Awareness brings change

The Punjab province has the highest diarrhea related morbidity and mortality rates for children under-five in Pakistan. The Pakistan Demographic and Health Survey (PDHS) 2012-2013 revealed that diarrhea prevalence in Punjab has increased by 20% over the last 3 years. Within Punjab, the prevalence rate of diarrhea in Hafizabad district is at 33% (baseline survey) which is above the provincial average.

RSPN’s Social Mobilizers visited village Kot Nawan UC Solangi Awan on August 15th 2015 to Introduce Diarrhea Prevention & Control Project. The Rural Support Programmes Network (RSPN) is the largest civil society network of Pakistan in the social sector (health, education and sanitation) programming and implementation. The social mobilizers’ motivated the community to form a village health and hygiene committee (VHHC). After reaching an agreement, the community members formed an 18 member committee named as Kot Nawan Welfare Society. On their visit, the social mobilization team briefed the committee on the CLTS approach to achieve the status of an Open Defecation Free (ODF) village. Mr. Liaquat Abbas, a member of VHHC, took keen interest in the efforts being made by the committee. During meetings of the VHCC, committee members also discussed the post ODF challenges.

The approaches employed are based on the understanding that some households within the community do not have latrines because they are unable to afford them and due to the absence of low cost latrine options. Mr. Malik Riyaz, Community Resource Person (CRP), delivered the initial session on CLTS approach and was happy to see that the “spark ignited by CLTS trigger was transforming into a flame”. The CRP motivated people to construct their own latrines and refrain from open defecation.

Before project interventions, Mr. Liaquat Abbas was not aware of the problems the community faced as a whole due to the rampant open defecation in the village. Initially, Mr.
Liaquat Abbas and his family of four were living in a small two bedroom house without a latrine. However, after the project interventions, his family was made aware of the diseases and health problems linked to open defecation.

Mr. Liaqat noted that before the latrine was constructed, they were facing problems because his children remained unwell and ill most of the time. He said, “when I listened to CRP Hafiz Muhammad Riaz about the reason for diarrhea and the disadvantages of open defecation, I realized it was unhygienic was affecting the health of us and others. We constructed our own latrine which we now use. Nobody goes in the field for open defecation anymore. We really appreciate RSPN’s team for initiating this change and giving us the useful information which motivated us to construct our own latrine.”