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BASELINE SURVEY REPORT  
ON  
SOCIAL MOBILIZATION FOR  
SANITATION PROJECT

1993

THANA: CHIRIRBANDAR

*Report Prepared by:*

MONITORING CELL

NGO FORUM

FOR DRINKING WATER SUPPLY AND SANITATION  
4/6, Block-E, Lalmatia, Dhaka-1207

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## PREFACE

*This report is the first episode to the series of baseline surveys conducted in Social Mobilization for Sanitation Project (SOCMOB) thanas. We are indebted to UNICEF for sponsoring the study. This survey was undertaken with the intent of collecting, learning and assessing the present status of water and sanitation situation, personal hygiene and some selected socio-economic indicators and to determine the potential needs.*

*Every attempt was made to make the study a success, however the study does not claim to be exhaustive. We hope the information contained in this report will be instrumental to planners in planning, formulating the future plan of GOs and NGOs in combating water and sanitation situation.*

*The Field Extension Workers were used for the collection of data which was supervised by the field supervisors and the thana coordinator. We are grateful to all the members of the team for their efforts to make this study possible. We remember with gratitude the assistance and cooperation extended to the personnel involved with the survey by Palli Sree, Come To Work and Sustainable Social Service. This report was written by Mr. Md. Nabidur Rahman, Monitoring Officer. The name of Mr. Zia-Us-Sabur, Senior Programme Officer also deserves particular mentioning for his guidance and useful contribution at various stages.*



*S.M.A. Rashid*

*Director*

*NGO Forum for DWSS*

*Funny,  
not for  
use for  
own*

## ACKNOWLEDGEMENT

*It is a great pleasure to acknowledge our deep appreciations of and gratitude to the people of the surveyed areas for their patience and sincere cooperation in responding to our questions. We are also indebted to the NGOs who are working in these areas for their valuable support and guidance.*

*The study was carried out by the Field Extension Workers under the direct supervision of the Field Supervisors and Thana Coordinator. It is clear that without various supports and guidance of Mr. Anup Kumar Sarker, Regional-in-Charge, NGO Forum Regional Office, Rangpur the survey would not have taken its present form. He certainly deserves acclamation for that. Data were processed and compiled by a team of Tabulators and these works were supervised by Mr. Md. Nabidur Rahman and Mr. Rizwan Ahmed of NGO Forum Monitoring Cell. This report was written by Mr. Md. Nabidur Rahman, Monitoring Officer, All of them deserve special appreciation. We also extend our thanks to Mr. Qazi M. Mahbulul Hasan, Assistant Information Officer of Information Cell for his cooperation and help during the survey.*

*We owe debt of gratitude to Mr. S.M.A. Rashid, Director, NGO Forum who has provided us with the necessary encouragement, guidance and support, without which this report could not have been published.*



Zia-Us-Sabur

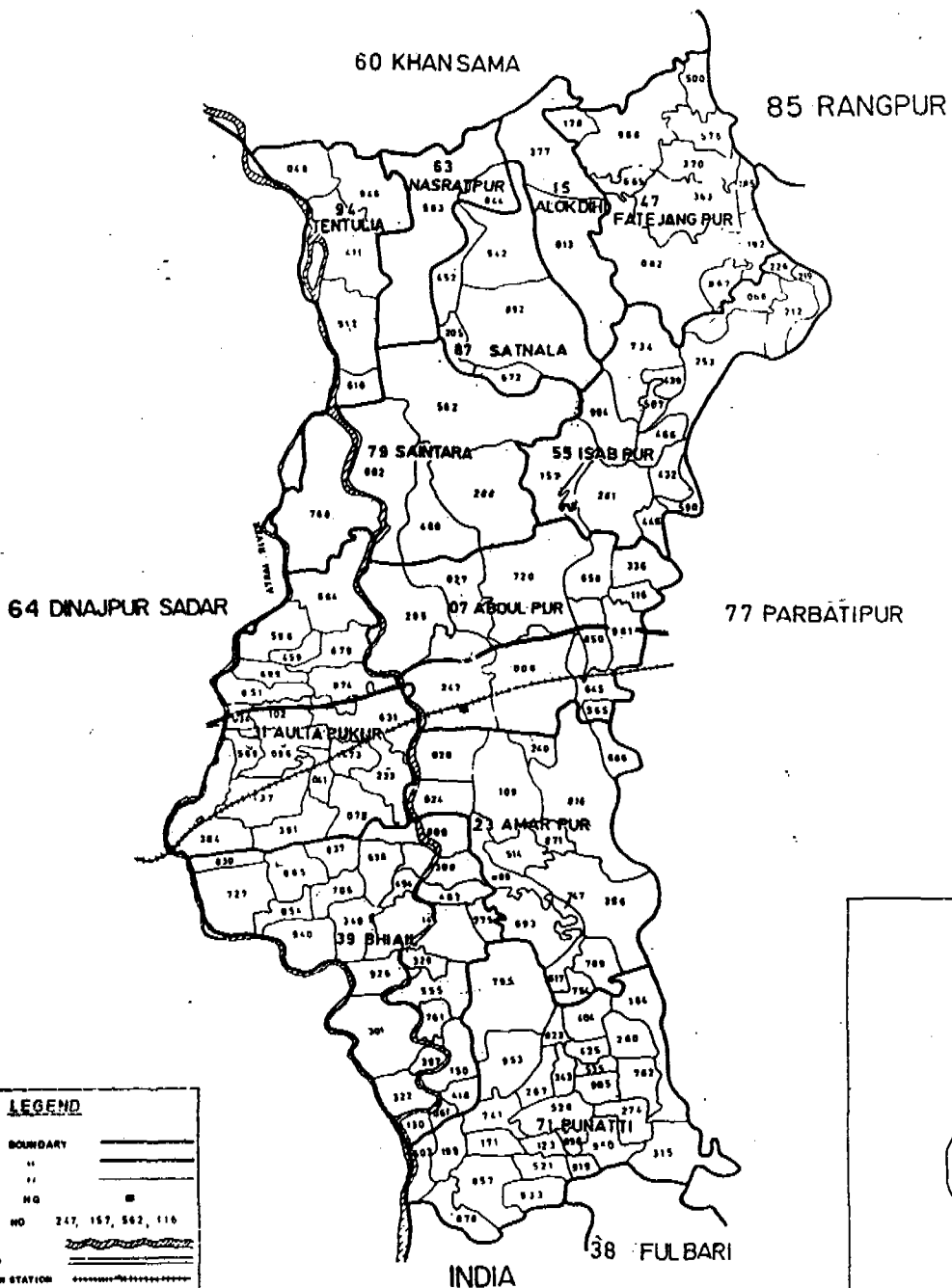
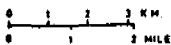
Senior Programme Officer  
NGO Forum for DWSS

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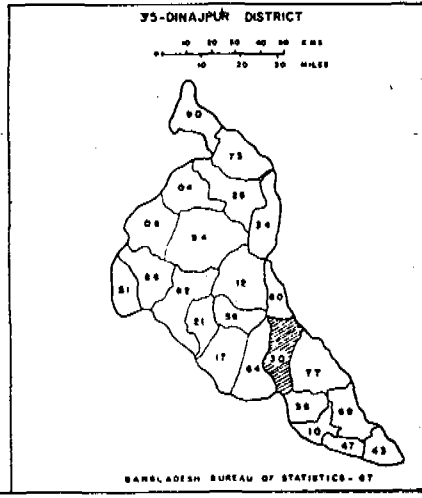
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MAUZA GEOCODE MAP  
30 CHIRIBANDAR UPAZILA  
35 DINAJPUR DIST.



**LEGEND**

UPAZILA BOUNDARY	=====
UNION	====
MAUZA	---
MAUZA NO	■
MAUZA NO 247, 157, 562, 116	■
RIVER	~~~~~
RAILWAY ROAD	=====
RAILWAY WITH STATION	-----○-----



## CHAPTER - ONE

### *Executive Summary:*

The purpose of this study was to learn and assess the present status of water and sanitation situation, personal hygiene and some selected socio-economic indicators of the households of 83 villages of Chirirbandar thana. A total of 33,522 households, which were approximately 98.5 per cent of the total households of Chirirbandar thana, were covered by this survey. Two per cent of households were sampled following the systematic sampling technique. However, efforts were made to make sure that at least one household was taken from each village. A total of 785 households of Chirirbandar thana were sampled. The total number of persons enumerated were 4,288, of them 1,312 were males, 1,250 were females and 1,726 were children under 14 years. 33.3 per cent of the total population were found literate in the study. The average size of the household was found 5.5 in Chirirbandar.

Cultivation was the main occupation of head of households (34.4%) in the thana followed by day labourer, businessman and skilled labourer. Percentages of those were 32.5, 7.4 and 6.6 respectively. Only 5.5 per cent head of households were engaged in different types of services.

The highest percentages of the head of households were found illiterate (42.2%). Among the rest 19.4% head of households could sign only; 19.9% had primary, 13.5% had secondary while only 2.9% and 1.4% had higher secondary and degree level education respectively in the sampled households.



Findings on income and savings estimation reveal that 22.0% and 19.6% of the households had 901-1200 and 601-900 Taka average monthly income respectively which were the highest income groups. These were followed by 301-600 and 2,701 Taka and above income groups. Percentages of those were 12.1 and 11.7 respectively. Regarding the savings status, the data revealed that 91.2% of the households had no monthly savings.

Regarding usage of water for drinking purpose by sources were found that a vast majority of the households (90.7%) used tubewell water while only one household was found using river/canal/pond water for drinking purpose.

Regarding maintenance of tubewells, the data revealed that, 21.1% of the households repaired tubewells by owner himself followed by beneficiaries and caretakers. Percentages were 19.0 and 16.4.

A vast majority of the households (90.8%) did not own any hygienic latrine. Only 9.2% of the households acquired hygienic latrine in the sampled households. Most of the households (90.1%) used open space for defecation and 6 households were found using neighbour's latrine.

Regarding usage of latrines by all members of the family, the data showed that 53.8% of the households used latrines by all members of the family. 38.5% of the households mentioned that their children did not use latrines for defecation.

Regarding washing soiled napkins for babies and usage of materials for the same, almost all households (98.8%) answered that they washed soiled napkins for babies of them, 56.9% used only water for washing soiled napkins for babies.

Regarding cleaning and maintenance of the latrines the data revealed that 100% of the households who acquired own latrines cleaned and maintained their latrines at different time interval by different types of person. Fifty per cent (50%) respondents articulated that the latrines were being cleaned and maintained by the female members of the households.

In the case of washing hands after defecation and usage of materials for the same, the data showed that a vast majority of the households (99.1%) washed their hands after defecation. Only 7 households answered that they did not wash their hands after defecation. It was found in the sampled households that a major portion (60.3%) washed their hands after defecation by only water.

More than 50% head of households indicated that they were acquainted with the causes of the following diseases: diarrhoea and dysentery. Among the rest 49.4% head of households indicated that they did not know the causes of diarrhoea and dysentery.

In the area of morbidity by water borne diseases it was found in the sampled households that only 4.5% persons of the total population suffered from diarrhoea, dysentery, typhoid and jaundice during last 7 days. Of (24%) households, (4.2%) persons of the total population suffered from the above mentioned water borne diseases although they used tubewell water for drinking purpose.

Regarding purchase of latrines by sources the data revealed that 36.1% of the households purchased their latrines from NGO while 31.9% of the households purchased their latrines from DPHE.

## CHAPTER - TWO

### *Introduction:*

Better health and higher longevity are among the highly cherished goals in every human society, yet in most developing countries achievement of such goals has remained a far fetched dream. In most of such countries a vast majority of the population live in dehumanizing poverty, deprived of the bare necessities of life where acute malnutrition, diseases and deaths are the recurring theme of life. Unfortunately the majority of the victims are children.

Bangladesh, like other developing countries, is characterized by wide spread poverty with its concomitant malnutrition, unhygienic living conditions, diseases and consequent deaths. A recent study conducted by the Bangladesh Institute of Development Studies (BIDS) has found that nearly 60 per cent of the rural population today live below the poverty line. The study has also identified a distinctive underclass comprised of roughly a quarter of the population which could be categorized as the "hard-core" poor who live in severe distress on an income which is 50 per cent below the poverty line. Such pervasiveness of poverty has also resulted in progressive decline in per capita daily consumption of food, from 886 grams in 1962-64 to 765 grams in 1981-82. The per capita calorie consumption has also marked a decline from 2301 K cal in 1962-64 to 1943 K cal in 1981-83 which meets only 83 per cent of the minimum requirement. A similar decline has also taken place in the consumption of protein. In fact, the Household Income Survey has estimated that roughly 37 per cent of the rural households consume less than 1800 K cal per capita per day, many more even receive less than that. Children were found to be worst victims. Roughly 94 per cent of children were found to suffer from some degree of malnutrition.

The living conditions of the majority of the people are appallingly poor and unhygienic. The housing conditions are deplorable, and most people lack proper knowledge of health care and hygienic practices. Majority of people use open field for defecation and disposal of filth. Washing away of such faecal matter and filth pollutes the surface water sources which are also used for domestic purposes. Although the proportion of the population using safe drinking water has increased significantly over-time, the cultural practices of using surface water for cooking, washing and bathing has virtually remained unchanged. A recent study by Mitra has found that roughly 86 per cent of the rural population have access to tubewell water and nearly 96 per cent of such population use tubewell water for drinking purposes. However, the study has also found that roughly a quarter of the rural population use sanitary latrines, and the remaining use unhygienic latrines or open field for defecation. Faecal pollution of environment coupled with poor living conditions and unhygienic cultural practices contribute to continued transmission of infectious parasitic diseases to which the children are found to be most vulnerable. In most instances affected children succumb after repeated episodes of such diseases. The synergistic relationship between malnutrition and disease tend to play its role once a malnourished child is attacked by a disease. The afflicted child become more malnourished and become more susceptible to another attack. In the absence of proper medical care and proper nutrition repeated attacks slowly push the child to death. It has been estimated that nearly 188 of every 1000 live births die before their fifth birthday. Roughly a third of such deaths are caused by diarrhoeal diseases and it accounts for 260,000 children dying every year. The remaining deaths are caused by infectious and diseases.

*The Social Mobilization for Sanitation Project:*

In the face of such disquieting scenario it was increasingly being recognized both by the Government and the UNICEF that a dent in the high incidence of infectious and parasitic diseases could be made, and a decline in the high rate of infant and child mortality could be achieved only through an overall improvement in sanitation sectors. Such realization prompted the government to launch a social mobilization (SOCMOB) Programme in 1990 jointly with the UNICEF to make people from different strata of the society aware of the importance of sanitation and hygienic health practices in alliance with different organizations and groups. NGOs were identified as important potential partners and NGO Forum, a coordinating agency of NGOs in water and sanitation, was taken as the key NGO to implement the programme through its partner agencies. It was decided that the programme will have national coverage but special focus will be given on intensive sanitation activities in the selected diarrhoea prone areas. NGO Forum in collaboration with DPHE and the UNICEF organized workshops with professionals, and representatives from the government, UNICEF and the partner NGOs to share their views on the programme and refine the operational methodologies. The objectives and strategies of the SOCMOB programme were spelled out as follows:

*Objectives and Strategies:*

The overall objective of the SOCMOB project were identified as:

- to improve excreta disposal, personal hygiene practice and use of safe water in order to reduce diarrhoeal diseases and improve the quality of life in the rural areas of Bangladesh.

The strategies to be adopted to fulfill the above mentioned objectives were spelled out as follows:

- to increase the awareness of all communities of the benefits of sanitation with the help of appropriate communication media;
- to promote and ensure proper use of hygienic latrine by every family in selected areas;
- to promote affordable appropriate technology with emphasis on defecating in a fixed place and construction of home-made latrines.
- to mobilize resources and build alliances with all potential partners - like political leaders, local government, professional groups, NGOs, women groups, educational and religious institutes, mass media, cultural groups etc., for sanitation through dialogues, discussions and advocacy campaign.

It was decided that NGO Forum will implement the SOCMOB project through its partner NGOs with financial resources from DPHE and the UNICEF. It will make agreements with its partner NGOs for the implementation of the programme, jointly determining the operational strategy. It will also hire additional personnel - one Thana Coordinator, three Field Supervisors, and 20 Field Extension Workers - to supervise, monitor and coordinate the activities of the project. It was also decided that a baseline survey should be undertaken to assess the existing situation and to determine the potential needs.

## CHAPTER - THREE

### THE BASELINE SURVEY

#### *Methodology:*

The baseline survey was undertaken in seven thanas located in six districts. The thanas selected for the baseline survey were - Chirirbandar, Gangachara, Digholia, Lohagora, Gournadi, Mehendiganj and Patharghata. From each thana roughly 24,500 households were covered by the survey, thus having a total of roughly 1.7 lakh households in 7 thanas. Two per cent households in each thana were sampled following the *systematic sampling* technique. However, efforts were made to make sure that at least one household was taken from each village. The total number of households sampled was 3,581 in seven thanas. A *structured questionnaire* containing questions on water and sanitation, personal hygiene and selected socio-economic indicators was prepared by NGO Forum which was finalized in consultation with the UNICEF. The Field Extension Workers were used for the collection of data which was supervised by the Field Supervisors and Thana Coordinator. These staffs were trained for two days at the respective thana by the Training Cell of NGO Forum and also for one day at the UST training hall room at Dhaka by Monitoring Officer of NGO Forum. Field testing was done in an area in their respective thana to finalize the questionnaire. The exercise was also used as a part of training for Extension Workers and Supervisors. Subsequent to the finalization of questionnaire the field work was carried in the seven thanas which lasted for about 10 weeks. A *sample test* on the validity and reliability of data was done through *reinterviewing randomly selected sample of respondents* after the completion of data collection. Since the processing of the total data was likely to some time the UNICEF and the DPHE asked NGO Forum to take a *sample of households* from

the total number of households interviewed in each thana and prepare a preliminary report focusing on certain selected questions related to water and sanitation and personal hygiene. A total of 3,581 households were sampled and necessary processing of data was carried out at the head office under the supervision of the Monitoring Officer and the Programme Assignment Assistant. The Preliminary findings of the survey as obtained from the analysis of data is presented in next chapter.

*The Thana:*

The thana Chirirbandar is situated in the eastern part of Dinajpur district of Bangladesh. It is about 15 kilometers away from Dinajpur town and connected by a motorable road. The total number of unions and villages of the thana are 12 and 141 respectively and the total population of the thana is about 184,639, of them 21.2 per cent are literate and the total number of households are 34,023 (as per 1981 census).



## CHAPTER - FOUR

### SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION

This chapter is concerned with household composition and some socio-economic characteristics alongwith general demographic characteristics of the population surveyed. The characteristics covered, include sex composition, level of education and occupational structure of head of households, literacy rate and average monthly income and savings. Statistics on household composition and other related characteristics give the quantitative description of the demographic and social structure of the population under study.

#### *Population by Sex, Family Size and Literate Persons:*

Table-1 shows the number of sampled households, total population by sex, family size and sex-wise number of literate persons. A total of 785 households of Chirirbandar thana were sampled following the systematic sampling technique. The total number of persons enumerated were 4,288, to them 1,312 (30.6%) were males, 1,250 (29.2%) were females and 1,726 (40.3%) of the total population were children below the age of 14 years. The mean size of family in the sampled households came out to be 5.5 which is slightly higher than the national average. As per 1991 census the average national family size is 5.4 persons per household. A vast majority (66.7%) of the population in the study was found to be illiterate. That suggests 33.3 per cent of the total population were literate which is higher than the national literacy rate. As per 1991 census the national literacy rate is 24.8 per cent. A person who can write his/her name in any language was considered literate in this study.

*Occupation and Level of Education of Head of Households:*

Occupation is the job done by the person in exchange of which he/she is deriving some benefits either in cash or in kind by producing goods and services. This section was concerned with an analysis of the data collected in the survey, related to the economically active head of households and their level of education to support themselves, their children and other dependent members of their households. Table-2 shows the occupation and level of education of head of households. The level of education of the active head of households engaged in different occupations differ in several respects. It was found that 34.4 per cent head of households of the total head of households were involved in cultivation as the main occupation while 32.5 per cent, 7.4 per cent and 6.6 per cent head of households were engaged in the day labourer, businessman and skilled labourer respectively. Only 5.5 per cent head of households were found in different types of services. In the sampled households only 3 head of households were found female and they were involved in the household works as the main occupation and 2 head of households were found students.

Planning and execution of development schemes require educated and technically qualified people. It is thus important to know that such people are available in the country. One of the main criteria for evaluating the progress of a nation is the educational level of the population. Educational information are also valuable for demographic and socio-economic status.

The highest percentages of the head of households were found illiterate (42.2%). Among the rest 19.4% head of households could sign only; 19.9% had primary; 13.5% had secondary while only 2.9% and 1.4% had higher secondary and degree level education respectively in the sampled households. Two head of households were found students of secondary and higher secondary respectively.

*Average Monthly Income and Savings:*

The task of estimation of income and savings status of the community in rural Bangladesh is a very difficult one. Despite this limitation, an attempt had been made here to measure income and savings of the selected sampled households. Table-3 shows the income and savings of the households from various sources. There is an association between the income and the savings. Because the variations in the ability of income of the households, the average savings also varied significantly. For example the average monthly income of 10 households were found 001-300 Tk. and they had no monthly savings while, 75 households (9.6%) of the total households were found the highest income group (Tk.2,701+), out of them 26.7 per cent of the households fall in different average monthly saving groups. Findings on income and savings estimation reveal that 22.0% and 19.6% of the households had 901-1,200 and 601-900 Tk. average monthly income respectively which were the highest income groups. These were followed by 301-600 and 2,701 Tk. and above income groups. Percentages of those were 12.1 and 12.1 respectively. Regarding the savings status, the data revealed that 91.2% of the households had no monthly savings. Only 2 households were found to have the highest level of savings 601-800 and 801-1,000 Tk. respectively and these were the ones who also had the highest average monthly income group (Tk.2,701+).

## CHAPTER - FIVE

### WATER AND SANITATION SITUATION AND RELATED OTHER INFORMATION

#### *Sources of Water for Different Purposes:*

The principal problems have been recognized to relate the health status of the population. Over population, malnutrition and the presence of communicable diseases. Safe water and proper sanitation can assist in the reduction of certain diseases. Table-4 gives a picture of the sources of water for different purposes in the sampled households. The data indicated that almost all households (90.7%) used tubewell water and some 9.2 per cent of the households used ring well water for drinking purpose while only one household was found using river/canal/pond water for the same purpose. 87.5%, 65.5%, 49.7% and 11.8.% of the households were found using tubewell water for cooking, washing, bathing and homestead gardening purposes respectively while 12.4%, 16.0%, 15.7% and 17.0% of the households used ring well water for cooking, washing, bathing and homestead gardening purposes. It was also found that 0.1%, 18.5%, 34.6% and 15.4% of the households used river/canal/pond water for cooking, washing, bathing and homestead gardening purposes.

#### *Maintenance of Tubewells:*

Regarding maintenance of tubewells, the data revealed that 21.1% of the households repaired tubewells by owner himself followed by beneficiaries, caretakers, DPHE/UNICEF tubewell mechanic and hired private mechanic. Percentages of those were 19.0; 16.4; 14.9; and 14.7 respectively. While 13.9 per cent of the households answered that they did not know who repaired the tubewells (Table-5).

*Types of Latrine Used in the Households:*

Table-6 shows the types of latrine used by the studied population. It was found that most of the households were reported to be defecating in a unhygienic place, a vast majority 90.8 per cent of the households did not own any latrine. Only 9.2 per cent of the households acquired own latrines in the sampled households. Among all those who had latrines, 66.7 per cent of the households owned water sealed latrines while the rest acquired septic tank latrines and home-made pit latrines. Percentages of those were 20.8 and 9.7 respectively. Only one household reported that he used own surface latrine and one household used hanging latrine.

*Distance of the Defecation Places:*

Table-7 shows the types of place used for defecation and distance of the same. It was indicated that the great majority (90.1%) of the studied households used open space for defecation. Only 9.9 per cent of the households were found using hygienic latrines for defecation, including 6 households were found using neighbour's latrines. Among all those who used latrines, 30.8 per cent of the households had latrines within the range of 10-15 yards. Among the rest 24.3% of the households had latrines within the range of 26-50 yards, 23.1% of the households had within 51 and above yards while 21.8 per cent of the households had latrines within the range of less than 10 yards. Among those who used open space for defecation, 10-25 yards topped the percentage which was 38.6% while the rest used open space within the range of 26-50 yards and 51 and above yards. Percentages of those were 29.1 and 27.5 respectively. Only 4.8 per cent of the households used open space for defecation within the range of less than 10 yards.

*Whether Used Latrines by All Members of the Family:*

Regarding usage of latrine by all members of the family, the data revealed that majority 53.8 per cent of the households used latrines by all members of the family while 38.5% of the households mentioned that their children below the age of 5 years did not use latrines for defecation. Only 5.1% and 2.6% of the households answered that their male and female members did not use latrines for defecation respectively (Table-8).

*Cleaning and Maintenance of the Latrines:*

Table-9 shows the distribution of households by types of person who cleaned and maintained the latrines and frequency of the same. It was found that 100% of the households who acquired own latrine cleaned and maintained their latrines at different time interval by different types of person. Fifty per cent (50%) respondents used other female members of the households. Remaining 50% of the respondents included males and owner him/herself. Percentages of those were 26.4 and 22.2 respectively. Only one household was found who cleaned his latrine by maid. In the case interval of cleaning and maintenance of latrine 33.3% of the households answered that they cleaned and maintained their latrines, twice a week. Among the rest 29.2% 18.0% and 15.3% of the households were found irregularly, weekly and everyday respectively. Only 4.2 per cent of the households answered that they cleaned their latrines monthly in the sampled households.

*Sources of Purchased Latrines:*

Regarding purchase of latrines by sources, the data revealed that 36.1% of the households purchased their latrines from NGO while 31.9 per cent of the households from DPHE. Among the rest 25.0 per cent of the households answered that they purchased their latrines from the open market and only 6.9 per cent of the households reported that they made their latrines by themselves in the house used entirely home available materials (Table-10).

## CHAPTER - SIX

PRACTICE KNOWLEDGE AND MORBIDITY BY  
WATER-BORNE DISEASES*Whether Washed Soiled Napkins for Babies:*

Table-11 shows the distribution of households whether washed soiled napkins for babies and materials used for the same. It was found that, almost all households (98.8%) answered that they washed soiled napkins for babies of the 56.9 per cent used only water for the same while 43.0 per cent of the households reported that they washed soiled napkins for babies by soap. Only 7 households (1.2%) were found not washing soiled napkins for babies.

*Whether Washed Hands After Defecation:*

As many as 50 types of germs of various diseases contaminate the food stuff during household works if hand is not properly washed by soap, ash or soil after defecation. These germs can spread the life threatening diseases like cholera, diarrhoea, dysentery, etc. Proper hand washing by soap, ash and soil after defecation is a pre-requisite for maintaining diseasesless and good health. An attempt had been made to know the status of present hand washing practice after defecation usage of materials for the same by the studied population. It was found that a vast majority of the households (99.1%) washed their hands after defecation, of them a greater portion (60.3%) households used only water for washing their hands after defecation.

These were followed by soil, ash and soap. Percentages of those were 18.8, 11.0 and 9.9 respectively. Only 7 households (0.9%) answered that they did not wash their hands after defecation (Table-12).



### *Knowledge on Some Water-Borne Diseases:*

By definition 'knowledge' merely indicates whether a respondent had heard or known about water borne diseases. An attempt had been made here to determine the proportion of the head of households who were aware of the following water-borne diseases: diarrhoea and dysentery. It was found that more than 50 per cent of the head of households indicated that they were aware with the causes of the following diseases: diarrhoea and dysentery. Among the rest (49.4%) of the head of households reported that they did not know the causes of diarrhoea and dysentery (Table-13).

### *Sources of Drinking Water and Morbidity Patterns:*

Morbidity is a common feature in rural Bangladesh. This is mainly due to poor living condition and lack of knowledge on primary health care. During the period of survey information on morbidity were also collected. The household members who reported about sickness were asked about their sources of water for drinking purpose. Table-14 shows the distribution of households by sources of drinking water and whether any member of the family suffered from diarrhoea, dysentery, typhoid, jaundice and others during last 7 days. The occurrence of morbidity were found to be very low. It was found in the sampled households that only 4.5 per cent persons of the total population suffered from diarrhoea, dysentery, typhoid and jaundice during last 7 days. Of 24.0 per cent households, (4.2%) persons of the total population suffered from the above mentioned water-borne diseases although they used tubewell were for drinking purpose. Even though people were using tubewell water for drinking purpose, it was seen that they were suffering from water-borne diseases. One reason could be that they were not practicing

proper personal hygiene and sanitation. It was also found 20.8 per cent of the households, (0.3%) persons of the total population suffered from the following water-borne disease: diarrhoea, dysentery, typhoid and jaundice using ringwell water for drinking purpose. Only one household reported that he used river/canal/pond water for drinking purpose and none of his family had suffered from any water-borne diseases.

## CHAPTER - SEVEN

### *Discussion:*

This report presents finding from a baseline survey which was conducted in 83 villages of 9 unions under Dinajpur district. A total of 33,522 households, which were approximately 98.5 per cent of the total households of Chirirbandar thana, were covered by this survey. 2 per cent of households were sample following systematic sampling technique. However, efforts were made to make sure that atleast one household was taken from each village. A total No. of 785 households of Chirirbandar thana were sampled.

The present study was undertaken by NGO Forum as a part of Social Mobilization for Sanitation Project. The key objective of this survey was to generate information on different aspects of people's life such as the present status of water and sanitation, personal hygiene and some selected socio-economic and demographic characteristics of the studied households. Apart from their academic values, such information should be of immense help to planners in planning, executing the future plan concerning GOs and NGOs in developing water and sanitation situation.

Many of the characteristics in the studied areas were different than the national average, for example the proportion of children under 14 years was smaller, the literacy rate was higher than the statistics found from 1991 census. The highest percentage of the head of households were found illiterate although a vast majority of the head of households were engaged in various types of professions. Regarding the income status of the head of households it was found that approximately 45.0 per cent of the head of households had income within the range of Tk. 901-2701 and above. A vast majority of the households

did not possess own latrine for defecation. Usage of tubewell water for drinking purposes, regarding washing soiled napkins for babies and washing hands after defecation, knowledge on some water-borne diseases, morbidity rate and some other practices were found within acceptable range. The survey findings said that contributions of NGO in these sectors were remarkable. Specially who were working in the surveyed areas. Their contributions brought them not only acclamation at home and abroad, but it also enhanced their credibility as effective agencies capable of developing usage of tubewell water for drinking purpose, hygienic practices and socio-economic and demographic situations and of extending supports to the people at the grassroots. However, given their limited operational space and in some cases resource constraints, their supports were always rather small compared to the needs. Yet, wherever they worked, their dedication and efficiency were obvious.

TABLES

Table-1

No. of Sampled Households, Persons Enumerated and  
Total number of Literate Persons

No. of Sampled Households	785			
	Male	Female	Children(<14 Years)	Total
No. of Persons Enumerated	1,312	1,250	1,726	4,288
No. of Literate Persons	713	344	371	1,428
Average Size of Households	5.5			

Table-2

## Distribution of Head of Households by types of Occupation and Level of Education

Types of Occupation	Level of Education								Total
	Illite- rate	Can Sign Only	Primary	Secon- dary	Higher Secon- dary	Degree	Masters	Non- Formal	
Farmer	59	57	76	68	5	3	-	2	270
Agri. Labour	27	2	6	-	-	-	-	-	35
Share Cropper	4	9	9	-	-	-	-	-	22
Day Labour	176	43	36	-	-	-	-	-	255
Skilled Labour	6	39	4	3	-	-	-	-	52
Rickshaw Puller	11	-	1	-	-	-	-	-	12
Business	26	-	17	12	2	-	-	1	58
Service Holder	1	-	2	17	13	8	1	-	42
Broker	2	-	-	-	-	-	-	-	2
Beggar	6	-	-	-	-	-	-	-	6
Boatman	-	-	-	-	-	-	-	-	-
Fishing	3	1	1	-	-	-	-	-	5
Hawker	1	1	-	-	-	-	-	-	2
Servant	1	-	-	-	-	-	-	-	1
Housewife	3	-	-	-	-	-	-	-	3
Housework	-	-	1	-	-	-	-	-	1
Imam	-	-	-	-	1	-	-	-	1
Quack Doctor	-	-	-	1	-	-	-	-	1
Student	-	-	-	1	1	-	-	-	2
Unemployed	2	-	-	-	-	-	-	-	2
Invalid/Retired	4	-	2	3	1	-	-	-	10
Others	1	-	1	1	-	-	-	-	3

Others Include for Occupation : Barber

Table-3

Distribution of Households by Average Monthly Income  
and Average Monthly Savings (in Taka)

Average Monthly Income	Average Monthly Savings							Total
	000	001-200	201-400	401-600	601-800	801-1000	1001+	
001-300	10	-	-	-	-	-	-	10
301-600	91	4	-	-	-	-	-	95
601-900	148	6	-	-	-	-	-	154
901-1200	157	16	-	-	-	-	-	173
1201-1500	79	4	-	-	-	-	-	83
1501-1800	54	3	-	-	-	-	-	57
1801-2100	73	8	-	-	-	-	-	81
2101-2400	3	1	2	-	-	-	-	6
2401-2700	26	4	1	-	-	-	-	31
2701+	75	12	2	2	1	1	2	95
Total	716	58	5	2	1	1	2	785

Table-4

Distribution of Households by Sources of Water  
for Different Purposes

Sources of Water	Purpose of Using Water				
	Drinking	Cooking	Washing	Bathing	Homestead Gardening
Tubewell	712	687	514	390	93
Ringwell	72	97	126	123	50
River/Canal/Pond	1	1	145	272	151
Total	785	785	785	785	294



Table-5

Distribution of Tubewells by Types of Person did Repair Last

Types of Person did Repair Tubewell Last	No. of Households
Caretaker	117
Beneficiaries	135
Owner Himself	150
Hired Private Mechanic	105
DPHE/UNICEF Tubewell Mechanic	106
Do not know	99
Total	712

Table-6

Distribution of Households Whether Acquired Own Latrine and Types of the Same

Types of Latrine	Whether Acquired Latrine	
	Yes	No
Surface Latrine	1	
Hanging Latrine	1	
Home-Made Pit Latrine	7	
Water-Sealed Latrine	48	
Septic Tank Latrine	15	
Total	72	713

Table-7

Distribution of Households by Types of Place used for Defecation and Distance of the Same

Distance of Defecation Places (in yards)	Types of Defecation Place		
	Latrine	Open Place	Total
<10	17	34	51
10-25	24	273	297
26-50	19	206	225
51+	18	194	212
Total	78	707	785

Table-8

Distribution of Households Whether Latrine used by all Members of the Family

Whether Latrine Used by all Members of the Family				
Yes	No			
	Types of Family Member did not use Latrine			
	Male	Female	Children (Under 5 Yrs)	Total
42	4	2	30	78

Table-9

Distribution of Households by Types of Person who Cleaned and Maintained the Latrine and Frequency of the Same

Types of Person	Frequency of Cleaning						Total
	Everyday	Twice a Week	Weekly	Monthly	Irregular	Never	
Self	6	6	-	-	4	-	16
Other Males	1	12	2	1	3	-	19
Other Females	4	6	10	2	14	-	36
Maid	-	-	1	-	-	-	1
Hired Cleaner	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-
Total	11	24	13	3	21	-	72

Table-10

Distribution of Households by Sources of Purchased Latrine

Sources of Purchased Latrine	No. of Households
DPHE	23
NGO	26
Private Producer	5
Open Market	18
Total	72

Table-11

Distribution of Households Whether Washed Soiled Napkins  
for Babies and Materials Used for the Same

Types of Materials Used	Whether Washed Soiled Napkins		
	Yes	No	Total
Only Water	337		
Soap	255		
Total	592	7	599

Table-12

Distribution of Head of Households Whether Washed Hands after  
Defecation and Materials Used for the Same

Materials Used	Whether Washed Hands		
	Yes	No	Total
Soap	77		
Ash	86		
Soil	146		
Only Water	469		
Total	778	7	785

Table-13

Distribution of Head of Households Whether Acquainted With the Causes of Diarrhoea and Dysentery

Types of Disease	Whether Acquainted		
	Yes	Do not know	Total
Diarrhoea	396	389	785
Dysentery	399	386	785
Total	795	775	1,570

Table-14

Distribution of Households by Sources of Drinking Water and Whether any Member of the Family Suffered from Diarrhoea, Dysentery, Typhoid and Jaundice During Last 7 Days

Sources of Drinking Water	No. of Households	Whether any Member of the Family Suffered				Total	
		Yes					No
		No. of Family Members Suffered					
		Types of Disease					
		Diarrhoea	Dysentery	Typhoid	Jaundice		
Tubewell	171	37	91	35	17	541	180
Ringwell	15	2	10	3	-	57	15
River/Canal/Pond	-	-	-	-	-	1	-
Total	186	39	101	38	17	599	195

APPENDIXES

## APPENDIX - A

01. Thana : A Geo administrative unit composed of some unions under a district.
02. Union : A Geo administrative unit composed of some villages under a thana.
03. Farmer : A farmer who operates on his own arable land either as cultivator or as manager or does not take in and take out arable land.
04. Agri. Labour : A person who works in an agricultural farm as hired labour.
05. Day Labour : The occupation of a person who sales out his physical labour for wages on daily basis.
06. Household : The basic living unit of a residence which comprises of a person or group of persons who take their meal from the same kitchen.
07. Homestead Gardening : The surrounding of a residential spot of a household including garden, this is not treated as arable land
08. Share Cropper : A person having no agricultural land for cultivation. He borrows lands from the landlords to cultivate on some conditions, that is, after harvesting he will give half of the crops to the landlord and will keep the rest of those crops to himself.
09. Imam : Muslim religious leader who guide the peoples to the way of peace.
10. Quack Doctor : A person who has no academic medical background, but extent medical treatment in rural areas.
11. Surface and Hanging Latrines : Latrines which were completely made of thatched, open and unhygienic.

## APPENDIX - B

### Name of the concerned organizations facilitating the SOCMOB Project:

01. Palli Sree  
Balubari, Dinajpur
02. Come to Work  
Monmathpur, Dinajpur
03. Sustainable Social Service  
Chirirbandar, Dinajpur

### List of Field Extension Workers, Field Supervisors and Thana Coordinator.

#### A. Thana Coordinator (TC):

01. Shah Mohammad Ahsan Habib

#### B. Field Supervisor (FS):

01. Md. Anowar Hossain
02. Naimul Huda
03. Mahfuzur Rahman

#### C. Field Extension Workers (FEW):

01. Azharul Islam
02. Sree Upendra Nath Roy
03. Mosammat Hasina Begum
04. Mosammat Mollika Begum
05. Monju Rani Sarkar
06. Md. Shamsheer Ali
07. Md. Abdul Malek
08. Md. Majibur Rahman
09. Md. Shahjahan Mondal
10. Mohindra Nath Roy
11. Rajani Kanta Roy
12. Noline Kanta Roy
13. Md. Elias Sarkar
14. Md. Belal Hossain
15. Md. Mizanur Rahman
16. Md. Enamul Hoque
17. Sree Nirmal Chandra Roy
18. Md. Shahadat Hossain
19. Mosammat Tahmina Begum
20. Mosammat Fatema