# Learning Note



**Improving WASH in Healthcare Facilities in Rural Bangladesh** through a Local Government-**Led Approach** 

Lessons from a new approach to improving WASH services in community clinics

May 2019









## 1. Introduction

In 1998, the Government of Bangladesh rolled out a nation-wide initiative to build 13,500 community clinics (CCs) at the village level so that everyone, even in the most remote areas, would have access to basic healthcare. One CC is established to cater a 6,000 population. With changes in government leadership over the years, coupled with shrinking funds, not all community clinics were built and even many of those that were, were built minimally without full provision of services (including WASH) and

lacked the resources to run effectively. As per a validation survey carried out by WaterAid Bangladesh in 2018, 49% and as per CBHC of MoH Assessment, 65% of water sources were found non-functional in the CCs. 20% of the First Latrines within building of the community clinics were found nonfunctional. According to the latest IMP report, 7% of the hospitals, mainly CCs, have no water supply and 5% of the hospitals have no sanitaion support. Most CCs have no waste management services.

As part of the HSBC Water Programme II, WaterAid Bangladesh has since 2017 been working across the country to improve WASH services in community clinics, by working in partnership with local community based organisations. In one particular project location - Gangni in Meherpur, in the

■ Gangni ■ Shyamnagar ■ Tahirpur ■ Paikgacha Dacope

**HSBC Water Programme II in Bangladesh** 

south-west of Bangladesh, WaterAid Bangadesh has piloted a new approach in which it has engaged the local government bodies as the lead implementer of the WASH improvements in CCs.

Here, WaterAid Bangladesh, in partnership with the non-governmental organisation SKS Foundation, has been supporting the local government (or 'Union Parishad'), to implement the "Local Government-led WASH in Health project". Union Parishads (UPs) have led the overall project interventions collaborating with all stakeholders. Renovation and construction work of WASH facilities in CCs have revitalised by clinic management committees (or community support groups) for each clinic to ensure they are effectively managed.

This learning note documents WaterAid Bangladesh's innovative method to enhance health services at community level with improved WASH in healthcare facilities in Gangni through the local government-led approach. It captures the main components of this approach and the key lessons learned, with the aim that this can be applied to other contexts beyond Gangni.

## 2. The Local Government-led Approach

#### The Union Parishads

In the 9 unions that make up Gangni upazilla, CC renovations have been led and implemented by the Union Parishads, which are the smallest rural administrative units in Bangladesh under the Ministry of Local Governemnt. The Union Parishad is the key government level for influencing, as it has relative





autonomy over its annual development budget. For this reason, WaterAid Bangladesh has been working at the union level as opposed to lower (ward) or higher (upazilla) administrative levels.

What makes the involvement of the Union Parishads in this project different from other projects, is that they are in charge of:

- Needs assessment, planning and implementation
- Financial coordination of the project fund
- Matching fund (10-20%) generation for operation and maintenance (O&M), mainly from the communities
- Monitoring and reporting processes
- Project human recourse management
- Advocating for additional funds
- Coordination with local other bodies of health, education, family planning, press, women

# organisations, etc. **Involvement of WaterAid Bangladesh and SKS Foundation**

While the project has been led and implemented by the Union Parishads, WaterAid Bangladesh and SKS Foundation have provided the following support throughout the project:

- Conceptualisation and ideation of the project theme with sub-district level administration and health officials.
- Discussion, orientation and high level meetings with Union Parishad and health officials.
- Training for Union Parishad representatives on project management including fiance.
- Training for project staff, health workers, health inspectors and family welfare assistants on WASH issues (led by WaterAid Bangladesh)
- Facilitation, quality control of outputs, outcomes and spend (led by SKS Foundation)

## **Revitalising the Community Committees**

What makes the local government-led WASH in Health project unique, is that the Union Parishads have not only led the repair and construction works in the community clinics, but they have also driven the reactivation of the 'community groups' that manage each of the clinics. The Union Parishad have also refreshed their role and responsibilities as duty bearers in community level health services.

The community groups, which are headed up by the Union Councillor are all being governed by the same method. A 17-member group, comprised of the Councilor as president, landowner (the person who donated the land for the clinic), the staff and representatives from the local community. A separate Community Support Group also exists for each clinic. From the outset, the committees were required to raise a contribution to general improvements and the operation and maintenance fund. The committees are also responsible for clinic time keeping, ensuring staffs presence, paying the cleaners, electricity bills and accessory expenses.

## Why the Local Government-led Approach?

This approach was piloted as it:





#### **Administrative Units of Bangladesh**



- ✓ Supports the existing government system and builds the capacity of Union Parishad staffs
- ✓ Increases likelihood that achievements will be sustained beyond the scope of the project
- ✓ Taps into the root level access and community acceptance of Union Parishads
- ✓ Boosts resources by matching WaterAid funds with funds allocated by the Union Parishads and the community
- ✓ Ensures accountability of Union Parishads to maintain and support the community clinics
- ✓ Encourages WASH to be mainstreamed in the local development processes related to health and nutrition.
- ✓ Allows for collaboration and negotiation with other local stakeholders on important issues.

## 3. Achievements

This pilot project has successfully led to the improvement of 21 community health clinics in Gangni. The clinics have been repaired and modernised and now have safe water for drinking, hygienic toilets, running water in toilets, handwashing facilities and entry ramps increasing the clinics' accesibility. At the same time, community groups have been re-established in all of the clinics leading to more structured and systematic management. In addition, the community members also learn about the hygiene behaviour and have established improved household latrines and handwashing stations through motivation.

As a result of the project, thousands of people in Gangni Upazilla's remote areas have been able to access improved primary healthcare at the community clinics as well as improved hygiene behaviour at household level. Several of the Union Parishads have recognised the positive impact in the clinics since the project came into effect and subsequently, activities are being directly implemented beyond the project scope by Union Parishads in all 9 unions of Gangni.

Union Parishad officials have received periodic training and have built their capacity in project management and WASH improvement. A key achievement has also been that the Union Parishads are now allocating more budget for WASH as well as other renovation works at the community clinics.

# 4. Learning

As an approach being piloted for the first time by WaterAid Bangladesh, the local government-led WASH in Health project has generated some important learning from the challenges, success factors and unexpected outcomes:

## Resistance from the Local Government Can Be Expected

The biggest challenge was the push-back experienced from the Union Parishads at the very beginning of the project. The Union Parishads were reluctant to lead because they had limited project management experience and claimed the project would be an extra burden on them. Actually, they had no similar work experience before. Moreover, many were sceptical about the project's objectives and the roles of WaterAid Bangladesh and SKS Foundation. Initially, the Union Parishads did not want





to contribute ther own funds towards the WASH work in the clinics, claiming that WASH was less important than many other priorities in Gangni.

Through continuous discussion, orientation and high level meetings and advocacy with local government stakeholders on the project outputs and importance of WASH in healthcare facilities. WaterAid Bangladesh and SKS Foundation were able to convince and afterwards built the capacity of the Union Parishads and get them on board to lead the project.

## **Going Beyond Service Delivery is Neccesary**

A key success factor to this project has been going beyond the structural improvement of WASH facilities in the CCs, to also taking the initiative to improve the management of the community clinics as a whole with an approach to promote the governance, incorporate newer service modalities and more engagement of clinic staff. By reactivating the community groups with clear local government leadership and community involvement, this approach created a strong sense of responsibility and accountability among the local duty bearers and stakeholders.

#### The Local Government-Led Approach Takes Time

While projects that focus on delivering WASH services alone can often be carried out quickly, the local government-led approach takes time. In the case of Gangni, mobilising the Union Parishads took almost one year and it is only for this reason that the project has been successful in improving WASH in the community clinics across the entire Upazilla. Considerable advocacy work is required from root to central level to internalise the benefit of this approach in line with participation, accountibility, sustainibility, etc.

#### **Local Government Led Approach Can lead to Unexpected Outcomes**

As a direct result of this project, the Union Parishads in Gangni have started allocating more funds towards WASH in healthcare facilities. While this was an expected outcome, WaterAid Bangladesh and SKS Foundation did not anticipate that this would go beyond healthcare facilities to other sectors. An unintended outcome has been that several Union Parishads have shown interest in expanding the project to the education sector, with some committing funds for WASH in schools. The local District Commissioner even committed to allocate one million Bangladeshi taka to distribute free sanitary napkins among high school girls.

## 5. Next Steps and Sustainability

This approach was piloted in Gangni as it is one of the three upazillas that comprise Meherpur district, making it one of the smallest districts in Bangladesh. WaterAid Bangladesh is planning to scale up activities to cover all 3 upazillas in Meherpur with the view of using this approach as a model for district-wide WASH in Health programming in Bangladesh.

In Gangni, WaterAid Bangladesh is planning to expand into WASH in Schools as a response to the interest and commitment shown by the Union Parishads.





On the sustainability of the WASH in community clinics in Gangni – the strong commitment from the Union Parishads, coupled with the now activated community groups, has set the upazilla up for wellresourced community clinics with full provision of WASH services in the long-term.

## 6. Conclusions

This pilot project, which put the local government in the driver's seat of improving community clinics in Gangni, has showcased how a holistic approach covering structural service delivery as well as maintenance and management can lead to successful, established and long lasting change.

The most important aspect of this project was to involve local representatives in the governance and management of the community clinics. As a result, the clinics have become established and reliable centres for healthcare in rural Gangni with gradual increase in patient flow. Now, it is about seeing how the successes and lessons from this project can be applied beyond Gangni.





Shaharbati Community Health Clinic in Gangni, Meherpur

Improved WASH facilities

