kapotakkha and Betna, which are very much river erosion areas, which has changed the shape of Jessore and Satkhira Districts and most of the areas of Jessore and Satkhira Districts are waterlogged and coastal areas. Every year thousands of people become displaced due to river erosion and over flood, because, river erosion, tidal bore, tidal surges, over flood, tornado, cyclones etc. are very common phenomena and in rainy season, Indian water comes through the rivers Kapotakkha and Betna and washes away the lands severely and seriously, which resulted high poverty and hundreds of people having have less and landless take shelters in different slums of the different town and pass a panic life.

The lives of the waterlogged people tragic and painful and increasing landlessness and people are taking shelters in different slums of towns. Due to waterlogged areas people cannot get crops every year and flood destroy most of the crops, which results high poverty and food insecurity in the waterlogged areas. They are deprived from all civic facilities and rights. They are exploited, deprived and by passed from all development activities. People are illiterate, socially unconscious, and traditional. Social diseases like divorce, polygamy, separation, dowry, social barriers, religious superstitions, male domination, trafficking, violence, torturing, sexual abuses, social crimes etc. highly existed in the waterlogged areas. The people of waterlogged areas are suffering from malnutrition, food insecurity, economical problems, social problems etc. severely and the main victims are the hardcore poor people. The project areas are socially and economically backward and poor in public facilities and communication. The sufferings of affected people for their mere survival after natural calamities know no bound. About 84% people of the area are living below the poverty level with insufficient income for satisfying their basic needs, e.g. food, shelter, clothing, education and medicate. Their standard of living is very low which is characterized by low and uneven income, poor housing facilities, lack of education, safe drinking water, sanitation, and medicate facilities. Such prevailing situation is reflected in the high prevalence of infant & child mortality and mothers' morbidity and mortality for instance.

Objectives:

Sustainable improvement of environmental health and quality of lives of most disadvantaged people particularly women affected by water logging in South-West region in Bangladesh.

Specific Objectives:

1. To improve the health and hygiene condition of targeted women, men and adolescent of the water logging affected communities through access to hygiene promotion services during normal and water logging time.
2. Improved personal hygiene awareness and practices of women, men, adolescent boys and girls and men in the project area

Project Locations:

Name of District	Name of Upazila	Name of Union	No. Of Villages
Jessore	Keshabpur	Trimoheeni	03
		Sagardari	04
		Biddanandakhati	02
Satkhira	Tala	Dhandia	01
		Surulia	01
		Kumira	02
		Nagarghata	01
02	**02**	**07**	**14**

1. CHVs selection and Appoint:

There are four community mobilizers (CM) of the Top WATSAN Project in Integrated Development Organization (IDO). Selected 14 villages of the project are distributed among the CMs and each PHPO and PHEO has given responsibility for 7 villages to implement the project interventions. CMs and PHPOs were responsible for the selection and appointment procedures of CHVs. There are 167 CHVs were appointed in the selected 14 villages for implementing the project's interventions properly. In the village selection meeting with Oxfam Program Officer, the selection criteria and the responsibility of the CHVs were prepared which is as follows:

2. CHV Selection Process:

1. Educational qualification of a CHV minimum Class eight pass.
2. She must be a permanent residence of the project village.
3. She must have acceptance in the community.
4. She must have mentality, eagerness and demand for work.
5. Person form poor family will be given privilege.
6. Well character.
7. Knowledge about health and sanitation.
8. Age between 18 years to 35 years.
9. She must be interested to work till the project period.
10. According to project requirement she must be agreed to work in other villages instead of her own village.

3. Rolls and Responsibility of CHV:

1. Conduct health session with the community people.
2. Monitoring and data collection for the project intervention.
3. Conduct survey for beneficiary selection.
4. Selection of beneficiaries for tube-well, latrine and hygiene materials.
5. Responsible for distributing health and hygiene materials among beneficiaries.
6. Prepare case study.
7. Awareness rising among the school children about WATSAN, health and hygiene.
8. Assist to formation of WRMC in the village level.
9. Assist to conduct training, orientation.
10. Keep contact with the upper level officer of the project and local government.
11. She may have taken more responsibility as per the project requirement.

4. Village wise Total CHV Number:

Dist.	Upazila	Union	Village	# of CHV	# of Beneficiaries
Jessore	Keshabpur	Trimoheeni	Chadra	14	250
			M.Nagar	19	342
			Barondali	13	216
		Sagardari	Sagardari	17	306
			Bishnupur	11	201
			Mirjapur	11	203
			Komorpur	12	220
Satkhira	Tala	Biddanandakhati	Rejakathi	05	100
			Nehalpur	07	120
		Dhandia	U. Sharsa	16	282
		Surulia	Kashipur	09	161
		Kumira	Kumira	14	250
			Raripara	12	220
		Nagarghata	Nagarghata	07	132
02	**02**	**07**	**14**	**167**	**3003**

5. Village wise Total CHV List:

#	CHVs Name	Village	#	CHVs Name	Village	#	CHVs Name	Village
1	Jesmin	Sagardari	1	Selina	Bishnupur	1	Khadija	Mirjapur
2	Shamoli	Sagardari	2	Shirina	Bishnupur	2	Selina	Mirjapur
3	Selina	Sagardari	3	Sufiya	Bishnupur	3	Nazmin	Mirjapur
4	N.Nahar	Sagardari	4	Nasrin	Bishnupur	4	Shewly-2	Mirjapur
5	Tasmina	Sagardari	5	Asma	Bishnupur	5	Shahina	Mirjapur
6	Papia	Sagardari	6	Momena	Bishnupur	6	Rojina	Mirjapur
7	Kulsum	Sagardari	7	Nadia	Bishnupur	7	Juliya	Mirjapur
8	Rehena	Sagardari	8	Rehena	Bishnupur	8	Mahfuza	Mirjapur
9	Champa	Sagardari	9	Samima	Bishnupur	9	Shewly-1	Mirjapur
10	Sadhona	Sagardari	10	Nargis	Bishnupur	10	Mehrun	Mirjapur
11	Pinki	Sagardari	11	Rabeya	Bishnupur	11	Shahila	Mirjapur
12	Nilufa	Sagardari						
13	Asma	Sagardari	1	Rikta	Mirjanagar	1	Kamona	Komorpur
14	Hosneara	Sagardari	2	Jesmin	Mirjanagar	2	Rinku	Komorpur
15	Meherun	Sagardari	3	Monowara	Mirjanagar	3	Jamuna	Komorpur
16	Shampa	Sagardari	4	Argina	Mirjanagar	4	Najmun nahar	Komorpur
17	Chandana	Sagardari	5	Shewly	Mirjanagar	5	Swapna	Komorpur
			6	Asma	Mirjanagar	6	Shuparna	Komorpur
1	Samsunnahar	Barondali	7	Soma	Mirjanagar	7	Laxmi	Komorpur
2	Parul Khatun	Barondali	8	Khadija	Mirjanagar	8	Shanaj	Komorpur
3	Popi	Barondali	9	Shefali	Mirjanagar	9	Marium	Komorpur
4	Rebeka	Barondali	10	Monowara	Mirjanagar	10	Moumita	Komorpur
5	Reshma	Barondali	11	Swapna	Mirjanagar	11	Subarna	Komorpur
6	Sumaiya	Barondali	12	Monjura	Mirjanagar	12	Shamoli	Komorpur
7	Jesmin	Barondali	13	Salma	Mirjanagar			
8	Parul Begum	Barondali	14	Aklima	Mirjanagar	1	Suchitra	Sharsa
9	Morium	Barondali	15	Kakoli	Mirjanagar	2	Fuljan	Sharsa
10	Shampa	Barondali	16	Tajmunnahar	Mirjanagar	3	Rehena	Sharsa
11	Rokeya	Barondali	17	Tahmina	Mirjanagar	4	Swampa	Sharsa
12	Asma	Barondali	18	Nasrin	Mirjanagar	5	Bebi	Sharsa
13	Afroza	Barondali	19	Sufiya	Mirjanagar	6	Mallika	Sharsa
						7	Rita	Sharsa
1	Rafeza	Chandra	1	Taslima	Nehalpur	8	Smritikona	Sharsa
2	Nazma	Chandra	2	Anjuara	Nehalpur	9	Konika	Sharsa
3	Khadiza	Chandra	3	Rumana	Nehalpur	10	Mita	Sharsa
4	Salma	Chandra	4	Anjumanara	Nehalpur	11	Chaina	Sharsa
5	Nargis	Chandra	5	Laboni	Nehalpur	12	Parul	Sharsa
6	Rijia	Chandra	6	Sharmin	Nehalpur	13	Jahanara	Sharsa
7	Sufiya	Chandra	7	Nasrin	Nehalpur	14	Sufiya	Sharsa
8	Beauti	Chandra				15	Taslima	Sharsa
9	Nasrin	Chandra	1	Shewly	Rejakathi	16	Ayra	Sharsa
10	Anowara	Chandra	2	Nazmin	Rejakathi			
11	Monowara	Chandra	3	Rowsanara	Rejakathi			
12	Joynab	Chandra	4	Sharifa	Rejakathi			
13	Nasima	Chandra	5	Jharna	Rejakathi			
14	Pervin	Chandra						

#	CHVs Name	Village	#	CHVs Name	Village	#	CHVs Name	Village
1	Nasrin	Kumira	1	Beethi	Raripara	1	Afroza	Kashipur
2	Purnima	Kumira	2	Kalpona	Raripara	2	Akshima	Kashipur
3	Fatema	Kumira	3	Poly	Raripara	3	Rumi	Kashipur
4	Nilufa	Kumira	4	Manika	Raripara	4	Fatema	Kashipur
5	Rabeya	Kumira	5	Swapna	Raripara	5	Khadiza	Kashipur
6	Anna	Kumira	6	Bondhana	Raripara	6	Farida	Kashipur
7	Rumana	Kumira	7	Purnima	Raripara	7	Rupali	Kashipur
8	Beauty	Kumira	8	Bashanti	Raripara	8	Jharna	Kashipur
9	Rojina	Kumira	9	Mukti	Raripara	9	Rajia	Kashipur
10	Asma	Kumira	10	Jayonti	Raripara			
11	Oishee	Kumira	11	Dipeka	Raripara			
12	Hasina	Kumira	12	Sharmin	Raripara			
13	Kulsum	Kumira						
14	Hasina	Kumira						
1	Marjina	Nagarghata						
2	Ruma	Nagarghata						
3	Keya	Nagarghata						
4	Arifa	Nagarghata						
5	Chaina	Nagarghata						
6	Nayon	Nagarghata						
7	Depali	Nagarghata						

6. Basic Training of the CHVs:

After selection of 167 CHVs from the selected 14 villages, two days basic training on health, hygiene, water and sanitation were arranged and trained them that how will them aware the community peoples and adolescent. They were also taught that how they can conduct different orientation session. They are also provided some written materials, which have been sent us from Oxfam office that can help them to conduct session.





7. Participate in WRMC Orientation and Pici Culture Training:

During the reporting period one day orientation of WRMC was conducted by TOP-WATSAN project in which a total 132 WRMC members are attended. In that case the total 14 WRMC of14 villages with132 members are received the important message about the project, activities, WASH, water and sanitation purpose etc.

What they Learned?

- Analysis the present situation of sanitation at the project area
- Throw the safety water , latrine, heath and hygiene message
- Watsan and poverty cycling
- Techniques of social awareness
- Duties and Responsibilities of the WRMC members of the respected areas

They receive the orientation positively and say that they will provide their duties and responsibilities for the improvement of the community and they also will help to implement the project activities. The orientation starts at and ends at the list of the total WRMC members is participated below as village wise:





The total 132 WRMC members are attended in the orientation and training where 28 CHV are the members out of 132 WRMC who are cordially received those which are applied in the field session and instruct the social members of the community.

Dist.	Upazila	Union	Village	# of WRMC Members	Remarks
Jessore	Keshabpur	Trimoheeni	Chandra	02	Total WRMC members are 132 in out of them 28 are CHV
			Mirjanagar	02	
			Barondali	02	
		Sagardari	Sagardari	02	
			Bishnupur	02	
			Mirjapur	02	
			Komorpur	02	
		Biddanandakhati	Rejakathi	02	
			Nehalpur	02	
Satkhira	Tala	Dhandia	U. Sharsa	02	
		Surulia	Kashipur	02	
		Kumira	Kumira	02	
			Raripara	02	
		Nagarghata	Nagarghata	02	
02	**02**	**07**	**14**	**28**	

8. Non Food Item (NFI) distribution for the selected beneficiaries through CHVs:

For the hundred percent sanitation coverage of the some selected community of the project area and more aware to others, TOP-WATSAN project provides a total 1000 package of health and hygiene materials for sanitation purpose through project staffs and CHVs to the selected beneficiaries in the reporting period. Just after launching the Top WATSAN Project, the selected villages of the project were severely affected by the flood and water logging. Most of the people of these villages took shelter in different places. The WATSAN facilities are totally collapsed and the peoples are still living in an inhuman condition. All of the project staffs were engaged in the emergency response program funded by the Oxfam-GB. According to the instruction of Oxfam authority, the project have distributed 1000 pieces of Wheel Laundry Soap, 1000 Pieces of Lifebouy Bathing Soap 2000-meter sanitary napkins were distributed among the selected beneficiaries so that the beneficiaries can provide their life for health and hygiene promotion. The distributed NFI materials are shown in the following in area coverage.



District	Upazilla	Union	Village	NFI Item	# of Beneficiaries	Remarks
Jessore	Keshabpur	B. Khathi	Nehalpur	02 soaps & 02 pieces of sanitary napkin (package)	120	
			Rejakathi		100	
		Sagordari	Sagadari		18	
		Trimohinee	M. Nagar		126	
Satkhira	Tala	Kumira	Kumira		126	
			Raripara		217	
		Surulia	Kashipur		161	
		Nagarghata	Nagarghata		132	
02	**02**	**06**	**08**		**1000**	

9. Distribution of CHVs materials Ceremony:

In 7th January 2009 Venue Union Parishad Complex , Sagardari a distribution of CHVs materials ceremony is held at the before cited venue for the awareness raising of TOP-WATSAN project. In this ceremony Upazilla Nerbhahi Officer, Keshabpur was present as a chief guest and also Oxfam authority, UP Chairman of Sgardari was present as a special guest and another local leaders, elite persons, members of WRMC and the community people were present also.. The total 167 CHV was present and each gets a bag, cap, apron and an umbrella and also poster and leaflet from the project so that they may deliver the health message towards the community for awareness raising and health hygiene promotion activities. As a chief guest Upazilla Nirbahee Officer , Keshabpur distrbutes the materials to the Community Health Volunteer (CHV) for the health session at the community level. The chief guest delivers his speech positively and thanks to donor Oxfam-GB and IDO for the extraordinary welfare activities for the development.





10. Organize Health and hygiene sessions for the selected beneficiaries by CHVs at the community level.

A total 167 Community Health Volunteer (CHV) disseminate the health and hygiene different message towards the selected beneficiaries at the community level for improving their sanitation facilities after getting 02 days training on Water Sanitation and Hygiene Promotion (WASH). During the reporting period among the 3000 selected beneficiaries attended in the 1340 sessions out of 1000 sessions. Here, every CHV is being conducted 02 sessions in every month continuously. In the sessions the selected beneficiaries learned the water, sanitation and hygienic message for their hygienic status improvement and practice those individually and in family. In that case, for the raising awareness of the community the project also delivers 02 types of IEC/BCC materials which have been gotten from Oxfam-GB, Bangladesh Programme through the project staffs and CHVs towards the community and discuss it in health session. Organizing the health sessions is the continuous process which is provided to the community to change the positive habit of health and sanitation because the aim of the Top WATSAN project is 100 percent sanitation coverage. As a result, through the CHVs health sessions, most of the selected beneficiaries improved their personal hygiene awareness and practices of women, men, adolescent boys, girls and men in the project area and improved use and maintenance of hygienic latrines by HH level increasing day by day. Community Mobilizer (CM), PHPO and PC follow up the sessions and perform the monitoring activities.






The different slogans are disseminated towards the community. These are as follws:

- If we drink water safe and pure,

  We may get rid of diarrhea sure
- By using always sanitary latrine,

  We may feel fresh, healthy & hygiene
- Keep tube-well high and flat,

  Drink safe water during flood
- Using always sanitary latrine,

  Always remain neat & clean

The overall scenario of organizing health sessions in the project areas are shown in bellow:

Dist.	Upazila	Union	Village	# of CHV	Health Session				Total	# of Beneficiaries
					Nov.	Dec.	Jan.	Feb		
Jessore	Keshabpur	Trimoheeni	Chadra	14	28	28	28	28	112	250
			M.Nagar	19	38	38	38	40	154	342
			Barondali	13	26	26	26	26	106	216
		Sagardari	Sagardari	17	34	34	34	34	136	306
			Bishnupur	11	22	22	22	22	88	201
			Mirjapur	11	22	22	22	22	88	203
			Komorpur	12	24	24	24	24	96	220
		B.khati	Rejakathi	05	10	10	10	10	40	100
Satkhira	Tala		Nehalpur	07	14	14	14	14	56	120
		Dhandia	U. Sharsa	16	32	32	32	32	128	282
		Surulia	Kashipur	09	18	18	18	18	72	161
		Kumira	Kumira	14	28	28	28	28	112	250
			Raripara	12	24	24	24	24	96	220
		Nagarghata	Nagarghata	07	14	14	14	14	56	132
02	**02**	**07**	**14**	**167**	**334**	**334**	**334**	**334**	**1340**	**3003**

11. The role of CHVs on the implementation of the other interventions:

11.1 Survey for beneficiaries selection, relief, site selection for various hardware support and follow up.

80 volunteers (two volunteers from each village) were appointed from 40 selected villages to conduct this survey and PRA. One day orientation training was arranged for these volunteers on the base line survey and PRA. Though one-day orientation is not enough to conduct the survey and PRA, but with the help of the project's CM, PHPO and PHEO volunteers are successfully completed the survey and PRA in the selected 40 villages. Total 400 families (10 families from each village) were interviewed and 40 PRA meetings (one meeting for each village) were conducted. Through survey we have tried to identify mostly the water and sanitation condition of the village peoples and their awareness about WATSAN. In the PRA and FGD session we tried to identify the socio-economic condition of the overall population of that village and categories the total households according poor, middle class and rich family. The volunteers also identify the water sources of the community and other social facilities they can avail from their locality.

In the TOP-WATSAN project the total beneficiaries are 3000 that are collected on the proper procedure from the vulnerable groups in the selected areas of the project and also select the site for supporting the various interventions like HH new latrine installation and repairing latrine installation at the community level and follow up the project activities to implement those smoothly. In brief we can say that CHVs are the part and parcel employment of the TOP-WATSAN project funded by Oxfam-GB.

In the flood emergency period Nov.08 CHVs also support to survey for relief purpose the flood emergency response project at the vulnerable communities and participate in distributing the relief in the flood affected areas.

12. Lessons Learned:

- Most of the CHVs were not aware about sanitation but after conducting health sessions they and their families are absolute sensitized about health and water-sanitation purpose.
- Increased the social status of CHVs among the rural women and adolescent.
- Increasing the participants in the health sessions except presented the selected beneficiaries.

13 Challenges/Constraints:

- Lack of supporting materials like mat, polithen etc for organizing health sessions at the community level
- The beneficiaries who do not get the hardware support, are not attending in the health sessions continuously

14. Recommendations:

- Increasing the honarium of CHVs because they have done many dimensional activities including health session
- For carry out the health session smoothly, the materials like mat, polithin etc should be provided
- For being the 100 percent sanitation coverage, new beneficiaries are included in the health session

15. Outcomes & Impact:

- Improved personal hygiene awareness and practices of women, men adolescent boys and girls and men in the community health session through CHV.

16. Beneficiary Feedback:

16.1. Case Study:

An episode of village Community Health Vollunteer (CHV)

Swapna Pervin is a thirty (30) years old and her husband's name is Md. Shahinoor Islam Khan (41). She has two children and lives at Mirjanagar village in Trimohinee Union of Keshabpur Upazilla under Jessore district. She is very poor and so to change of her fate she sent her husband to abroad by selling land and taking loan from her neighbors but the dream did not come to the light because her husband is attacked by accident and became a lame man permanently. After that Swapna Pervin became hopeless and lived in a misery condition. She joined a project of non-formal education under non-govt. organization. One day she came to know that some Community Health Volunteers are going to be recruited for TOP-WATSAN Project of Oxfam-GB implementing by IDO. She came and joined in this project as a CHV for earning extra income. She provides the health and hygiene message towards the village undergo poor woman but in the time she understood that it is the social responsibilities for her because she likes to motivate the poor and illiterate woman, adolescent and men for their livelihood security. She thinks that it is the social obligation for her. At first she would work for money but in course of time having forgotten the matter she works especially for the improvement of health facility of the poor woman. She always conducts health session to aware more people so that the vulnerable people may sensitize about health and sanitation. She not only changes another family but also changes her family. Her children as well as her husband also sensitized about health and sanitation. Now she is a good social reformer. The villagers let us know that we heard well from Swapna Apa by showing picture accordingly she said to us to be neat and clean and to keep covered food, and not to eat open and rotten food. The villagers are very glad at the behavior and works for Swapna Apa and she is also very glad for doing the social welfare activities. It is her dream to inspire her villages about awareness of health and to build a society creating healthy environment.



Conclusion

Community Health Volunteers (CHVs) are the part and parcel of TOP-WATSAN Project in South-West Region in Bangladesh. The CHVs who are energized and sensitized the vulnerable community affected by flood and water logging to improve their health and hygiene quality individually as well as family, are circled in the total interventions which have been implemented at the community level. So, CHVs are the one of the important components of this project.