**Baseline Report**

On

**Assessing Hygiene Behaviour in SAWRP-II Intervention Area**

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**Glossary**

ABCDE : Assess, Build, Create, Deliver, Evaluate

BCD : Behaviour Centred Design

CAPI : Computer Assisted Personal Interview

CCU : Country Coordination Unit

CSP : Country Strategic Plan

DFID : Department for International Development

ESDO : Eco-Social Development Organization

FC : Field Controller

FGD : Focus Group Discussion

FI : Field Interviewer (DATA Collector)

FS : Field Supervisor

HH : Household

LSHTM : London School of Hygiene and Tropical Medicine’s

MHM : Menstrual Hygiene Management

NGO : Non-Governmental Organization

PAPI : Pen and Paper Interview

PbR : Payment by Results

PIB : Plan International Bangladesh

PNGO : Partner NGO

SAWRP : South Asia WASH Results Programme

VERC : Village Education Resource Center

WAB : WaterAid Bangladesh

WASH : Water, Sanitation and Hygiene

WEDC : Water, Engineering and Development Centre

# Executive Summary

WaterAid Bangladesh (WAB), as a part of SAWRP II, is implementing the programme in 4 Upazilas of Kurigram, Sirajganj and Thakurgaon districts through PNGOs - VERC, ESDO and SKS Foundation. The 2 interventions that WAB is carrying out in these 4 Upazilas, regarding hygiene component of the programme, are- 1. Increase hand-washing with soap after defecating and before touching food amongst men, women and children in the households, with a particular focus on primary caregivers of children under 5; and 2. Increase use of a clean latrine at all times by men, women and children in the households.

The baseline survey was conducted by ( XXX, Name of the Consutant ) to understand the baseline situation amongst the Direct and Indirect beneficiaries of WAB[[1]](#footnote-1) regarding the above mentioned interventions, to provide adequate understanding of the baseline situation for the implementation of upcoming ABCDE Behaviour Change modules in these 4 locations.

By design, the study followed methodological triangulation in a 2 phased approach. It started diverging through a thorough quantitative survey and ended by converging through qualitative deep-dive on the interesting patterns that emerged in the quantitative survey.

In the first phase which was a Quantitative survey, the study findings were produced from a sufficient array of samples, computed with 95% confidence level and 5% margin of error for statistical significance. A total of 600 samples were targeted to cover including 400 direct beneficiaries and 200 indirect beneficiaries. With random approach to the sample, the intended numbers could be reached. Alongside, there had been few quotas within the sample-base for representative results- 30% male respondent quota was deployed as learning prior to the field survey indicated that there was high chance that men would be out for work when the survey would be conducted at household level.

The information coverage and approaches of the second phase of the study which was a Qualitative deep-dive were designed and formulated from the interesting learning of the preceding quantitative survey. Qualitative sample composition consisted of 4 Focus Group Discussions (FGD) with adult men and women in mixed group sessions; 4 In-depth Interviews (IDI) 2 mothers of children under 3 & 5 and 2 disabled persons; and 8 Key Informant Interview (KII) with local elites including Upazila Parishad (UP) members, religious leader, Community WASH Action Committee (CAWC) member and PNGO field facilitator. Alongside, household level hygiene practices were observed using observers from the communities who observed hand washing behaviour of their own household (with average 5 members in the household) x and 2 adjacent household members (with average 6 members in the adjacent household) x in critical times during 2 weekdays and 1 weekend. Throughout these 3 days long observation, the key behaviours that were tracked are Handwashing with soap before meal intake and after defecation.

**Salient Findings**

The survey intended to study hygiene behaviours of the direct and indirect beneficiaries from knowledge/awareness to self-reported behaviour to observed behaviours.

**Hand washing with soap or soap substitute after defecation:**

Amongst the direct beneficiaries, the study found 95.7% men, 95.8% women and 94.7% family member of children were aware of washing their hands with soap or soap substitute after defecating. Amongst the indirect beneficiaries, this piece of awareness result is 98.1%, 94.6% and 97.2% in men, women and family members of children respectively. In line with this, the qualitative exploration also tapped spontaneous mentions of important hand washing with soap occasions and the very first mention across the target audiences and Upazilas was after defection. The underlying reason for this consensus was understood as perceived direct relation of filth and/or germ with hand condition after defecation. The beneficiaries (including direct and indirect beneficiaries) are clear about detrimental health consequences of non-performance of hand washing after defecation.

Of the direct beneficiaries who were aware of the importance of hand washing with soap or soap substitute after defection, 94.8% men, 95.4% women and 94.7% family members of the children could show availability of soap/substitute at household. The figures of the same analysis amongst indirect beneficiaries are 98.1% men, 93.9% women and 95.8% family members of the children.

Similarly, amongst direct beneficiaries, 89.6% men, 93.7% women and 93.3% children claimed to wash their hands with soap or soap substitute. It is notable that, the difference between knowledge (94.8%) and self-reported practice (89.6%) amongst men were much higher than the women (knowledge 95.4%, reported practice 93.7%). In both cases, the reported practice was slightly lower than knowledge. Amongst the direct beneficiaries, in 88.7% cases of men, 93.7% cases of women and 93.3% cases children, availability soap at households could be spotted. Overall, 51.5% direct beneficiaries washed their both hands with soap or soap substitute after defecation, while 12.5% direct beneficiaries washed their both hands with soap or soap substitute before touching food. There were 2 men who claimed that he washed hand with soap or soap substitute; however, no such substances were available in the household. One of them mentioned that, the product was finished during the survey, while the other one claimed that, the responsible person did not buy the product then.

While amongst indirect beneficiaries, 98.1% men, 94.6% women and 97.2% children were washing their hands with soap and soap substitute, while reported practice was slightly lower in all cases which were 94.4% for men, 91.8% for women and 91.5% for children. Moreover in 94.4% cases of men, 90.5% cases of women and 91.5% cases of family members of children, availability of soap at households could be spotted. Overall, 56.7% indirect beneficiaries washed their both hands with soap or soap substitute after defecation, while 5.5% indirect beneficiaries washed their both hands with soap or soap substitute before touching food. There were three cases soap or soap substitute were not available, while in one case the respondent mentioned, the product was finished, in one case respondent mentioned the product was expensive, while remaining one respondent refused to answer.

About handwashing practice with soap and soap substitute when qualitative deep-dive was posed, the gathered understanding suggests, the adult men and women gradually started and got habituated with this practice over time after experiencing or seeing health issues that occurred because of no handwashing after defection. They experienced reduced rate of diarrheal disease outbreak over time after they received handwashing related advocacy messages and saw early adopters of handwashing with soap in the surrounding area doing better in terms of health during outbreaks. This initiated unconscious urge for change in them and finally after adopting this practice, when they see positive changes in their and family members' health, they continued this practice.

The study intended to find evidence about hand washing with soap or soap substitute by the caregivers of children under 5 and found high percentages in both direct and indirect beneficiary caregivers who claimed to practice this behaviour and could show soap or substitute at households. Amongst the direct beneficiaries, in 92.6% of the households of caregivers of children under 5, who claimed to wash hands with soap or soap substitute after defecation, availability of soap/substitute was observed while this figure is 90.9% in indirect beneficiary households.

The mole observations showed that despite high percentages in knowledge and self-report, the hand washing behaviour is not performed to the quality standards promoted by the programme. The practice of the behaviour by some respondents is questionable in terms of hand being washed (left hand or right hand), and the steps to wash hands (use of soap, or exclusive use of water).

Indeed, there is no observation finding on no-hand washing post defecation. However, adult people aging 45 and above, are observed to be less conscious about the quality of hand washing. Of The findings showed a moderate quality of hand washing with soap with participants washing one hand at one critical time (left hand only being washed after defecation and right hand only being washed before meal intake. In some instance, the same target group, on 3 occasions, washed both hands with soap without making enough foam for a good wash. .

It was also observed that hand washing quality post defecation by a single person goes down from 1st occasion to 2nd and onwards. At the first occasion of washing hands with soap after defecating, respondents observed washed both hands with soap, created foam, and rinsed both hands. At the second occasion, the finding showed moderate hand washing quality for 5 respondents observed. Only one hand is washed (left hand after defecating), or both hands are washed without creating foam.

**Hand washing with soap or soap substitute before touching food:**

In contrast to after defecation, hand washing with soap or soap substitute before touching food is strikingly low. Only 14.8% men, 20% women and 22% family member of children amongst direct beneficiaries claimed to wash their hands with soap or soap substitute before touching food. These figures are as low as 9.3%, 8.8% and 7.0% in men, women and family members of children respectively amongst indirect beneficiaries. The results are slightly higher for caregivers of children under 5 than the target groups above mentioned - 26.9% direct and 5.5% indirect beneficiary caregivers of children under 5 claimed to practice such hand washing behaviour. Amongst direct beneficiaries, 26.9% of caregivers of children under 5 wash their hands with soap or soap substitute before touching food and this figure is only 5.5% amongst indirect beneficiary caregivers of children under 5.

In the qualitative study, mothers of children under 5 were asked to respond spontaneously about the times they wash their hands with soap or soap substitute. Survey findings demonstrated that mothers interviewed mentioned washing their hands with soap before eating, and when probed they also mentioned washing their hands with soap before feeding the children.

During observation of hand washing before eating (), there are records of only one hand (right) washing before meal intake by more than 5 family members of the households observed across the Upazilas.

**Increased use of clean latrine:**

Majority of the households of both direct (99.3%) and indirect (99.0%) beneficiaries mentioned having access to functional latrines. And when observed these figures stood as 99.7% and 98.5% in direct and indirect beneficiaries respectively. However, when access to clean latrine is concerned, it goes down to 58% and 46.3% amongst direct and indirect beneficiary households respectively. If we consider the access to latrine round the clock at households, interestingly amongst indirect beneficiaries 100% of both men and women can access to the larine whenever needed. The figures are slightly lower in direct beneficiaries- 96.5% in men and 99.3% in women.

For the non-latrine users (disabled persons and children under 3) amongst direct beneficiaries, only 4 such persons using potty at night were identified whose faeces are disposed in the latrines.

Likewise, in qualitative phase, no case of inaccessibility to the latrine at households was spotted across the Upazilas. However, about ensuring access to latrine for all including elderly persons, pregnant women and disabled persons special arrangements (e.g. hand-rail, rope-guide, chair-pan etc.) need to be there. The study found very little evidences (less than 5%) around availability of such arrangements in both direct and indirect households. In the qualitative phase, from the disabled persons interviews it was learned that there are no special arrangements for them to ease the access to the latrines other than only one case which is about a vision impaired person in Rajarhat, Kurigram who was given with rope-guide to and from the latrine and hand washing facility although he confirmed that as the latrine is in the same location for a long time, he does not need to use the rope-guide to reach the latrine at both day and night times.

# Background

## Introduction

Founded over 80 years ago, Plan International is one of the oldest and largest children's development organizations in the world. Plan International plays an important role in mobilizing children, communities and civil society organizations to claim the rights of children and achieve agreed upon local development priorities, towards a commitment to ensuring the wellbeing of children in support of the United Nations Convention on the Rights of the Child (UNCRC). Plan International is independent, with no religious, political or governmental affiliations, and with a vision of a world in which all children realize their full potential, in societies that respect people's rights and dignity.

Working in 52 developing countries across Africa, Asia and the Americas, Plan International aims to reach as many children as possible, particularly those who are excluded or marginalized with high quality programmes that deliver long lasting benefits by increasing its income, working in partnership with others and operating effectively. Plan International Bangladesh is currently implementing its 4th country strategic plan (CSP-IV) developed for five years covering fiscal year 2016 to 2020 towards a longer term vision of a Bangladesh where “Children and Youth (irrespective of ethnicity, location, gender, religion, disabilities or sexual orientation) grow up in a safe, protected, enabling environment where their rights are realized and their voices heard and valued.”

## Project Overview: The South Asia WASH Results Programme

The South Asia WASH Results Programme (SAWRP) has been working to improve water, sanitation and hygiene outcomes in Bangladesh and Pakistan since 2014. The programme is funded by DFID and being implemented through a Payment by Results (PbR) modality. Independent verification of SAWRP monitoring, verification and survey systems is done by an independent consortium for quality assurance.

In March 2017, SAWRP entered a second phase (known as SAWRP-II) to expand work to a further four districts in Bangladesh – Plan International Bangladesh in Bhola, and WaterAid Bangladesh in Thakurgaon, Kurigram and Sirajganj. Plan International Bangladesh project implementation area includes 4 Upazilas of Bhola district, namely; Bhola Sadar, Char Fasson, Daulatkhan and Lalmohon. WaterAid Bangladesh project area includes 4 Upazilas of Thakurgaon, Kurigram and Sirajganj districts, namely Thakurgaon Sadar, Rajarhat, Ulipur and Ullapara. Similar to the first phase, SAWRP-II is also being implemented by following Payment by Results approach, with payment contingent on achieving set outputs and outcomes around access to and continued use of WASH facilities.

As mentioned earlier, SAWRP-II is being implemented by a consortium led by Plan International UK through Country Coordination Unit (CCU), with Plan International Bangladesh and WaterAid Bangladesh as country partners, Ipsos MORI as evaluation partner, and WEDC as a learning partner. Plan International Bangladesh and WaterAid will in turn implement through local partner NGOs (PNGOs). VERC and SAINT Bangladesh, PNGOs of Plan International Bangladesh are implementing SAWRP-II in 4 Upazilas in Bhola District. SKS, VERC and ESDO are the PNGOs of WaterAid Bangladesh and implementing SAWRP-II in 4 Upazilas of Thakurgaon, Kurigram and Sirajganj Districts. The structure of the SAWRP-II consortium’s implementation functions is shown below.

Figure 1: The structure of the SAWRP-II Consortium

## Hygiene Behaviour Change

Learning from the first phase of SAWRP highlighted the need to systematize and strengthen the project approach towards hygiene behaviour change programming to support sustainable results.

SAWRP-II partners are therefore adopting the London School of Hygiene and Tropical Medicine’s (LSHTM) Assess, Build, Create, Deliver, Evaluate (ABCDE) approach to Behaviour Centred Design, which London School are working with WaterAid to adapt for practical application by WASH practitioners. “Behaviour Centred Design (BCD) has been developed over the past decade by academics from London School of Hygiene and Tropical Medicine’s Environmental Health Group. The approach combines evolutionary and environmental psychology and best marketing practice to design and test imaginative and provocative behaviour change interventions”. (LSHTM, 2018) More information on the approach can be found at <http://ehg.lshtm.ac.uk/behavior-centred-design>.

SAWRP-II has identified the following hygiene behaviours to focus on to address through its intervention. Plan International Bangladesh and WaterAid Bangladesh will work for different hygiene behaviour change in their intervention area. These are the following:

In intervention area of Plan International Bangladesh and WaterAid Bangladesh:

* Increase **hand washing with soap after defecating and before meal intake** amongst men, women and children in the households, with particular focus on primary caregivers of children under 5.
* Increase use of a **clean latrine at all times** by men, women and children in the households.

## Baseline study

Since SAWRP-II will be working for sustainable change in above mentioned hygiene behaviours, it was required to know the baseline situation to establish the benchmark to assess changes at the end of project period. In addition, the underlying reasons of the behaviour were also important to understand in order to design the intervention. Therefore, a baseline study was needed to be conducted. To conduct the baseline study, Plan International Bangladesh hired Parlance Consulting Services Limited, a research organization in Bangladesh.

The baseline study was divided into two phases, the first phase was conducted to assess and understand existing situation of hygiene behaviour among the target populations which will be addressed in SAWRP-II. The second phase explored the underlying reasons of the behavioural situation obtained in the first phase of the study through qualitative exploration.

# Objectives and Research questions

## Objective

The broad objective of the study includes

* To assess and understand the hygiene behaviour of the project beneficiaries (target groups) which will be addressed by SAWRP-II.
* To understand the underlying reasons of hygiene behaviour of the project beneficiaries (target groups).

## Specific objectives

The specific objective of the study includes

* To explore and understand practices of the project beneficiaries, towards hand washing with soap or soap substitute before meal intake and after defecating;
* To explore and understand practices of the care givers of under 5 children towards hand washing with soap or soap substitute before meal intake, feeding a child and after defecating;
* To explore and understand the practices and behaviours of the household members including people living with disability, elderly and pregnant women towards the use of a clean and functional latrine at all times needed;
* To explore and understand the practices at households towards the disposal of non-latrine users’ faeces in a latrine.

## Determinants of Disability

Disability[[2]](#footnote-2)[[3]](#footnote-3) is best understood as a continuum. In terms of difficulty functioning, the difficulty can be operationalized through a range of descriptors from ‘no difficulty at all’, through ‘some difficulty’ and ‘a lot of difficulty’ to ‘completely unable’ to carry out the action. Each of these descriptors represents a cut-off or threshold in the determination of a final disability identifier; for example, to define those with and without disability.

Disability prevalence is not a single statistic but can be calculated at various thresholds depending on the purposes of both data collection and reporting. For example, if the purpose is to provide for equitable access to the toilet –the installation of handrail, for instance, is a common universal design element that benefits persons with a wide range of mobility difficulty. Any arrangement/modification made to remove barriers and ease access is considered an adaptation since those with even minor levels of difficulty functioning would likely benefit from it.

The disability parameter has been used for households where a disabled person resides. This may or may not be the direct or indirect beneficiary him/herself, as a family member with disability also necessitates a provision for adaptations.

The disabilities, subject to consideration here, explore the following **six** domains:

* Difficulty with seeing even if wearing glasses
* Difficulty with hearing even if using a hearing aid
* Difficulty with walking or climbing stairs
* Difficulty with remembering or concentrating
* Difficulty with (self-care such as) washing all over or dressing
* Difficulty with communicating (understanding or being understood by others) using usual language

The following questions were asked to determine the level of disabilities for the self-identified disabled people:

* Do you have difficulty seeing, even if wearing glasses?
* Do you have difficulty hearing, even if using a hearing aid?
* Do you have difficulty walking or climbing steps?
* Do you have difficulty remembering or concentrating?
* Do you have difficulty with self-care such as washing all over or dressing?
* Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?

To determine the level of disabilities for the disabled family members, following questions were asked

* Does anyone else in your household have difficulty seeing, even if wearing glasses?
* And does anyone else living in your household has difficulty hearing, even when they are using a hearing aid?
* Does anyone else living in your household has difficulty walking or climbing steps?
* Does anyone else living in your household has difficulty (with self-care) such as washing all over or dressing?
* Using their own language, does anyone else living in your household have difficulty communicating, (for example understanding or being understood by others)?

The level of disability is determined using **four** different thresholds. The thresholds used for each of the domains are given below:

Table 1: Disability Thresholds

|  |  |
| --- | --- |
| **Value Label** | **Threshold** |
| 1 | No difficulty |
| 2 | Some difficulty |
| 3 | A lot of difficulty |
| 4 | Completely unable |

The population of those with disability using these four different thresholds produces the following **four** disability identifiers:

Table 2: Disability Identifiers

|  |  |
| --- | --- |
| **DISABILITY1** | The level of inclusion is at least one domain/question is coded SOME DIFFICULTY or A LOT OF DIFFICULTY or CANNOT DO AT ALL |
| **DISABILITY2** | The level of inclusion is at least 2 domains/questions are coded SOME DIFFICULTY or any 1 domain/question is coded A LOT OF DIFFICULTY or CANNOT DO AT ALL |
| **DISABILITY3** | The level of inclusion is any 1 domain/question is coded A LOT OF DIFFICULTY or CANNOT DO AT ALL |
| **DISABILITY4** | The level of inclusion is any one domain is coded CANNOT DO AT ALL |

Note:

* Since the disability was calculated using 6 different questions for self-identified disabled people and 5 different questions for disabled family members, the disability level was not mutually exclusive. For example, one respondent might fall under both Disability 1 and Disability 2.
* DISABILITY3 IS THE CUT-OFF RECOMMENDED BY THE Washington Group. In applicable cases, the result has been demonstrated among disability level 3 only

## Decision-making

Among the direct beneficiaries, majority (73%) of the respondents claimed themselves as the main decision maker for participation in sanitation and hygiene activities for their household, while 18% claimed themselves as partial decision maker. On the other hand, only 7% (n=28) respondents were not involved in the decision making.

Similar findings were demonstrated in the indirect beneficiaries, the majority of the respondents (65%) claimed themselves as main decision maker for sanitation and hygiene activities at the household level, while 26% of had a limited role in decision-making at the household level. 7% (n=14) respondents had an influencing in the decision-making process but were not the primary decision maker. (Please see the results by Upazila in Appendix - figure 34, 35)

Figure 2: Decision making for sanitation and hygiene activities

The study reveals that, among the direct beneficiaries, 85% female respondents mentioned being the decision maker regarding sanitation and hygiene activities at the household level, compared to 43% male respondents.

The presence of decision maker was lower among the females with age 18-24 years, however 32% (N=13) of them were the partial decision makers. There were 2 male respondents and 3 female respondents found who did not play any role in this point.

Figure 3: Decision making for sanitation and hygiene activities by Gender - Direct Beneficiaries

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |
| **N = 19 42 54 115** | **N = 41 184 60 285** |

**Ref: Q1. Which of the following statements best describes your involvement in the decision making and participation in sanitation and hygiene activities for your household?**

Similar results were found among the indirect beneficiaries. 76% Female respondents were the primary decision makers for sanitation and hygiene activities at the household level compared to 35% male respondents.

Among the female respondents, 11 had a limited role in decision-making and were between 18 and 24 years old.

Figure 4: Decision making for sanitation and hygiene activities by Gender - Indirect Beneficiaries

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |
| **N = 8 21 25 54** | **N = 20 90 37 147** |

**Ref: Q1 Which of the following statements best describes your involvement in the decision making and participation in sanitation and hygiene activities for your household?**

|  |
| --- |
| **2.4.1 Qualitative Nuances around Decision Making and Product Purchase Dynamics**  Women decide what cleaning products to buy. In the mixed groups in WAB upazilas, a consensus across women was - *"The men in the house don't know what to buy. Before going to bazaar, they ask us if anything needs to be bought. So, if anything runs out, we ask them to bring that".* Every day in the evening after work or from home after late afternoon nap, the men go to bazaar for loitering and chitchat with friends. Before going to the bazaar, they would ask if anything is needed on return they would call the wives to learn if anything is needed and buy that. Not all the households have separate cell phones for the husband and the wife; however, if the family has a college going child, s/he would mostly have one. The father calls him/her in case the mother doesn't have or cannot operate a cell phone.  Wives usually track the inventory. Mainly Husbands and then boys (both adolescent and adult) play the role of purchasers. However, the qualitative study findings demonstrated that women purchase products from shops nearby the household *'elakar dokan'*. The products women occasionally purchase are basically top-up daily grocery items including rice, lintel, oil and even soap when neither the husbands nor the sons are at home, but the product is urgently required.  There are regular bazaar in the upazilas and may or may not be weekly haat (larger market that sets once or twice a week) in the same place. The bazaar is the regular place for making top-up purchases (soap, cleaning products, snacks, vegetables etc.) while the haat bazaar is the place for buying the main items- mostly rice, meat, fish, oil, spices due to offering lower price and fresher products.  There are examples of borrowing products from the adjacent households by the women. When they suddenly notice run-out of some essential product like salt, oil etc. and the men are the work (not evening time). |

# Hygiene results

## Knowledge and Reported Practice for washing hands

There were two occasions important for the projects, which were ‘after defecating’ and ‘before eating/ before meals’. Overall, 96% direct beneficiaries mentioned that, it was important for them to wash hand ‘after defecating’, while the self-reported behaviour was slightly lower (93%). Moreover, 84% cases the respondent found it was important to wash hands ‘before eating/ before meals’, while self-reported practice was 76%. Overall, 81% respondents among direct beneficiaries mentioned both ‘after defecating’ and ‘before eating/ before meals’ as important time for hand washing, while 71% respondents washed their hands in both the mentioned times. There were 15% respondents who mentioned only ‘after defecating’ between these two activities as an important time for hand washing, while 22% respondents mentioned it as their practice. Moreover, 3% (n=12) respondents mentioned ‘before eating/ before meals’ only between these two activities as an important time to wash their hands, while the reported practice was 5% (n=20) for the same. On the other hand, there were 1% (n=4) respondents, who mentioned none of these two activities as an important time for hand washing, while 3% (n=11) of the respondents did not washed their hands during these critical periods.

Figure 5: Hand washing Knowledge and Reported practice - Direct Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

There were 371 direct beneficiaries, who mentioned that, they washed their hands ‘after defecating’, among them 61% direct beneficiaries reported that, they washed their both hands ‘after defecating’, while 39% said they washed their applicable hand only. Moreover, 302 direct beneficiaries, who mentioned that, they washed their hands ‘before eating’, among them 67% respondents washed their both hands during the mentioned period, while 33% washed applicable hand only during the period.

Figure 6: Washing both hands - Direct Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Apart from ‘after defecating’ and ‘before eating/ before meals’, the project also identified ‘before touching food’; ‘after cleaning a child who has defecated’, ‘after work’ and ‘before eating snacks’ are some critical times for hand washing. Moreover, the project also wanted to see the caregivers of children under 5 were washing their hands ‘before touching food’ and ‘after defecating’. The baseline study found that, only 17% direct beneficiaries, mentioned ‘before touching food’ as an important time for washing their hands, while 18% respondents claimed that, they washed their hand during the mentioned occasion. Moreover, 42% respondents mentioned ‘after cleaning a child who has defecated’ as an important time for hand washing, while 34% respondents reported it as self-practice. Among the direct beneficiaries, 62% mentioned ‘after work’ as an important time for hand wash, where the reported behaviour was 67%. (Please see the Appendix for details of handwashing during other important times in figure 36, 42 and 46; also by Gender in figure 38 and 48)

Among the direct beneficiaries, 58% respondents wash their both hands ‘before touching food’ among those who washed their hands during the period. Those who wash hands ‘after cleaning a baby or child who has defecated’, 63% of them washed their both hands, while 38% wash their applicable hands only. Moreover, those who washed hands ‘after work’, 99% of them washed both hands. (Please see the Appendix for details of washing both hands during other important times in figure 40, 44 and 50)

Overall, 97% caregivers of children under 5 among direct beneficiaries perceived that, after defecation it was important to wash their hands, while 93% cases they actually washed their hands. Furthermore, 18% of the caregivers of children under 5 among direct beneficiaries mentioned ‘before touching food’ as an important time for hand washing and the same percentage of caregivers of children under 5 was found that, they washed their hand during the mentioned time. (Please see the Appendix for details of handwashing of primary caregivers in figure 52)

Among the indirect beneficiaries, 97% respondents identified ‘after defecating’ as an important time for hand washing, and 93% self-reported washing their hands. For ‘before eating/ before meals’ the knowledge was among 85% respondents, while self-reported behaviour was 81%. Overall, 83% respondents among indirect beneficiaries mentioned both ‘after defecating’ and ‘before eating/ before meals’ as important time for hand washing, while 76% respondents washed their hands during the both mentioned times. Between these two activities, there were 14% respondents who mentioned only ‘after defecating’ as an important time for hand washing, while 16% respondents mentioned it as their practice. Moreover, 2% (n=4) respondents mentioned ‘before eating/ before meals’ only between these two activities as an important time to wash their hands, while the reported practice was 5% (n=10) for the same. On the other hand, there were 1% (n=2) respondents, who mentioned none of these two activities as an important time for hand washing, while 3% (n=6) of the respondents did not washed their hands during these two critical periods.

Figure 7: Hand washing Knowledge and Reported practice - Indirect Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Among indirect beneficiaries, there were 162 respondents washed their hands ‘before eating’, while 65% respondents washed their both hands during the time. On the other hand, there were 187 respondents washed their hands ‘after defecating’ and 55% of them washed their both hands during the period.

Figure 8: Washing both hands - Indirect Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

In case of ‘after cleaning a baby or child who has defecated’, 34% identified it as an important time for hand washing, while the reported practice was 24%. Moreover, 8% indirect beneficiaries mentioned that, it was important to wash hands ‘before touching food’, while 9% respondents actually washed their hands during the period. Furthermore, 66% indirect beneficiaries mentioned ‘after work’ as an important time for hand wash, where the reported practice was 69%. (Please see the Appendix for details of handwashing during other important times in figure 37, 43 and 47, also by Gender in figure 39 and 49)

Those who washed hands ‘after cleaning a baby or child who has defecated’, 62% of them washed their both hands, while remaining 38% wash their applicable hand only. Moreover, the respondents washed their hands ‘before touching food’, 68% respondents wash their both hands. Additionally, in applicable cases, 99% of the indirect beneficiaries washed their both hands ‘after work’. (Please see the Appendix for details of washing both hands during other important times in figure 41, 45 and 51)

Among the primary caregivers of children under 5 among indirect beneficiaries, almost all of them (98%) had knowledge of hand washing ‘after defecating’; while the reported behaviour was slightly lower (91%). Moreover, 85% primary caregivers had knowledge of hand washing ‘before eating/ before meals’ and the reported behaviour was almost the same (84%). In case of ‘before touching food’, the knowledge of the primary caregivers of children under 5 was 17%, while the reported practice was 27%. (Please see the Appendix for details of handwashing of primary caregivers in figure 53)

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| **3.1.1 Qualitative Nuances around knowledge and self-report practice of hand washing**  Qualitative exploration found that the target groups spontaneously mention and mentioned practicing hand washing with soap mostly- 1. Before eating/before meals; 2. After defecating, and 3. After work.  The practice of hand washing before eating/before meals is not systematically performed. This might depend on gender roles and activities, the location of the beneficiaries during the meal-time, the type of food consumed, the exact type of activity done before eating and the perceived amount of germs in hand during the specific time of eating. For instance, the study findings showed that when men work in the field they are less likely to wash their hands with soap as there is no hand washing facility available. This is demonstrated in the qualitative study box 5.1.2 below. And, women may not wash their hands before eating a snack but may perform the behaviour before eating a meal. This is demonstrated in the qualitative study box 5.1.3.  Culturally in all 4 Upazilas, hand washing after defecation and before eating is well-practiced as the respondents across target groups claimed spontaneously without probing. It is a positive finding that the beneficiaries are able to correlate between hand washing and removal of germs for good health and reduced rate of falling sick. *"It is a must to wash hands after defecation because germs could stay and get in the body through food or water" -* said an adult man from Ulipur Kurigram.  The homemaking women referred to 'hand washing included showering after doing afternoon household chores (feeding cattle, completing lunch, cleaning household etc.). To them, when they take a shower, the hands are washed by default. During the late evening after feeding cattle and/or cooking, they wash hands with soap as a separate action. And in the afternoon when or late afternoon after returning from work/school, the men and children, either take shower that includes hand washing as default or wash hands, face for freshening up before taking lunch or in general (there are men who sometimes or always eat lunch outside at work).  The local elites, precisely UP members in Kurigram and Thakurgaon also confirmed that due to growing understanding of the importance of hand washing, the breakout of diseases like diarrhea and cholera is reducing that used to be lethal causing loss of lives few years back too. *"Even 5 years back, in our area, there happened to be outbreak of diarrhea or cholera to cause deaths. Now we are concerned about germs in hand after defecation and we wash hands with soap before eating and after defecating. Now we don't hear about loss of life anymore due to diarrhea"* - UP members. Students from religious institutions (madrasa) confirmed that they feel hand washing with soap after defecation really important as they studied in the textbook of Islamic studies that after defecation it is important to become 'sacred' by washing hands with soap and doing 'wudu' (Islamically prescribed ablution that is done before prayers including washing face, hands up to elbow, slithering wet hands over head and washing feet). This act of sacredness also believed to offer redemption from demonic spirits that causes evil to the body and mind. Students going to the mainstream schools are also aware of the importance of hand washing before eating and after defecating from their school and they discuss this in the family too. |
| **3.1.2 Qualitative Nuances around Knowledge and Practice Hand washing before Eating amongst Men during Work outside Home**  For men, there are times when they are at work (at day labouring or farming) and cannot come back home for lunch. And there is another set of men who work far away from home and cannot come home for lunch- they mostly carry lunch along to work. For both the sets of men, at work there are no hand washing facility- hand washing is done using the drinking water in the jug or bottle and this way the hand washing before meal is done mostly without soap. And rinsing both hands while washing with water only takes place when the hand is visibly dirty only. *"I wash hands before having a quick lunch with water only when there is pressure at work at the field only- if the hand looks dirty, I would rinse both the hands rigorously to get them clean"- farmer, Rajarhat, Kurigram.* Again, there are times, they don't have a regular meal (rice-curry, smashed vegetable 'bhorta') at lunch due to workload- they would either have banana-bun from tea-stalls or bring cake/biscuit at workplace. While having this alternative lunch items, they feel that they are snacking and don't necessarily wash hands- even if do, use water only.  Those who carry lunch from home, have the food by washing right hand with water only. Sometimes if the food is greasy, they go to the nearby restaurant for washing hands with soap afterwards or rub the oily feeling off with clothes ('gamchha' in local language which refers to a piece of hand-loomed cotton clothes used as a perfect substitute of towel). |

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| **3.1.3 Qualitative Nuances around Reported Hand washing before Eating by Adult Women at Household**  The adult women who are primarily responsible for homemaking, in this survey only female homemakers, need to wake up really early in the morning, mostly right at sunrise to make breakfast for school/college going kids and work going husbands. Right after waking up, they need to undergo a works-spree including brooming household, arranging tree-twigs/dried straw for as fuel for the mud-stove and cooking breakfast (usually rice and fish/meat/egg curry or sautéed vegetable or egg fry). As a result of the work-spree, they feel hungry much before the breakfast is cooked and available for eating and hence they need to have small snacks (puffed rice, biscuit, coconut-cake/balls etc.).  Washing hands during this small breakfast might get ignored as they feel they just freshened up after waking up. Freshening up here includes using the toilet first and coming out the toilet washing hands and face using soap and brushing teeth with toothbrush or coal/ash or toothpowder. Therefore, even if they are engaging in multiple household chores, they feel this particular 'freshening up' kept their hands clean for a quick snack.  However, in case they are cooking and due to the cooking process including making a fire, slicing vegetable etc., they might wash hands with water only in the corner of the kitchen if the hands feel or look dirty. About the importance of washing hands before meals, one of them from Ullapara, Sirajganj said- *“I was taught by the field facilitator of VERC about washing both hands properly before having meal because there are germs in the hands that cause disease if we eat food with dirty hand."*  For rest of the day, women reported to wash hands before eating lunch and dinner. However, in case of lunch, they take shower after completing household chores and like in the morning time snacking, they again feel taking a shower not only cleanses the entire body but also suffices the purpose of hand washing before lunch. For dinner, hand washing is done separately. |

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| **3.1.4 Qualitative Nuances around washing both hands vs. particular hand that is involved in doing a particular task**  In case of using hand-pumps, bucket -cup, jug, and bottle, as sources of water, both hand washing may not always be possible. It has been confirmed in the groups by probing on the households that do not have hand washing devices. In that case, only applicable hand (right hand for eating/preparing food and left hand after defecation and/or cleaning child faces) is washed consciously and the other hand washing is not done well or not done at all.  Majority of the disabled persons the study interacted with, mostly wash hands on their own (a blind person's case is presented in disability level 3 discussion above). For the ones who face difficulty around walking due to impaired leg, hand washing is not a problem as long as the hand washing facility including soap and water is available. However, the vision impaired people who claimed to wash their hands on their own are likely to end up not washing hands in appropriate way.  The beneficiaries across think washing both hands by rinsing well is the ideal way of doing it but in practice due to logistical reality (no hand washing device) and lack of consciousness they sometimes end up washing one hand only. Interestingly, whenever asked, they say they wash both hands properly by rinsing well and using soap but when probed by occasions and different context, they gradually reveal the truth.  *"Using both hands by rinsing each other so that the foam of soap reaches every corner is necessary all the times because even if you wash your one hand using soap using that hand only, the soap doesn't reach every corner and the hand remain dirty"-* adolescent girl, Rajarhat, Kurigram. The same perception was voiced in adolescent boys’ group in Ullapara, Sirajganj. |

During the pilot interview it was observed that, the hand washing practice varies from person to person based on profession, gender and age of the respondent. The same reflection was found during the main survey. Majority of the respondent (58%) among direct beneficiaries mentioned that, the time of hand washing varies for other family members, which was very much similar among indirect beneficiaries (57%).

Figure 9: Hand washing practice by rest of the family members

**Ref: Q63 Is there anyone in your household who does not always wash their hands at all of the times you have mentioned?**

All the respondents from both direct and indirect beneficiaries claimed that, they used different types of soap or soap substitute to wash their hands. Among both direct and indirect beneficiaries, 52% respondents mentioned that, they washed hands using ‘Water and bar soap’. Moreover, 41% direct beneficiaries and 39% indirect beneficiaries mentioned that, they washed their hands with ‘water and soapy water’. There was one respondent among indirect beneficiaries who washed their hands using ‘water and mud’, while no such response found among direct beneficiaries. (NB. Due to low percentage, it was not shown in the graph). (Please see the Appendix for results by Upazila in figure 54 and 55)

Figure 10: Washing hand using Soap or Substitute

**Ref: Q64 What do you use to wash your hands?**

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| --- |
| **3.1.5 Qualitative Nuances around Hand washing with Soap or Soap Substitute**  Depending on financial situation, the beneficiaries use mainly 3 items for handwashing- 1. Soap; 2. Soapy water, 3. Ash/mud. Out of these 3 items, ash/mud is exclusive to handwashing after defecation only and again ash and mud have individual moments. The beneficiaries are clear about soap being the best product for handwashing and mostly try to buy and use soap. Use of soapy water and ash as substitutes are opted due to affordability issue only. Use of soapy water was mentioned by some across all the upazilas while use of ash was mentioned in Kurigram only.  Handwashing practice is done well when at home as there is always soap and/or soap substitute at home. Outside household, at work or at school (for men and children respectively) there is issue of availability of soap and even water in some cases. Men while outside manage soap by going to the restaurants' handwashing spot. In many schools handwashing is a challenge. Most of the cases, only water (from hand-pump or tap with running water in handwashing station but no soap nor soap substitute) and in case of defecation, hand rubbing with wall/sand/mud/soil followed by rinsing hands inside water is done*. "In the school, we just have water, but no soap, to wash hands."- adolescent boys and girls Thakurgaon.*  The ash moments are at-home moments because the ash comes from the kitchen as a by-product of cooking. The households that cannot afford soap also find soapy water as an expensive option, stores ash in sack in the kitchen and a handful in a bowl is kept around/inside the toilet depending on toilet space so that the ash is within reach after defecation. Black hues remain in hands after such action is carried out and this has a bearing over ash not being used as hand cleaning agent before meals. "*We sometimes use ash, when cannot buy soap or soap is not there; it is ok after defecation at home only because the hands turn black due to coal and we cannot eat with black hands- it doesn't feel good "-* adult man from Ulipur, Kurigram.  However, the homemakers even the most impoverished households, mentioned that if they cannot afford soap for themselves, they try to buy soaps or arrange soapy water or power/detergent from the kitchen for the children in the family considering children are more prone to diseases than the parents. The children confirmed that they find soap alternative from the kitchen for washing their hands. The mud moment is outside home at work and/or when mobile where no soap/soapy water are available. The men during such emergency may defecate outside and use mud/soil for washing hands. A man from Thakurgaon Sadar said- *"There are times when it is an emergency, but we don't get toilet anywhere- we are either in the field or traveling somewhere where there is no marketplace around. During these times, we somehow manage* ***(open defecation)*** *to defecate and might not even wash hand but rub hands rigorously with soil or mud in case even water is not available."* |

All the primary caregivers claimed that, they use soap or soap substitute to wash their hands, and 52% caregivers among the direct beneficiaries used ‘water and bar soap’ to wash their hands, followed by ‘water and soapy water’ (39%). There were 8% (n=9) caregivers who used ‘water and liquid soap’ to wash their hands.

Among the indirect beneficiaries, 56% primary caregivers used ‘water and bar soap’ to wash their hands, while 38% caregivers used ‘water and soapy water’. Furthermore, 4% (N=2) caregivers from indirect beneficiaries used ‘water and powder detergent’ to wash their hands.

Figure 11: Washing hand using Soap and Substitute - Primary caregiver

**Ref: Q64 What do you use to wash your hands?**

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| --- |
| **3.1.6 Qualitative Nuances around Hand washing with Soap**  Mole Observation through Supervised Diary Placement Exercise was used for observation of the beneficiaries' handwashing behaviour over 3 days period of time in critical times including handwashing with soap before eating, before touching food, after defecating, before feeding a child and after cleaning a child's faeces/bottom. The results showed realistic indications around real behaviours and reduced the magnitude of claimed handwashing behaviour. The key eye-opening insights that emerged from the Hand washing Observation are as below:   * There is no finding on no-handwashing post defecation; * Adult people aging 45 and above, are less conscious about the quality of handwashing in the track diary, there are mentions of moderate quality (washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash) of handwashing by them several times:   + Few young parents (40-year-old men) also performed such behaviour after defecation for the 1st time of the observation day; * Handwashing quality post defecation goes down from 1st occasion to 2nd and onwards (there have been more than 5 mentions of moderate quality handwashing (washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash) for the people who washed hands 1st time perfectly (washed hand during the particular time with soap by rinsing 2 hands and making adequate foam);   + Even a person aging35 who is a male teacher displayed the same tendency * Parents are the teachers in the families whose behaviour is replicated by the children   + In Rajarhat, Kurigram there are cases in 2 households where both parents washed their hands poorly (either did not wash hand at all or washed one and/or both hands but did not use soap during hand-washing) or even missed handwashing after defecation and their son aging 13 and daughter aging 10 displayed the same behaviour in her first time. The gender link like son learning from father and vice versa for daughter-mother is not confirmed here.   + This is a repeated behaviour for at least 2 days on different critical times * In Sirajgonj at least 7 times the parents in a single household were spotted to wash hands in moderate quality (washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash)   + Their son aging 12 was also seen performing the same behaviour at least 3 times after defecation and 4 times before meal   + In another household the cases are pretty similar and in addition the mother of a child under 3 did not wash hands at all after cleaning bottom of the child * Before meals, there are 9 more records in total of moderate quality of hand-washing (washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash) than after defecation   + unfortunately, this is more common in children aging even less than 10- there is few records (2) of no handwashing at all   + This cues parents are not always reinforcing the need of handwashing at the household * There are records of only one hand (right) washing before meal for more than 5 times across the upazilas * In this way the overall quality of handwashing goes down in a single household and the culture of handwashing seems pretty loose   + One family in Rajarhat showed all the family members displayed no handwashing for at least once before meal and 2 times by 2 of the members after defecation * Hand washing behaviour appeared as habitual as the same person displaying poor behaviour is repeatedly doing it   + There is more than 5 records of moderate (washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash) and poor quality handwashing (either did not wash hand at all or washed one and/or both hands but did not use soap during hand-washing) by a single person after defecation or before meal * In Thakurgaon, there is one household where the same person, mother of a child under 3, did not wash hands at all 1 time before feeding the child and 1 time after cleaning its bottom   + Her other 2 children aging 13 and 9 also did not wash hands at all for at least 3 times before meal |

## Soap observation

Soap observation was made in 400 facilities of direct beneficiaries to check the availability of soap. ‘Water and bar soap’ was available at 53% of the hand washing facilities followed by ‘water and soapy water’ (44%), ‘water and ash’ (19%), ‘water and powder detergent’ (11%).

The objective of the question was to verify the self-reported practice of the respondents for the use of soap or soap substitute with availability of the products. Among the direct beneficiaries, all the respondents claimed that, they used soap or soap substitute to wash their hands, while 97.3% cases soap or soap substitute was found at the hand washing facility of the respondent. In 2.3% (n= 9) cases the soap was not at the hand washing facility, but at other places of the household. There were 2 cases where no soap or soap substitute was found at all.

Figure 12: Presence of Soap at the Hand washing facility- Direct Beneficiaries

**Ref: Q69 Presence of Soap at the Hand washing facility**

Soap observation was made in 200 facilities of indirect beneficiaries to check the availability of soap. ‘Water and bar soap’ was available at 50% of the hand washing facilities followed by ‘water and soapy water’ (40%), water and ash (12%), water and powder detergent (14%).

While verifying the response with reported behaviour among the respondents who claimed that, they washed their hands using soap or soap substitute, 92.5% cases soap or soap substitute was found at the hand washing facility, while 5.5% cases soap or soap substitute was found at other places of the household. Moreover, 0.5% (n=1) cases there were some other products (e.g. ash), but no soap or soap substitute was found at the household, while 1.5% (n=3) cases there was no soap or soap substitute at all.

Figure 13: Presence of Soap at the Hand washing facility-Indirect Beneficiaries

**Ref: Q69 Presence of Soap at the Hand washing facility**

There were 9 Direct Beneficiaries and 11 Indirect Beneficiaries found, who did not keep their soap or substitute at hand washing facility. Out of 9 Direct Beneficiaries, 3 respondents kept their product in the bedroom and two respondents kept it in the kitchen and two respondents kept it under the shed of the house. Moreover, among the remaining two respondents, one of them kept it ‘In the dining place’, while the other one kept it ‘Near the hand pump’. On the other hand, out of 11 Indirect Beneficiaries, 8 of them kept the soap and substitute in the bedroom. Among the remaining 3, 2 respondents kept it ‘Under the shed of the house’ and one respondent kept it in the kitchen.

Table 3: Presence of Soap at other places

Figures in frequency

|  |  |  |
| --- | --- | --- |
|  | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| In the kitchen | 2 | 1 |
| In the dining place | 1 | 0 |
| In the bedroom | 3 | 8 |
| Near the hand pump | 1 | 0 |
| Under the shed of the house | 2 | 2 |
| **Base: Soap was not at the hand washing facility** | **9** | **11** |

**Ref: Q73 Soap location (if not at hand washing facility)**

## Hand washing facilities

Hand washing facility functions as strong aid for increasing hand washing practices. A total of 400 facilities of direct beneficiaries and 200 facilities of indirect beneficiaries were observed to gather information regarding the places from where people wash hands generally. During the field, it was noticed that, in a household, there were multiple hand washing facility available. In both direct and indirect beneficiaries, ‘hand pump’ was observed as the main hand washing facility, followed by ‘buckets with a tap in the bottom’. For 2 survey respondents, there was no hand washing facility, and the respondents used ‘stream, river or pond’ to wash their hands.

Figure 14: Source of water for hand washing

**Ref: Q67 What type of hand washing facility is it?**

Similar results were found across Upazilas, with ‘hand pump’ and ‘buckets with a tap in the bottom’ were mainly observed for both direct and indirect beneficiaries. While analyzing results with disability perspectives, it was found that disabled people do not have any particular facility of hand washing. The two most common place of hand washing were Hand pump and buckets with a tap in the bottom for both direct and indirect beneficiaries. No variation was found in terms of disability type and place of hand washing during observation. Hand washing facility with hand free devices can be more promoted in these locations considering the presence of people with disability in these locations. (Please see the Appendix for results by Upazila in table 30 and 31)

|  |
| --- |
| **3.3.1 Qualitative Nuances around Handwashing Facility, Handwashing Devices and Availability of Soap**  The usage of handwashing device is common in the target groups that were interacted with. WAB PNGOs have successfully managed to raise awareness and get the need of this device recognized by the communities. Majority of the people interacted already have this at home- the remaining people have the willingness to buy shortly once they have required money. In all the FGDs, when asked if the participants have handwashing device at home, only 3 out of 10 participants responded negative. As only few of the participants in the group mentioned that they use soap substitutes (ash/soapy water), they also mentioned that they keep the soap with the handwashing device. In all 4 households were the FGDs with adult male-female were conducted, handwashing devices with soap were spotted.  This has a shade of social status for households having a handwashing device. The ones that don't have it as of now feel urge to be a part of the neighbor households. Even few relatively well-off households (only 2 responses- 1 in Rajarhat and 1 in Ullapara) have multiple devices too.  The handwashing devices are not always installed right outside the latrine. The main reason for this is the usage purpose is not only washing hands after defecation. The purpose extends to all occasions of handwashing. Sometimes it is placed in between the kitchen and the latrines to serve the best of both the purposes and sometimes it is mobile- like during cooking time, it is around the kitchen as sometimes the vegetable/fish/meat for cooking is also washed from it. This is a problem as when it is serving the cooking time purposes, the other family members who are using the latrine either come to the kitchen for handwashing or go the hand-pump for the purpose which causes relapse in the desired practice impeding the quality of handwashing.  In the households having disabled family members, it was learned and spotted that the handwashing device is mostly placed in a fixed spot on a ramp (chair/stool, box or even at the elevated part of the veranda of the house) so that the disabled persons know exactly where the device is and can use it when needed. |

Observation results showed that among direct beneficiaries, 51% cases ‘the hand washing facility is visible from the entrance of the house, while 50% of the cases ‘hand washing facility is visible from the exit of the latrine’, followed by ‘the hand washing facility is visible on the path/route from the exit of the latrine to the entrance of the house’ (45.3%) and ‘hand washing facility is visible near the facility (40%). Similar findings were found while observing facilities of indirect beneficiaries. However, in 20% cases among direct beneficiaries and 13% cases among indirect beneficiaries the washing facility was not visible form the latrine at all.

Figure 56: Visibility of hand washing facility from the latrine

**Q68 How visible is the hand washing facility from the latrine?**

Majority cases across different Upazilas, the hand washing facility is visible from the entrance of the house, from the exit of the latrine or except in Thakurgaon Sadar. There were 35.7% cases; the hand washing facility was not visible at all in Thakurgaon Sadar Upazila. Moreover, only 23.6% cases the hand washing facility was visible on the path/route from the exit of the latrine to the entrance of the house among direct beneficiaries in Ullapara.

Among indirect beneficiaries, 20% (N=4) cases in Rajarhat Upazila and 24.3% cases in Thakurgaon Sadar the hand washing facilities were not visible at all from the option mentioned in the table.

## Washing Children’s hand

Among the direct beneficiaries, 66% female respondents claimed that, they wash children’s hands at home, which was 24% (N=9) among male. There was no major different noticed among indirect beneficiaries. In both beneficiaries’ group female respondents tend to wash their children’s hands more than male respondents. This may be explained because female are mainly the primary caregivers of children under 5 years old.

Figure 15: Incidence of washing children’s hand by Gender

|  |  |
| --- | --- |
| **Direct Beneficiaries** | **Indirect Beneficiaries** |
|  |  |
| **N= 213 38** | **N= 109 13** |

**Ref: Q74 Do you wash your children’s hands?**

Among the direct and indirect beneficiaries, primary care givers wash their children’s hand (96%) more than those who are not. Indeed, among non-caregivers, 30% only from direct beneficiaries and 27% indirect beneficiaries wash their children’s hand. As mentioned above, female respondents were mainly the primary caregivers of children under 5 years old.

Figure 16: Incidence of washing children’s hand by Primary caregiver

|  |  |
| --- | --- |
| **Direct Beneficiaries** | **Indirect Beneficiaries** |
|  |  |
| **N= 108 53** | **N= 109 13** |

**Ref: Q74 Do you wash your children’s hands?**

Among the direct beneficiaries, those who washed children’s hand, 49% washed children’s hand with ‘water and soapy water, followed by ‘water and bar soap’ (44%). Among indirect beneficiaries, 51% respondents washed children’s hand with ‘water and soapy water’, followed by ‘water and bar soap’. There were 6% direct beneficiaries, who washed children’s hand with ‘water and liquid soap’, which was 1% among indirect beneficiaries.

Figure 17: Products Used to wash Children’s hand

|  |
| --- |
| **3.4.1 Qualitative Nuances around Washing Children's Hands and Handwashing after Cleaning a Child (after defecating)**  The mothers are the main caregivers of children under 3; while for children under 5, their elder sister (children) sometimes take the role of caregiver in absence or during busyness of the mothers. For children of both under 3 and 5, they would try their best to use soap or at least soapy water.  For children, under 3 especially, the mothers stay most vigilant about washing their hands whenever they roam around the households before they start walking. Some mothers having children under 3 use lukewarm water as added layer of cautiousness for children's handwashing. *"When my first child toddled around the house before starting walking properly, she used to get hands dirty every now and then by grabbing whatever is lying on the floor. At that time, I always kept lukewarm water in stock to wash her hands and everytime I used soap "-*, Mother, Thakurgaon Sadar.  However, most of the women having children under don't find it necessary to wash their children's hands unless they get dirty due to picking up garbage. When asked when else they wash the children's hands, they spontaneously did not mention before eating for children under 3 as they feel the children are fed by them only and it is important for them to wash their hands before feeding the children. When the children are above 3 and under 5, the mothers think only then they start eating food by themselves and before they eat something all mothers said they wash the children's hands. Sometimes they ask the children's elder sister to do it.  *"Usually I wash my child’s hands, sometimes his elder sister wash his hands before having meal or after defecation...no matter we can use soap for handwashing for our own, we try to make sure soap for the children as they fall sick quickly"-,* Mother, Rajarhat, Kurigram  Across upazilas, mother having children under 3 and 5 claimed that they wash hands with soap everytime before they feed a child. However, after cleaning a child under 3 when it defecated, most of the mothers said they wash hands with soap while few mothers in Ullapara, Sirajgonj and Thakurgaon said it is not always necessary to wash hands after cleaning a baby as their hand doesn't come in direct contact with the faeces when they wipe the faeces with clothe/rag. |

# Sanitation

## Type of latrine (Self report)

Overall, 30% of the respondents among direct beneficiaries mentioned that, they used ‘Sato Pan latrine’ to defecate, followed by ‘Offset pit latrine’ (22%). Among other latrine type, ‘Ventilated improved pit latrine (VIP)’ (16%), ‘Water seal pit latrine’ (14%) and ‘Pit latrine with slab’ 12% was common.

Among indirect beneficiaries, 27% use ‘Sato pan latrine’ to defecate, found to be slightly lower than the direct beneficiaries. Moreover, 25% indirect beneficiaries used ‘Offset pit latrine’, followed by ‘Water seal pit latrine’ (17%), ‘Pit latrine with slab’ (13%) and ‘Ventilated improved pit latrine (VIP)’ (13%). Other latrines were rarely used by the indirect beneficiaries. There was one female respondent from Ullapara among indirect beneficiaries that, she went for open defecation and her latrine was under maintenance during the survey. (Please see the Appendix for results by Upazila in table 32 and 33; also Latrine type identified correctly in figure 57 and table 34)

Figure 18: Type of latrine used to defecate - Direct Beneficiaries

**Ref: Q19 Thinking about the latrine you and members of your household use most often at home, what type of latrine is it?**

There was no common trend identified with the latrine type and presence of disability. The following figures shows that, the respondents with disability, highest 26.5% (n=9) used ‘Ventilated improved pit latrine’ to defecate which was lowest in case of disability of the family members (9.1%, n=3). This was just opposite for the ‘Pit latrine with slab’ where highest 27.3% (N=9) respondents with disability of family members use this latrine, which was the least among respondents with disability themselves (11.8%, N=4).

|  |
| --- |
| **4.1.1 Case References around Open Defecation (from UP member in Thakurgaon)**  The Hindu families were used to defecate in open spaces. We called for meeting to raise awareness among people about using sanitary latrines. In addition, we demonstrated them how to wash hands with soap after defecation. We encouraged them to use hand-washing device (a bucket is installed beside the latrine having a tap in it). People are more conscious now. We make them understand that those who defecate in open spaces are not only harming themselves, but also affecting the health of people around them. NGOs are playing active roles in this regard.  Our standing committee is also holding meeting every month to monitor the setup of latrine and tubewell in this community. CBO is working to sensitize local people about using latrines in proper manner or enlightening them with the techniques of hand-washing. Still, there are some people defecating in open spaces due to several factors. Some of them feel suffocated to defecate in a latrine. Some of them do not have the financial ability to afford a latrine.  Hygienic latrines are those which constitute a water seal in the hole and remain it clean always. The unhygienic one is the type of latrine which makes your faeces clearly visible with no water in the hole. If anyone would like to know about hygienic toilet, I will recommend him/her to use that kind of latrine which contains water in the hole. I will suggest him not to break the hole because it will make bad smell and make more flies moving around the toilet. Additionally, I will tell them to keep a bucket and soap beside the latrine so that they can wash hands.    People used to laugh when advices are given. Now they watch television and get to see the benefits of handwashing. They are now taking suggestions seriously. Almost 80 percent people are now taking suggestions seriously and practice the habit of washing hands. Children do not usually prefer to go to toilet. They usually defecate in the yard. Their parents clean their faeces later. The old people do not face major problems to use toilet as well. The disabled can’t go to latrine. The family members look after them and clean their toilets when they defecate in the open spaces. My suggestion is to provide chair commode for them which are specially designed for disabled persons. |

In 96% cases, the latrine was on own plot, owned or rented by the respondents, which was common findings for both direct beneficiaries and indirect beneficiaries. Among the direct beneficiaries, 8 respondents mentioned that, their latrine was ‘On neighbors’ plot’ and 6 respondents mentioned that, their latrine was on ‘Government khash land’.

Among the indirect beneficiaries, there was 5 respondents who had their latrine on ‘Government khash land’ while in 4 cases it was ‘On neighbor’s plot’.

Figure 19: Ownership of land where the latrine is situated

**Ref: Q22 On whose land is the latrine which you use most often?**

The percentage of land ownership for own plot, owned or rented was found to be very much similar across different Upazila, indirect beneficiaries from Thakurgaon Sadar was the exception. There were 5.6% cases in the Upazila the latrine was on Government khash land, while 4.2% cases it wan on neighbors’ plot among indirect beneficiaries. (Please see the Appendix for details by Upazila in table 35)

## Functionality

By Upazila among direct beneficiaries, the study found that, in Rajarhat and Thakurgaon Sadar, all the latrines claimed to be fully functioning, while 2% latrines in Ulipur and 1% latrine in Ullapara was claimed to be not fully functioning during the survey

Figure 20: Functionality of latrine by Upazila - Direct Beneficiaries

|  |
| --- |
|  |

**Ref: Q23 Is your latrine currently fully functioning?**

Among indirect beneficiaries, except in Ullapara, all the latrines were claimed to be fully functioning during the survey.

Figure 21: Functionality of latrine by Upazila – Indirect Beneficiaries

|  |
| --- |
|  |

**Ref: Q23 Is your latrine currently fully functioning?**

**Skewed**

|  |
| --- |
| **4.2.1 Qualitative Nuances around Functionality of the Latrines**  There was no case identified about non-functional latrines. Majority of the participants in the qualitative sessions were direct beneficiaries and they seemed to follow the intervention guidelines to keep the latrine functional-   * It was reported that as the latrines are built little above the ground, regular rainfall during rainy season cannot break them anymore and in recent time in last 2 two years there was no major flooding. As a result, the latrines remained fully functional. * Neither was there any case of emptying the pit in recent years and all men and women confirmed that one pit serves for up to 2 years. * Regarding pit emptying only few elderly men said they took the pit emptying service from local sweeper few years back when the pit was full |

|  |
| --- |
| **4.2.2 Qualitative Nuances around Emptying the Filled-out Pit**  Majority of the respondents did not ever have to empty a pit as it rakes up to 1 and a half year for pit to be filled completely, as perceived by them. About the maintenance of the filled out pit only the elderly men could respond; they said the pit can be emptied by the sweeper 'Myathor' and be reused. The bazaar is place where they look for sweepers as sweepers also look for jobs in the bazaar being a populous place.  Signs that cue the pit is about to be filled-   * Insects that live in the bottom tend to come out as the layer of faeces go up * The latrine becomes unusually smelly * When the water drains out it makes lesser noise as it does not travel a long way   When these signs are there, they look for myathors to clean up the pit before the latrine spills over. Alternatively, sometimes the sunk cost is higher for cleaning the pit; so a new latrine is considered more practical.  *“Usually, sweepers come to clean the pit. They don’t clean the pit until it is filled. Sometimes, they break the latrines when the pit gets full and set a new latrine instead. They find setting a new latrine affordable than cleaning the pit of old latrine. Our team went to the people who use unhygienic latrines and told them to clean the pit in times."-* Hindu Religious Leader, Thakurgaon |

|  |
| --- |
| **4.2.3 Plan for repair**  Among direct beneficiaries, there were three respondents who mentioned that their latrine was not fully functioning, while each of them mentioned separately that, Latrine was broken due to normal use, Damaged by flood or rain, Pit was full.  On the other hand, among indirect beneficiaries, there was only one respondent who mentioned that, the latrine was broken due to normal use. |

|  |
| --- |
| **4.2.4 When the latrine stopped functioning**  Most of the latrines broke in 2018 throughout the year, i.e. there wasn’t a particular month/time of year they were more likely to break. Out of these three cases among direct beneficiaries, 2 latrines stopped functioning from December 2018, while in another case the latrine stopped functioning from May 2018. All of them have planned to repair the latrine in the future and they used neighbor’s latrine to defecate then.  Among indirect beneficiaries, the latrine stopped functioning from May 2018. She has a plan to repair her latrine, while during the survey she mentioned that, she went for open defecation due to unavailability of household main latrine. |

## Access to latrine

Overall 98.5% direct beneficiaries and 99.5% indirect beneficiaries have access to household latrine all the time. Among the direct beneficiaries, 1.3% (n= 5) respondents used the household latrine ‘most of the time’, while 0.3% (n=1) respondents used the household latrine ‘not at all’. On the other hand, among the indirect beneficiaries, 0.5% (n= 1) respondents used the household latrine ‘most of the time’.

Among the 6 respondents who did not go to latrine all the time, 4 of them mentioned that, there were unable to use the latrine (disability/too old/sick/pregnant), while out of these 4 respondents one of them had disability level 3.There was one respondent mentioned that, the latrine was unsafe for him, and the last one mentioned that the latrine was unpleasant (bad smell/too dark/ lack of privacy).

Among the indirect beneficiaries, only 1 respondent mentioned that, he did not use household latrine while staying at home, and the respondent was male. He felt the latrine was unsafe and hence did not use the household latrine. He also added that, he was unable to use the latrine (disability/too old/sick). This respondent used a ‘Ventilated improved pit latrine (VIP).’ (Please see the Appendix for results on when people can’t go to household latrine by Upazila in figure 58)

Among the direct beneficiaries, 6% (n=25) respondents sometimes were unable to go to the main latrine and in majority cases they were unable to go to the latrine ‘during the rainy season’ (n=11) and ‘when flooding occurs’ (n=10). When they were unable to use the main latrine, 6 of them used both ‘neighbors’ latrine’ and ‘communal area’s latrine’, 8 of them used ‘communal area’s latrine’ only and 7 of them used ‘neighbors’ latrine’ only. There were two respondents who went for ‘open defecation’, and both of them were female respondent. Overall, 7% (N=19) of the female direct beneficiaries mentioned that, there are sometimes they cannot use their usual latrine, mostly with age 25-44 years (9%, N=16). The female direct beneficiaries mainly cannot go to household latrine ‘during the rainy season’ (n=10), followed by ‘when flooding occurs’ (n=9). Among the male direct beneficiaries, 5% (N=6) mentioned that, the sometimes were unable to go to latrine; however there was no major reason identified, rather the reason varied from person to person. There were 3 respondents among direct beneficiaries with disability, who sometimes cannot use their main latrine, 2 of them could not go to main latrine when they were sick, while one mentioned during the rainy season. One of them added that, she cannot go to main latrine at night/after dark. Among the 3 disabled respondents, two of them went to ‘Neighbors’ latrine’ while one mentioned that, their latrine was raised with bamboo during flood. There was a concerning point that, there was one respondent with disability level 4, who used the main latrine during flood raising the latrine with bamboo, which can be risky for him as bamboo is not a strong enough.

Table 4: Reason for not being able to go to toilet - Direct Beneficiaries

Figures in frequency

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Total** |
| During the rainy season | 1 | 10 | 11 |
| When flooding occurs | 1 | 9 | 10 |
| During heavy rainfall | 1 | 4 | 5 |
| At night/after dark | 2 | 2 | 4 |
| When pit is full | 0 | 3 | 3 |
| When other people are using it | 2 | 0 | 2 |
| When at work/out working | 1 | 1 | 2 |
| When sick | 1 | 1 | 2 |
| When the outside people are around the latrine | 1 | 0 | 1 |
| **Base: Those sometime cannot go to** | **6** | **19** | **25** |

**Ref: Q33 When are you unable to use (defecate in) your main latrine?**

Table 5: Where defecated when can’t use household latrine - Direct Beneficiaries

Figures in frequency

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **Male** | **Female** | **Total** |
| Communal area’s latrine | 2 | 6 | 8 |
| Neighbors’ latrine | 1 | 6 | 7 |
| Neighbors’ latrine, Communal area’s latrine | 1 | 5 | 6 |
| During flood, During flood, the latrine is raised with bamboo | 2 | 0 | 2 |
| Open defecation | 0 | 2 | 2 |
| **Base: Those sometime cannot go to** | **6** | **19** | **25** |

**Ref: Q34 When you do not use the latrine, where do you defecate?**

Among the indirect beneficiaries, 5% (n=9) respondents sometimes were unable to go to the main latrine and in majority cases they were unable to go to the latrine ‘during heavy rainfall’ (n=5) and ‘during the rainy season’ (n=3). When they were unable to use the main latrine, 5 out of 9 of them used ‘neighbors’ latrine’ while 3 of them went for ‘open defecation.’ Those who went for open defecation, 2 of them were male and remaining one of them was female respondent. There were two respondents with disability, and both of them were unable to go to latrine during flood. One of them also added heavy rainfall as the reason for not being able to go to the main latrine of the household. Among these two respondents with disability, one of them went either ‘Neighbors’ latrine’ or ‘Communal area’s latrine’, while the remaining one respondent went for ‘Open defecation”.

Table 6: Reason for not being able to go to toilet - Indirect Beneficiaries

Figures in frequency

|  |  |
| --- | --- |
| **Reason** | **Total** |
| During heavy rainfall | 5 |
| During the rainy season | 3 |
| At night/after dark | 2 |
| When flooding occurs | 2 |
| When other members of the family are around | 1 |
| When at work/out working | 1 |
| When sick | 1 |
| **Base: Those sometime cannot go to** | **9** |

**Ref: Q33 When are you unable to use (defecate in) your main latrine?**

Table 7: Where defecate when can’t use household latrine - Indirect Beneficiaries

Figures in frequency

|  |  |
| --- | --- |
| **Place** | **Total** |
| Neighbors’ latrine | 5 |
| Open defecation | 3 |
| Communal area’s latrine | 1 |
| **Base: Those sometime cannot go to** | **9** |

**Ref: Q34 When you do not use the latrine, where do you defecate?**

|  |
| --- |
| **4.3.1 Qualitative Nuances around Inaccessibility to the Latrine**   * There was no major issue around access to the latrine was spotted in the qualitative exploration. * When probed deeply, some men and women in Kurigram Ulipur and Sirajgonj Ullapara said when there is guest at home, the latrine may sometimes be occupied for additional times and in that case, they use alternative latrine of their neighbor's or relative's in the adjacent plot * Some men from Rajarhat upazila said there used to access problem during rainy season when there was flood but there was no flood since 2017 in Rajarhat * In Ulipur few women said there was flood in Ulipur in mid-2018 and they heard that some of the latrines in other villages became out of order during that time * Some men in Kurigram and Thakurgaon mentioned that nowadays the latrine are built in an elevated plain from the ground considering heavy rainfall and resulting flood * When specifically probed on inability of using latrine at night times, there was no such response recorded across the locations- few men in Kurigram said there was problem about using latrine long back when there was no electricity and there was fear of snake. People used to be afraid of evil spirits too due to the darkness at night but now the situation changed with the emergence of electricity. * Also, no disabled person reported about any issue in accessing to the latrine during night time. |

99% of the direct beneficiaries mentioned that, their family members always used the main latrine. There were 0.8% ((n=3) direct beneficiaries mentioned that, the permanent family member of the household use the main family latrine most of the time, while 0.3% (n=1) respondents mentioned that, their permanent family member of the household rarely use the main family latrine. Those who mentioned that, the permanent family member of the household use the main family latrine most of the time, in one case the family member used either ‘neighbors’ latrine’ or ‘communal area’s latrine’, and while in one case the family member went for open defecation. There was one case where the family member was disable and used to defecate on a pan near the bed and the faeces were thrown into the pond.

Among indirect beneficiaries, 100% cases the respondents claimed that, the permanent family member of the household use the main family latrine all the time.

Among the direct beneficiaries, 6% (n=25) respondents mentioned that, their household members sometime cannot go to household latrine and in majority cases they were unable to go to the latrine ‘during the rainy season’ (n=12) followed by ‘During heavy rainfall’ (n=9). The other reasons included ‘at night/after dark’ (n=4) and ‘when pit is full’ (n=4). There were 3 cases the household member had disability and the respondents mentioned that, the family members could not go to the latrine all the time. The reasons included ‘during rainy season’ (n=2) and ‘during heavy rainfall’ (n=1).

Among indirect beneficiaries, 7% (n=14) cases it was found that, their household members sometime cannot go to household latrine. The main times the household members were unable to use the main family latrine included ‘during the rainy season’ (n=6) and ‘when at work/out working’ (n=5). Among the indirect beneficiaries, there were 2 family members with disability who sometime cannot go to the main family latrine. The reasons mentioned for the household included ‘when the family members stayed outside for work’, while other reason was when the family members remained sick.

Table 8: Reason for family members can’t go to household latrine

Figures in frequency

|  |  |  |
| --- | --- | --- |
|  | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| During the rainy season | 12 | 6 |
| During heavy rainfall | 9 | 2 |
| Not safe to go outside to the latrine at night/after dark | 4 | 1 |
| When pit is full | 4 | 1 |
| When at work/out working | 3 | 5 |
| When other people are using it | 2 | 1 |
| When other members of the family are around | 1 | 1 |
| When surge tide occurs | 1 | 1 |
| When sick | 1 | 2 |
| During harvest season | 1 | 0 |
| **Base: Family members can’t go to latrine** | **25** | **14** |

**Ref: Q40 When are they unable to use (defecate in) your main latrine?**

## Maintenance and repair (observation)

99% cases in WAB project area among both direct beneficiaries and 98.5% cases among indirect beneficiaries the latrine appeared in good working order with few exceptions. Among the direct beneficiaries, all the cases in Rajarhat and Thakurgaon Sadar, the latrine was well maintained, and the same situation was observed among indirect beneficiaries of Rajarhat and Ullapara Upazila. Only in 1case among direct beneficiaries and 1 case among indirect beneficiaries of Ulipur the latrine was in poor condition.

Table 9: Maintenance/repair of latrine by Upazila

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| **Direct Beneficiaries** | | | | | |
| Latrine appears in good working order (water seal functional, and pit not clogged) | 100.0% | 100.0% | 98.0% | 98.1% | 99.0% |
| Latrine is not very well maintained (e.g. water seal broken but pit not clogged, and latrine can still be used) | 0.0% | 0.0% | 1.0% | 1.9% | 0.8% |
| Latrine is in poor condition (e.g. water seal broken, pit clogged this toilet is not functional, not usable) | 0.0% | 0.0% | 1.0% | 0.0% | 0.3% |
| **Base: Those who agreed to show the latrine** | **50** | **140** | **100** | **107** | **397** |
| **Indirect Beneficiaries** | | | | | |
| Latrine appears in good working order (water seal functional, and pit not clogged) | 100.0% | 97.2% | 98.0% | 100.0% | 98.5% |
| Latrine is not very well maintained (e.g. water seal broken but pit not clogged, and latrine can still be used) | 0.0% | 2.8% | 0.0% | 0.0% | 1.0% |
| Latrine is in poor condition (e.g. water seal broken, pit clogged this toilet is not functional, not usable) | 0.0% | 0.0% | 2.0% | 0.0% | 0.5% |
| **Base: Those who agreed to show the latrine** | **20** | **71** | **50** | **58** | **199** |

**Ref: Q44 Maintenance/repair?**

There were four cases among direct beneficiaries; the latrine was not in good condition. In 3 cases the latrine was not very well maintained, while in 1 case, the Latrine was in poor condition. There was no major trend identified by the latrine type, it might depend on the members of the household. (Please see the Appendix for details on Maintenance of latrine by Latrine Type in table 36 and 37)

Among indirect beneficiaries; there were three cases the latrine was not in good condition, and there was no major trend by latrine type was identified.

In most of the cases the latrine condition was found very well in the WAB project area. Overall, in 19.1% cases the door was broken, highest 27.9% cases in Thakurgaon Sadar broken door of latrine was found. Moreover, 13.4% cases there was visible soil erosion around the latrine, which was 20% in Rajarhat Upazila.

Table 10: Conditions of the latrine by Upazila - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Broken door/roof/walls/lock | 22.0% | 27.9% | 21.0% | 4.7% | 19.1% |
| Visible soil erosion around the latrine | 20.0% | 12.9% | 15.0% | 9.3% | 13.4% |
| Major and visible crack in the slab or platform | 0.0% | 1.4% | 6.0% | 4.7% | 3.3% |
| Tilting of the platform (Sign of subsidence under the slab or platform) | 2.0% | 1.4% | 0.0% | 8.4% | 3.0% |
| Pit is connected to an open drain/canal or pond | 0.0% | 2.9% | 1.0% | 0.9% | 1.5% |
| Supports/steps broken | 2.0% | 0.7% | 1.0% | 2.8% | 1.5% |
| Pit is full | 0.0% | 0.0% | 2.0% | 0.9% | 0.8% |
| Hole clogged/blocked | 0.0% | 1.4% | 1.0% | 0.0% | 0.8% |
| **Base: Those allowed to show the latrine** | **50** | **140** | **100** | **107** | **397** |

**Ref: Q45 Conditions of the latrine**

|  |  |
| --- | --- |
| Figure 22: Latrine was surrounded by sack | The enumerators noted some other conditions, which were not included in the questionnaire. Overall, 45 cases some new observation was noticed among the indirect beneficiaries and 20% cases the roof was found made by plastic paper, while other 13% cases there was no roof at all. In 13.3% case the latrine was surrounded by sack only which might not maintain sufficient privacy of the household members. |

Table 11: Conditions of the latrine (Other Visible Conditions) - Direct Beneficiaries

|  |  |
| --- | --- |
| **Visible Condition** | **Total** |
| Roof is made by Plastic paper | 20.0% |
| There was no roof on the latrine | 13.3% |
| Latrine is surrounded by sack only | 13.3% |
| Latrine is fenced with the branches of betel nut | 13.3% |
| Latrines door is made by sack | 11.1% |
| The latrine was on a low land and it might drown during flood | 6.7% |
| One side of the latrine is covered with sack only | 6.7% |
| **Base: Other condition observed** | **45** |

**Ref: Q45 Conditions of the latrine**

Among indirect beneficiaries too, most of the cases the latrine was found in very good condition. Overall, one-fourth cases there was broken door/roof/walls/lock, which was more than 35% in Thakurgaon Sadar and Ulipur (38%), and in less than 20% in remaining two Upazilas. Visible soil erosion around the latrine was found in 16.1% cases, highest 20% in Ulipur.

Table 12: Conditions of the latrine by Upazila - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Conditions** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Broken door/roof/walls/lock | 15.0% | 35.2% | 38.0% | 5.2% | 25.1% |
| Visible soil erosion around the latrine | 10.0% | 15.5% | 20.0% | 15.5% | 16.1% |
| Tilting of the platform (Sign of subsidence under the slab or platform) | 5.0% | 2.8% | 4.0% | 8.6% | 5.0% |
| Major and visible crack in the slab or platform | 0.0% | 2.8% | 6.0% | 3.4% | 3.5% |
| Supports/steps broken | 0.0% | 4.2% | 2.0% | 3.4% | 3.0% |
| Pit is connected to an open drain/canal or pond | 0.0% | 0.0% | 0.0% | 8.6% | 2.5% |
| Hole clogged/blocked | 0.0% | 4.2% | 2.0% | 1.7% | 2.5% |
| Pit is full | 0.0% | 0.0% | 2.0% | 1.7% | 1.0% |
| **Base: Those allowed to show the latrine** | **20** | **71** | **50** | **58** | **199** |

**Ref: Q45 Conditions of the latrine**

Among the indirect beneficiaries, 12 new cases were identified, where in 4 cases it was found that, one side of the latrine was covered with sack only, while 3 cases there was no roof and in 3 cases it was found that, the latrine was fenced with the branches of betel nut.

Table 13: Conditions of the latrine (Other Visible Conditions) - Indirect Beneficiaries

Figures in frequency

|  |  |
| --- | --- |
| **Visible Conditions** | **Total** |
| One size of the latrine is covered with sack only | 4 |
| There was no roof on the latrine | 3 |
| Latrine is fenced with the branches of betel nut | 3 |
| Latrines door is made by sack | 1 |
| Roof is made by Plastic paper. | 1 |
| **Base: Other condition observed** | **12** |

**Ref: Q45 Conditions of the latrine**

12% cases the respondents with disability level 3, there was broken door/roof/walls/lock, followed by ‘Major and visible crack in the slab or platform’ (9%, N=3), Among the family members with disability level 3, 21% cases there was broken door/roof/walls/lock, followed by ‘Major and visible crack in the slab or platform’ (6%, N=2)

Figure 23: Conditions of the latrine by disability- Direct Beneficiaries

**Ref: Q45 Conditions of the latrine**

In case of indirect beneficiaries, there was broken door/roof/walls/lock observed in 13% cases in presence of disability of the respondent and 24% cases with disability of the family members.

Figure 24: Conditions of the latrine by disability - Indirect Beneficiaries

**Ref: Q45 Conditions of the latrine**

The enumerators verified the sign of the use of latrine, and the most visible sign among direct beneficiaries was that, the ‘floor of latrine was wet’ (85.1%), followed by ‘cleaning materials are present’ (70.5%).

Among indirect beneficiaries, 80.4% cases the ‘floor of latrine was wet’, followed by ‘cleaning materials were present in the latrine ’68.3%.

Figure 25: Use of the latrine (Low numbers were not shown in the graph)

**Ref: Q46 Use of the latrine**

100% in Rajarhat and 98% in Ulipur, the ‘floor of latrine was wet’. Overall, except Ulipur, in all Upazilas, more than 70% cases cleaning materials were present. Moreover, above half of the cases water container is present (52.9%), highest 66.4% in Thakurgaon Sadar and lowest 29% on Ulipur. (Please see the details in the Appendix – table 38)

Among indirect beneficiaries, 94% cases in Ulipur ‘floor of latrine was wet’, which was 93.1% in Ullapara and 90% in Rajarhat. Moreover, majority of the cases, there was cleaning materials were present in the latrine. The faecal smears on pan or slab were found in 45.7% cases, highest 63.4% in Thakurgaon Sadar. (Please see the details in the Appendix – table 39)

## Cleanliness of latrine

The majority of the latrines observed were found to be clean in Water Aid’s programme areas. Among direct beneficiaries, in 38.8% cases there was ‘mud trace on the floor’ even during winter when the survey was conducted. Moreover, 18.9% cases ‘trace of faeces on pan’, 13.4% cases ‘flies and mosquitoes inside the latrine’ and 11.8% cases ‘bad odour or smell in the latrine’ was observed

Among indirect beneficiaries, 44.7% cases there was ‘mud trace on the floor’, followed by ‘trace of faeces on pan’, (27.1%) was observed. Moreover, 19.1% cases ‘flies and mosquitoes inside the latrine’ and 17.1% cases ‘bad odour or smell in the latrine’ was observed in the latrines of the indirect beneficiaries.

Figure 26: Evidence of uncleanliness of the latrine

For the direct beneficiaries’ group, similar results were found at the Upazila level except for Thakurgaon Sadar where evidence of “mud trace on the floor” was observed in 25.7% latrines. In Ullapara, 47.7% cases there were “mud trace on the floor”, which was the highest, followed by Ulipur (46%). Moreover, overall 18.9% cases there was ‘trace of faeces on pan’, highest 35.5% cases in Ullapara, followed by Ulipur (20%). In Ullapara, 30.8% cases there were ‘flies and mosquitoes inside the latrine’, which were 3.6% in Thakurgaon Sadar, while in remaining two Upazilas, it were 10%. Overall, it can be concluded that, the latrines in Thakurgaon Sadar was best maintained, while the signs of dirtiness found highest in Ullapara in all the variables observed.

Among the indirect beneficiaries, 44.7% cases there was mud trace on the floor, highest 52% in Ulipur, followed by Rajarhat (45.0%) and Ullapara (44.8%). Moreover, in 27.1% cases there was ‘trace of faeces on pan’, highest 31% in Ullapara, followed by Thakurgaon Sadar (28.2% and Ulipur (28.0%). The cleanliness of latrine was the best in Rajarhat Upazila, and worst in Ullapara.(Please see the details in the Appendix – table 40)

|  |
| --- |
| **4.5.1 Qualitative Nuances around Cleanliness of the Latrines**  Across the upazilas, it is found that the understanding and practice of using clean latrine are not closely-knit phenomena. In the group sessions, women respondents claimed that in order to stay healthy keeping toilet clean is necessary but when probed later on they said latrines are not cleaned for more than twice a week and cleaning is done when it seems urgent from stained look.  Interestingly latrine cleaning is a shared job between the spouses in some of the households while in most of the households it is women's job. Men and women in the household sometimes share this responsibility by turn but most of the times it is done by women. Women clean the latrine after household works and just before taking a shower. The nastiest work is done at the end before shower to be able to clean themselves immediately. In the households where it is shared responsibility, the spouses share this responsibility from the sense of protectiveness towards the children's health and the family. While in religiously motivated and practicing Muslim and Hindu households, men do it from the sense of sacredness of the household.  As hypothesized earlier that when the girl child in the household grows she might be asked to clean the toilet occasionally but when cross-checked none said it to be the case. They do not want the girl to the nasty job as this piece of work is considered to be the nastiest of all in the household. Only one woman in Ulipur, Kurigram said when guests are at home sometimes the girl is asked to clean the toilet by splashing water and brushing only to removing the stains. |

## Availability and type of cleaning products inside the toilet

Among the direct beneficiaries, 80.9% cases different types of cleaning products were found inside the latrine. Where cleaning product was available in the latrines, half of the cases (51.6%) there were brush inside the toilet, followed by broom (45.3%). The presence of brush found to be the highest in Ullapara (79.4%). The presence of broom was found highest in Rajarhat (70%), while in other Upazilas it ranged from 37.9% to 50%. Overall 19.1% (n=77) cases, there was no cleaning products in the toilet, more than 20% in Thakurgaon Sadar (26.6% and Ulipur (24%).

Overall, there were 77 direct beneficiaries who did not keep the cleaning products at the hand washing facilities, 66% (N=50) of them claimed that, they kept the products somewhere else, which was highest 76% (N=19) in Ulipur and lowest 56% (N=19) in Thakurgaon Sadar. There were total 50 direct beneficiaries who kept the cleaning product outside the toilet, 18 cases it was found that kitchen was the main place to keep their products. Among the direct beneficiaries, 12 cases the cleaning product was kept outside the latrine. Moreover, 12 direct beneficiaries could not show any cleaning product during the survey and they claimed that, the product was finished. Therefore, we can conclude that, in 39 cases (27+12) among direct beneficiaries there was no cleaning product at all at the household during the survey. (Please see details on absence of cleaning products in the latrine in the Appendix – figure 59, table 41 and 42)

Table 14: Evidence of cleaning products and equipment in the latrine - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Presence of brush | 40.0% | 42.1% | 41.0% | 79.4% | 51.6% |
| Presence of broom | 70.0% | 37.9% | 50.0% | 39.3% | 45.3% |
| Presence of toilet cleaner and/or disinfectant for the pan | 38.0% | 45.0% | 39.0% | 54.2% | 45.1% |
| Presence of floor cleaner/substitute for cleaning pan and platform | 50.0% | 11.4% | 37.0% | 27.1% | 27.0% |
| Presence of coconut leaves | 0.0% | 1.4% | 0.0% | 0.0% | 0.5% |
| Presence of sack tied with stick | 0.0% | 0.7% | 1.0% | 0.0% | 0.5% |
| Toilet is cleaned using detergent powder | 0.0% | 0.7% | 0.0% | 0.0% | 0.3% |
| None of the above | 16.0% | 23.6% | 24.0% | 10.3% | 19.1% |
| **Base: Those allowed to show the latrine** | **50** | **140** | **100** | **107** | **397** |

Among the indirect beneficiaries, 84.4% cases different types of cleaning products were found inside the latrine, where 57.3% cases there were brush in the toilet, 74.1% was in Ullapara. Overall 50.8% cases the ‘presence of toilet cleaner and/or disinfectant’ for the pan was found, which was 67.2% in Ullapara and 50.7% in Thakurgaon Sadar. The ‘presence of broom’ was noticed in 36.7% latrines, which was 65% in Rajarhat. On the other hand, 15.6% cases, there was no cleaning product at all. There were 32 respondents where there was no cleaning products inside the latrine and among them, 44% (N=14) of the indirect beneficiaries mentioned that, they kept the cleaning products somewhere else, not in the washing facility. Among the 14 respondents, 5 of them kept the cleaning products in the kitchen and five cases there was no cleaning product at all. In remaining 4 cases, the cleaning products were kept in 4 different places. In short in can be mentioned that, 23 (18+5) cases there was no cleaning product at all at the household during the survey. (Please see details on absence of cleaning products in the latrine in the Appendix – figure 60, table 41 and 42)

Table 15: Evidence of cleaning products and equipment in the latrine - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Presence of brush | 50.0% | 50.7% | 50.0% | 74.1% | 57.3% |
| Presence of toilet cleaner and/or disinfectant for the pan | 45.0% | 50.7% | 34.0% | 67.2% | 50.8% |
| Presence of broom | 65.0% | 25.4% | 46.0% | 32.8% | 36.7% |
| Presence of floor cleaner/substitute for cleaning pan and platform | 40.0% | 14.1% | 44.0% | 19.0% | 25.6% |
| Toilet is cleaned using coconut leaves | 5.0% | 0.0% | 0.0% | 0.0% | 0.5% |
| Toilet is cleaned using sack tied with stick | 0.0% | 1.4% | 0.0% | 0.0% | 0.5% |
| None of the above | 15.0% | 19.7% | 12.0% | 13.8% | 15.6% |
| **Base: Those allowed to show the latrine** | **20** | **71** | **50** | **58** | **199** |

**Ref: Q53 Evidence of cleaning products and equipment in the latrine**

|  |
| --- |
| **4.6.1 Qualitative Nuances around Cleaning Products for Latrines**  Harpic is the brand that is synonymous to the category of toilet cleaning agent. Majority of the men and women mentioned the brand name directly when product was discussed. However, Harpic is used in only few of the households. All the target groups want to use it but don't get to afford it. The main and mostly used latrine cleaning tool is stick-broom followed by toilet brush. Splashing water coupled with brooming or brushing is the most common way of cleaning the latrine.  Next when the latrine looks and smells dirty, most of them use detergent powder, with few mentions of bleaching powder for cleaning it. |

|  |
| --- |
| **4.6.2 Qualitative Nuances around Storing the Latrine Cleaning Products outside the Latrine**  The main reason for keeping the latrine cleaning agents (cleaner and tools) somewhere else (usually in the kitchen or storage inside or outside the kitchen) is shortage of space inside the toilet. There is a popular belief that these products are full of germs and when they are cramped inside the latrine, children and disabled people in the families may come in contact with them and hence with germs. |

Affordability was found to be the major reason for not keeping the cleaning products at home. The direct beneficiaries who did not have cleaning products at home, 11 out of 26 of them could not afford to buy, while 8 out of 18 indirect beneficiaries mentioned the same reason. Moreover, 6 indirect beneficiaries mentioned that, they did not require such products. The other reasons were minor apart from these two reasons.

Table 16: Reasons for absence of cleaning products and equipment

|  |  |  |
| --- | --- | --- |
| **Reason for absence of cleaning products** | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| I cannot afford to buy cleaning products and equipment | 11 | 8 |
| I don’t need cleaning products or equipment | 1 | 6 |
| The person responsible for buying them for my household has not bought any | 2 | 2 |
| They clean toilet using coconut leaves | 1 | 1 |
| Toilet is cleaned using cloths tied with stick. | 1 | 1 |
| All cleaning stuffs are over | 3 | 0 |
| Water facilities are far from toilet. | 2 | 0 |
| There is no shop to buy cleaning products and equipment where I live | 2 | 0 |
| Toilet is outside home, so they don’t clean it | 0 | 1 |
| Toilet is broken so they don’t clean it | 1 | 0 |
| Toilet is old and used by everyone, so they don’t clean it | 1 | 0 |
| I don’t like the brands available in the shop | 1 | 0 |
| I am not responsible for buying cleaning products and equipment | 1 | 0 |
| New Toilet has been built & they haven’t bought the cleaning items. | 1 | 0 |
| **Base: Those do not have cleaning product at home** | **26** | **18** |

**Ref: Q55 Why do you not currently have any cleaning products or equipment for your latrine?**

## Pathway to the latrine

Majority cases the route to the latrine was found accessible to disabled people, elderly and pregnant women (66%), highest 77% was in Ullapara. On the other hand, among the direct beneficiaries, 44% cases in Thakurgaon Sadar, the route was not accessible to disabled people, elderly and pregnant women, which was 34% in Ulipur and 30% in Rajarhat. In case of the evidence of the accessibility, where the latrine was marked accessible, 100% cases the ‘latrine was not locked from outside’ and 92.3% cases the latrine located within household premises/boundary. The major evidence of inaccessible latrine was noted as ‘latrine was located outside household premises/boundary (94.1%) and few cases there was ‘trip hazards in path’. (Please see the Appendix for details in Table 43, 45, 46, 49 and 51)

Figure 27: Accessible to disabled people, elderly and pregnant women by Upazila - Direct Beneficiaries

|  |
| --- |
|  |

**Ref: Q47 Is the route to the latrine accessible to disabled people, elderly and pregnant women?**

Since this question was included to check the access to latrine to the disabled people, elderly and pregnant women, it was worth observing from the point of view of people with disability themselves. During the survey, it was observed that, 38% (n=21) cases where respondents with disability level 3 were present, the latrine was not accessible. The households were family members with disability level 3 was present, 42% (n=19) cases the larine was found not accessible. The evidence to accessible latrine and inaccessible latrine was found similar to the other general respondents.

Figure 28: Accessible to disabled people, elderly and pregnant women - Direct Beneficiaries

|  |  |
| --- | --- |
| **Disability of the Respondent** | **Disability of the Family Members** |
|  |  |

**Ref: Q47 Is the route to the latrine accessible to disabled people, elderly and pregnant women?**

Overall among indirect beneficiaries, 73% cases their latrine was reported as accessible, highest 85% in Rajarhat, followed by Ulipur (84%). Latrine was not locked from outside was recorded as the major evidence of accessibility, which was 100% among the cases the latrine was reported accessible, followed by ‘located within household premises/boundary.’ There were 27% cases the latrine was not fully accessible to disabled people, elderly and pregnant women, which was 39% in Thakurgaon Sadar. The rate was less than 25% in other Upazilas. The major evidence for inaccessible latrine was reported as ‘latrine was located outside household premises/boundary’ (84.9% in applicable cases). (Please see the Appendix for details in Table 44, 47, 48, 50 and 51)

Figure 29: Accessible to disabled people, elderly and pregnant women - Indirect Beneficiaries

|  |
| --- |
|  |

**Ref: Q47 Is the route to the latrine accessible to disabled people, elderly and pregnant women?**

The access to latrine was also being observed among indirect beneficiaries. It was observed that, in 12% cases where the respondent was with disability level 3, the latrine rout was not accessible. The percentage was 24% in case there was presence of family members with disability level 3. The evidence to accessible latrine and inaccessible latrine was found similar to the other general respondents.

Figure 30: Accessible to disabled people, elderly and pregnant women - Indirect Beneficiaries

|  |  |
| --- | --- |
| **Disability of the Respondent** | **Disability of the Family Members** |
|  |  |

**Ref: Q47 Is the route to the latrine accessible to disabled people, elderly and pregnant women?**

|  |
| --- |
| **4.7.1 Qualitative Nuances about the types of disability for level 3**  In the qualitative phase, a number of disabled persons were interviewed to understand their types of disability and to what extent this impedes their accessibility to the latrine, hygiene products and handwashing facility. The findings are presented below:   * In Rajarhat upazila of Kurigram, one vision impaired person was interviewed, and it was found that despite his inability to see, he can roam around the household easily because of habituation over time as they have been living there for years. When cross-checked with his family, it was confirmed that the family members try not to cramp the way to the latrine and the handwashing device with anything that may hinder the disabled person from reaching. WAB PNGO working there helped the person by installing ropes to and from the latrine and handwashing device. However, when asked if these helped him, he seemed thankful but said he was okay without them too as he knows the place and the routes to the latrine and handwashing area quite well for long. He appeared to be a person capable of self-care. * Another person having an impaired leg due to Polio attack at childhood inhibits in Ulipur, Kurigram. He uses 2 different aids for walking in different points of time namely a crutch and a customized tree branch. At household when he needs to go to the latrine, he uses the customized tree branch as the distance is not long from where he dwells. While outside, when he goes out for begging (his occupation), he uses the crutch as it supports him to walk a long way without much stress. Overall, he said he doesn't face any difficulty going to the latrine or washing his hands. On probing, he agreed that he has issues with climbing stairs and every time he goes to the latrine, he has to struggle to ascend to the latrine that is one stair up. |
| **4.7.2 Qualitative Case Reference on Access to Latrine by a Disabled Woman**  In Kurigram Ulipur Upazila, during the mixed adult focus group discussions, a vision impaired woman of mid 50s was spotted around listening to the discussion out of curiosity. Although she was a not a participant of the Group, Parlance researcher, looking at her disability, inquired the participants about her and had a quick chat with her at the end of the Group discussion and gathered some information about her status regarding accessibility to latrine, it was found that ever since her husband abandoned her decades ago, she got a shelter in her nephew's place after passing away of her brother and thus his shelter. She and her nephew's family don’t have a latrine at their household territory as the land got divided between brothers after her brother died. The only latrine she has access to be on the land of her another nephew who is the brother of the nephew who gave her shelter.  She can walk up to the latrine on her own from long habituation. And as she is a disabled person, the neighbors are also sympathetic to her and do provide her access to their latrines too. Now she uses different latrines in the neighboring households on different points of time based on occupancy status of the latrines in her surroundings. The researchers although could not learn further about her handwashing related issues, it can be hypothesized that she might not have access to handwashing with soap everytime she uses latrine after defecation as she uses multiple latrines on different occasions alongside her critical vision issue. |

There were 13 cases where respondents and 14 cases where family members with disability 3 found and the enumerators observed evidence of inaccessible route to reach the latrine. In both the cases, latrine was located outside household premises/boundary was recorded as the single most evidence of inaccessible route.

Table 17: Evidence of inaccessible route to reach the latrine by Disability - Direct Beneficiaries

Figures in frequency

|  |  |  |
| --- | --- | --- |
|  | **Disability of the**  **Respondent** | **Disability of the**  **Family Members** |
| Latrine is located outside household premises/boundary | 11 | 12 |
| Latrine is placed very and there is no stairs to use | 1 | 0 |
| Trip hazards in path, Latrine is located outside household premises/boundary | 0 | 2 |
| Trip hazards in path, Slippery path, Latrine is located outside household premises/boundary | 1 | 0 |
| **Base: Respondents with disability** | **13** | **14** |

**Ref: Q49 Evidence of inaccessible route to reach the latrine [Direct / Indirect]**

Among the indirect beneficiaries, there were 8 people with disability level 3 found where inaccessible route to reach the latrine was reported by the enumerators. Out of them, 2 were respondents themselves and 4 were family members. In both the cases, latrine was located outside household premises/boundary was the single most reported evidence of inaccessible route to reach the latrine

Table 18: Evidence of inaccessible route to reach the latrine by Disability - Indirect Beneficiaries

\*Figured in frequency

|  |  |  |
| --- | --- | --- |
|  | **Disability of the**  **Respondent** | **Disability of the**  **Family Members** |
| Latrine is located outside household premises/boundary | 2 | 4 |
| Latrine is far from house and it is not in a convenient location due to the road | 0 | 1 |
| Trip hazards in path | 0 | 1 |
| **Base: Respondents with disability** | **2** | **6** |

**Ref: Q49 Evidence of inaccessible route to reach the latrine [Direct / Indirect]**

## Accessible latrine

|  |
| --- |
| Among the direct beneficiaries, there were two cases, where ‘Chair pan with a hole’ was found in latrine. In one case, the respondent had a lot of difficulty for mobility, while in the same household the family member had a lot of difficulty for mobility along with self-care. The second respondent had some difficulty in mobility, while he could not wash or get dressed at all. The first respondent was a female while the second respondent was a female and in both the cases the respondents had age more than 55 years. Moreover, there were 2 cases among direct beneficiary there was commode, and one of them had some difficulty in communication. There were 6 direct beneficiaries who had hand rails inside the latrine, and one respondent had some difficulty with the vision and mobility. In remaining 5 cases, disability was identified with the household members. Three of them have a lot of difficulty with mobility, while 2 of the same respondents had a lot of difficulty with self-care. In remaining two cases, one has some difficulty, while the other had a lot of difficulty with vision. The age of the respondent was 65+, while the age of family members were not obtained.  There were three direct beneficiaries with large cubicle so someone else can be inside to support; one of them had some difficulty with mobility. One another respondent had a lot of difficulty with mobility and self-care. In the remaining case, the family member had a lot of difficulty with both mobility and self-care. Two of the respondents had age more than 55 years. There was one case where there was rope inside to guide blind people, while there was no blind person at the household. The respondent himself had a lot of difficulty with mobility, while one family member had a lot of difficulty with mobility along with some difficulty with self-care.  Among the indirect beneficiaries, there were two cases commodes were found inside the latrine, and in one case the respondent had a lot of difficulty with vision. In other cases, no disabled member found. There are three cases Hand rails inside the latrine was found, while two cases the respondents had some difficulty with mobility, and the remaining case, one family member had some difficulty with mobility. The age of one respondent was 55-64 years, while another respondent had age 25-34 years. Both the respondents were female. Moreover, there was one case where Large cubicle so someone else can be inside to support was found, and the respondent could not walk or climb steps at all. The respondent was a male with age 35-44 years. |

# Concluding Remarks

Hand washing with soap or soap substitute after defecation in all respects including knowledge, practice and observed is significantly high in general across the beneficiaries. Apparently, the beneficiaries have reached to the next level in this case. For ABCDE implementation, the focus around hand washing with soap/substitute after defecation needs to be around improving the quality of hand washing since there have been records of issues with quality of the hand washing in the observed behavioural tracking. The beneficiaries are washing hands during this critical time but many of them are washing only left hand and/or are not making enough foam out of the soap by rinsing both the hands. The BC components also need to highlight the importance of good quality hand washing after defecation by a single person after every time s/he defecates as the quality seems to go down in case of a single person from 1st time defecation to 2nd time and onwards.

As evidenced in quantitative survey, there is still significant use of hand pumps which by default obstruct cleaning both the hands during critical times. Growing adoption of hand washing device is a positive phenomenon but there is issue with the place of installation of the devices. It is strongly recommended that the ABCDE not only runs massive advocacy around popularizing this device but also encourages the beneficiaries to place the device in somewhere in the middle between the kitchen and the latrine so that the device itself being visible during critical times gives reminder of hand washing. Ideally getting the beneficiaries arrange 2 such devices would help the most as many a times it is engaged in washing activities inside the kitchen and this way it may not be accessible by someone coming out from the latrine, especially disabled persons- mobility of the hand washing device would impede hand washing of vision impaired persons in even bigger way. Therefore, keeping it in a fixed spot is recommended.

Hand washing with soap/substitute ‘before touching food’ as a behaviour still needs to go a long way along behaviour change route. The result produced in this study around hand washing during this time is quite low. Hand washing before eating is considered and practiced more seriously by the beneficiaries. ABCDE may start with this route to get their buy-in around hand washing ‘before touching food’ highlighting the fact that the reason why we wash hands before eating is the same reason why we need to wash hands ‘before touching foods’ as germs from hands would eventually enter our body through the foods unless we wash hands before handling foods.

Germ connection with hand washing is familiar to many beneficiaries. So is the potential harm aspect of the germs inside the body if not hand-washed. This route can be ploughed more and more as reminder in ABCDE implementation.

Open defecation is almost zero though there are still few cases that take place outside of the communities- perhaps in the farmlands where the farmers are not left with many choices. ABCDE may consider use module in treating the faeces in times of urgency and accidental open defecation. This would also help in the child and disabled person faeces disposal cases at night times as there is case of throwing away of child faeces in the stream apart from burying it inside a hole as a positive practice alongside disposing it inside the latrine.

Access to the latrine is no more a concern for the beneficiaries- thanks to the high sanitation coverage in the Upazilas of implementations. Cleanliness is still an issue that ABCDE may consider in bringing behaviour change. Apart from motivating the households with unhygienic latrines (no water-seal and covered by sack) in adopting hygienic latrines, ABCDE should focus on getting the latrine cleaning frequency increased at least once more in a fortnight.

There are plenty of opportunities for ABCDE to work in improving the accessibility to the latrines by the people who need special arrangements. Adequate space inside the latrine is one of the most common sights in the latrines. And for disabled persons who need assistance in responding to the calls of nature, there are only few households that have chair-potty/pan, guide-rope, and hand-rail facilities. The disabled persons interviewed are used to with regular latrines that their family members go to and they are everyday exposed to risk of accident. In such cases only motivation might not work, product availability also needs to follow.

Table 19: Hygiene achievement against outcomes – Direct Beneficiaries

| **Behaviour** | **Outcomes** | **Outcome indicators** | **Result** |
| --- | --- | --- | --- |
| Increased hand washing with Soap or Soap substitute after defecating & before touching food among men, women & children with a focus on caregivers of children under 5 of target areas of Bangladesh | 1) Increased & sustainable practice of hand washing with Soap or Soap substitute after defecating among men, women & children with a focus on caregivers of children under 5 | 1.1) % of men, women & children washing their hands with Soap or Soap substitute after defecating | **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64)** |
| * 51.5% men and women washing their both hands with soap or soap substitute after defecating |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 51.5% men and women washing their both hands with soap or soap substitute after defecating and the soap or soap substitute was present at their household |
| 1.2) % of caregivers of children under 5 washing their hands with Soap or Soap substitute after defecating | **Caregiver (Q6), Self-Report (Q61) and hand washing behaviour (Q64)** |
| * 53.7% of caregivers of children under 5 washing their both hands with soap or soap substitute after defecating |
| **Caregiver (Q6), Self-Report (Q61) and hand washing observation (Q69 and 73)** |
| * 53.7% of caregivers of children under 5 washing their both hands with soap or soap substitute after defecating and the soap or soap substitute was present at their household |
| 2) Increased & sustainable practice of hand washing with Soap or Soap substitute before touching food among men, women & children with a focus on caregivers of children under 5 | 2.1) % of men, women & children, washing their hands with Soap or Soap substitute before touching food | **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64)** |
| * 12.5% men and women washing their both hands with soap or soap substitute before touching food |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 12.5% men and women washing their both hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |
| **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64), Washing children’s hand (Q74, Q75, Q76)** |
| * 17.5% children washing their both hands with soap or soap substitute before touching food |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 17.5% children washing their both hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |
| 2.2) % of caregivers of children under 5 washing their hands with Soap or Soap substitute before touching food | **Caregiver (Q6), Self-Report (Q61) and hand washing behaviour (Q64)** |
|  |  | * 19.4% of caregivers of children under 5 washing their hands with soap or soap substitute before touching food |
|  |  | **Caregiver (Q6), Self-Report (Q61) and hand washing observation (Q69 and 73)** |
|  |  | * 19.4% of caregivers of children under 5 washing their hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |

|  |  |  |  |
| --- | --- | --- | --- |
| Increased use of clean latrine at all times by men, women & children in target areas of Bangladesh | 3) Improved access to clean latrine | 3.1) % of households with access to functional latrines | **Type of latrines (self-report-Q19), Functionality** (Q23) |
| * 99.3% of households among with access to functional latrines |
| **Type of latrines (self-report-Q19), Maintenance and repair (observation-Q44)** |
| * 99.7% of households among with access to functional latrines |
| 3.2) % of households with access to clean latrines | * 58% of households with access to clean latrines |
| 3.3) % of households (including elderly, disabled and pregnant women) with access to latrines | * 4.3% of households among (including elderly, disabled and pregnant women) with access to latrines |
| 4) Increased use of latrine facilities among men, women & children | 4.1) % of men & women using latrines facilities at all times when at home | * 96.5% of men among using latrines facilities at all times when at home * 99.3% of women among using latrines facilities at all times when at home |

Table 20: Hygiene achievement against outcomes – Indirect Beneficiaries

| **Behaviour** | **Outcomes** | **Outcome indicators** | **Result** |
| --- | --- | --- | --- |
| Increased hand washing with Soap or Soap substitute after defecating & before touching food among men, women & children with a focus on caregivers of children under 5 of target areas of Bangladesh | 1) Increased & sustainable practice of hand washing with Soap or Soap substitute after defecating among men, women & children with a focus on caregivers of children under 5 | 1.1) % of men, women & children washing their hands with Soap or Soap substitute after defecating | **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64)** |
| * 56.7% men and women washing their both hands with soap or soap substitute after defecating |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 56.2% men and women washing their both hands with soap or soap substitute after defecating and the soap or soap substitute was present at their household |
| 1.2) % of caregivers of children under 5 washing their hands with Soap or Soap substitute after defecating | **Caregiver (Q6), Self-Report (Q61) and hand washing behaviour (Q64)** |
| * 60% of caregivers of children under 5 washing their both hands with soap or soap substitute after defecating |
| **Caregiver (Q6), Self-Report (Q61) and hand washing observation (Q69 and 73)** |
| * 60% of caregivers of children under 5 washing their both hands with soap or soap substitute after defecating and the soap or soap substitute was present at their household |
| 2) Increased & sustainable practice of hand washing with Soap or Soap substitute before touching food among men, women & children with a focus on caregivers of children under 5 | 2.1) % of men, women & children, washing their hands with Soap or Soap substitute before touching food | **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64)** |
| * 5.5% men and women washing their both hands with soap or soap substitute before touching food |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 5.5% men and women washing their both hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |
| **Self-Report (Q61), washing both hands (Q62) and hand washing behaviour (Q64), Washing children’s hand (Q74, Q75, Q76)** |
| * 1.9% children washing their both hands with soap or soap substitute before touching food |
| **Self-Report (Q61), washing both hands (Q62) and hand washing observation (Q69 and 73)** |
| * 1.9% children washing their both hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |
| 2.2) % of caregivers of children under 5 washing their hands with Soap or Soap substitute before touching food | **Caregiver (Q6), Self-Report (Q61) and hand washing behaviour (Q64)** |
|  |  | * 1.8% of caregivers of children under 5 washing their hands with soap or soap substitute before touching food |
|  |  | **Caregiver (Q6), Self-Report (Q61) and hand washing observation (Q69 and 73)** |
|  |  | * 1.8% of caregivers of children under 5 washing their hands with soap or soap substitute before touching food and the soap or soap substitute was present at their household |

|  |  |  |  |
| --- | --- | --- | --- |
| Increased use of clean latrine at all times by men, women & children in target areas of Bangladesh | 3) Improved access to clean latrine | 3.1) % of households with access to functional latrines | **Type of latrines (self-report-Q19), Functionality** (Q23) |
| * 99.0% of households among with access to functional latrines |
| **Type of latrines (self-report-Q19), Maintenance and repair (observation-Q44)** |
| * 98.5% of households among with access to functional latrines |
| 3.2) % of households with access to clean latrines | * 46.3% of households with access to clean latrines |
| 3.3) % of households (including elderly, disabled and pregnant women) with access to latrines | * 4.5% of households among (including elderly, disabled and pregnant women) with access to latrines |
| 4) Increased use of latrine facilities among men, women & children | 4.1) % of men & women using latrines facilities at all times when at home | * 100% of men among using latrines facilities at all times when at home * 100% of women among using latrines facilities at all times when at home |

# Lessons Learned

* **Pilot Survey:** Since the project population was the direct and indirect beneficiaries of the project, it required extensive support from the project implementation team to identify the correct respondent. During the pilot survey, there was a deadline for project report submission and most of the teams were heavily occupied. Therefore, initially it seemed difficult to conduct the pilot survey with the support from project team. However, with the support and coordination of CCU, Parlance received required support from Plan International Bangladesh and Saint Bangladesh team and the pilot survey was conducted successfully.
* It seemed that, there were some confusion regarding the survey objective and the information coverage for the survey between Plan International Bangladesh and Water Aid Bangladesh. Though there was a plan to submit two different reports to these two organizations, it was decided to follow the same questionnaire for both the organization. Just before the pilot survey, in a meeting at CCU office Bangladesh there were some questions removed from Pilot questionnaire. On the other hand, Parlance received a request from Plan UK that, the removed questions should not be dropped from the questionnaire. During the period, the field team already had reached the project area. Parlance had to work on the questionnaire with very small time period and had to print it locally. It consumed half of the day for pilot survey. Parlance recommends to finalize the information coverage well ahead of implementation to avoid such situations
* When the survey was implemented, there was extreme cold in the surveyed location. Therefore, the respondents refused to show the demonstration of hand wash during the season
* Asking gender of the respondent is extremely culturally sensitive issue. If the respondents were asked about his/her gender, then they often feel humiliated and refuse to participate in the survey. Therefore, Parlance recommended not to ask the gender related questions to the respondent, rather record it based on observation. A point to be noted that, considering the cultural context, it was easy to identify the gender of the respondents from their dress and voice.
* There was a concern that, if the male respondents were free to response in front of female enumerators. Bhola is a place with conservative people, hence wanted to explore the issue in the pilot survey. During the pilot survey, it was observed that, the male respondents were very much comfortable in front of female enumerators, while female respondents were not comfortable all the time in front of male enumerators. Hence, female enumerators conducted the interview of male and female both, while male enumerators conducted the survey of male respondent only.
* **Questionnaire development:** Since the study was conducted for both PIB and WAB in collaboration of Plan UK,the questionnaire required approval from three parties. Moreover, there was a plan to share the survey findings in front of Plan UK team during their visit to Bangladesh; but there was an urge to finish the survey earlier. Parlance planned to conduct the training and program the questionnaire for CAPI simultaneously. However, there was a delay to finalize the questionnaire incorporating the feedback from all three parties; there was a delay to program the questionnaire. Therefore, during the survey there were some bugs in the questionnaire, which had a direct impact in the data cleaning. Taking the learning into consideration, Parlance doesn’t recommend starting the briefing until and unless the whole questionnaire and the programing are approved by the client. There are some cases, when some feedback on can be obtained from the training session also. Hence the field team should keep some buffer time to incorporate the feedback.
* **Field Implementation:** There was a delay to start the field work due to finalization of questionnaire. Since the data collection was supposed to be implemented in the WAB project area for both direct and indirect beneficiaries, there was a challenge to define the exact direct and indirect beneficiaries. Since the study location was very much familiar to Parlance, CCU stepped in to select the sample for the study. When the CCU shared the selected sample with the project stakeholders, WAB decided to verify the sample first. After verification of selected sample size, WAB suggested some revisions. Finally, it took 5 days to finalize the sample selection and the field work was delayed. Parlance suggested to complete the sample selection during the development of inception report.
* **Data cleaning:** Generally, when the survey is conducted in CAPI, less time and effort is required to clean the data. However, as mentioned earlier, due to time constraint there was some bugs identified during the survey. Moreover, there was some missing data identified during the survey. Parlance enumerators had to fill up some information on a sheet of paper to enter the data later and some cases had to call back to the respondent to get the missing response.

# APPENDIX

# Research Methodology

* The study followed the approach of phasing of Quantitative survey and Qualitative exploration as suggested by the ToR. This draft report includes the quantitative survey and qualitative exploration only.
* The Prior phase of Quantitative survey included a Rapid Market Appraisals (an ad hoc and improvised set of methods including observations, skit interviews and informal interactions as recce for on-ground understanding to gather fodders for validation/sanity-check of the design and tools formulated).
* Parlance core research team visited Rajarhat Upazila of Kurigram district under WaterAid Bangladesh project area for the Rapid Market Appraisal.
* In Phase I, Face to Face interviews was deployed as Quantitative Survey method in 4 Upazilas across Sirajganj, Kurigram and Thakurgaon districts under WaterAid Bangladesh project area
* The Quantitative survey revealed interesting patterns and hence adequate fodders for the Qualitative Exploration.
* In Phase II, Parlance core research team conducted the qualitative exploration including Focus Group Discussion, In-depth Interview, and Key Informant Interview in the above-mentioned locations.

## Quantitative Sample Size Determination:

* The sampling design was based on the Stratified Random Sampling method for the baseline assessments of the present situation in the upcoming intervention areas. Under the project, there are four Upazilas in WaterAid Bangladesh intervention area. Therefore, Parlance covered all 4 Upazilas, which include Thakurgaon, Kurigram and Sirajganj districts, namely Thakurgaon Sadar, Rajarhat, Ulipur and Ullapara. There are many formulas to determine the sampling size. Here Parlance used 95% confidence level with 5% margin of error; this study identified a scientifically representative sample using this online sampling computation link: <http://www.raosoft.com/samplesize.html>.
* In this process, the derived sample size was 377. Therefore, Parlance proposes 400 household samples by rounding up the derived figure for each project to avoid possible drop out or non-response. This set of respondents was treated as Direct beneficiaries who would be brought under full-fledged hygiene behaviour change interventions. To have a comparison, Parlance proposed a 50% of indirect beneficiaries that would receive traditional hygiene interventions and be 200 household under WaterAid Bangladesh intervention area. The sample had been distributed proportionately among the strata based on the availability of target beneficiaries.
* From the beneficiary list, it was observed that, one-fourth of the beneficiaries had children under 5 years old. Since a research needs minimum 100 samples if the population size is more than 5000, for WAB project, Parlance ensured at least 100 samples of caregivers of children under five years. When the minimum sample for caregivers of children under five years was not achieved by interviewing 400 samples randomly, Parlance approached some additional households to achieve the minimum sample. During the survey, Parlance set a target for each Primary Sample Unit (PSU) to achieve a minimum sample of caregiver of children under five years. The survey supervisor and the project manager carefully observed the success rate and if the sample size was not achieved, within the PSU, then Parlance focused to achieve it from the next PSU so have a minimum representation from each strata.
* Similarly, for indirect beneficiaries, Parlance ensured at least 50% of the main sample of caregivers of children under five years in WAB project area. Parlance would ensure at least 30% male respondents for household sample excluding the caregivers, since by the culture of the country, there is a possibility that close to 100% of the caregivers would be female. - This hypothesis was verified during the rapid market appraisal sessions where the researchers personally witnessed all children under five years are being cared solely by female member/s in the family.

Table 21: Quantitative Sample size for the survey

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **District Names** | **Sample Size** | **Sample type** | **Remarks** |
| WaterAid Bangladesh | Thakurgaon, Kurigram and Sirajganj | 400 | Direct beneficiaries, household Adult, age more than 18 years | A minimum 100 sample of caregivers of children under five years was ensured |
| 200 | Indirect beneficiaries, household Adult, age more than 18 years | Might have received hygiene and sanitation, but do not overlap with ABCDE.  A minimum 50 sample of caregivers of children under five years was ensured |
| **Total** | | **600** |  |  |

## Selection of PSU

As mentioned earlier, the study followed a stratified random sampling method; Parlance selected each stratum (Upazila) under the survey. The sampling strategy used the ‘community’ as a PSU for WAB. For selecting community Parlance received the complete list of target communities from WAB. Then the communities having less than 20 target beneficiaries were considered as outlier and thus removed immediately from the list. This measure would be taken to ensure substitutability and randomness. After that, the communities were selected randomly. From each PSU, 10 samples were selected. There was a list of five additional households selected randomly considering possible casualty and requirement for substitution. Since it was difficult to identify the communities for direct and indirect beneficiaries, Parlance received support from the Country Coordination Unit (CCU) to select the PSU.

Table 22: Sample size by strata

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **District Name** | **Upazila Name** | **No of Community** | **Total Sample** |
| Direct | Kurigram | Rajarhat | 5 | 50 |
| Kurigram | Ulipur | 10 | 100 |
| Thakurgaon | Thakurgaon Sadar | 14 | 140 |
| Sirajganj | Ullapara | 11 | 110 |
| **Total** | | **40** | **400** |
| Indirect | Kurigram | Rajarhat | 6 | 60 |
| Kurigram | Ulipur | 4 | 40 |
| Thakurgaon | Thakurgaon Sadar | 6 | 60 |
| Sirajganj | Ullapara | 4 | 41 |
| **Total** | | **20** | **201** |

## Selection of Household

Once the communities in WAB project area was finalized, Parlance selected the households randomly from the list of direct and indirect beneficiaries. As discussed earlier, Parlance first knocked top 10 randomly selected household. If the eligible respondent was not available within the selected household, then next household was approached to achieve desired number of sample size.

## Selection of Individuals at Household

Once the household was selected, Parlance selected one eligible respondent from each household. Initially it was decided to select respondents who are the main/partial decision maker or influencer for the decision on hygiene and sanitation at household. Later it was decided to accept everybody regardless the role in the decision making and include this as learning for baseline. Hence respondent was selected based on the availability. Since Parlance proposes that, male enumerators would interview the male respondents and vice versa, if the enumerator was male, then they interviewed the male respondents, while if the enumerator was female, then they interviewed both male and female respondents based on the availability. Parlance checked in the pilot interview that, male respondents were comfortable for the interview with female interviewers, therefore it was decided that, the female interviewers can conduct the interview of both male and female respondents while male interviewers can conduct the interview of male respondents only. Any person available at the household, regardless of decision making or involvement of activities was selected for the interview, given that the respondent is adult (age more than 18 years). A question was included in the questionnaire to understand different roles household members play in the decision making for sanitation and hygiene behavior at household for future learning purpose.

## Data Collection

Parlance team was responsible for training and supervising the interviewers to ensure a high quality of responses. During training, all project locations will be identified by Parlance so that each specific team and their supervisor know exactly their areas of operation up to sub-location level. The training sessions were conducted in presence of representatives from CCU.

* **Data capturing:** The data was captured through tablets in a CAPI method. The CSEntry application was used to capture the data. The CSEntry application is designed by the US Census Bureau. CSEntry is an Android runtime engine for applications created using the Census and Survey Processing System (CSPro). The open-ended data or others specified data was captured in a separate sheet of paper named Open Ended Sheet (OES). To collect the data in CAPI format, the questionnaires were programmed and converted in a format suitable to use in tablet. The research team carefully checked the CAPI questionnaire and the skipping order to ensure the quality of the survey.
* **Coding, Data Entry and Editing:** All the close ended or coded data was stored in the tab offline until and unless it was synchronized. Normally synchronization is used to transfer data over the Internet to a central server. Therefore, the enumerators used to conduct the surveys and at the end of the day in presence of supervisors the devises were connected to internet and all the tabs were synchronized. Thus, the data was transferred and stored in the main server. As mentioned earlier, the open-ended data was captured in an Open-Ended Sheet (OES), which was a sheet of paper. The enumerators noted the respondent ID on the paper, recorded the open-ended response and stored it with themselves. At the end of each day, they used to share the Open-Ended Sheet (OES) to the supervisors. The supervisors stored the sheet with them and shared with coding team at the end of the survey. The coding team coded the response later. Then the coded responses were entered into the database. The OES sheet had a unique ID, which would be generated from the CAPI survey and will be used to compile the CAPI data and the coded data. A pool of experienced coders and entry operator of Parlance was deployed for this purpose.
* Data confidentiality is a core value of Parlance as a research organization. The survey data was stored in a central server and only the core research team and the analysis team has the access to the database. The data collected will be stored for the duration of the remaining three years the project is running, and for seven years after the project has come to an end. It will be kept in a secure way and no-one outside the project will be allowed to access it.

## Qualitative Data Collection Framework and Sample Size

Table 23: Summary table of qualitative exploration specifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Methodology** | **Respondent Type** | **Location (Upazila, District)** | **No of Units** | **Behaviors Covered** |
| **Focus Group Discussion (FGD)** | Mixed Adult (Male and Female) | Sadar, Thakurgaon | 1 | * Hand washing with soap or soap substitute- after defecation, before meal intake, before touching food, before preparing food, after cleaning a child’s bottom (disposing of child’s faeces or disabled family member’s faeces) and before feeding a child * Clean latrine use- times able or unable to use the latrine (including disability, security, and gender-related issues), understanding of functional latrine, cleaning products (agents and tools), behaviour around pit maintenance * Disability perspectives on hand-washing (access, practice and behaviour) and clean latrine use (including access to) |
| Char Fasson, Bhola | 1 |
| Ulipur, Kurigram | 1 |
| Ullapara, Sirajganj | 1 |
| Adolescent Boys | Sadar, Thakurgaon | 1 |
| Ullapara, Sirajganj | 1 |
| Adolescent Girls | Rajarhat, Kurigram | 1 |
| Ulipur, Kurigram | 1 |
| **Total** | | **8** |
| **In-depth Interview (IDI)** | Mother having 3 years child | Sadar, Thakurgaon | 1 | * Behavior related to hand washing after cleaning a child’s bottom (disposing of child’s faeces) and before feeding a child |
| Ullapara, Sirajganj | 1 |
| Disable Male | Rajarhat, Kurigram | 1 | * Obstacles they face related to hand washing and clean latrine use and how they have (not) overcome those (understanding the limits, adaptations) |
| Disable Female | Ulipur, Kurigram | 1 |
| **Total** | | **4** |  |
| **Key Informant Interview (KII)** | Religious leaders | Sadar, Thakurgaon | 1 | * Overall behavior pattern and infrastructure on Hand washing, clean latrine and their roles in promoting sanitation and hygiene in the community |
| Ulipur, Kurigram | 1 |
| UP member/ Chairman | Ulipur, Kurigram | 1 |
| Ullapara, Sirajganj | 1 |
| CWAC member | Sadar, Thakurgaon | 1 |
| Rajarhat, Kurigram | 1 |
| Field Facilitator | Rajarhat, Kurigram | 1 |
| Ullapara, Sirajganj | 1 |
| **Total** | | **8** |

Table 24: Units per target groups

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviours** | **Methodology** | **Target groups** | **Locations** |
| Increase hand-washing with soap after defecating and before touching food amongst men, women and children in the households, with a particular focus on primary caregivers of children under 5 | 3 FGD | Mixed group (male (n=10) and female (n=10)) | Sadar, Thakurgaon |
| Adolescent boys (n=10) | Sadar, Thakurgaon |
| Ullapara, Sirajganj |

## Mole Observation Framework and Sample Size

It was hypothesized during the design of the study that knowledge and self-report behaviours of hand washing with soap or soap substitute would be high. Parlance used mole observation of beneficiaries to identify the critical times they practice hand washing with soap or soap substitute. The mole observation lasted 3 days including two weekdays and one day during the weekend.

To produce non-intrusive result from the observation, youngsters (boys and girls)[[4]](#footnote-4) from the research locations (1 from each Upazila) were enrolled, trained and briefed on observation method to be exercised. They were provided with a templated track-sheet mentioning the above critical times. The observers observed all members hand washing behaviours around the critical times up to 3 times in a day in their own and two adjacent (both right and left sides) households.

The performance was recorded as per following parameters:

* The person washed hand during the particular time with soap by rinsing 2 hands and making adequate foam (observer checks the happy emoticon in such case)
* The person washed one hand (left hand after defecation and right hand before meal) only with soap or washing both hands with soap but without making enough foam for a good wash (observer checks the indifferent emoticon in such case)
* The person either did not wash hand at all or washed one and/or both hands but did not use soap during hand-washing (observer checks the sad emoticon in such case)

Table 25: Summary table of mole observation specifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Methodology** | **Respondent Type** | **Location (Upazila, District)** | **No of Units** | **Behaviors Covered** |
| **Mole Observation through Supervised Diary Placement Exercise** | Household members in the community- all members in the selected units | Sadar, Thakurgaon | 1 | * Hand washing before meal intake, after defecation, |
| Char Fasson, Bhola | 1 |
| Ulipur, Kurigram | 1 |
| Ullapara, Sirajganj | 1 |
| **Total** | | **4** |

# Demographic

Table 26: Overall Demographic Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographic** | **Respondent Type** | **Characteristic** | **Total** |
| Gender | Direct Beneficiaries | Male | 115 |
| Female | 285 |
| Indirect Beneficiaries | Male | 54 |
| Female | 147 |
| Age | Direct Beneficiaries | 18-19 | 29 |
| 20-24 | 31 |
| 25-34 | 111 |
| 35-44 | 115 |
| 45-54 | 62 |
| 55-64 | 35 |
| 65+ | 17 |
| Indirect Beneficiaries | 18-19 | 13 |
| 20-24 | 15 |
| 25-34 | 56 |
| 35-44 | 55 |
| 45-54 | 37 |
| 55-64 | 14 |
| 65+ | 11 |
| Disability - self-identified disabled people\* | Direct Beneficiaries | Disability 1 | 160 |
| Disability 2 | 86 |
| Disability 3 | 34 |
| Disability 4 | 2 |
| Indirect Beneficiaries | Disability 1 | 76 |
| Disability 2 | 40 |
| Disability 3 | 16 |
| Disability 4 | 1 |
| Disability - disabled family member\* | Direct Beneficiaries | Disability 1 | 142 |
| Disability 2 | 64 |
| Disability 3 | 33 |
| Disability 4 | 3 |
| Indirect Beneficiaries | Disability 1 | 70 |
| Disability 2 | 41 |
| Disability 3 | 25 |
| Disability 4 | 2 |

## Gender

Overall, 29% of the respondents among direct beneficiaries were male, which was 27% among indirect beneficiaries. During the market Rapid Market Appraisal stage, it was found that, majority of the male household remained outside home for their daily income generating activities and other business priorities. The study approached to reach at least 25% of the primary caregiver of children under 5 years, which generally include female (as observed from Rapid Market Appraisal). Parlance in consultation with CCU decided to keep minimum 30% male respondents from remaining sample. However, during the field work, Parlance was successful to maintain 29% male among direct beneficiaries and 27% male among indirect beneficiaries.

Figure 31: Gender of the respondent-By Upazila

|  |  |
| --- | --- |
| **Direct Beneficiaries** | **Indirect Beneficiaries** |
|  |  |

**Ref: Q2 Gender of the respondent**

## Age

Majority of male direct beneficiaries belongs to the age group of 35-44 years (25.2%), while the highest percentage of female direct beneficiaries (34.4%) falls under 25-34 years’ age group. Among the indirect beneficiaries, largest percentage of male and female respondents was of 35-44 years (25.9%) and 25-34 years (33.3%) respectively.

Table 27: Age of the respondent - by Gender

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age** | **Direct Beneficiaries** | | | **Indirect Beneficiaries** | | |
| **Male** | **Female** | **Total** | **Male** | **Female** | **Total** |
| 18-19 | 13.0% | 4.9% | 7.3% | 9.3% | 5.4% | 6.5% |
| 20-24 | 3.5% | 9.5% | 7.8% | 5.6% | 8.2% | 7.5% |
| 25-34 | 11.3% | 34.4% | 27.8% | 13.0% | 33.3% | 27.9% |
| 35-44 | 25.2% | 30.2% | 28.8% | 25.9% | 27.9% | 27.4% |
| 45-54 | 22.6% | 12.6% | 15.5% | 20.4% | 17.7% | 18.4% |
| 55-64 | 15.7% | 6.0% | 8.8% | 13.0% | 4.8% | 7.0% |
| 65+ | 8.7% | 2.5% | 4.3% | 13.0% | 2.7% | 5.5% |
| **Base All respondents** | **115** | **285** | **400** | **54** | **147** | **201** |

**Ref: Q3 How old are you?**

Most of the respondents from direct beneficiaries’ group were aged between 35-44 years range, whereas age of indirect beneficiaries were between 25-44 years.

## Age and disability

Age wise disability type of the respondents for direct beneficiaries were analyzed and it was found that most of the persons with disability type 1, type 2 and type 3 were of 35-54 years of age whereas, disability type 4 respondents were aged between 55-64 years of age. DISABILITY3 is the cut-off recommended by the WG. Hence the report was prepared based on DISABILITY3 only.

Table 28: Age of the respondent by Disability – Direct Beneficiaries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability of the Respondent** | **Level1** | **Level2** | **Level3** | **Level4** |
| 18-19 | 1.3% | 0.0% | 0.0% | 0.0% |
| 20-24 | 1.3% | 0.0% | 0.0% | 0.0% |
| 25-34 | 15.0% | 14.0% | 17.6% | 0.0% |
| 35-44 | 36.3% | 37.2% | 32.4% | 0.0% |
| 45-54 | 20.6% | 20.9% | 14.7% | 0.0% |
| 55-64 | 17.5% | 19.8% | 29.4% | 100.0% |
| 65+ | 8.1% | 8.1% | 5.9% | 0.0% |
| **Base: Respondents with disability** | **160** | **86** | **34** | **2** |

**Ref: Q3 How old are you?**

The table below highlights similar trends among the indirect beneficiaries’ group, and there was only one person with disability level 4.

Table 29: Age of the respondent by Disability - Indirect Beneficiaries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability of the Respondent** | **Level1** | **Level2** | **Level3** | **Level4** |
| 18-19 | 1.3% | 0.0% | 0.0% | 0.0% |
| 20-24 | 1.3% | 0.0% | 0.0% | 0.0% |
| 25-34 | 15.8% | 5.0% | 0.0% | 0.0% |
| 35-44 | 32.9% | 35.0% | 31.3% | 100.0% |
| 45-54 | 28.9% | 37.5% | 43.8% | 0.0% |
| 55-64 | 7.9% | 10.0% | 12.5% | 0.0% |
| 65+ | 11.8% | 12.5% | 12.5% | 0.0% |
| **Base: Respondents with disability** | **76** | **40** | **16** | **1** |

**Ref: Q3 How old are you?**

## Caregivers

Among the direct beneficiaries, the number of female caregivers was higher than male caregivers. 161 households had children under 5 years; of these, 119 were female respondents and 42 were male respondents. 88% (105 out of 119) of the female respondents were primary caregivers, mostly aged 18 to 44 years. Overall, among the female direct beneficiaries, 93% (26 out of 28) respondents with age 18-24 years and 94% (73 out of 78) respondents were primary care giver. On the other hand, out of 42 male respondents only 7% (n=3) were the primary caregivers of the children under 5, all aged 25 to 44 years old.

Figure 32: Primary Caregiver by Gender - Direct Beneficiaries

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |
| **N = 6 23 13 42** | **N = 28 78 13 119** |

**Ref: Q6 Are you the primary caregiver of any of these children under five years old you just mentioned living in your household?**

Among the indirect beneficiaries, 75 households had children under 5 years. Among them 15 were male respondents, and only 7% (n=1) was the primary care giver of children under 5 years. On the other hand, 60 female respondents had children under 5 years living in their households. Among them, 90% (54 out of 60) were the primary caregivers and most of them were 18 to 44 years old. Overall, among the female indirect beneficiaries, 92% (12 out of 13) respondents with age 18-24 years and 95% (36 out of 38) respondents were primary care giver.

Figure 33: Primary Caregiver by Gender - Indirect Beneficiaries

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |
| **N = 1 9 5 15** | **N = 13 38 9 60** |

**Ref: Q6 Are you the primary caregiver of any of these children under five years old you just mentioned living in your household?**

In the study areas, primary caregivers were higher in Thakurgaon Sadar (78.3%) from direct beneficiaries and primary caregivers were higher in Ullapara (77.3%) from indirect beneficiaries. The least number of primary care givers were found in Ulipur Upazila among direct beneficiaries.

## Role in Decision Making

Figure 34: Decision making for sanitation and hygiene activities by Upazila - Direct Beneficiaries

Figure 35: Decision making for sanitation and hygiene activities by Upazila - Indirect Beneficiaries

**Ref: Q1 Which of the following statements best describes your involvement in the decision making and participation in sanitation and hygiene activities for your household?**

# Hygiene Results

## Knowledge and Reported behaviour Practice for washing hands

Baseline findings showed that knowledge on important times to wash hands with soap or soap substitute hand washing was low for the following times: “after cleaning a baby or child who has defecated”, “before feeding a child”, “after touching food” and “before touching food”. However, the results were positive for the following critical times: “after defecating” and “before eating”. Gender disaggregated results revealed that there was no variation in awareness level of male and female.

Overall, 96% direct beneficiaries mentioned that, it was important for them to wash hand ‘after defecation’, while the self-reported behaviour was slightly lower (93%). Moreover, 84% cases the respondent found it was important to wash hands ‘before eating/ before meals’, while 76% self-reported washing their hands. Furthermore, 42% cases the respondents think it was important to wash their hands ‘After cleaning a baby or child who has defecated’, while the self-reported behaviour was 34%. Both the knowledge and self-reported behaviour was less than 35% for ‘before touching food’, ‘after touching food’ and ‘before feeding a child.’

Figure 36: Hand washing Knowledge and Reported behaviour during critical time - Direct Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

The same findings applied to indirect beneficiaries. Self-reported behaviour was found to be lower than the knowledge. 97% respondents identified ‘after defecating’ as an important time for hand washing, and 93% self-reported washing their hands. For ‘before eating/ before meals’ the knowledge was among 85% respondents, while self-reported behaviour was 81%. In case of ‘after cleaning a baby or child who has defecated’, ‘before feeding a child,’ ’before touching food’ and ‘after touching food’, both the knowledge and reported behaviour was less than 35%.

Figure 37: Hand washing Knowledge and Reported behaviour during critical time - Indirect Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

The study identifies some activities/ times for hand washing are neutral by gender, while some activities/ times are more focused to women. The following graph shows not major difference among male and female in terms of knowledge of hand washing ‘after defecating’, ‘before eating’, ‘after touching food’ and ‘before touching food; while there was a clear difference noticed in terms of ‘after cleaning a baby or child who has defecated’ and ‘before feeding a child.’ Among male respondents, the knowledge of hand washing ‘after cleaning a baby or child who has defecated’ was 20% and for ‘before feeding a child’ it was 17%. While among the female direct beneficiaries, the percentage was 51% and 40% respectively.

The reported behaviour for these two activities was also high among female respondents. Overall 45% females claimed that, they wash their hands ‘after cleaning a baby or child who has defecated’, while 42% females claimed that, they wash their hands ‘before feeding a child’. During rapid market appraisal, it was noticed that, higher number of females are actually involved with such activities, which resulted higher number of hands washing knowledge and reported behaviour.

Figure 38: Hand washing Knowledge and Reported behaviour during critical time by Gender - Direct Beneficiaries

|  |  |
| --- | --- |
| Male | Female |
|  |  |

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Overall, among indirect beneficiaries, 13% male respondents mentioned that, it was important to wash hands ‘after cleaning a baby or child who has defecated’, while the reported behaviour was NIL. Additionally, 19% male respondents perceived that, hand washing ‘before feeding a child’ was important; the reported behaviour was 6% only.

Among females, 41.5% mentioned that, it was important to wash hands ‘after cleaning a baby or child who has defecated’ and 33.3% actually reported it as their behaviour, while the knowledge and reported behaviour on ‘before feeding a child’ was 37.4% and 29.3% respectively.

Figure 39: Hand washing Knowledge and Reported behaviour during critical time by Gender - Indirect Beneficiaries

|  |  |
| --- | --- |
| Male | Female |
|  |  |

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

61% direct beneficiaries reported that, they wash their both hands ‘after defecating’; while 39% said they wash their applicable hand only. Moreover, 67% respondents wash their both hands ‘before eating’, while 33% washed applicable hand only during the period. Those who wash hands ‘after cleaning a baby or child who has defecated’, 63% of them washed their both hands, while 38% wash their applicable hands only. ‘Before feeding a child’, 48% respondents washed their both hands, while 58% respondents wash their both hands ‘before touching food.’

Figure 40: Washing both hands during critical time - Direct Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Among indirect beneficiaries too, the tendency of washing both hands were high, however, lower than that of direct beneficiaries, especially for ‘after touching food’. Overall 45% cases the indirect beneficiaries wash their applicable hand only ‘after defecating’. Moreover, 38% of the respondents washed their applicable hand ‘after cleaning a baby or child who has defecated’. In remaining cases, the respondents used to wash either both hands. 58% indirect beneficiaries washed their both hands ‘after touching food’.

Figure 41: Washing both hands during critical time - Indirect Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

The following analysis was done by combining Q59 and Q60. In Q59, the respondents were asked about the important times for washing hand. Those who mentioned ‘before eating’ only, they were further probed to understand the specific period of eating. In response to the question, some of the respondents mentioned ‘before all meal’, while some of the respondents provided multiple response including the code ‘before all meal’. Overall, 75% direct beneficiaries mentioned that, it was important for them to wash hand ‘before all meal’, while the reported behaviour was 76% for the purpose. While specifying the meal time, in case of both knowledge (42%) and reported behaviour (38%), breakfast time was mentioned above all. On the other hand, some of the respondents did not mention ‘before dinner’ or ‘before lunch’ in their knowledge, however they mentioned the topic during reported behaviour.

Figure 42: Hand washing Knowledge and Reported behaviour before/after meal - Direct Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q60 At what meals is it important to wash your hands before eating?**

**Ref: Q61 At what times in the day do you wash your hands?**

Among the indirect beneficiaries, the knowledge on ‘Before all meal’ was 65%, while the reported behaviour became 81%. Among other specific meal time, the response for ‘before breakfast’ was the highest for both **knowledge** and **reported behaviour**.

Figure 43: Hand washing Knowledge and Reported behaviour before/after meal - Indirect Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q60 At what meals is it important to wash your hands before eating?**

**Ref: Q61 At what times in the day do you wash your hands?**

Without specifying any meal type, majority (65%) of the respondents among direct beneficiaries mentioned that, they washed both hands, while after specifying the meal type or duration, the tendency of washing applicable hand was higher, which was more than 50% among all meal types.

Figure 44: Washing both hands before/after meal - Direct Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Among indirect beneficiaries 67% respondents washed both hands before eating, while 75% respondents washed both hands ‘before breakfast’. Remaining cases, more than 50% respondents mentioned that, they washed applicable hand ‘before lunch’ (55%), ‘before dinner’ (58%) and ‘after eating’ (54%).

Figure 45: Washing both hands before/after meal - Indirect Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Among the direct beneficiaries, 62% mentioned ‘after work’ as an important time for hand wash, where the reported behaviour was 67%. Moreover, 47% direct beneficiaries mentioned ‘after cooking’ as an important time for hand wash, where the reported behaviour was 45%. In remaining cases, both the knowledge and reported behaviour was less than 20%.

Figure 46: Hand washing Knowledge and Reported behaviour at other times - Direct Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Similar to direct beneficiaries, the knowledge and reported behaviour among the indirect beneficiaries were higher for ‘after work’ and ‘after cooking’. Overall, 66% indirect beneficiaries mentioned ‘after work’ as an important time for hand wash, where the reported behaviour was 69%. Moreover, 44% indirect beneficiaries mentioned ‘after cooking’ as an important time for hand wash, where the reported behaviour was 52%.

Figure 47: Hand washing Knowledge and Reported behaviour at other times - Indirect Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

There is a clear difference noticed by the knowledge and behaviour of male and female respondents among direct beneficiaries in terms of different activities or time for hand washing. The knowledge and practice for ‘after work’ and ‘’after returning from field’ was higher for males, while in remaining cases it was higher for females. This is also an indication of gender roles at the household level, and how hand washing practice is integrated in daily activities conducted by men and women.

Figure 48: Hand washing Knowledge and Reported behaviour at other times by Gender - Direct Beneficiaries

|  |  |
| --- | --- |
| Male | Female |
|  |  |

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Similar findings are demonstrated in the graph below for both men and women. In both direct and indirect beneficiaries’ responses washing hands “after work” is important for both gender groups, but major differences are noticed regarding “after sweeping” and “after cooking” which seemed to be only performed by women.

Figure 49: Hand washing Knowledge and Reported behaviour at other times by Gender - Indirect Beneficiaries

|  |  |
| --- | --- |
| Male | Female |
|  |  |

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Except for the time of ‘after cooking’ close to all the respondents used to wash both hands, while 6% (N=11) respondents who mentioned that, they washed hands ‘after cooking’ their wash right hand only.

Figure 50: Washing both hands at other times - Direct Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Similar to direct beneficiaries, almost all the cases the indirect beneficiaries wash both hands for all the activities, such as; ‘after returning from field’, ‘after cleaning the house, while among the respondents who mentioned that, they washed hands ‘after cooking’ 3% (N=3) of them used to wash their right hand for the occasion.

Figure 51: Washing both hands at other times - Indirect Beneficiaries

**Q62\_1 What hand do you wash at each of the times you have mentioned?**

Overall, 97% caregivers of children under 5 among direct beneficiaries perceived that, after defecation it was important to wash their hands, while 93% cases they actually washed their hands. Moreover, the knowledge on hand washing ‘before eating’ was 77%, while the reported behaviour was 70%. In cases of knowledge about hand wash ‘after cleaning a baby or child who has defecated’ was 73%, where the reported behaviour was almost the same (72%). Interestingly, the reported behaviour for ‘before feeding a child’ (67%) was higher among the primary caregivers than the knowledge (60%). Furthermore, the knowledge on ‘before touching food was 17%, while the reported behaviour was 27%.

Figure 52: Hand washing Knowledge and Reported behaviour by Primary Caregiver - Direct Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

Among the primary caregivers among indirect beneficiaries, almost all of them (98%) had knowledge of hand washing ‘after defecating’; while the reported behaviour was slightly lower (91%). Moreover, 85% primary caregivers had knowledge of hand washing ‘before eating/ before meals’ and the reported behaviour was almost the same (84%). The knowledge and the reported behaviour for hand washing ‘After cleaning a baby or child who has defecated’ (64%) was the same among the primary caregivers. In case of knowledge of hand wash before feeding a child, 55% of the caregivers were aware, and the reported behaviour was 51%. 11% mothers had knowledge on hand washing ‘before touching food’, while the reported behaviour was 5% only.

Figure 53: Hand washing Knowledge and Reported behaviour by Primary Caregiver - Indirect Beneficiaries

**Ref: Q59 At what times in the day is it important to wash your hands?**

**Ref: Q61 At what times in the day do you wash your hands?**

The analysis of the use of soap or soap substitute across Upazilas revealed disparities. The use of bar soap was higher in Ullapara (72%) and Thakurgaon Sadar (65%) among direct beneficiaries than other Upazilas as displayed in the graph below. This is compared to Ulipur, where “water and soapy water” is mainly used by households (70%), and Rajarhat (66%) 14% respondents from Ullapara used ‘Water and liquid soap’ to wash their hands.

Figure 54: Washing hand using Soap or Substitute by Upazila - Direct beneficiaries

**Ref: Q64 What do you use to wash your hands?**

Similar results were found for indirect beneficiaries. The usage of bar soap was higher in Ullapara and Thakurgaon Sadar than other Upazilas. 82% indirect beneficiaries from Ulipur and 60% indirect beneficiaries from Rajarhat used ‘Water and soapy water’ to wash hands. There were 10% respondents from Ullapara who used ‘Water and liquid soap’ to wash their hands. Moreover, 6 respondents from Thakurgaon Sadar and 3 respondents from Ulipur used ‘Water and powder detergent.’ There was one respondent from Ullapara among indirect beneficiaries who washed their hands using ‘water and mud’. (NB. Due to low percentage, it was not shown in the graph).

Figure 55: Washing hand using Soap or Substitute by Upazila - Indirect beneficiaries

**Ref: Q64 What do you use to wash your hands?**

## Hand washing facilities

Among the direct beneficiaries, the use of ‘Hand pump’ found to be lower in Ullapara (52.7%), where 16.4% of the direct beneficiaries wash hand from water tank with tap. ‘Buckets with a tap in the bottom’ was available in 90% household in Rajarhat, which was 66.4% in Thakurgaon Sadar.

Table 30: Type of hand washing facility observed by Upazila - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| **Direct Beneficiaries** | | | | | |
| Water source - Hand pump | 94.0% | 88.6% | 89.0% | 52.7% | 79.5% |
| Buckets with a tap in the bottom | 90.0% | 66.4% | 81.0% | 70.0% | 74.0% |
| Water tank with tap | 4.0% | 6.4% | 1.0% | 16.4% | 7.5% |
| Water source - Tap | 6.0% | 0.7% | 7.0% | 6.4% | 4.5% |
| Tippy-taps | 0.0% | 3.6% | 0.0% | 7.3% | 3.3% |
| Container with cup (bucket/bowl/jerry can with cup) | 8.0% | 0.0% | 4.0% | 1.8% | 2.5% |
| Water source - Well | 0.0% | 0.7% | 0.0% | 0.0% | 0.3% |
| Pitcher with tap | 0.0% | 0.0% | 1.0% | 0.0% | 0.3% |
| **Base: Hand washing facility observed** | **50** | **140** | **100** | **110** | **400** |

**Ref: Q67 What type of hand washing facility is it?**

There were 100% cases ‘hand pump’ was available in Rajarhat among indirect beneficiaries, which was 68.3% in Ullapara. In Rajarhat Upazila, 90% indirect respondents used to wash hand from buckets with a tap in the bottom, which was lower among other Upazilas. In addition to this, 10% indirect beneficiaries from Ullapara used to wash hands from Tippy-taps, which was NIL in other Upazilas. There were 1% (N=2) cases, ‘stream, river or pond’ was recorded as hand washing facility recorded among indirect beneficiaries, one of them were from Rajarhat and another was from Ulipur.

Table 31: Type of hand washing facility observed by Upazila - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Water source - Hand pump | 100.0% | 91.4% | 82.0% | 68.3% | 83.0% |
| Buckets with a tap in the bottom | 90.0% | 61.4% | 40.0% | 46.7% | 54.5% |
| Water tank with tap | 5.0% | 2.9% | 10.0% | 18.3% | 9.5% |
| Water source - Tap | 0.0% | 2.9% | 4.0% | 8.3% | 4.5% |
| Tippy-taps | 0.0% | 0.0% | 0.0% | 10.0% | 3.0% |
| Container with cup (bucket/bowl/jerry can with cup) | 0.0% | 0.0% | 6.0% | 3.3% | 2.5% |
| Water source - Well | 0.0% | 1.4% | 4.0% | 0.0% | 1.5% |
| Water source - (stream, river or pond) | 5.0% | 0.0% | 2.0% | 0.0% | 1.0% |
| **Base: Hand washing facility observed** | **20** | **70** | **50** | **60** | **200** |

**Ref: Q67 What type of hand washing facility is it?**

# Sanitation

## Type of latrine (Self report)

49.3% of the direct beneficiaries from Thakurgaon Sadar mentioned that, they used ‘Sato pan latrine’, which was 30.0% in Rajarhat and 34.0% Ulipur, while 3.6% (n=4) in Ullapara. On the other hand, the use of ‘Offset pit latrine’ found to be higher in Thakurgaon Sadar (30%) and Ullapara (34.5%), which was less than 15% in Rajarhat (14%) and Ulipur (9%). There was diversification by toilet type noticed in different Upazilas.

Table 32: Type of latrine used to defecate by Upazila - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of latrine** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Sato pan latrine | 30.0% | 49.3% | 34.0% | 3.6% | 30.5% |
| Offset pit latrine | 14.0% | 30.0% | 9.0% | 34.5% | 24.0% |
| Water seal pit latrine | 26.0% | 7.1% | 22.0% | 15.5% | 15.5% |
| Ventilated improved pit latrine (VIP) | 14.0% | 5.0% | 22.0% | 19.1% | 14.3% |
| Pit latrine with slab | 14.0% | 7.9% | 12.0% | 17.3% | 12.3% |
| Standard latrine with English/India Seat or water closet with Water Flush tank and Wash Basin | 0.0% | 0.0% | 0.0% | 5.5% | 1.5% |
| Pit latrine without slab | 2.0% | 0.7% | 1.0% | 0.9% | 1.0% |
| Standard latrine with English/India Seat or water closet without Water/Flush tank and Wash Basin | 0.0% | 0.0% | 0.0% | 3.6% | 1.0% |
| **Base: All respondents** | **50** | **140** | **100** | **110** | **400** |

**Ref: Q19 Thinking about the latrine you and members of your household use most often at home, what type of latrine is it?**

There was some similarity noticed between direct beneficiaries and indirect beneficiaries by usage of different latrine types. Among indirect beneficiaries too, the used of Sato pan latrine found the highest in Thakurgaon Sadar, while none of the indirect beneficiaries from Rajarhat mentioned that, they used Offset pit latrine. There was only one respondent from Ullapara who mentioned that, she we went for open defecation.

Table 33: Type of latrine used to defecate by Upazila - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of latrine** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Sato pan latrine | 35.0% | 47.9% | 20.0% | 6.7% | 27.4% |
| Offset pit latrine | 0.0% | 43.7% | 10.0% | 25.0% | 25.4% |
| Water seal pit latrine | 45.0% | 4.2% | 22.0% | 18.3% | 16.9% |
| Pit latrine with slab | 5.0% | 1.4% | 24.0% | 21.7% | 13.4% |
| Ventilated improved pit latrine (VIP) | 15.0% | 1.4% | 22.0% | 18.3% | 12.9% |
| Standard latrine with English/India Seat or water closet with Water Flush tank and Wash Basin | 0.0% | 1.4% | 0.0% | 3.3% | 1.5% |
| Pit latrine without slab | 0.0% | 0.0% | 2.0% | 1.7% | 1.0% |
| Water seal pit latrine but water seal is broken or not present | 0.0% | 0.0% | 0.0% | 1.7% | 0.5% |
| Standard latrine with English/India Seat or water closet without Water/Flush tank and Wash Basin | 0.0% | 0.0% | 0.0% | 1.7% | 0.5% |
| Open defecation/bush/field | 0.0% | 0.0% | 0.0% | 1.7% | 0.5% |
| **Base: All respondents** | **20** | **71** | **50** | **60** | **201** |

**Ref: Q19 Thinking about the latrine you and members of your household use most often at home, what type of latrine is it?**

There was an attempt made to verify the latrine type the respondents mentioned and the type of latrine actually available at the household and it was found that, overall 82% of the direct beneficiaries were able to identify their latrine properly, while 18% could not identify the latrine correctly. Moreover, 80% among indirect beneficiaries could correctly identify the latrine, while remaining 20% made misstate to identify their latrine type.

Figure 57: Latrine type identified correctly

**Figures in %**

|  |  |
| --- | --- |
| **Direct Beneficiaries** | **Indirect Beneficiaries** |
|  |  |

The major mistake to identify the toilet was Sato pan latrine (19 respondents among direct beneficiaries and 5 respondents among indirect beneficiaries), followed by Ventilated improved pit latrine (VIP) (13 respondents among direct beneficiaries and 9 respondents among indirect beneficiaries).

Table 34: Latrine type identified correctly

**\*Figures in Frequency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Latrine type** | **Direct beneficiaries** | | **Indirect beneficiaries** | |
| **Right Identification** | **Wrong Identification** | **Right Identification** | **Wrong Identification** |
| Offset pit latrine | 87 | 13 | 46 | 5 |
| Pit latrine with slab | 20 | 8 | 12 | 8 |
| Pit latrine without slab | 1 | 0 | 0 | 2 |
| Sato pan latrine | 116 | 19 | 55 | 8 |
| Standard latrine with English/India Seat or water closet with Water Flush tank and Wash Basin | 4 | 0 | 3 | 1 |
| Standard latrine with English/India Seat or water closet without Water/Flush tank and Wash Basin | 4 | 1 | 0 | 0 |
| Ventilated improved pit latrine (VIP) | 52 | 13 | 23 | 9 |
| Water seal pit latrine but water seal is broken or not present | 0 | 2 | 1 | 0 |
| Water seal pit latrine | 43 | 14 | 20 | 6 |

The percentage of land ownership for own plot, owned or rented was found to be very much similar across different Upazila, indirect beneficiaries from Thakurgaon Sadar was the exception. There were 5.6% cases in the Upazila the latrine was on Government khash land, while 4.2% cases it wan on neighbors’ plot among indirect beneficiaries.

Table 35: Land ownership for latrine by Upazila

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| **Direct Beneficiaries** | | | | | |
| On own plot, owned or rented | 94.0% | 95.0% | 97.0% | 97.3% | 96.0% |
| On neighbors’ plot | 2.0% | 2.9% | 3.0% | 0.0% | 2.0% |
| Government khash land | 4.0% | 2.1% | 0.0% | 0.9% | 1.5% |
| Communal area | 0.0% | 0.0% | 0.0% | 1.8% | 0.5% |
| **Base: All respondents** | **50** | **140** | **100** | **110** | **400** |
| **Indirect Beneficiaries** | | | | | |
| On own plot, owned or rented | 100.0% | 90.1% | 98.0% | 98.3% | 95.5% |
| Government khash land | 0.0% | 5.6% | 2.0% | 0.0% | 2.5% |
| On neighbors’ plot | 0.0% | 4.2% | 0.0% | 1.7% | 2.0% |
| **Base: All respondents** | **20** | **71** | **50** | **59** | **200** |

**Ref: Q22 On whose land is the latrine which you use most often?**

## Access to latrine

Among the direct beneficiaries, 9% (N=9) from Ulipur mentioned that, they sometime cannot go to their usual latrine, while 12% (N=6) indirect beneficiaries from the same Upazila face the situation.

Figure 58: When people can’t go to household latrine by Upazila

|  |  |
| --- | --- |
| **Direct Beneficiaries** | **Indirect Beneficiaries** |
|  |  |

**Ref: Q32 Are there any times you cannot use your latrine?**

Table 36: Maintenance/repair of latrine by Latrine Type - Direct Beneficiaries

Figures in frequency

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Latrine is not very well maintained (e.g. water seal broken but pit not clogged, and latrine can still be used)** | **Latrine is in poor condition (e.g. water seal broken, pit clogged this toilet is not functional, not usable)** | **Total** |
| Pit latrine with slab | 1 | 0 | 1 |
| Sato pan latrine | 1 | 1 | 2 |
| Water seal pit latrine but  water seal is broken or not present | 1 | 0 | 1 |
| **Base: Latrine was not in good condition** | **3** | **1** | **4\*** |

\*Base too low

Table 37: Maintenance/repair of latrine by Latrine Type - Indirect Beneficiaries

Figures in frequency

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Latrine is not very well maintained (e.g. water seal broken but pit not clogged, and latrine can still be used)** | **Latrine is in poor condition (e.g. water seal broken, pit clogged this toilet is not functional, not usable)** | **Total** |
| Pit latrine with slab | 1 | 1 | **2** |
| Sato pan latrine | 1 | 0 | **1** |
| **Base: Latrine was not in good condition** | **2** | **1** | **3\*** |

\*Base too low

Table 38: Use of the latrine by Upazila - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Floor of latrine is wet | 100.0% | 65.0% | 98.0% | 92.5% | 85.1% |
| Cleaning materials are present | 72.0% | 71.4% | 66.0% | 72.9% | 70.5% |
| Water container is present | 44.0% | 66.4% | 29.0% | 61.7% | 52.9% |
| Faecal smears on pan or slab | 30.0% | 59.3% | 28.0% | 40.2% | 42.6% |
| Major repairs making the latrine not usable are being carried out | 0.0% | 0.7% | 3.0% | 0.0% | 1.0% |
| Others; There is no latrine cleaner. | 0.0% | 1.4% | 0.0% | 1.9% | 1.0% |
| Others; Shoe & tissue is kept in the toilet | 0.0% | 2.9% | 0.0% | 0.0% | 1.0% |
| Others; There is flowing water facilities | 0.0% | 1.4% | 0.0% | 0.0% | 0.5% |
| Others; There is detergent powder mixed with water | 0.0% | 1.4% | 0.0% | 0.0% | 0.5% |
| Others; Latrine is used as a storeroom so cannot be used | 0.0% | 0.0% | 1.0% | 0.0% | 0.3% |
| **Base: Those allowed to show the latrine** | **50** | **140** | **100** | **107** | **397** |

**Ref: Q46 Use of the latrine**

Table 39: Use of the latrine - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Floor of latrine is wet | 90.0% | 57.7% | 94.0% | 93.1% | 80.4% |
| Cleaning materials are present | 85.0% | 62.0% | 78.0% | 62.1% | 68.3% |
| Faecal smears on pan or slab | 25.0% | 63.4% | 30.0% | 44.8% | 45.7% |
| Water container is present | 45.0% | 45.1% | 28.0% | 58.6% | 44.7% |
| Others; Shoe & tissue is kept in the toilet | 0.0% | 2.8% | 0.0% | 0.0% | 1.0% |
| Others; There is no latrine cleaner | 0.0% | 0.0% | 0.0% | 1.7% | 0.5% |
| Others; There is flowing water facilities | 0.0% | 0.0% | 2.0% | 0.0% | 0.5% |
| Others; There was ash | 0.0% | 1.4% | 0.0% | 0.0% | 0.5% |
| **Base: Those allowed to show the latrine** | **20** | **71** | **50** | **58** | **199** |

**Ref: Q46 Use of the latrine**

## Cleanliness of latrine

Table 40: Evidence of uncleanliness by Upazila

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evidence of uncleanliness** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| **Direct Beneficiaries** | | | | | |
| Mud trace on the floor | 42.0% | 25.7% | 46.0% | 47.7% | 38.8% |
| Trace of faeces on pan | 10.0% | 8.6% | 20.0% | 35.5% | 18.9% |
| Flies and mosquitoes inside the latrine | 10.0% | 3.6% | 10.0% | 30.8% | 13.4% |
| Bad odour or smell in the latrine | 12.0% | 5.0% | 9.0% | 23.4% | 11.8% |
| **Base: Those allowed to show the latrine** | **50** | **140** | **100** | **107** | **397** |
| **Indirect Beneficiaries** | | | | | |
| Mud trace on the floor | 45.0% | 39.4% | 52.0% | 44.8% | 44.7% |
| Trace of faeces on pan | 10.0% | 28.2% | 28.0% | 31.0% | 27.1% |
| Flies and mosquitoes inside the latrine | 5.0% | 11.3% | 2.0% | 48.3% | 19.1% |
| Bad odour or smell in the latrine | 10.0% | 18.3% | 8.0% | 25.9% | 17.1% |
| **Base: Those allowed to show the latrine** | **20** | **71** | **50** | **58** | **199** |

**Ref: Q52 No evidence of cleanliness of the latrine**

## Availability and type of cleaning products inside the toilet

Overall, there were 77 direct beneficiaries who did not keep the cleaning products at the hand washing facilities, 66% (N=51) of them claimed that, they kept the products somewhere else, which was highest 76% (N=19) in Ulipur and lowest 56% (N=19) in Thakurgaon Sadar.

Figure 59: Keeping cleaning products outside toilet - Direct Beneficiaries

|  |
| --- |
|  |

**Ref: Q54 Do you keep your cleaning products elsewhere?**

There were 32 respondents where there was no cleaning products inside the latrine and among them, 56% (N=18) of the indirect beneficiaries mentioned that, they kept the cleaning products somewhere else, not in the washing facility.

Figure 60: Keeping cleaning products outside toilet - Indirect Beneficiaries

|  |
| --- |
|  |

**Ref Q: Q54 Do you keep your cleaning products elsewhere?**

There were total 50 direct beneficiaries who kept the cleaning product outside the toilet, 18 cases it was found that kitchen was the main place to keep their products, which was common for indirect beneficiaries also (N=5). Among the direct beneficiaries, 10 cases the cleaning product was kept outside the latrine. Moreover, 12 direct beneficiaries and 5 indirect beneficiaries could not show any cleaning product during the survey and they claimed that, the product was finished.

Table 41: Location of cleaning products

Figures in frequency

|  |  |  |
| --- | --- | --- |
| **Location of cleaning products** | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| In the kitchen | 18 | 5 |
| Outside the latrine | 10 | 1 |
| Beside the hand pump | 4 | 1 |
| At the cow shed | 2 | 1 |
| In the bedroom | 2 | 1 |
| In the dining room | 2 | 0 |
| No product found during the survey | 12 | 5 |
| **Base: Those keep cleaning product outside toilet** | **50** | **14** |

**Ref: Q57 Location of cleaning products**

Those mentioned that, they kept cleaning product outside the toilet, in most cases the enumerators found the presence of broom among both direct (n=19) and indirect beneficiaries (n=3), followed by floor cleaner/substitute for cleaning pan and platform (in 14 cases among direct beneficiaries and 4 cases among indirect beneficiaries).

Table 42: Evidence of cleaning products and equipment outside latrine

Figures in frequency

|  |  |  |
| --- | --- | --- |
|  | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| Presence of broom | 19 | 3 |
| Presence of floor cleaner/substitute for cleaning pan and platform | 14 | 4 |
| Presence of brush | 9 | 4 |
| Presence of toilet cleaner and/or disinfectant for the pan | 10 | 2 |
| No product found during the survey | 12 | 5 |
| **Base: Those keep cleaning product outside latrine** | **50** | **14** |

**Ref: Q58 Evidence of cleaning products and equipment in alternative location identified in Q55**

## Pathway to the latrine

In case, the latrine was reported accessible by the enumerators, latrine ‘Located within household premises/boundary, Latrine was not locked from outside’ was the most common evidences, others were found to be minor. In Rajarhat Upazila, 80% (N=28) cases these evidences was observed. Moreover, in Thakurgaon Sadar, 34.6% (N=27) cases latrine ‘Located within household premises/boundary, Latrine was not locked from outside, Staircase installed for easy access’ was found.

Table 43: Evidence of accessible route - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evidence of accessible route** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Located within household premises/boundary, Latrine is not locked from outside | 80.0% | 46.2% | 59.1% | 62.2% | 59.0% |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 8.6% | 34.6% | 16.7% | 4.9% | 17.2% |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 5.7% | 1.3% | 12.1% | 17.1% | 9.6% |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 2.9% | 2.6% | 9.1% | 7.3% | 5.7% |
| Latrine is not locked from outside | 2.9% | 7.7% | 0.0% | 1.2% | 3.1% |
| Latrine is not locked from outside, Staircase installed for easy access | 0.0% | 5.1% | 1.5% | 0.0% | 1.9% |
| Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 0.0% | 1.3% | 1.5% | 1.2% | 1.1% |
| Latrine is attached into the room., Latrine is not locked from outside | 0.0% | 0.0% | 0.0% | 2.4% | 0.8% |
| Latrine is not locked from outside, Latrine is placed high using soil so that it is easy to use | 0.0% | 1.3% | 0.0% | 0.0% | 0.4% |
| Latrine is placed high using soil so that it is easy to use., Latrine is not locked from outside | 0.0% | 0.0% | 0.0% | 1.2% | 0.4% |
| Located within household premises/boundary, Latrine is not locked from outside, Handrail along path | 0.0% | 0.0% | 0.0% | 1.2% | 0.4% |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed, Handrail along path | 0.0% | 0.0% | 0.0% | 1.2% | 0.4% |
| **Base: Cases found the latrine accessible** | **35** | **78** | **66** | **82** | **261** |

**Ref: Q48 Evidence of accessible route (to reach the latrine)**

Among indirect beneficiaries, where the latrine was reported accessible by the enumerators, 54.8% cases the latrine “Located within household premises/boundary, Latrine was not locked from outside, which was highest in Rajarhat Upazila (76.5%, N=13). Moreover, 23.3% cases, the ‘Located within household premises/boundary, Latrine was not locked from outside, Staircase installed for easy access’, highest 34.9% (N=15) in Thakurgaon Sadar.

Table 44: Evidence of accessible route - Indirect Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evidence of accessible route** | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Located within household premises/boundary, Latrine is not locked from outside | 76.5% | 46.5% | 45.2% | 63.6% | 54.8% |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 17.6% | 34.9% | 26.2% | 11.4% | 23.3% |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 5.9% | 2.3% | 9.5% | 15.9% | 8.9% |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 0.0% | 4.7% | 14.3% | 4.5% | 6.8% |
| Latrine is not locked from outside | 0.0% | 9.3% | 2.4% | 0.0% | 3.4% |
| Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 0.0% | 0.0% | 2.4% | 0.0% | 0.7% |
| Latrine is not locked from outside, Staircase installed for easy access | 0.0% | 2.3% | 0.0% | 0.0% | 0.7% |
| Located within household premises/boundary, Latrine is not locked from outside, Latrine is attached into the room | 0.0% | 0.0% | 0.0% | 2.3% | 0.7% |
| Located within household premises/boundary, Latrine is not locked from outside, Latrine is placed high using soil so that it is easy to use | 0.0% | 0.0% | 0.0% | 2.3% | 0.7% |
| **Base: Cases found the latrine accessible** | **17** | **43** | **42** | **44** | **146** |

**Ref: Q48 Evidence of accessible route (to reach the latrine)**

Out of 21 respondents with disability level 3, 12 cases the latrine ‘Located within household premises/boundary, Latrine was not locked from outside’, while 4 cases the latrine ‘Located within household premises/boundary, Latrine was not locked from outside, and Staircase installed for easy access’ and 3 cases ‘Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people’

Table 45: Evidence of accessible route by Disabled- Direct Beneficiaries

\*Figures in frequency

|  |  |
| --- | --- |
| **Evidence** | **Disability of the**  **Respondent** |
| Located within household premises/boundary, Latrine is not locked from outside | 12 |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 4 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 3 |
| Latrine is not locked from outside | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 1 |
| **Base: Respondents with disability** | **21** |

**Ref: Q48 Evidence of accessible route (to reach the latrine)**

There were 19 cases where there were family members with disability level 3 and in 9 cases, ‘the latrine was Located within household premises/boundary, Latrine was not locked from outside’ and 5 cases the latrine was ‘Located within household premises/boundary, Latrine was not locked from outside, there was ramp to latrine for supporting elderly, pregnant women and disabled people’.

Table 46: Evidence of accessible route Disabled family member- Direct Beneficiaries

\*Figures in frequency

|  |  |
| --- | --- |
| **Evidence** | **Disability of the**  **Family Members** |
| Located within household premises/boundary, Latrine is not locked from outside | 9 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 5 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 2 |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 2 |
| Latrine is not locked from outside | 1 |
| **Base: Respondents with disability** | **19** |

**Ref: Q48 Evidence of accessible route (to reach the latrine)**

There were 14 respondents among indirect beneficiaries and out of the 14 cases, in 10 cases the latrine ‘Located within household premises/boundary, Latrine was not locked from outside’ and 5 cases the latrine ‘Located within household premises/boundary, Latrine was not locked from outside and Staircase installed for easy access’.

Table 47: Evidence of accessible route by Disabled - Indirect Beneficiaries

\*Figures in frequency

|  |  |
| --- | --- |
| **Evidence of accessible route** | **Disability of the**  **Respondent** |
| Located within household premises/boundary, Latrine is not locked from outside | 10 |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 5 |
| Latrine is not locked from outside | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Latrine is placed high using soil so that it is easy to use. | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 1 |
| **Base: Respondents with disability** | **14** |

**Ref: Q48 Evidence of accessible route (to reach the latrine) [Direct/Indirect?]**

Among the indirect beneficiaries, there was 19 family members with disability level 3, and out of them there was 10 cases where latrine ‘Located within household premises/boundary, Latrine was not locked from outside’, and 5 cases the latrine ‘Located within household premises/boundary, Latrine was not locked from outside and Staircase installed for easy access.

Table 48: Evidence of accessible route By Disabled Family member - Indirect Beneficiaries

\*Figures in frequency

|  |  |
| --- | --- |
| **Evidence of accessible route** | **Disability of the**  **Family Members** |
| Located within household premises/boundary, Latrine is not locked from outside | 10 |
| Located within household premises/boundary, Latrine is not locked from outside, Staircase installed for easy access | 5 |
| Latrine is not locked from outside | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Latrine is placed high using soil so that it is easy to use | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people | 1 |
| Located within household premises/boundary, Latrine is not locked from outside, Ramp to latrine for supporting elderly, pregnant women and disabled people, Staircase installed for easy access | 1 |
| **Base: Respondents with disability** | **19** |

**Ref: Q48 Evidence of accessible route (to reach the latrine) [Direct/Indirect?]**

In the situations where the enumerators informed observed the Evidence of inaccessible route to reach the latrine, most of the cases ‘Latrine is located outside household premises/boundary’ 87.5% which was the single most evidence recorded by the enumerators. Other evidences were marginal across different Upazilas

Table 49: Evidence of inaccessible route to reach the latrine - Direct Beneficiaries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rajarhat** | **Thakurgaon Sadar** | **Ulipur** | **Ullapara** | **Total** |
| Latrine is located outside household premises/boundary | 86.7% | 93.5% | 85.3% | 76.0% | 87.5% |
| Trip hazards in path, Latrine is located outside household premises/boundary | 6.7% | 3.2% | 0.0% | 12.0% | 4.4% |
| Trip hazards in path | 0.0% | 0.0% | 8.8% | 0.0% | 2.2% |
| Trip hazards in path, Slippery path, Latrine is located outside household premises/boundary | 0.0% | 1.6% | 0.0% | 8.0% | 2.2% |
| Slippery path | 0.0% | 1.6% | 0.0% | 4.0% | 1.5% |
| Trip hazards in path, Slippery path | 0.0% | 0.0% | 5.9% | 0.0% | 1.5% |
| Latrine is placed very and there is no stairs to use | 6.7% | 0.0% | 0.0% | 0.0% | 0.7% |
| **Base: Cases found the latrine inaccessible** | **15** | **62** | **34** | **25** | **136** |

**Ref: Q49 Evidence of inaccessible route to reach the latrine**

Location of the latrine was treated as the main and single most evidence of inaccessible route to reach the latrine among the indirect beneficiaries too where 83% (N=44) cases the latrine was located outside household premises/boundary. Other evidences were minor as 5.7% (N=3) cases the path was slippery.

Table 50: Evidence of inaccessible route to reach the latrine - Indirect Beneficiaries

|  |  |
| --- | --- |
| **Evidence of inaccessible route** | **Total** |
| Latrine is located outside household premises/boundary | 83.0% |
| Slippery path | 5.7% |
| Latrine is far from house and it is not in a convenient location due to the road | 3.8% |
| Slippery path, Latrine is located outside household premises/boundary | 1.9% |
| There is fencing with papers in all areas | 1.9% |
| Trip hazards in path | 1.9% |
| Trip hazards in path, Slippery path | 1.9% |
| **Base: Cases found the latrine inaccessible** | **53** |

**Ref: Q49 Evidence of inaccessible route to reach the latrine**

In those cases, the enumerators reported that, there were trip hazards in path, 5 out of 15 cases among direct beneficiaries; there was uneven path to latrine. Moreover, the path was too steep, had to go through others house and was at very high land without stairs were also observed in 2 cases each. Among indirect beneficiaries, there was one case of water clogged.

Table 51: Trip hazards to the path

\*Figures in frequency

|  |  |  |
| --- | --- | --- |
| **Trip hazards** | **Direct Beneficiaries** | **Indirect Beneficiaries** |
| The path to latrine was uneven | 5 | 0 |
| The path is too steep | 2 | 0 |
| Has to go through others house | 2 | 0 |
| It was at very high land without stairs | 2 | 0 |
| There are broken bricks placed on the way of latrine | 1 | 0 |
| Water is clogged on the way to the latrine | 1 | 1 |
| The way of latrine is too narrow | 1 | 0 |
| There is are trees on the road | 1 | 0 |
| **Base: Those mentioned trip hazards to the path** | **15** | **1\*** |

**Ref: Q50 What are the trip hazards in the path to the latrine?**

1. Both direct and indirect beneficiaries were SAWRP beneficiaries. These beneficiaries already received SAWRP traditional hygiene intervention. Therefore, the findings of the baseline may reflect the level of WAB sanitation and hygiene programme interventions to the beneficiaries above mentioned. [↑](#footnote-ref-1)
2. Analytic Guidelines: Creating Disability Identifiers Using the Washington Group Short Set (WG-SS) SPSS Syntax

   Washington Group website: <http://www.washingtongroupdisability.com/> [↑](#footnote-ref-2)
3. Analytic Guidelines: The Washington Group Short Set on Functioning; <http://www.washingtongroup-disability.com/> [↑](#footnote-ref-3)
4. Boys and Girls were selected from the community volunteer groups of WAB PNGO whereby they are by default are permitted by their parents for partaking in community work provided there is no risk associated. Parlance had got consent forms signed by them and not involved them in observing any household far from their own households. The households were just adjacent to their own, which means they are either extended family members of the observee household members or family friends being next door neighbors in Bangladeshi rural context. This reduced the risk quotient significantly. Moreover, they boys and girls were not asked to observe after sunset to mitigate the consequent risk associated with darkness. [↑](#footnote-ref-4)