

FOCUS

Alternatives

Imagination is more important than knowledge
—Albert Einstein

We received tremendous response to our call for 'Alternatives' on access to fresh water. We could not accommodate all the discussions in the 'Alternatives' section published yesterday. Some of the remaining write-ups are published hereunder, and others, we regret, may not be accommodated further due to space constraint.

Harvesting Rainwater in Bangladesh

By Dr Mahfuzul Haque

URING my last couple of visits to the Maldives, I saw with great surprise, how an island nation in the midst of nowhere managing its scarce resources, like water for all purposes — from washing to drinking. Modern Maldivians import drinking water all the way from Singapore. They have desalination plants as well, which are pretty expensive.

In order to thwart invasion of saline water, they tried to pump ground water from these coral islands. The water was dark and bit smelly. It was mainly used for washing purposes. Maldivians have modernised the age-old indigenous practice of harvesting rainwater.

Techniques are very simple. They attach a water pipe with the roof. With the first monsoon shower, they wash the roof-top by allowing the water pipe to different outlets. During subsequent rains, they harvest all rainwater in an underground reservoir. This sweet water is used for drinking and washing purposes only.

In this way they store a plenty of sweet water minimizing the need of desalination plants. Every house in the Maldives has the in-built mechanism of harvesting rainwater.

In Bangladesh, when we have rain fall causing floods during monsoon, can't we collect the rainwater in reservoir for our bad days. In earlier days, we used to have plenty of large ponds [Dighis] to collect run off water. These ponds were a great source of income as they used to give dividends in the form of fisheries. In many parts of Bangladesh, old zamindars used to dig ponds for the benefit of their subjects. Today very few ponds are left for public use.

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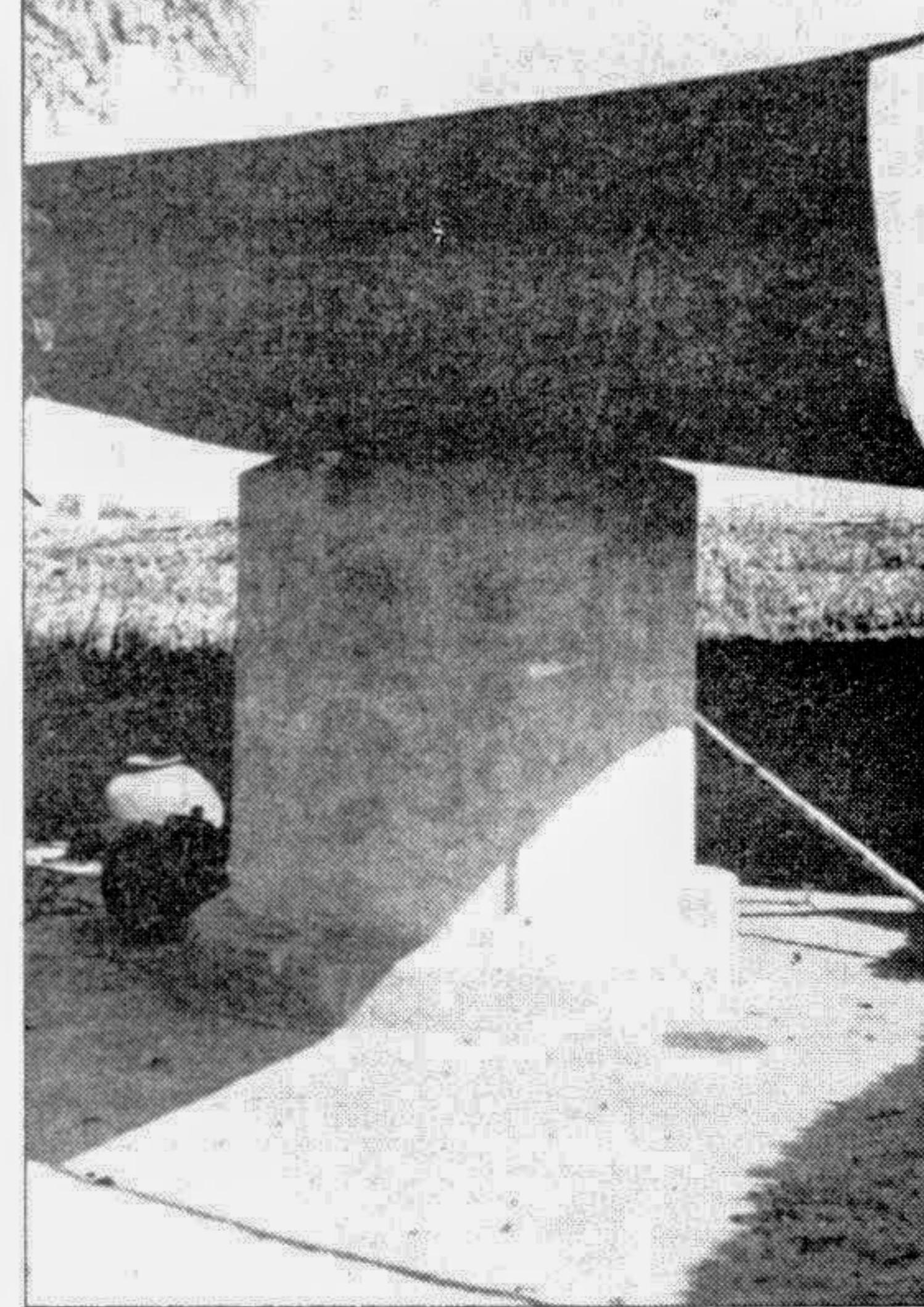
MORE than 90 per cent of the people of Bangladesh get their drinking water from the million plus tube-wells that were installed for the anti-diarrhoea campaign to reduce water borne diseases. Now several are dispensing arsenic laced water with the result that many people are no showing signs of arsenic related diseases. This situation has accelerated in the past two years to a degree such that currently 44 districts of the 64 in Bangladesh are affected by arsenic, and 220,000 people, as of June 1998, are supposedly at risk. Arsenic is a metalloid substance that is commonly found in ground water, and is being spread through the use of deep tube-wells, which have been targeted as the origin of chronic arseniasis. The shallow tube-well waters in some areas of Chandpur, Barisal, Jessor, and Kushtia are heavily contaminated with arsenic ranging from 0.01 mg to 3.0 mg per litre. The waters of 56 per cent of tube-wells are above the World Health Organization maximum tolerable limit of 0.05 mg/l. In these areas, the intensely contaminated tube-wells have been sealed by the Department of Public Health Engineering without giving them an alternate safe drinking water facility.

Concerned organizations have, over the years, encouraged the use of pump technologies for safe ground water access. The rationale being this emphasis was that ground water was affordable, and close to the community. Groundwater was also safe from pollutants and biological contamination. However, the start of the Green Revolution in the 1970s, saw the demand for excessive amounts of water for agricultural use to feed the growing population. This, in turn, meant an increase in the installation of tube-wells, both power and hand driven, and enormous quantities of water were being drawn out from various underground sources. While the amount of water being lifted for drinking purposes is recharged naturally, the recent intensive pumping out of water for other uses has brought the underground arsenic into the tube-wells and pumps. Noted specialists have expressed their opinion regarding the cause and ef-

fect of the arsenic laced water being spread through the ground water, via tube-wells and pumps, emphasizing the severity of the contamination. Since the threat of arsenic is still relatively new, the community is unaware of the arsenic situation and the threat it poses. They refuse to believe in the presence of arsenic, because most have not yet been afflicted with the symptoms of arseniasis. The only people cognizant of this vital information are at a loss what to do. A programme of information dissemination has yet to be undertaken, and steps to inform the people, and take measures to combat the situation, are only in the beginning stages. Those whose drinking supply have been tested and know of the arsenic

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