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UNICEF

**EVALUATION OF
SOCIAL MOBILIZATION PROGRAMME**

FINAL REPORT

SUBMITTED BY:

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ABBREVIATIONS

ADP	:	Annual Development Plan
BRAC	:	Bangladesh Rural Advancement Committee
BRDB	:	Bangladesh Rural Development Board
DANIDA	:	Danish International Development Assistance
DC	:	Deputy Commissioner
DCC	:	District Coordination Committee
DPHE	:	Department of Public Health Engineering
FGD	:	Focus Group Discussion
H&FPO	:	Health and Family Planning Officer
HAPIC	:	Hygiene Awareness and Product Information Campaign
ICDDRБ	:	International Center for Diarrhoeal Disease Research, Bangladesh
MOHFW	:	Ministry of Health and Family Welfare
NGO	:	Non Government Organization
PRA	:	Participatory Rural Appraisal
SAE	:	Sub-Assistant Engineer
SMC	:	School Management Committee
SocMob	:	Social Mobilization
UCC	:	Upazila Coordination Committee
UEO	:	Upazila Education Officer
UNO	:	Upazila Nirbahi Officer
UNDP	:	United Nations Development Programme
UNICEF	:	United Nations Children's Fund
UP	:	Union Parishad
VDP	:	Village Defense Party
UWC	:	Union WATSAN Committee
A&VDP	:	Ansar and Village Defense Party
VSC	:	Village Sanitation Center
WATSAN	:	Water and Sanitation
WHO	:	World Health Organization

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EXECUTIVE SUMMARY

1. INTRODUCTION

This study seeks to evaluate the performance of the Social Mobilization (SocMob) Programme on sanitation, hygiene and safe water use in its last phase, 1997-99.

From 1988 onwards, SocMob programme sought to create hygiene awareness to eliminate the health hazards emanating from lack of sanitary latrines, drinking of unsafe water and absence of the practice of hand washing. The programme was implemented by DPHE with assistance from UNICEF in three phases. The last phase was implemented between 1997-99.

The objectives of the 1997-99 phase of the SocMob Programme may be summed up as follows:

- Obtaining commitments and support of top leadership and policy makers for effective programmatic interventions at the grassroots; and
- Making alliance with different partners and allies like NGOs, school teachers, religious leaders, elected representatives, local elites, local administration, medical professionals and workers etc. to mobilize and motivate people at the grassroots to use sanitary latrines, adopt safe personal hygiene practices and use safe water for all purposes.

2. PURPOSE AND SCOPE OF THE CURRENT EVALUATION STUDY

2.1 Purpose of the Evaluation Project

At the end of Phase-III of the programme in June 1999, UNICEF felt it necessary to evaluate its impacts and achievements. The lessons learnt in the process of evaluation will assist in forming the guidelines of a larger project that UNICEF is going to undertake with the assistance of DFID.

2.2 Scope of Work

The ToR specifies that qualitative assessment is to be undertaken:

- To determine if the outcome has been fulfilled.
- To identify problems encountered
- To specify lessons learnt that could be applied in the future programme

The above tasks will be examined in the context of:

- Advocacy workshops at different levels;
- Training of trainers, partners and allies;
- Motivational activities at the grassroots;
- Opinion of stakeholders on SocMob activities;
- Monitoring of activities;
- Construction of latrine by NGOs; and
- Lessons learnt from partners and allies.

3. METHODOLOGY OF THE STUDY

The time allowed for the evaluation of the programme is 3 months. The programme covers 32 districts of the country. With due consultation with the UNICEF, the methodology for the evaluation study was decided. The methodology includes:

- Relevant literature review
- Focus Group Discussion at different levels (District, Upazila, Union, Village level). In consultation with the UNICEF, more emphasis was put on Focus Group Discussion;
- Intensive interviews with D.Cs, UNOs, Senior DPHE and NGO-Forum Officials;
- A household survey with a semi-structured questionnaire;
- Several case studies.

4. FINDINGS

The Process of Implementation

4.1 Advocacy Workshops

The advocacy workshops were held at district, upazila and union levels. Government officials there expressed their solidarity with the programme. However, the work plan designed in the advocacy workshops was not fully followed or pursued. The follow-up required coordination at district, upazila and union levels.

4.2 Training Programme

The training programmes appear to have been implemented satisfactorily, specially through the intervention of the NGO-Forum and other partner NGOs. Training was participatory and the delivery and diction of the trainers were clear. SAE (DPHE) could participate as trainers at the union level besides the trainers trained by NGOs.

4.3 Motivational Activities at the Grassroots

PRA/FGD, intensive interviews and household surveys indicate that people at the grassroots level were exposed to this or that motivational activity or activities. Some heard miking, others saw TV programme or listened to radios or participated in WATSAN fair or "Uthan Baithaks" or saw posters, leaflets and the like. Women in the villages were approached by health and family planning workers. Intervention of the Imams before "Khutba" or the Friday prayer is also reported. Thus, an overwhelming majority of the people got exposed to SocMob ideas on sanitation and hygiene through one or more motivational activities. And yet further strides in these lines will be necessary to attain effective social mobilization.

It is now evident that simple knowledge and awareness are not enough to induce one to install a sanitary latrine or wash hands with soap after defecation. These are behavioural issues and would require more sustained effort on the part of the social organization, which desire to bring about changes in behavior pattern. A critical level of awareness has to be reached. And for this purpose, continuous social mobilization for hygiene awareness is necessary. The ideas of SocMob have to be instilled in the minds of the people. A high powered salesmanship is necessary. Motivational activities at the grassroots did not reach that level or that peak.

Communication:

Our PRA at the sanitary latrine user and non-user level shows that most people liked the outdoor media like hoarding, stickers, posters, wall paintings etc. The HAPIC study, which did more incisive work on communication materials, also found that most people liked the communication materials. Shopkeepers and individual households like to display the posters or sandwich boards. Future project intervention would fall upon the findings of the HAPIC study. It has to be noted that in a continuous programme, a poster or dramatic intervention tends to lose its appeal and lustre after a certain span of time. New items have to be routinely introduced. There is scope for research and study in this area. DPHE and some stakeholders thought that there was room for improvement in this area.

Subsidies and Motivation

In development scenarios, subsidies have often played a vital role. With almost half the people below the poverty line, purchase of sanitary latrines may appear difficult. Outright dole of sanitary latrines is advocated by some poorer people. It is sometimes claimed that if prices are halved, 95 per cent of the people will install sanitary latrines. However, the prospect of subsidizing sanitary latrines has not found favour with the policy makers or responsible organizations involved with SocMob.

It has also been suggested by some NGOs or stakeholders that VGD programme of GOB or loan programme of the NGOs may be tied up with installation of such latrines. It may be mentioned in this connection that prices are sought to be kept low at a range of Tk. 300.00 through NGO intervention and distribution under this supply-pushed sales programme. There is now suggestion for even a demand-pulled marketing of sanitary latrines.

4.4 Opinion of Stakeholders and Allies on SocMob Activities

There are stakeholders at district, upazila and union levels.

District: At the district level, government officials expressed their appreciation of SocMob, and wished to participate and render assistance to the programme.

The D.Cs in the FGD districts were too busy and could not participate in the FGD. The Civil Surgeon, DEO, Deputy Director, Islamic Foundation and District Information Officer claimed to have assisted SocMob. Their assistance could be better streamlined with a district coordinating/facilitating agency for SocMob.

Upazila: Upazila level officials appreciated the objectives of SocMob and rendered services in varying degrees. Lack of coordination is also felt at this stage. NGOs and SAE/DPHE suggested that UNO take-up coordination at the Upazila level. Lack of manpower in the office of the SAE/DPHE for assisting coordination was often mentioned at the Upazila level.

Union: The UP Chairmen were not uniformly motivated. Where UP Chairman got motivated, SocMob activities worked better. The example of the initiative taken by the chairman of the Kengragesi Union of Kolaroa Upazila may be seen under Section 4.6.1. The UP chairman mobilized the parents and guardians of children defecating in open places to install pit latrines. UNOs may motivate the UP Chairmen/Members. UP level H&FP workers, AVDP members, school teachers and students showed eagerness to participate in social mobilization. However, after training, the school teachers and students often found no role due to the absence of a coordinating agency at the UP level.

In sum, the stakeholders opined for more continuous programme and coordinated efforts. Their commitment remains and could be further reinforced in the future.

NGO-Opinion: NGO-Forum along with other partner NGOs found SocMob necessary. They had the ability to monitor the programme. They think the motivational work fell somewhat short of stipulation. NGO-Forum found the WATSAN Committees non-functional in many Upazilas. NGOs thought that SocMob programme, with the dislocation of 1998 floods, did not have enough time to yield stipulated results. They opined that SocMob reached the people but fell short of a mobilization. NGOs at the Upazila level wished the UNO to co-ordinate SocMob activity and sit with the relevant Upazila level staff and NGOs for coordination of efforts.

4.5 Monitoring of Activities

Monitoring of SocMob activities needs to be further strengthened. Without a coordinating or overall facilitating agency, monitoring could not pick up. However, NGO-Forum or major NGOs maintained that they have well-established monitoring apparatus.

4.5.1 Construction of Latrine by NGOs

The NGOs planned to construct more than 3 lac latrines. Latest report said that NGOs have fulfilled 98 per cent of their target.

Overall coverage of sanitary latrines in the rural areas of the 32 districts will be around 40 per cent. The NGOs could not give any such figure in the absence of surveys. FGD in rural areas indicated coverage from 40 per cent to less than 50 per cent. The household survey shows that 49 per cent of the households under survey have sanitary latrines. The survey figures are for January 2000.

5. HOUSEHOLD SURVEY

The household survey yielded information on ownership of sanitary latrine, hand washing, use of safe water and witnessing of SocMob activities. 48% of the respondents said that children belonging to 3-5 year age group defecated in open space while only 28% reported using latrines. About two-thirds reported ownership of some kind of latrine. All people having a monthly income of Tk. 5000 had sanitary latrine.

Half the people having sanitary latrine reported that they had these in the course of the last 3 years. Only less than one-third of the respondents acknowledged receipt of assistance for installing sanitary latrines.

87 per cent of the respondents heard of the need for hand washing. Here also, half of the 87 per cent respondents heard about it in the last 3 years. Hand washing with soap remains at 35 per cent, below SocMob target of 40 per cent.

75 per cent of respondents reported witnessing SocMob activities.

6. LESSONS LEARNT FROM PARTNERS AND ALLIES

6.1 Accomplishments

- (a) **Increase In Hygiene Awareness:** Social mobilization programme for sanitation, hygiene and safe water use has succeeded in creating some measure of hygiene awareness among a large section of people of the 32 intervention districts though accomplishment has fallen short of targets and expectation of outright social mobilization. Further efforts are necessary to reach anywhere near to social mobilization.
- (b) **Productive GO-NGO Partnership:** Partnership between GO-NGO has emerged at the local government level while implementing SocMob which augers well for rural development activities in the country. NGOs together with other Upazila level government officials seek coordination of SocMob activities at Upazila level under the leadership of UNO.
- (c) **UP Chairman's Role:** The role of the UP Chairman in social mobilization at the grassroots has been appreciated in areas where they have come forward for SocMob.
- (d) **NGOs Role:** NGOs have shown their management and social intervention abilities in the course of SocMob. They can be relied upon with future social development. They have distributed sanitary latrines efficiently.
- (e) **Grassroots GOB Workers:** The capability of grassroots level government officials from H&FP department, school teachers and students, Imams and A&VDP members has been demonstrated, in connection with SocMob. Their work needs more guidance, coordination and monitoring.
- (f) **Private Sector Producers:** They are marketing sanitary latrines. Their participation will further increase as demand-pull marketing environment gets well established.
- (g) **Capability of SocMob Programme:** Its capability has been established over 1997-99. Valuable allies have been made among district, upazila and union level officials, elite, school teachers etc. A future programme in this line could fall upon this base. The base may be further expanded through inclusion of political and social leaders, youth and women groups/clubs, high school teachers and students and the like.

6.2 Obstacles

And yet there are some obstacles to the expeditious expansion of SocMob hygiene awareness.

- (a) **Behavioural Changes:** It has to be admitted that SocMob is concerned with behavioural changes in as much as it seeks to develop the habit of using sanitary latrines in stead of open defecation or hanging latrines. Behavioural changes may take time and no quick remedies could be postulated here. Planners, project formulators and target setters will have to bear this phenomenon in mind. Otherwise, one falls into the trap of the fallacy of easy solutions.
- (b) **Benchmark Survey:** Should have been there to facilitate programme evaluation.
- (c) **Absence of a Central Coordinating/Facilitating Agency:** Absence of such an agency with branches at Upazila levels worked as an obstacle to smooth functioning of SocMob.

- (d) **Centralized Monitoring:** Relative absence of Centralized Monitoring with appropriate branches down the tiers of local government also served as an obstacle.
- (e) **Grassroots Level Activities Needed More Attention:** More emphasis should have been placed on grassroots level organization, advocacy, motivation, persuasion and coordination. Beneficiaries stay there in the far-flung villages.
- (f) **Technical Knowledge of the Sanitary Latrine:** Such knowledge shall have to be carried to the grassroots level. Training may be given to the village elite or union council member or A&VDP who should be helping the common man in the village. This technical knowledge pertains to the gooseneck, quality of the rings and slabs, (wall and cover of the latrines) or the flood depth of the place of installation of sanitary latrines.
- (g) **Inter-Departmental Co-operation:** There have been occasions when misunderstanding ensued as invitation to workshops/meetings originated from one government office (SAE/DPHE) to government officials from other services. Leadership of DPHE has to be established in this matter.
- (h) **Motivational Work at UP Level Needed Further Improvement:** While NGOs worked successfully, some UP Chairmen and Members felt lukewarm to SocMob, considering this to be a mere NGO venture. Full participation of UP Chairmen/Members could not be ensured.
- (i) **Position of DPHE:** A somewhat more active role of DPHE with respect to SocMob 1997-99 would have helped the programme.
- (j) **Poverty:** A distinct obstacle to the SocMob programme appears to be the poverty of the beneficiaries.
- (k) **1998 Flood:** An ephemeral but substantive obstacle to the implementation of SocMob was due to the unforeseen floods of 1998 when local government officials got entrenched in flood relief and rehabilitation. The work plan and results of advocacy workshops got sidestepped. This, of course, is not a fault of programme design.
- (l) **The Time Span of 1997-99 programme:** This time span is considered somewhat limited compared to the tasks/targets according to many NGOs who worked at the grassroots level.

7. RECOMMENDATIONS AND FUTURE DIRECTIONS

DISTRICT LEVEL

1. *District Advocacy Workshops:* District level advocacy workshops and training may now be held putting emphasis on district level planning, coordination and monitoring.
- 2a. *District Facilitating Agency:* A facilitating agency should be earmarked at the district level to monitor hygiene awareness building activities and pursue the district level officers who have their departmental activities. Executive Engineer, DPHE, should take the leadership in this connection. He, in alliance with suitably selected NGOs, could offer the base for this facilitating agency.
- 2b. *District Co-ordinating Agency:* The District Co-ordination Committee (DCC) will be entrusted with the task of co-ordination of the efforts of the district level government officers.
3. *Pursuing District Officials:* District level officials have support for hygiene awareness programme but they have to be pursued to come forward with their assistance and manpower. Executive Engineer, DPHE should do this job of pursuing.
4. *Training for Sanitary Latrines:* Advocacy and knowledge about sanitary latrines now should be taken to the union and village or 'Uthan Baithak' level. Hence, district level training may yield to upazila/union level training arrangements.

UPAZILA LEVEL

- 5a. *Coordination at Upazila:* Upazila may be the real focus of attention and Upazila Co-ordination Committee (UCC) should do the act of co-ordination of the Upazila level government officers and NGOs in connection with SocMob.
- 5b. *Facilitating Agency:* SAE/DPHE should act as the head of the facilitating agency. He may be helped in this connection by suitably selected NGOs as SAE/DPHE does not have enough manpower at his disposal to do these works.

6. **Monitoring at Upazila:** Monitoring should be coordinated at the Upazila level with various government agencies working at the Upazila level. The facilitating agency headed by SAE/DPHE will undertake monitoring assisted by NGOs selected for the purpose;
5. Training for hygiene awareness will preferably be planned at Upazila level with liaison with union parishads

UNION LEVEL

6. **Union Level Partners:** Union Parishad Chairmen/Members should be the focus of operation and perform the act of co-ordination. Suitable NGOs selected by the SocMob Project could assist as a facilitation agency along with volunteering school teachers and youth groups. The coordinating apparatus at the union level should rope in, among others, the services of the following government personnel/offices working at the union/village level. The following are:
 - ❖ Health and Family Planning workers stationed at satellite clinics, FWC/EPI centers, etc.;
 - ❖ Village primary school teachers/students/
 - ❖ Imam of mosques
 - ❖ Ansar and VDP.
7. **Union Level Allies:** Besides the above, NGO workers, private producers, UP members, youth club members, high school teachers and students may also be invited to participate in hygiene awareness building.

Village and Household

10. Village Level Motivation:

- While motivational activities in the form of miking and postering may still continue, the emphasis now should preferably be laid on entering into a dialogue with the villagers on changes in behaviour and subsequent acceptance of the improved hygienic practices. These dialogues could be held in village schools and courtyard meetings. Female members of the Union Parishads may be encouraged and implored to contact and address the women in the villages. The above organizations and personnel listed under the union level operation should be detailed to go to the villages, specially those who are frequent visitors or residents of the relevant village.
- Permanent village level hygiene outfit: To make hygiene awareness a continuous process in the foreseeable future, a permanent arrangement may be made at the village level in the form of a society that will continue with occasional meetings and monitoring of village level changes in hygienic practice in general and sanitary latrine in particular.

General Recommendations

Some general recommendations are offered below. There could be some overlap with local level recommendations, but logical development of the recommendations may require this.

11. **Continuity:** Hygiene awareness building should be made a continuous process to motivate non-users of sanitary latrines and non-acceptors of hand washing and other important hygienic practices. The focus of attention should be the union, the rural schools, villages and other grassroots level people and institutions including the Imam, Teachers, Ansar/VDP personnel and field level Health and Family Planning workers.
12. **Coordination:** There is a need for co-ordination of the SocMob activities at various levels. The DCC and UCC should be doing this co-ordination at the district and upazila levels respectively. Executive Engineer/DPHE and SAE/DPHE will take the leadership of the SocMob activities and suitably selected NGOs may be placed with them to render assistance in this respect in view of their manpower limitations. Cost of NGO services may be included in project cost.
- 13a. **NGO opinion on upazila level co-ordination:** While appreciating the possible role of SAE/DPHE and UCC, the NGOs maintain that Upazila Nirbahi Officer (UNO) has a special role to play in SoMob and hygiene awareness. This is so because the hygiene

awareness activities will have to be taken to the villages through the Union Parishads and the UNOs have a special clout on the UP Chairmen/members.

13b. **Other NGO Opinions on Co-ordination:** NGOs have worked in the last phase of SocMob and therefore their experience and opinions are worth-noting.

- Education offices at the district and Upazila level should write letters to the schools asking them to participate in the programme;
 - The Civil Surgeon of the district and Upazila Health and Family Planning Officer should be more involved in the programme;
 - Family Planning, A&VDP officials should be coordinated in the work through the UNO and DPHE.
14. **Training:** Training for hygiene awareness now should be held at the level of Union Parishad, Village and other grassroots. Awareness building and motivation based on dialogue at the village level should be the principal theme of training. Besides these, training may be imparted on the structure of the latrine, the roofs and levels of rings etc. PRA showed that people cared to know about these aspects of the sanitary latrines. Information on children's defecation and subsequent hand-washing may be stressed in these trainings.
15. **Motivations:** Motivation shall remain the main instrument of SocMob. Motivational activity should now be aimed at house to house canvassing for installation of sanitary latrine at differing costs reflecting differing options for rings and slabs. The good work of posters, leaflets, folksong and fairs including radio and television programmes should continue. However, stress may be laid on courtyard meetings.
16. **NGO Loans Tied-up with Sanitary Latrines:** It is also recommended that NGO or Grameen Bank loans or VGD assistance of GOB may be tied-up with the installation of sanitary latrines.
17. **Monitoring:** Strong monitoring should constitute an integral part of any future programme of social mobilization. DPHE should undertake the monitoring of the SocMob related activities, extending from the center to the Union Parishad level through the upazilas, and the districts.
18. **Funds for the Grassroots:** Experience with the last phase of the SocMob will support the view for enhanced provision of funds for grassroots SocMob activities.
19. **Benchmark Survey:** In future projects of this nature, it will be advisable to have a benchmark survey on knowledge, attitude and practice so that monitoring and evaluation may be facilitated.
20. **NGO's Role:** NGOs are in the field installing sanitary latrines even without the participation of the DPHE/UNICEF. Their work in the field should be appreciated and the scope of joint DPHE/NGO monitoring and evaluation may be explored. Association of NGOs with the implementation of SocMob project run by DPHE will be fruitful as NGOs have experience in this motivational work at the grassroots level. NGOs have a great outreach upto village level and good interpersonal skill.
21. **Specific Role for Schools/Students:** School teachers and students showed considerable interest in the SocMob, but there was not time to harness their interest for SocMob programme. Their enthusiasm for the programme may be meaningfully utilized.
22. **Partnership with TLM and NFE:** Total Literacy Movement (TLM) and Non-formal Education (NFE) may be associated with awareness building as to health and sanitation as these programmes are associated with grassroots level actions.
23. **Research:** A research and development programme should be initiated, taking into consideration the social, psychological, communication and interpersonal skill aspect of awareness building and motivation creation. Further, research on environmental impact of pit latrines may also be initiated.

CHAPTER 1
INTRODUCTION AND BACKGROUND

C HAPTER -1: INTRODUCTION AND BACKGROUND

1.1 Introduction

This is a study relating to the evaluation of Social Mobilization Programme (SocMob) for sanitation, hygiene and safe water use. This study has been undertaken by the House of Consultants Ltd. (HCL) under a contract with UNICEF, Bangladesh. HCL appointed Dr. Mahfuzul Huq (Team Leader), Mr. Mahiuddin Ahmed, Dr. Dilruba Ahmed, Mr. Manzurul Alam, *at al* for the evaluation study, which spread over a period of 12 weeks around the beginning of 2000 A.D.

Afroza Ahmed, Project Officer, WES Section, UNICEF, Dhaka served as a contact person and offered valuable guidelines in the implementation of the study.

1.2 Overview of Water Supply, Sanitation and Hygiene

Infant mortality in Bangladesh is quite high. The average annual incidence of diarrhea among children under five is 3-5 episode, resulting in severe malnutrition and sometimes deaths.

For a long time before independence in 1971, outbreak of cholera in an epidemic form, diarrhoea and other water borne diseases were common and took a heavy toll of life of both adults and children. Use of contaminated surface water was commonly held responsible for this. Therefore, supply of safe water through tubewells was considered a prerequisite for reducing the incidence of such disease and death.

It has been felt earlier that drinking safe water is a necessary but not a sufficient condition to induce significant decline in under five mortality and morbidity caused by diarrheal diseases. Use of safe water for all purposes, including household uses and washing, improvement of environment through sanitary disposal of human excreta, and adoption of safe hygiene practices are other essential prerequisites.

The importance of sanitary latrines has been appreciated and access to sanitary latrines has increased from only 1 percent in 1971 to about 37 percent in 1998 amidst considerable variations among districts. The trend in sanitary latrine coverage has stagnated between 30 and 40 percent since 1993. The percentage of population using hanging latrine or resorting to open defecation is still high and showed no sign of mitigation.¹

Prevalence of safe personal hygiene among people still needs much to be improved. A study has shown that less than 50 percent of the population used rubbing agent (such as ash or soil) for washing hands after defecation. Use of such agent is very limited. Only 6 percent of the population in rural areas and 9 percent at the national level wash their hands with soap after defecation. Only 3 percent of the population wash hands before meal.²

1.3 Background of Social Mobilization Programme

DPHE has been playing a pioneering role in promoting sanitation from the pre-independence days. Promotion of sanitation in Bangladesh (East Pakistan) started as early as 1962. It started providing sanitary latrine sets free of cost. But it could not make much headway for lack of proper knowledge, hygiene awareness and attitude. Social mobilization programme sought to build this hygiene awareness.

In the process of implementation of the water supply, sanitation and hygiene programmes, it has been realized that changing people's attitude and consequent behavioral development is very critical. Such changes in attitude and behavioral development require sustained intensive social mobilization and motivation campaign. Thus, the social mobilization programme started from 1988 and was implemented in 3 phases i.e. 1988-1992, 1993-1996 and 1997-1999.

¹ BBS, UNICEF, Progotiar Pothey (Dhaka, Ministry of Planning, 1990-1998)

² UNICEF, Bangladesh-Completion Report of the Social Mobilization Programme, 1999

1.4 Objective of the Social Mobilization Programme, 1997 - 1999

The following were the objectives of the Social Mobilization Programme

- To make people aware of the disastrous impact of poor environmental sanitation, non adoption of safe personal hygiene practices, and use of contaminated water for drinking and other domestic purposes on their family health and survival.
- To sensitize top leadership and policy makers to the problems of poor sanitation and hygiene to obtain necessary political commitments and support for effective programmatic interventions.
- To make alliance with different partners and allies like NGOs, school children, religious leaders, elected representatives, local elite, local administration, medical professionals and workers, etc. to initiate massive social mobilization activities and campaigns to promote safe water use, better hygiene practices and environmental sanitation.
- To sensitize and motivate people with the help of allies and partners to use safe water for all purpose, adopt safe personal hygiene practices, and construct, use and maintain sanitary latrines.
- To use various communication channels like radio, television, folk media, popular theatre, and interpersonal channels to sensitize and motivate people at the grass roots.

CHAPTER 2

*OBJECTIVES SCOPE AND METHODOLOGY
OF THE EVALUATION STUDY*

C HAPTER - 2: OBJECTIVES, SCOPE AND METHODOLOGY OF THE EVALUATION STUDY

2.1 Objectives of the Evaluation Project

The last phase (1997-99) of the SocMob programme, which started functioning in 1993, came to an end in June 1999. At the end of the programme UNICEF felt it necessary to evaluate the impacts and achievements, determine if the outcome has fulfilled the expectations, identify the problems encountered and specify the lessons learnt. The lessons learnt will assist in forming the guidelines of a larger project that UNICEF is going to undertake with the assistance of DFID.

2.2 Scope of Work

The TOR specifies that qualitative assessment is to be undertaken:

- To determine if the outcome has been fulfilled.
- To identify problems encountered
- To specify lessons learnt that could be applied in the future programme

2.2.1 The Coverage

The programme was undertaken in 32 out of the 64 districts (**Figure - 2.1**). The decision to limit programmatic intervention only in 32 districts was made in view of the fact that funds available was inadequate and spreading it thinly over all the districts would be unproductive. The selection of the districts was made on the basis of two specific criteria-low coverage in sanitary latrine and poor personal hygiene practices (greater weight, however, was given to latrine coverage). Two exceptions, however, were made. Rajshahi and Nawabgonj districts were included although both the districts have sanitary latrine coverage above the national average. Such exception was made primarily because UNICEF earlier facilitated the 100 per cent sanitation coverage programme in those two districts with the participation of district and thana level government officials, private producers and NGOs.

2.2.2 Programme Targets

The expectation of the SocMob programme was to achieve the following targets:¹

1997-1999 ^{*/}

- | | | |
|---|---|-------------------|
| • Increase sanitary latrine coverage | - | From < 39% to 50% |
| • Increase the practice of hand washing with water and soap | - | From < 34% to 40% |
| • Reduce use of pond water for domestic purpose | - | From <43% to 25% |

According to the programme target, the activities given at the top of **Table 2.1** were performed. In order to evaluate the programme, the status and outcome of the following broad tasks are to be performed.

^{1/} UNICEF. Bangladesh: (i) Completion Report of the Social Mobilization Programme, Page 9-10
(ii) Social Mobilization Programme. Implementation Plan, Page – 2

^{*} NGOs also made commitment to install a total number of 2,75,000 latrines, *ibid*, Page - 10

Insert Figure

- Advocacy workshops at different levels;
- Training of trainers;
- Training of partners and allies;
- Motivational activities at the grassroots;
- Opinion of stakeholders on SocMob activities;
- Monitoring of activities;
- Construction of latrine by NGOs;
- Lessons learnt from partners and allies.

2.2.3 Individual Offices and Institutions involved in the Evaluation Study

In the implementation of the evaluation study, government officials, elite and NGOs at district, thana and union levels were interviewed in their role as partners and allies.

2.3 METHODOLOGY

2.3.1 Survey Requirements

The evaluation of a project involves the assessment of impacts and achievements of the outputs expected. But social mobilization process is gradually transmitted from the origin to the beneficiaries following a rippling characteristic. The programme thus initiated in 1997 may not have made substantial impact as yet on the beneficiaries who are the ultimate target of the programme. In view of the above, the ToR has specified for qualitative assessment which was followed.

2.3.2 Qualitative Survey

Various methods are followed in qualitative survey. These include:

- PRA/FGD;
- Case study;
- In-depth Interview;
- Household survey

2.3.2.1 PRA/FGD

PRA includes various analyses, which include time trend analysis, perception stories, focus group discussion etc. In this evaluation, Focus Group Discussion (FGD) was an effective tool and has rightly been mentioned in the ToR.

In addition, the FGD was conducted by to the Team Leader and the Sociologist, six FGD teams, each consisting of a Facilitator and a Rapporteur. One of the members of each FGD team was a female. The female member of the FGD team did moderation of the FGD with female participants.

A set of checklists, prepared for FGD with each type of respondents after thorough discussion with UNICEF, were pre-tested and modified. A draft copy of the FGD checklist is given at (**Appendix 1**).

The Facilitator was responsible for selecting participants, arranging accommodation, and maintaining liaison and co-ordination. Notes were taken down by the Rapporteur and simultaneously recorded on a tape recorder. The notes of Rapporteur were verified with the tape recording at the end of each FGD. Standard principles and procedures in conducting FGD were strictly followed.

Findings of FGD in Kishoreganj, Kushtia and Sunamganj are offered in **Appendix-3A, 3B and 3C** respectively.

This is apparent that the programme involved district headquarters, thana headquarters and unions. Though these cannot be distinctly classified as there is a lot of overlap and involvement of persons from different levels, yet we can classify them activity-wise in three groups. This classification considers the location of persons concerned:

- District level activities;
- Thana level activities;
- Union/Village level activities

District level activities include:

- District level advocacy workshop;
- TOT for the district training network.

Similarly, the following three figure strongly in thana centre programme:

- Thana advocacy workshop;
- Workshop of Health and Family Planning Officials;
- Training of private producers.

The remaining (listed below) programmes have strong base at the village and union levels:

- Training of Ansar/VDP members;
- Training of volunteer sanitation karmi (workers);
- Training of UP Members;
- WATSAN fair;
- Video film show;
- Folk cultural show;
- WATSAN committee meeting;
- Miking through WATSAN committee;
- Rally through WATSAN committee;
- Imam training

The activities of SocMob may be seen from **Table 2.1** at the end of this chapter.

2.3.2.2 Case Studies

Individual (appropriate) cases were studied to bring out the process followed, bottlenecks faced and means of surmounting them. This exercise explored, on the one hand, the users' perception and on the other hand the influence of the programmes.

2.3.2.3 In Depth Interview

The in-depth interviews were also conducted by six teams in the six districts of six divisions. Each team consisted of a male-female interviewer. For the in-depth interviews the respondents were selected ensuring that all programmes are covered. Respondents selected for the in-depth interviews were different from the participants in the FGDs.

2.3.3 Household Survey

A semi-structured questionnaire was developed in consultation with UNICEF and DPHE for the household survey. The questionnaire was pre-tested and finalized prior to conducting the actual interviews. The draft questionnaire used for the in-depth interviews is at **Appendix-2**. This was carefully finalized in cooperation with UNICEF. More emphasis was placed on FGD/PRA than household survey as per the joint decision of UNICEF and HCL, as reported in the Inception Report.

2.4 Survey and Data Collection

The study involves evaluation of implementation, training, campaign etc. This involved review of all materials available.

In implementation, NGO Forum for drinking water supply and sanitation occupies the focal point. They arrange and co-ordinate the meetings at the district level, facilitate thana level activities, follow up and monitor the activities under the programme at different levels.

The modules of training used in different trainings were collected. BRAC provided the training materials during training.

Campaign materials, audio-visual materials or WATSAN theme stickers, scripts, booklets, manuals, flip charts were collected and reviewed by the Media and Communication Specialist.

2.4.1 Survey and Sample Design

The study design was prepared in keeping with the time available for the project. Naturally, the study was undertaken on sample basis. In drawing the samples, interventions made at different levels have been taken into consideration.

One district from each of the six divisions has been selected in such a manner that all types of interventions made by the project are covered by the sample districts. In consideration of the above, the final selection of districts was made in consultation with the UNICEF consultants and the Project Coordinator.

Table 2.2
Sampled Districts, Upazilas and Unions

District	Upazila	Union	In-depth Interview
Sunamganj	Chhatak	Jowerabazar	5
		Saidergaon	5
	Sunamganj	Lakshanshree	5
		Joykalas	5
Pabna	Atghoria	Chandva	5
		Majhpara	5
	Eswardi	Paksey	5
		Dasuria	5
Patuakhali	Patuakhali	Badarpur	5
		Kalikapur	5
	Bauphal	Daspara	5
		Kalaiya	5
Kushtia	Bheramara	Bahirchar	5
		Dharampur	5
	Mirpur	Amla	5
		Baruipara	5
Mymensingh	Muktagachha	Ghoga	5
		Kashimpur	5
	Trishal	Sakhua	5
		Boilder	5
Kishoreganj	Kishoreganj	Jasodal	5
		Rashidabad	5
	Pakundia	Hossaindi	5
		Chandipasha	5
Total:			120

The selection of upazilas within the selected districts and unions within the selected upalizas was made from the lists contained in the activity report prepared by UNICEF, **Table 2.2** presents the name of selected districts, upazilas and unions.

Two upazilas from each of the six districts were selected at random as all the upazilas of the programme districts have been covered. Two randomly selected unions of each thana were covered. FGD was conducted at the upazila and union levels. The selected upazilas and unions were reviewed by UNICEF and DPHE.

2.5 Implementation Plan

Implementation plan describes activities that were performed and their schedule and sequences. The work plan has been divided into several phases:

- Preparation phase;
- Data collection;
- Report preparation;
- Presentation and finalization.

2.5.1 Preparation Phase

2.5.1.1 Collection and Review of Records and Documents

- Reports of previous studies in the relevant field were collected and reviewed. Sources: UNICEF, DPHE, ICDDR, Research organizations;
- Monitoring reports of social mobilization progress, sources, Sources: UNICEF, Executive Engineer of DPHE, DPHE Project Office, NGO Forum and partner NGOs;
- Training materials, training modules of training conducted by BRAC, DPHE, etc.
- Reports and workshop outcomes of various advocacy programmes;
- Campaign materials: posters, fliers, flip charts, design of boarding etc. Source: UNICEF, DPHE, Interspeed Advertising Agency;
- Radio and TV campaign materials, source: UNICEF, DPHE;
- Training materials for Imam training;
- Text of plays and dramas;
- Text of miking and schedules;
- Schedule of rallies;
- Participation at fairs;
- Folksong texts and lyrics.

2.5.1.2 Finalization of Checklists, Guidelines and Questionnaires

Draft checklist and questionnaire were modified in consultation with UNICEF. Guidelines to be followed by facilitators and interviewers were prepared. The Bengali version of questionnaire was printed in sufficient numbers.

2.5.1.3 Training

Training was conducted as described above.

The PRA (FGD) facilitators to work on the project have already been mentioned and 18 interviewers were subsequently selected from the roster of socio-economic surveyors who regularly work with HCL. Half of the interviewers were female.

Field tests were carried out in a programme area location near Dhaka to find the adequacy of the checklist and appropriateness of the questionnaire.

Table 2.1 : Types of Intervention in Various Districts

Name of District	District Advocacy Workshop	Thana Advocacy Workshop	IOI for the District Training Network	Workshop of Health and FP Officials	Training of Ansar/VDP Members	Training of Volunteer Sanitation Karmi	Training of UP Members	Training of Private Producers	WATSAN Fair	Video Film show	Folk Cultural Show	WATSAN Committee Meeting	Miking through WATSAN Committee	Rally through WATSAN Committee	Imam Training
Bandarban	1	7						1	7	29	7	145	145	29	
Noakhali	1	6						1	6	82	6	410	410	82	
Gopalganj	1	5						1	5	69	5	345	345	69	
Jamalpur	1	7						1	7	68	7	340	340	68	
Kishorganj	1	13						1	13	106	13	530	530	106	
Madaripur	1	4						1	4	58	4	290	290	58	
Mymensingh	1	12	1			38		1	12	146	12	730	730	146	
Netrokona	1	10		3				1	10	85	10	425	425	85	
Rajbari	1	4						1	4	42	4	210	210	42	
Sariatpur	1	6						1	6	61	6	305	305	61	
Sherpur	1	5						1	5	52	5	260	260	52	
Tangail	1	11						1	11	103	11	515	515	103	
Jhenaida	1	6	1					1	6	68	6	340	340	68	
Kushtia	1	6		2			21	1	6	61	6	305	305	61	
Satkhira	1	7						1	7	77	7	385	385	77	
Dinajpur	1	13						1	13	102	13	510	510	102	
Gaibandha	1	7		2				1	7	82	7	410	410	82	
Joypurhat	1	5						1	5	31	5	155	155	31	
Kurigram	1	9						1	9	74	9	370	370	74	

Table 2.1 : Types of Intervention in Various Districts

Sl. No.	Name of District	District Advocacy Workshop	Thana Advocacy Workshop	IOI for the District Training Network	Workshop of Health and FP Officials	Training of Ansar/VDP Members	Training of Volunteer Sanitation Karmi	Training of UP Members	Training of Private Producers	WATSAN Fair	Video Film show	Folk Cultural Show	WATSAN Committee Meeting	Miking through WATSAN Committee	Rally through WATSAN Committee	Imam Training
20	Naogaon	1	11						1	11	99	11	495	495	99	
21	Nawabgonj	1	5						1	5	46	5	230	230	46	
22	Nikphamari	1	6			6			1	6	61	6	305	305	61	
23	Pabna	1	9						1	9	72	9	360	360	72	
24	Panchagarh	1	5						1	5	43	5	215	215	43	
25	Rajshahi	1	9	2					1	9	71	9	355	355	71	
26	Rangpur	1	8	2					1	8	83	8	415	415	83	
27	Thakurgaon	1	5						1	5	48	5	240	240	48	
28	Barguna	1	5						1	5	39	5	195	195	39	
29	Bhula	1	7		2				1	7	62	7	310	310	62	
30	Patuakhali	1	6						1	6	66	6	330	330	66	
31	Habigonj	1	8						1	8	78	8	390	390	78	
32	Sunamgonj	1	10		3	10			1	10	83	10	415	415	83	
33	Comilla			1												
34	Faridpur			1												
35	Jessore			1												
36	Moulvi Bazar			1												
	TOTAL =	32	237	10	12	16	38	21	32	237	2247	237	11235	11235	2247	1030

CHAPTER 3
LITERATURE REVIEW ON SOCMOB

C HAPTER - 3: LITERATURE REVIEW ON SOCMOB

3.1 Introduction

Two monitoring reports on the UNICEF assisted Rural Water Supply and Sanitation Project have been available for our perusal. These reports cover the overall water and sanitation activities of the project in question and have sections on social mobilization.

3.2 Monitoring by BETS and OCTA

The findings of these two monitoring reports are furnished below:

Both the monitoring studies reported relative lack of coordination among UNICEF, DPHE and NGOs regarding implementation of field level SocMob activities. OCTA reports that orientation workshops for WATSAN members were conducted by NGOs in most places without informing/inviting DPHE officials. This is alleged to have created misunderstanding. DPHE field officers are taking very little or no interest in holding WATSAN meetings. Better coordination between field level NGOs and DPHE staff at the field level is recommended, UNICEF is also called upon to undertake greater coordination.

Both studies report that union parishad chairmen and members were not very keen about SocMob activities. All the Union WATSAN committees have been formed. The orientations of the members of these committees have also been completed by the NGOs without involving the SAEs of DPHE. Out of these committees only 61 per cent have been found active and 33 per cent meetings of the committees were held in previous month of the monitoring. Implementation of activities like miking, video show, rally, WATSAN fair and folk/cultural shows etc. have been of negligible proportion compared to the planned number. About 50 per cent of the UWC members interviewed have been found to be ignorant of the TOR of UWC.

There were differences among districts regarding the types of SocMob activities undertaken. Comilla achieved highest target (82 per cent) in respect of Union level rallies, and Faridpur achieved highest target (100 per cent) in respect of village level miking. The districts of Patuakhali, Barguna, Jessore, Faridpur, Satkhira, Brahmanbaria, Kushtia, Gopalganj, Comilla and Jhenaidah completed orientation trainings as per plan.

There was still room for further motivation and sensitization. In many upalizas, health officers and UP chairmen were not taking enough interest in SocMob activities. Upaliza level coordination could improve the situation.

BETS reported that information on SocMob at district and upaliza levels was not available. Even the NGOs could not offer information on the latrines installed except in a few districts under their review.

It was also observed that most of the NGO beneficiaries of latrines installation were found to be aware of hygienic matters, indicating better awareness building among these people.

OCTA found that in the northern districts under its study. In the field of SocMob through schools, orientation of teachers has almost been completed. However, no activity in this regard has yet been undertaken in the field. This has happened due to the absence of follow up and accountability.

The activities of SocMob through Ansar/VDP have not yet been started in Nilphamari district due to non-availability of funds. Ansar/VDP training for SocMob has been completed in Sunamgonj but the designated members of Ansar/VDP have not been trained.

Almost all the DPHE field level officials strongly feel that the SocMob activities are not being carried out in the appropriate ways. According to them there ought to be co-ordination between NGOs, who carry out these activities, and the DPHE field level officials. These officials also think that UNICEF is not fulfilling its role of monitoring and co-ordination.

Monitoring Report by Bangladesh Engineering and Technical Services (BETS), April 1999 dual with 20 monitored districts in southern part of the country.

OCTA Private Company Limited undertook monitoring of Rural Water Supply and Sanitation Project. Their findings of SocMob related activities covered 20 districts in the northern region of the country.

SocMob Activities

There is no co-ordination between DPHE and NGOs in implementing the activities at field level. NGOs in most places conducted orientation Workshops for WATSAN members without informing/inviting DPHE officials. This created misunderstanding. DPHE is taking very little or no interest in holding WATSAN meetings.

Advocacy workshops both at upaliza and district levels of the districts visited have been completed. However, action plans drawn in the workshops have not been distributed to the participants of workshops in most of the places.

3.3 Completion Report of the Social Mobilization Programme by UNICEF, Bangladesh, 1999

The UNICEF prepared a completion Report on Social Mobilization in 1999. It will be of interest to remember their findings on social mobilization.

The Social Mobilization project was successful in creating a greater acceptance of NGO-DPHE cooperation, a relationship that was facilitated by UNICEF. The relationship was problematic in the beginning. However, it could definitely be considered as a stepping stone towards greater future collaboration between the government and the civil society. Besides, the links created with district and upaliza level officials can be leveraged in the future. Institutional capacity of government and NGOs has increased significantly through training and orientation on social development.

The activities may have raised awareness, but they did not create the 'critical awareness' prerequisite for behavioral development. Behavioral development is dependent on a complex set of factors and requires sustained motivational efforts and other allied support. The time frame in the current social mobilization programme was too short. Furthermore, needed motivational interventions could not be undertaken intensively and necessary follow-up could not be done due to institutional limitations. Overly emphasis was placed on capacity building through trainings, orientations of governmental officials who themselves took little interest or were not motivated enough to undertake mobilization and motivational campaign at the grassroots. Perhaps, the use of a Facilitating Agency, working in conjunction with other grassroots NGOs, elected representatives, would have taken the Programme closer to the grassroots people, especially women, and would have also drawn government officials in the process through closer contacts, regular liaisons and close follow-ups.

Apart from initial lapses due to staff turn over, NGO Forum did a commendable job in mobilizing a large number of trainers from NGOs and private organizations. Furthermore, NGO Forum also did a very good job in coordinating with and involving a large number partner NGOs to implement specific components of the programme including advocacy workshops at the union level and installation of a large number of latrines through motivational activities at the grassroots.

Monitoring done by NGO Forum was good but not of high quality. They should strengthen their monitoring cell with adequate well-trained staff members to do the job well.

It was generally agreed that there was a lack of close cooperation between the field level government implementers and NGOs, between UNICEF and DPHE and NGO Forum. Future programmes would have to tackle this.

In conclusion it was submitted that the Social Mobilization Programme suffered a serious set-back due to flood. The momentum of the Programme was suddenly lost. Field activities were disrupted, priorities got shifted and the total programmatic focus was diverted to flood relief and rehabilitation. Commitments of the government officials faded away, the add-on value of sequential Programme activities was lost. The synergistic impacts of the concentrated efforts could not be achieved.

3.4 Report on Communication Material Pre-testing and Qualitative Assessment of HAPIC Implementation Process by ORG-MARG Quest Limited December 02, 1999 (Submitted To: WES Section, UNICEF, Dhaka)

Hygiene Awareness and Product Information Campaign (HAPIC) is an intervention conducted by DPHE with the assistance of UNICEF. HAPIC is a small simulation of mobilization and communication campaign on sanitation, hygiene education and safe water use. The simulation was conducted in 4 unions, 2 in Gaibandha and 2 in Manikganj district from April to June 1999. The simulation involved a number of GO and NGO partner organizations.

Purpose of the Study

- To provide a qualitative analysis of the implementation “model” designed for HAPIC (Hygiene Awareness and Product Information Campaign).
- The analysis determines the quality and effectiveness of the interaction between GOB and NGOs in planning and conducting social mobilization activities at the grassroots levels.
- The role of the facilitating and training agencies was examined as part of the overall project in building capacity of GOB and NGO partners in implementing the project.

The communication materials were pre-tested among others as to comprehension of messages and visuals the acceptability overall appeal.

The simulation study succeeded in drawing certain conclusions as to the implementation process of the social mobilization. These are:

- Two NGOs, Proshika and BRAC, gave a good account of themselves in implementing HAPIC among the stakeholders;
- Training and work plan, conducted/prepared by professional trainers, was acceptable to the participants; the training and workshops were participatory in nature;
- Proshika and BRAC were able to facilitate the overall process quite satisfactorily including maintenance of liaison with stakeholders from union to district levels, and documentation;

- The stakeholders at the upaliza and union levels were able to accomplish their tasks. The district level officers were busy with their day to day work but convinced about HAPIC;
- GO-NGO partnership was well accepted by all concerned;
- The HAPIC process seems to work in creating awareness about sanitary latrine or use of safe water etc.

Suggestions

- Strong monitoring system is suggested. Independent coordinators at union, upaliza and district levels are suggested to ensure supervision, monitoring and coordination;
- Important personalities like journalists, youth club, elite (political, social etc.) should be included for overall community participation.

The report suggested some changes in other districts and recommended replication of the process of HAPIC simulation in other districts.

The present consultants (HCL) will bear in mind the HAPIC process and suggestions of ORG-MARG Quest Ltd. in analyzing SocMob activities under review and in drawing their recommendations.

CHAPTER 4
FINDINGS OF THE STUDY

C HAPTER - 4: FINDINGS OF THE STUDY

4.1 Introduction

As the methodology shows the findings of the study are based mainly on PRA/FGD and household survey. PRA/FGD was undertaken in 3 districts, i.e. Kishoreganj, Sunamganj and Kushtia. In each district, the following groups were sought to be brought under the PRA:

1. User group;
2. Non-user group;
3. A & VDP, Volunteer and H&FPO;
4. UWC & UPO;
5. Upazila NGOs;
6. NGO-Forum;
7. Trainer Group;
8. Upazila Govt. Officials; and
9. District Officials.

The detailed findings of the PRA/FGD of these groups are submitted as Appendices by districts (Appendices 3A, 3B and 3C). The summary findings are presented below under the following heads.

4.2 Advocacy Workshops at Different Levels

Advocacy Workshops were held at District, Upazila and Union Levels

4.2.1 Advocacy Workshop at District Level

Deputy Commissioner, Executive Engineer (DPHE), UNICEF representatives, Civil Surgeon, Deputy Director (Family Planning), District Education Officer, District Information Officer and UNOs from upazilas often participated in the district advocacy workshop. One such workshop was held in a district.

Three organizations cooperated in doing the spadework for the district advocacy workshop:

- DPHE performed the role of overall organizer;
- NGO-Forum facilitated;
- UNICEF offered direct cooperation.

The workshops were conducted in a participatory manner and the subject matter was appreciated by all the participants. There was positive response from all the participants and they readily acknowledged the social desirability of the SocMob programme.

It was held that due to lack of general education among the population, health and hygiene awareness is not of a high order in society, particularly in rural society. In such circumstances, social mobilization for hygiene awareness and motivation was very much called for.

Representatives from different government departments spoke on the occasion and gave the assurance of their cooperation with the SocMob programme. They also highlighted the resources available at their disposal to undertake such interventions. Health and family planning officers spoke of their field level manpower. Deputy Director of the Islamic Foundation appreciated the plan to rope in services of the Imams in social mobilization for health and hygiene and felt that appeal to religious sentiment for cleanliness is a step in the right direction.

Information on the district level Action Plan to be chalked out in the district advocacy workshop could not be elaborated as most of the officials attending PRA claimed to be newcomers in the districts. However, they spoke of the plan to undertake upazila and union level advocacy workshops, which they sought to support through their departmental representatives. It may be noted that transfer of officials could not be a reason for lack of awareness of a programme if it were taken with due seriousness by the relevant office. There should have been enough documentary evidence of work in that office.

4.2.2 Upazila Level Advocacy Workshop

Upazila level advocacy workshops were also held as planned in the three upazilas under review. NGO Forum provided satisfactory facilitation. The workshop, one in each upazila, was participatory, readily appreciated by the upazila level officials and other participants who grasped the subject matter of social mobilization for sanitation, safe water, health and hygiene. Most of the participants expressed their desire to be a part of the social mobilization process for hygiene awareness and help with their manpower at the field level (H&FPO).

4.2.3 Outcome of the Advocacy Workshops at the District and Upazila Level

The advocacy workshops at the district and upazila levels had a cascading effect. The district workshops led to upazila workshops, which led to union level workshops. The follow-up action appears to have been undertaken by the NGO-Forum and individual NGOs. WATSAN Committees were not functioning in several places.

Advocacy workshops were held only once and its objectives appear to have been fulfilled. The officials and social elites at the district and upazila levels were exposed to the concept of SocMob and they appreciated the objective and methodology of SocMob and gave the assurance of their participation.

However, in one district of the three interviewed by the consultants, one or two officials came with a rather drastically different methodology. They thought that UNICEF should give the project money to DPHE who shall be then placing the latrines in the villages. They were against advocacy workshops and said that 2 villages could be covered with latrines, with the money spent on one such advocacy workshop. They did not appreciate the need for high level sensitization.

4.2.4 Union Level Advocacy Workshop

Union level workshops were held in the unions visited for PRA/FGD. The SAEs often participated as trainers. This was only a beginning of the SocMob activities at the union level. More work was planned at grassroots level. Union level advocacy workshops appear to be well conceived in the scheme of things of SocMob. Beyond the union, there is scope to continue meetings at the village, school, 'uthan' and other grassroots levels.

4.2.5 Follow-up

Plan of Actions were sought to be formulated at workshops, but these were not followed up regularly. Absence of WATSAN committee at many union levels or the moribund condition of some upazila level WATSAN committees is an indications of this state of follow-up and monitoring.

The district and upazila level PRAs indicate that some mechanism has to be devised to follow up action plans of advocacy workshops and other hygiene awareness building activities

Recommendation

In any future project or programme on hygiene awareness and motivation, the D.C.C & U.C.C should be co-ordinating the interdepartmental activities at the district and upazila level respectively. DPHE should have data and information on NGO activities and other departmental offices working for the SocMob programme. DPHE may be helped by some NGO in this facilitation of coordination, as DPHE does not have enough manpower at upazila and district levels.

The role of the UNOs and UP Chairmen in respect of coordination has been appreciated by both DPHE upazila level officials and NGOs at that level. UNO is in a position to influence and motivate the Union Parishad Chairmen and Members and, therefore, may be encouraged to do so in relation to hygiene awareness building.

4.3 Training of Trainers

SocMob programme depends on elaborate training of the stakeholders at various levels. Trainees become trainers at subsequent levels. As the programme deals with the rural people who are not so educated, the method of training assumes crucial importance. We have sought to evaluate the training programmes at different levels of training.

Training programme went as per plan. The facilitators were competent. They could express their ideas clearly. Follow-up questions were raised in this participatory training course to examine if the participating trainees could follow the subject under discussion.

Trainees from different units of the programme had the following roles at the grassroots level:

- To move forward with WATSAN committee;
- To further motivate the union WATSAN committee;
- To train the latrine producers, ring and slab manufacturers;
- Organizing sanitation exhibition in different centres including construction of latrine inputs;
- Motivating people for sanitary latrines and health awareness in 'uthan baithak' (courtyard meeting);
- To build awareness through Imams;
- To discuss WATSAN programme in schools before teachers and students;
- To help the distribution of sanitary latrines through soft credit terms.

Training modules were made available by BRAC.

4.4 Trainees as Trainers

Most people participating in training have subsequently worked as trainers in:

- Union level training;
- Village development committees workshops as facilitator;
- Orientation courses for Imams, out of school children, school debates on WATSAN programme, etc.

Monitoring of training was done as will be seen under section on monitoring later. NGO-Forum from Mymensingh also monitored their activities. Monitoring of training has also been done by the upazila and the district level officials.

The A&VDP members responded to their training. One-day training was held for them and Senior Officials of UNICEF attended the training session. They also receive training on health and sanitation at Ansar Academy where DPHE and Health Department officials train them on these issues. The aim of this training at Ansar Academy is to enable them to talk to rural people on sanitation and hygiene. They were also trained by UNICEF and NGO-Forum personnel.

Some Ansars and VDP members worked as trainers at the local level. In certain districts, SAE worked as trainers at UP or upazila level as they claimed to have learned the subject matter at district or upazila level trainings.

4.4.1 Selection Criteria for Trainers

Selection criteria for Trainers: TOT was organized at 3 levels, i.e.:

- TARC;
- District, upazila and union levels; and
- At the level of school, field and country (“Uthan Baithak”).

At all levels, some criteria based on proficiency, experience, training background, etc. were considered. NGO Forum and UNICEF offered trainers at the TARC level. At the district, upazila and union levels, Mr. Mazharul Islam of the NGO Forum discharged his duties with ability. NGO Forum appointed trainers on the basis of ability and fitness for such training. Again, NGO Forum, Mymensingh selected trainers for village and field level in Pakundia upazila. The selections at all levels were satisfactory. It was maintained that delivery, diction, ability to communicate, patience and exposure to the rural socio-economic life were taken as criteria besides general educational background.

4.4.2 Outcome of Training

The SocMob programme has moved upto the village level. People’s perception about SocMob is widespread. They now crave for sanitary latrines. Without the hierarchical system of training involved under SocMob, such a result could not be achieved.

4.4.3 Recommendation

The advocacy workshops and sensitization of the government officials and elite at the district and upazila levels may now be slowly phased out. Training for hygiene awareness may now be UP and village oriented. Besides awareness building and motivational effects, certain technical issues may now be emphasized in training. These relate to the structure of the sanitary latrine including the roof, maintenance and durability of latrines. Durability is associated with the quality of cement, rods and mortar used and flood depth of the place of the latrine installed. PRA showed that people care to know about these aspects. The use of the gooseneck has to be further explained. Information on children’s defecation and subsequent washing may also be stressed at the grassroots.

4.5 Motivational Activities

4.5.1 Status

SocMob programme sought to motivate the rural people to adopt sanitary latrines, practice hand washing before meals and after toilet and to use safe water. To motivate, the knowledge base of the people or their hygiene awareness has to be improved. If the people know that diarrheal and other water-borne diseases could be avoided through use of sanitary latrines, drinking of safe water and washing of hands before meal and after use of latrine they may feel motivated to install sanitary latrines, use tubewell water and practice hand washing.

However, mere knowledge may not be enough. A critical level of awareness has to be reached before adoption of hygienic practices is ensured. For this sustained motivational activities have to be pursued. They have to be reminded of the need for sanitary and hygienic practices from time to time.

SocMob programme did try to motivate people with a package of motivational activities like: miking, meetings, folksongs, leaflets and posters. The programme also demonstrated the construction of rings and slabs, publicized their distribution under interest free loans through NGOs, incentives to NGOs for distribution of latrines, etc. An elaborate programme of training at several levels was organized. All these activities are well planned and well-thought-out.

However, the PRA with users in Kudalia in Pakundia upazila of Kishoreganj showed that only 4 out of the 11 users had heard miking in the village. Only 3 out of the 11 have attended fairs. Nonetheless, they have heard of the motivational activities going on in the area and felt motivated to accept the latrines. Two-thirds of them listened to folksongs on WATSAN. They have seen posters and leaflets, radio and TV programmes on WATSAN. The outcome of the combined efforts at motivation could draw their attention to sanitary latrines even if they missed this or that motivational device. This or that motivational device out of an array of devices worked with an user. Their motivation got reinforced by several such motivational devices.

4.5.2 Communication Materials

The PRA showed that people, specially the users and non-users alike, found the audio-visual aids appealing and communicative. Some of them watched TV programmes or listened to radio programmes on hygiene awareness. The folksongs were attractive and appealing. A TV documentary involving an old grandfather with old habits about defecation and hand washing and a school going granddaughter and grandson was an effective communication. The one depicting "Sheva Nin, Bhalo Thakun" (Take service, remain well) has been lauded by the people.

In course of PRA with users of sanitary latrines it transpired that wall posters, leaflets, fairs, folksongs and union or village level meetings have served to build awareness and motivate people to accept the sanitary latrines.

The HAPIC study, which did more incisive work on communication materials, also found that most people liked the communication materials. Shopkeepers and individual households like to display the posters or sandwich boards. The TV programmes of noted dramatist Humayan Ahmed were also appreciated. It has to be noted that in a continuous programme, a poster or dramatic intervention tends to lose its appeal and lustre after a certain span of time. New items have to be routinely introduce. There is scope for research and study in this area. DPHE and some stakeholders thought that there was room for improvement in this area.

4.5.3 Subsidies for Motivation

At the grassroots level, some people asked for free distribution of latrines due to the poverty of the landless and other destitute groups.

4.5.4 Recommendation

Motivational activity should now be aimed at grassroots level dialogue ("Uthan Baithacks") for installation of sanitary latrine at several cost options for rings and slabs. The good work of displaying posters and leaflets and folksong and fairs, including radio and television programme should continue. The training programme could be considerably reduced. The scope for bringing through Union Parishad Members and Chairmen, peer pressure at the village level school teachers and students could be explored.

Free distribution is not recommended at this stage, as acceptance of sanitary latrine is mostly dependent on behavioural change. Continued loan from NGOs or Grameen Bank may be tied up with

installation of sanitary latrines. The supply pushed marketing practiced now might even yield to demand-pulled marketing significant changes in behaviour and attitude of the masses.

4.6 Opinion of DPHE, NGOs and Stakeholders on SocMob Activities

4.6.1 Department of Public Health Engineering (DPHE)

Discussion was held with top level DPHE policy formulators and implementers. It was held that with higher per capita income and education level, the issues of water and sanitation including sanitary latrine would have been solved through people's choice exercised through the market and the acquired knowledge of the people. However, with present poverty a programme to foster hygiene awareness is necessary. It is held that the proportion of expenditures between hardware (rings, slabs etc.) and software (publicity materials and workshops/training) should be 90:10.

Monitoring was sought to be done through BMDC and Planning Academy of GOB. However, as the NGOs were inducted by UNICEF in 1998, monitoring was performed by NGO-Forum and DPHE only.

DPHE experience shows that participation of the people's representatives at the union or grassroots level is a must for adoption of sanitary latrines. The example of Kengragesi union of Kolaroa upazila has been cited in this connection.

In Kalaroa upazila, a UP Chairman identified the households whose children defecated in open place without any reservation. He then called the relevant parents to the village markets and put social pressure on them or their guardians to have pit latrines. The pressure worked and 100 per cent coverage of sanitary latrines was accomplished in the Kengragesi union of Kolaroa upazila. On the other hand, examples are there where the UP Chairman and members had to be brought to the programme after great persuasion. Without their commitment, SocMob will not proceed well.

DPHE on Involvement of NGOs

It was opined that DPHE was involved with WATSAN up to 1997. NGO-Forum was inducted beside the DPHE by UNICEF in 1998. Result did not improve markedly. Then, UNICEF discontinued the programme in the midst of implementation process, which has left behind a considerable amount of man and materials under the programme.

Recommendation on Future of SocMob by DPHE

At least a social mobilization segment should be attached to the HAPIC programme. Donors are very much necessary for such programmes, which do not yield direct revenue to government. UNICEF should come forward with greater stride. DPHE seeks assistance from UNICEF because it is a welfare-oriented donor. The communication package should be with experienced firms and people. The softwares developed for the radio and television are conducive to the progress of the programme.

DPHE thought that sanitation and hygiene is a continuous education. Some people will always backslide when the rings break or others may not come forward due to lack of will power. Therefore, some institutional arrangement should be developed with the UPs and schools for the purpose of motivation.

DPHE on Research Strategy

DPHE spoke for a need for research in the field. Sanitary latrines in the highlands and low lands are not the same. In Sunamganj, sanitary latrines were placed in dry season with a certain elevation to be washed away in the next flood. Monitoring of the quality of rings is also necessary.

The effect of pit latrines on sub-soil water should be monitored. A research programme on the environmental aspects of pit latrines should be initiated.

District and Upazila Level DPHE (XEN and SAE)

The Executive Engineers and Sub-Asstt. Engineers at the district and upazila levels respectively felt the need for better coordination of the SocMob activities. It was felt that district level coordination should be held with the D.C and the allied government officials and NGOs at regular intervals at certain fixed days. The same procedure may be followed at the upazila level with UNO as the chairman.

At the moment monitoring by the SAE at the upazila level is performed through collection of monthly reports of the SocMob related activities of such offices as H&FP or TEO. But this is not sufficient for coordination. Some DPHE officials opined that the expenditures incurred on advocacy workshops could be economized. Upazila level SAEs sometimes felt that there was no need for separate category of trainers at the union level as they are able to train people at the union level.

4.6.2 NGO Opinion

A. NGO-Forum Headquarters

In the opinion of the NGO-Forum headquarters, Dhaka, the SocMob programme is a necessary programme and found this view shared by all of their partners. The forum has helped with facilitators and trainers in workshops and trainings. They sent training modules as per necessity to the fields. Core programme staff of the NGO-Forum has worked for the WATSAN programme. They have performed WATSAN programme activities while undertaking their main job. If programme specific staff could be employed, the job could be performed better. Perhaps senior most executives of NGO-Forum could not work intensively but core staff visited and monitored the programme sometimes randomly and sometimes purposely.

According to them, UNICEF has not done anything in connection with latrine construction, even financially. However, they have given incentive money per family of Tk. 15/20/30 depending on circumstances through NGOs. They think that motivational activities fell somewhat short of stipulation. However, people have known of SocMob. They think that coverage could be known after counting installations.

NGO-Forum is continuing sanitation work as routine work even though SocMob remains terminated.

B. NGO-Forum Representatives at District Level (Kishoreganj, Sunamganj and Kushtia)

The PRA succeeded in eliciting observations and opinions from the representatives of the NGO-Forum and other partner NGOs in the 3 districts under review. The recommendations of the NGO-Forum at the district level are worth noting.

NGO-Forum claimed that it, along with the partner NGOs, moved ahead with the programme taking along DPHE with it.

NGO-Forum noted that upazila level WATSAN committees were not in existence in many upazilas and Ex-officio Chairmen and Secretaries did not know that they were assuming those positions.

NGO-Forum at the district level opined that SocMob programme did not have enough time, specially with the dislocation caused by floods in 1998. The programme has reached the people but fell short of a mobilization. They opined that the programme stopped at the midway when 51 per cent progress had been made.

Recommendation of the District Level NGO-Forum

The NGO-Forum there advocated extension of the training of the trainers with trained trainers. Monitoring will be better performed through NGOs. SocMob should be considered as a special programme and NGOs and Govt. offices should work earnestly for it. The associated govt. offices, besides DHPE, should give particular attention and help the programme. It was noted that education officers at the district level should participate more actively and write to rural schools asking them to participate in the programme.

NGO-Forum representatives further noted that people are committed to the programme and some people opined that if necessary VGD programme of GOB or loan operations of NGOs should be tied up with latrine installation.

NGO-Forum at the district level submitted the following for better coordination of the NGOs, DPHE and other cooperating agencies:

- *UNO has to assume the prime role at the upazila level and participation in the monthly meeting of the NGOs, DPHE and other associating agencies be ensured;*
- *UP Chairman and Members could be followed-up by the UNO to ensure their meaningful participation in the WATSAN programme;*
- *Education offices at the district and upazila level should write letters to the schools asking them to participate in the programme;*
- *The Civil Surgeon of the district and Upazila Health Offices should be more involved in the programme;*
- *Family Planning, A&VDP officials should be coordinated in the work through the UNO and DPHE.*

C. Upazila Level NGOs

Their views on coordination with upazila level officials are akin to those of the district level NGO Forum.

The upazila level NGOs are quite aware of the role they are playing in latrine distribution and had the following to submit in this connection. An important element in the programme is the manufacturing of rings and slabs. These are distributed to acceptors under an interest free loan. At the grass roots level, the NGOs are involved with this work along with a few private sector individuals. Even the common people at the village level (users and non-users) felt that the programme is run by the NGOs.

In one upazila under review the NGOs have fared excellent in the fulfillment of their targets, specially BRAC and PBK. Another national NGO achieved 60 per cent of the target in that upazila due to their shortage of funds.

4.6.3 Stakeholders Opinion

In this category are included the district and upazila administration officers, school teachers, Imams etc.

The D.C and UNO participated in the respective advocacy workshops and affirmed the relevance of SocMob to the national development process, particularly in improving health, environment and sanitation. However, there are limitations on their time and they could be involved in this programme if the follow-up and pursuit come from the XEN, DPHE at the district level and SAE, DPHE at the upazila level. These officers gave unreserved support to the programme.

The district level health and family planning officials also supported the programme and felt that their field level officials are already involved in motivational work (family planning) and could work on SocMob.

Upazila level officials showed their willingness to cooperate. Education officers were willing to help their school teachers and students.

District Information Officer informed that his apparatus highlighted SocMob programme in its publicity work. Nevertheless, the SocMob programme needed more active participation.

The Deputy Director of Islamic Foundation also showed keen desire to influence the Imams to participate in the programme. Goodwill for the programme is evident and may be exploited to make proper use of the latent forces lying dormant in them.

Union Parishad chairmen and members, school teachers and students also supported the programme.

4.6.4 Other Partners and Allies

There was widespread goodwill and support for the programme. Private producers of latrine equipment offered cooperation. Youth groups, high school teachers and students etc. offered to volunteer their services for SocMob. Folksong singers were equally willing to cooperate.

4.7 Monitoring Activities

In the execution of any project or programme, monitoring and evaluation assume great importance. Such monitoring shows if the interventions are going on smoothly, if the activities are on the right track and if some changes are to be effected to achieve the desired objectives and goals.

The objectives of the SocMob programme of 1997-99 were to increase sanitary latrine use, to bring about changes in hand washing, after latrine use and before meal, and to reduce the use of pond water for domestic purposes. The goal is to have healthy children and population with drastically reduced episodes of waterborne diseases.

The activities included advocacy workshops and training at different levels, publicity through miking, distribution of leaflets, placing of posters, holding of fairs and exhibitions, folksongs, provision of radio and TV materials etc. manufacture of materials for latrines. Activities also included provision of incentive money through NGOs for installation of sanitary latrines.

The monitoring activities undertaken were not designed to relate inputs-outputs-and effects-impact sequence of project evaluation in a logical framework. In the absence of such information, the consultants could only examine the activities performed in relation to the implementation plan.

Discussion with cross-section of stakeholders yielded the following information on monitoring and follow-up.

DPHE at the district and upazila level did some follow-up with their limited manpower. Their follow-up consisted mainly of collection of information from upazila level health, family planning, BRDB, A&VDP officials through the good office of the UNO. These associated offices at the upazila headquarters have their field level workers who are in a position to follow-up facilities for the SocMob activities in the countryside and some follow-up did occur through them.

4.7.1 Monitoring by NGO-Forum

NGOs appear and claim to be better equipped with facilities for monitoring. They have monitoring extended up to the grassroots. The framework for monitoring extends from the top to the bottom.

Individual NGOs have used their monitoring formats. Besides, the NGO-Forum has also used its monitoring device to observe the functioning of SocMob. They have suggested ways and means to solve problems and offered cooperation.

However, NGOs did not systematically monitor the programme. Views of the NGO Forum on monitoring are available above (**Section 4.6.2**).

Recommendation:

Monitoring should constitute an integral part of any future programme of social mobilization. Services of UNO, SAE/DPHE, UP chairman and NGOs may be harnessed for such monitoring. A unified monitoring system should be agreed upon and the monitoring central project authority should co-ordinate monitoring.

4.8 Construction of Latrines by NGOs

It was stipulated in a revised target of SocMob programme that 122 NGOs would install 306,271 latrines in 32 intervention districts. Status report of NGO Forum, dated, May 27, 1999 showed that 98 per cent of the latrines have been installed by the NGOs.

However, NGOs have latrine construction activities independent of SocMob programme. This is demonstrated by the NGO Forum statement that they are very much in their sanitary latrine programme inspite of the termination of SocMob.

In order to augment and facilitate supply to the far-flung villages, NGOs quite often established sub-centres in addition to the upazila-based centres. People at the grassroots level think that NGOs are the prime movers in the sanitary latrine business. The NGOs could not furnish any information on the overall coverage of sanitary latrines in the intervention upazilas or districts claiming that such information would require proper surveys. Besides NGOs, private sector was also supplying sanitary latrine equipment in the market. Monitoring of distribution could be strengthened.

Individual NGOs reported no problem in supplying latrine equipment except one major NGO, which experienced some financial difficulties in one upazila under review.

4.9 Coverage of Sanitary Latrines

4.9.1 Progotir Pathey Data

There is no benchmark survey to monitor the coverage of sanitary latrines with uniform sampling design.

The 'Progotir Pathey' mentioned that it has survey data relevant for October 1997 to October 1999, from the 1997, 1998 and 1999 volumes. It is seen that the number of sanitary latrines in the intervention areas increased by only 5 per cent between 1997-99 compared to 1.3 per cent for the whole of rural Bangladesh for the same period.

The rates of growth of the intervention areas vis-a-vis the rest of rural Bangladesh may be seen below:

<u>Years</u>	<u>SocMob (32 District)*</u>	<u>All Urban/Rural Bangladesh</u>
1997-98	1.84%	- 7.7%
1998-99	3.1%	- 0.2%
1997-99	5.0%	- 8%

Source: Progotir Pathey (Compiled)

Following the information of Progotir Pathey, there is some modicum of growth of coverage of sanitary latrines in the past 2 years. Nonetheless, it is nowhere near the growth rate of 15 to 20 per cent expected in the 1997-99 SocMob programme. Besides, there is some sampling error in Progotir Pathey data. In the 1998 survey, 10 districts showed a negative growth while in 1997-99, 13 districts showed negative growth out of 32 districts. These are still the best available data.

4.9.2 Household Survey

The household survey covers only 120 respondents from 6-districts chosen randomly out of the 32 intervention districts and it shows a coverage of 49 per cent. The sampling error in such a survey will be appreciated. In fact, in this study, emphasis was put more on focus group discussion rather than on sampling survey.

4.9.3 Focus Group Discussion

Focus group discussion showed that sanitary latrines were more widespread than before, but any estimate of coverage was not readily available. NGOs opined that without a representative sample survey no such estimate could be offered. Considering the three districts under FGD, Sunamganj with low coverage, Kishoreganj with medium coverage and Kushtia with relatively high coverage, it was opined that around 39-40 per cent of the households had sanitary latrines.

4.9.4 Findings FROM Case Studies of Users and Non-users

Twelve case studies, six on users and another six on non-users, are presented in **Appendix-IV**.

It is evident that the message of sanitary latrine, hygiene and pure water has reached the countryside. There are families who installed sanitary latrines before SocMob had started. Some families are being motivated by SocMob activities. Most of the families, users and non-users alike, reported Radio/TV to be the effective means of communication on SocMob. Adoption of hygiene practices is a behavioral phenomenon and some persistent push and promotion may be necessary.

It is noted that users of sanitary latrine belong to trade/business and service holder families. Non users are mostly landless workers, except a chaukidar or a teashop owner. And they propose to have sanitary latrine in near future in spite of relative financial difficulties.

All non-users under the case studies are aware of the baneful effects of indiscriminate defecation or unsafe water. Only one non-user, the chaukidar, confessed to be not sufficiently motivated or aware as yet to have a sanitary latrine, though he has knowledge about sanitary latrines. He heard of that at the union parishad meetings. But he claims to be not sufficiently aware or motivated. Nevertheless, he proposed to have one soon enough. For most non-users, poverty is the stumbling block. Non-users seek subsidized or free latrine equipment.

* Compiled from data for 32 districts weighted by household data for individual districts

4.10 Net Effect of SocMob

This phenomenon has raised a conceptual question. How much of the increased latrine coverage is to be ascribed to SocMob? In fact, users informed that they have received latrine materials from other sources than NGOs (Table 5.9.2). Some of the respondents of case studies and household survey reported use of sanitary latrines before the initiation of SocMob programme. Nevertheless, a certain spurt took place with SocMob. Again, though SocMob remains terminated, NGOs are continuing with supply of sanitary latrine equipment. SocMob motivational campaign must have helped in this respect.

The synergistic aspect of the issue is somewhat intractable. Sanitary latrine use is a function of:

- Poverty level;
- Cost of equipment and installation;
- Distribution by NGOs by mainly SocMob; and
- Knowledge, awareness and motivation

SocMob cannot influence poverty level. It has marginal to no influence over costs/price through its monitoring of activities of NGOs and other private manufacturers. The remaining issue pertains to knowledge, awareness and motivation. Knowledge comes from SocMob to a great extent, though some people may have known of the necessity of sanitary latrine or pure water before the emergence of SocMob. Nevertheless, one casual observer will get the impression that SocMob has been a success in terms of kindling the knowledge base, awareness and motivation of a significant section of the people. Table 5.18 shows that 80 per cent of the respondents are aware that hand washing with soap before meal may prevent diarrhea. Benchmark data are not available to compare the changes, but some credit must be ascribed to SocMob activities. All these publicity did not go in vain. Again, people like to follow their neighbors. Hence, demonstration effect also worked to increase the adoption of sanitary latrines. They saw others adopting it. Hence, they did it.

Recommendation:

In future projects of this nature, it will be advisable to have a benchmark survey, so that monitoring and evaluation may be facilitated. A logical framework may be added to distinguish between inputs-outputs and effects/impacts.

CHAPTER 5
ANALYSIS OF THE HOUSEHOLD SURVEY

CHAPTER - 5: ANALYSIS OF THE HOUSEHOLD SURVEY

Major findings of the household survey have been used in the previous chapter. A detailed resume of the household survey is offered below in this chapter. The tables are available in Appendix- 5.

The household survey was conducted with 120 respondents in 24 villages of 12 thanas of 6 districts. Each village had 5 respondents, randomly selected. This survey methodology and the number of responding households were agreed upon by the UNICEF and consultants.

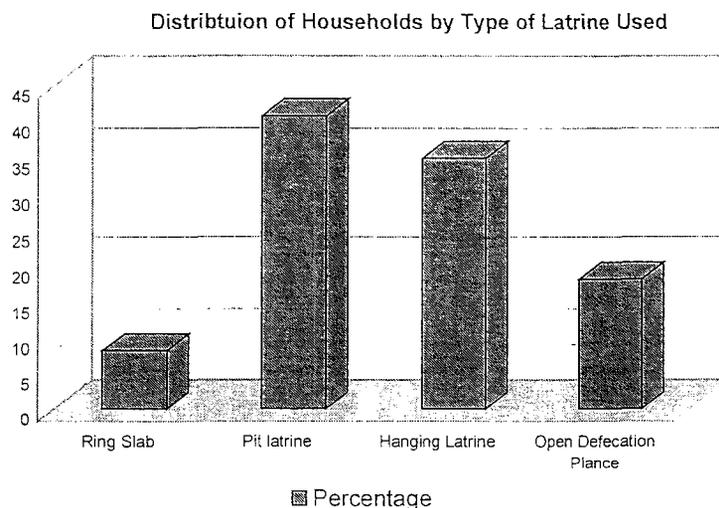
5.1 Distribution of Household as to Household Head and Gender

Fifty Two per cent of the respondents were household heads while 48 per cent were other members of the family (Table 5.1). Sixty Two per cent of the respondents were male, the rest females (Table 5.2). Tables referred to in this chapter are available at the end of this chapter.

5.2 Sanitary Latrines

Distribution as to Type of Latrines: In these villages, 49.1 per cent have sanitary latrines (ring slabs 8.3 per cent, pit latrine 40.8 per cent), while 53.3 per cent did not. The latter had hanging latrines (45 per cent) or indulged in open defecation (18.3 per cent) (Table 5.4). Figure - 1 shows the percentage in column chart. Multiple answers were possible. Hence, the total percentage may be more than 100 per cent. Comparison with data from Progoter Pothey may be seen under Section 4.9 above.

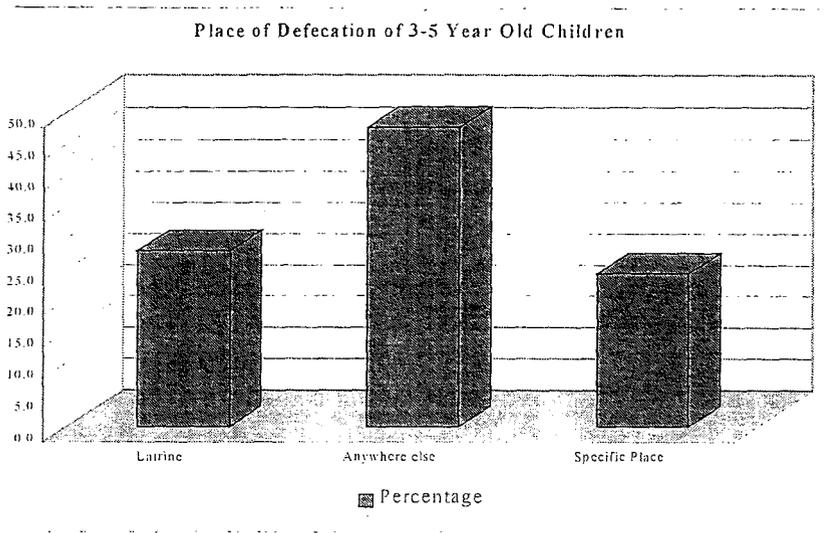
Figure - 1



Pit latrines are primary steps towards sanitary latrines, often made with a cover slab made of concrete or bamboo/wood placed on earthen pits dug out for defecation. The rings seek to hold the earth up to a certain depth. Water sealed latrines are not common, hence not identified separately. In "Progotir Pathey" publication of BBS/UNICEF water sealed latrine where the goose-neck is broken is treated as a ring slab latrine.

Place of Defecation of Children: 3 - 5 Years: Eighty-two respondents replied to this question. Of them 39 respondents or 48 per cent reported "defecation any where" showing great ignorance about this health hazard. Only 28 per cent reported use of latrine and 24 per cent reported specific place (Table 5.16). Figure - 2 shows that social mobilization can play a great role in reducing this indiscriminate defecation by children belonging to the 3-5 age groups.

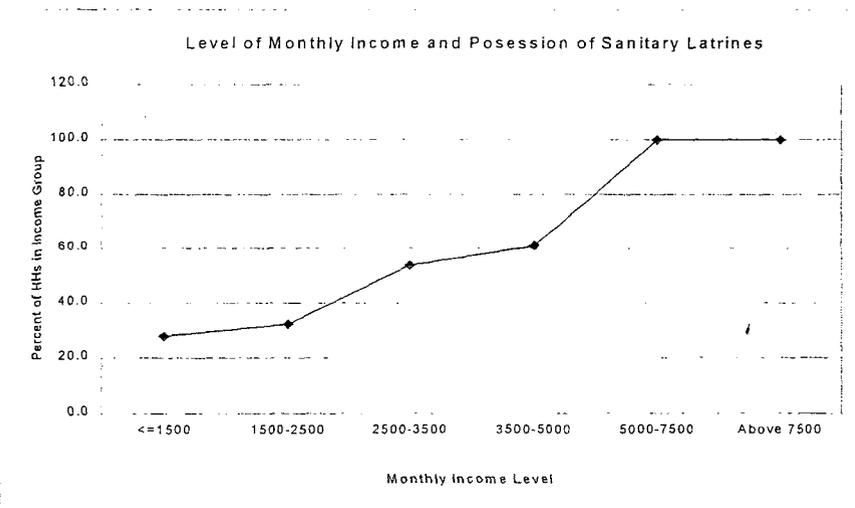
Figure - 2



Ownership of Latrines: 64 per cent reported full ownership of latrine of some type (except open defecation) while 19 per cent reported sharing latrines with others, one per cent reported access to latrines not fully owned or even shared (Table 5.6). Sixteen per cent reported no latrines (open defecation). Open defecation appeared to be only half the national average of 30 per cent for rural Bangladesh in 1997 (Progotir Pathey, Page – 80).

Income and Latrine Ownership: Ownership of latrine appears to be associated with household income. 100 per cent of households earning Tk. 5000 per month or more have sanitary latrine with diminishing rates as income decreases. (Table 5.5). Figure - 3 shows the relationship between income level and percentage of households having sanitary latrines.

Figure - 3



Time of having Latrine: Among the users of sanitary latrine, 52 per cent started using such latrines 3 years before the survey, while 48 per cent started using in the last 3 years (Table 5.7). Thus, sanitary latrine use among the respondents of the survey almost doubled in the course of the last three years.

Motivation of SocMob: Acknowledgment of motivation by SocMob for construction of sanitary latrine was reported by 59 per cent of the respondents having such latrine. The remainder 41 per cent did not (Table 5.8). This figure of 59 per cent includes respondents who installed sanitary latrines before 1997. Response of the respondents who installed such latrines in the last 3 years would have been more meaningful.

Assistance for Latrines: 17 people reported receiving assistance from others for constructing latrines (Table 5.9.1).

Thus, only 29 per cent of the sanitary latrine users reported receiving assistance for latrines, mostly from NGOs and teachers/students (Table 5.4.2). Thus almost 70 per cent of the sanitary latrine users installed such latrines without assistance from others. However, if we consider the acceptors of the last 3 years only, 60 per cent may be considered to have received assistance for latrines. The fact remains that some people are capable of installing latrines without assistance from NGOs (Table 5.7 and 5.9.1 and 5.9.2).

Advice to Construct Latrine: 33 per cent of the respondents received advice from others to construct latrines while the rest 67 per cent did not receive such advice (Table 5.10.2). Among those receiving advice, 33 per cent received advice 3 years ago while rest 67 per cent received advice within the last 3 years (Table 5.10.3).

Technical advice for sanitary latrines was received by 28 per cent of respondents having such latrines while others 72 per cent did not receive technical assistance (Table 5.11.1).

Financial Assistance for Latrines: Nature of assistance may be divided into:

- Financial
- Input supply.

Financial assistance was received by 10 per cent while own funds were used by 90 per cent. Again 88 per cent of respondents used inputs from own sources, while 12 per cent received these as loan or donations (Table 5.12.1).

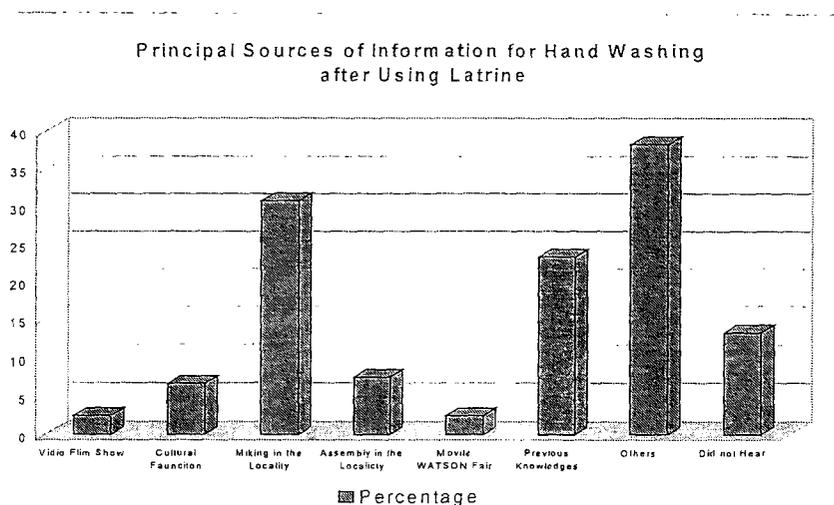
Technical Assistance for Latrines: Nature of technical assistance is seen in (Table 5.11.2) and (5.12.3). Most of the assistance was for laying slab (40 per cent). NGOs gave 75 per cent of the T.A.

The nature of technical assistance for sanitary latrines reveals some insight into the whole operation. Only 16 or 28 per cent of total users reported receipt of technical assistance (Table 5.11.1). Thus, sanitary latrine is something that does not still require high level technical knowledge. The social elite that has established sanitary latrines have learned about it through demonstration effect or general knowledge. This finding lends support to the view that social mobilization for awareness building and motivation is the prime mover in installing latrines.

5.3 Hand Washing

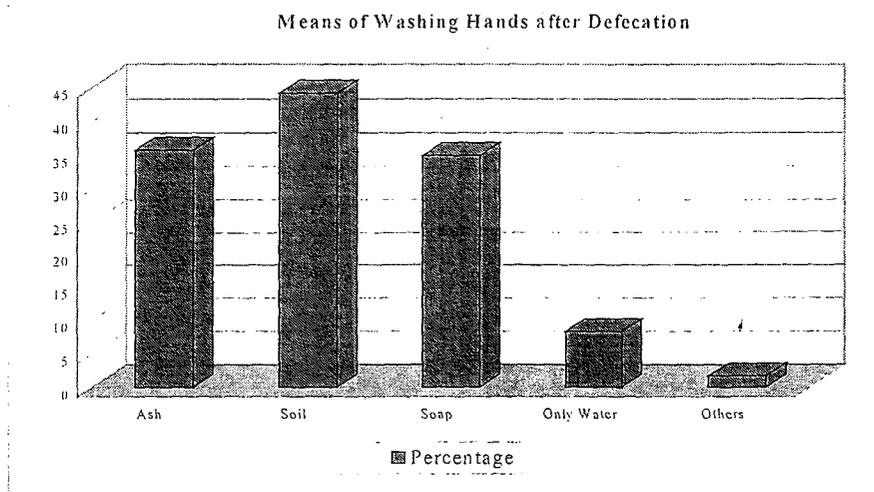
Source of Information on Hand Washing: 87 per cent of respondents have heard of the need for hand washing after using latrine. Only 13 per cent have not heard of it. The sources of information on hand washing after using latrine may be seen in (Table 5.13). The highest source is 'others' (38 per cent), followed by miking in the locality (31 per cent). Almost 50 per cent heard of it 3 years ago and the rest 50 per cent heard about it in the last 3 years (Table 5.14). This doubling of the information coverage in the last 3 years is a good commentary on the SocMob programme. Figure - 4 may be seen for distribution of sources of information for hand washing after using latrine.

Figure - 4



Means of Washing Hand: Everyone washed hand after defecation whether they have heard of the hygienic method or not. Around 44 per cent washed hand with soil, followed by ash (36 per cent), soap (35 per cent), only water (8 per cent) and others (2 per cent) (Table 5.15). The claim to wash hand with soap in rural areas was sought to be checked by the request to show the kind of soap they used. Hence, the answer may be dependable. Figure - 5 shows the findings on means of washing hands after defecation. Hands washing with soap remains at 35 per cent, below SocMob target of 40 per cent.

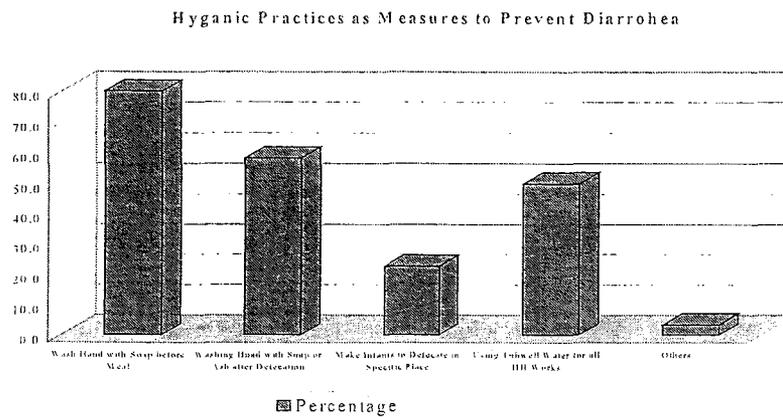
Figure - 5



Method of Washing Hands after Cleaning the Defecating Children: Ninety four responses were available. Of these 37 per cent used soap, 28 per cent ash and 26 per cent soil. 23 per cent reported using only water to wash hands after cleaning the bottom of the defecating child. This is a phenomenon, which requires further improvement (Table 5.17).

Hygienic Practices to Prevent Diarrhea: 120 responses were analyzed. Multiple answers were possible in this question. About 80 per cent reported that washing hands with soap before meal was needed to prevent diarrhea. About 60 per cent reported washing hands with soap or ash after defecation, 23 per cent asked children to defecate in a specific place and 50 per cent recommended use of tubewell water for all purposes (Table 5.18) as measures to prevent diarrhea Figure – 6.

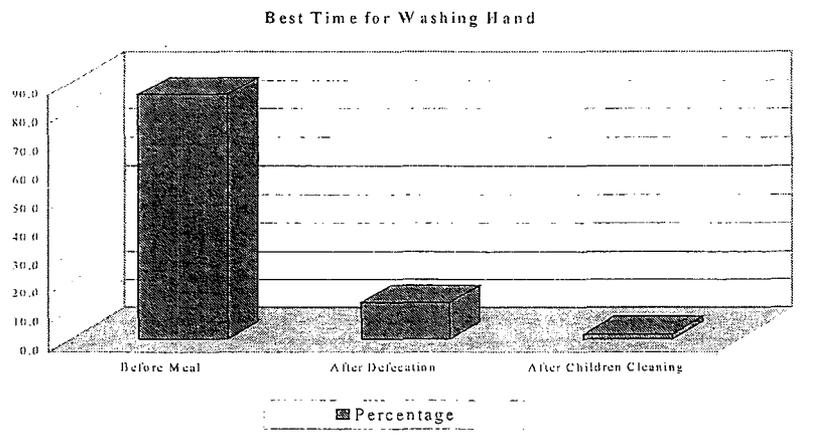
Figure – 6



The above responses indicate low to high level awareness about measures to prevent diarrhea. Low level awareness about defecation of infants is particularly noteworthy. Awareness has to be improved regarding hand washing after defecation or using safe water for household work.

Best Time for Washing Hands: Respondents were asked about the best time for washing hands. All the 120 respondents replied to the question. Of them 86 per cent said the best time for washing hands was before meal while 13 per cent responded that the best time was after using the toilet. Only 2 per cent said the best time was after cleaning the bottom of the children (Table 5.19). See Figure - 7.

Figure - 7



There appears to be some misunderstanding and lack of knowledge here. May be the question was somewhat misleading. The question should have been on the appropriate time for hand washing. In that case, respondents could have reported all three possibilities, i.e. before meal, after defecation and after cleaning the bottom of the child. The choice is not for the best time, but for the appropriate time.

5.4 Use of Water

Intervention/Information on Drinking Water by Person or Organization: Respondents were asked if they were advised on drinking water by any person or organization. 120 respondents were almost equally divided. Only 51 per cent answered that they have been advised about drinking water while 49 per cent answered that they received no information on drinking water (Table 5.20).

The respondents who stated to have been advised on drinking water were asked as to the source of such information and advice. 61 per cent mentioned the health worker, 48 per cent NGOs, 3 per cent Imams (Table 5.21). Multiple answers were possible.

Source of Water for Domestic Use: Questions were asked as to the sources of water for drinking, cooking, and washing utensils and bathing.

Drinking: 100 per cent reported tubewell as the source for drinking water.

Cooking: 61 per cent used tubewell water for cooking as against 37 per cent reporting pond/river water for the purpose. The reasons for not using tubewell water could be explored in future studies. Enhanced use of tubewell water for cooking will improve the health status of the people.

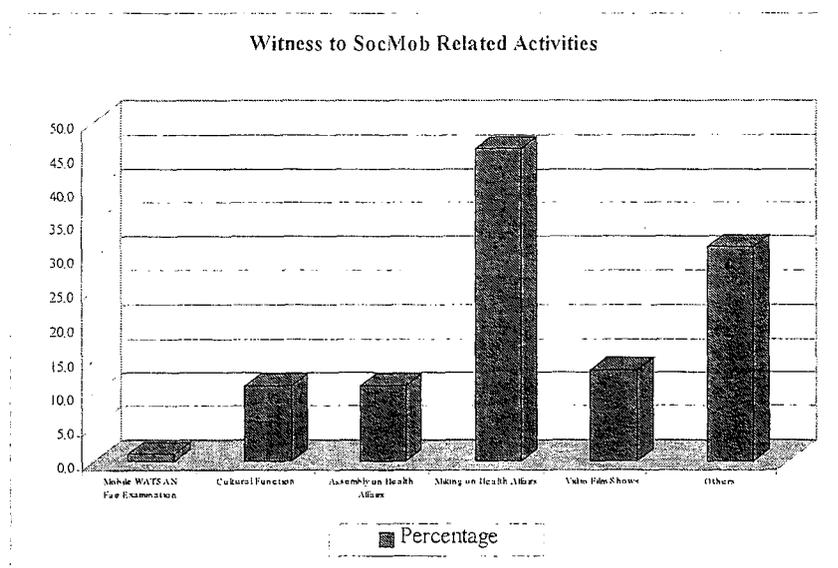
Washing Utensils: About 58 per cent used pond/river water for washing utensils while 38 per cent used tubewell water for the same purpose. There were 2 to 3 per cent respondents using earth hole water for these purposes. Use of tubewell water for washing utensils could be improved.

Bathing: While 39 per cent used tubewell water for bathing about 58 per cent used pond/river water for this purpose.

5.5 Witnessing SocMob Activities

Witnessing to SocMob related Activities: Eighty-nine responses or 75 per cent of the respondents witnessed SocMob activities. Among these 89, miking was reported by 46 per cent, the most effective measure to reach the people. Video film shows are reported by 14 per cent, both cultural functions and meetings on health affairs by 11 per cent, mobile WATSAN fair by only 1 per cent. A large section, 32 per cent, reported other sources as vehicles for their knowledge of WATSAN activities Table - 5.22. (Figure - 8).

Figure - 8



Witness to the Presence of Sanitary Worker in the Locality

Sanitary worker here meant people working for motivational purposes (software) or building tubewells and latrines (hardware).

89 respondents or 75 per cent witnessed sanitary works in the locality (**Table 5.23**). This answer here is the same as in the previous question.

5.6 Imams' Participation in SocMob

Questions were raised as to the participation of the Imams in sanitary work. 34 per cent reported that they were aware of it, the rest 66 per cent did not know about it (**Table 5.24.1**). Almost all of the positive respondents said Imam's participation was effective in awareness raising about water, sanitation and hygiene.

Recommendation

Future benchmark surveys should distinguish between hand washing methods;

- *Before meal; and*
- *After toilet.*

Distinction may be made between water use for cooking and washing utensils. Distinction may also be made between an individual's awareness/knowledge on the one hand and actual practice on the other.

Table 5.1 : Distribution of Respondents by Household head

Household head	Number	%
Yes	62	51.7
No	58	48.3
Total	120	100.0

Table 5.2 : Distribution of Respondents by Gender

Gender	Number	%
Male	74	61.7
Female	46	38.3
Total	120	100.0

Table 5.3 : Distribution of Respondents by Income

Monthly Income In Tk.	Number	%
<=1500	25	20.8
1500-2500	34	28.3
2500-3500	26	21.7
3500-5000	23	19.2
5000-7500	4	3.3
Above 7500	8	6.7
Total	120	100.0

Table 5.4 : Distribution of Households by Type of Latrine used

Type of Latrine	Number	%
	Ring Slab	10
Pit latrine	49	40.8
Hanging latrine	42	35.0
Open defecation place	22	18.3

1. Note : Multiple Answer was Possible

Table 5.5 : Distribution of Households by Type of Latrine used and Income

Monthly Income	# of Sanitary Latrine	Total # of HH	% of Sanitary Latrine
	<=1500	7	25
1500-2500	11	34	32.4
2500-3500	14	26	53.8
3500-5000	14	23	60.9
5000-7500	4	4	100.0
Above 7500	8	8	100.0
Total	58	120	48.3

Table 5.6 : Distribution of Household by Ownership of Latrine

Ownership	Number	%
Self	77	64.2
Share ownership	23	19.2
Others	1	.8
No Latrine/Open defecation Place	19	15.8
Total	120	100.0

Table 5.7 : Time Starting use of Sanitary Latrine

Time	Number	%
Within 3 Years	28	48.3
Before 3 Years	30	51.7
Total	58	100.0

Table 5.8 : Acknowledgement of Motivation by Socmob for construction of Sanitary Latrine

Motivation	Number	%
Yes	34	58.6
No	24	41.4
Total	58	100.0

Table 5.9.1 : Assistance for Constructing Sanitary Latrine

Motivation	Number	%
Yes	17	28.8
No	42	71.2
Total	59	100.0

Table 5.9.2 : Source of Assistance for Constructing Sanitary Latrine

Response	Number	%
Teacher/Student/	2	11.8
NGO	8	47.1
Others	6	35.3
Non Response	1	5.9
Total	17	100.0

Table 5.10.1 : Others Showing interest in Sanitary Latrine

Response	Number	%
Yes	40	33.3
No	80	66.7
Total	120	100.0

Table 5.10.2 Advice from Others to construct Sanitary Latrine

Response	Number	%
Yes	39	32.5
No	81	67.5
Total	120	100.0

Table 5.10.3 Time of Receiving Advice

Response	Number	%
Before 3 Years	13	33.3
Within 3 Years	26	66.7
Total	39	100.0

Table 5.11.1 : Receipt of Technical Assistance for Construction of Sanitary Latrine

Response	Number	%
Yes	16	27.6
No	42	72.4
Total	58	100.0

Table 5.11.2 : Nature of Technical Assistance For Construction of Sanitary Latrine

Response		
	Number	%
Digging Pit	3	15.0
Laying Slab	8	40.0
Connecting	3	15.0
Construction of shed on latrine	6	30.0
Others	2	10.0

1. Note : Multiple Answer was Possible

Table 5.12.1 : Nature of Assistance Vis -a- vis own Resources

Assistance		Number	%
Financial	Loan	3	5.2
	Donation	3	5.2
	Self	52	89.7
Input	loan(Ring Slub)	3	5.2
	Bamboo/Wood	4	6.9
	Self	51	87.9
Total		58	100.0

Table 5.12.2 : Sources of Assistance.

Response		
	Number	%
NGO	5	71.4
UP	2	28.6
Total	7	100.0

Table 5.13 : Principal Sources of Information for Handwashing after Using latrine

Response		
	Number	%
Vidio Film Show	3	2.5
Cultural Function	8	6.7
Miking in the Locality	37	30.8
Assembly in the locality	9	7.5
Mobile Watson Fair	3	2.5
Previous Knowledges	28	23.3
others	46	38.3
Not Heard	16	13.3
Total	120	100.0

Table 5.14 : Time of Receipt of Information on Hand washing

Response		Number	%
KHA211	Within 3 Years	52	50.0
	Before 3 Years	52	50.0
Total		104	100.0

Table 5.15 : Means of Washing Hands after defecation

Response		
	Number	%
Ash	43	35.8
Soil	53	44.2
Soap	42	35.0
Only water	10	8.3
Others	2	1.7
Total	120	100.0

Table 5.16 : Place of defecation of 3-5 Year old Children

Response	Number	%
Latrine	23	28.0
Anywhere else	39	47.6
Specific Place	20	24.4
Total	82	100.0

Table 5.17 : Method of cleaning hands after Cleaning Children:

Response		
	Number	%
Ash	21	25.6
Soil	24	29.3
Soap	27	32.9
Only water	22	26.8
Others	1	1.2
Total	82	100.0

Table 5.18 : Hygienic practices Measures to Prevent diarrhoea

Response		
	Number	%
Washing Hand with soap before meal	96	80.0
Washing Hand with soap or ash after Defecation	70	58.3
Make Infents to defecate in specific Place	27	22.5
Using tubewell water for all household work	60	50.0
Others	4	3.3
Total	120	100.0

Table 5.19 : Best time for Washing hand

Response		
	Number	%
Before Meal	103	85.8
After Defecation	15	12.5
After children Cleaning	2	1.7
Total	120	100.0

Table 5.20 : Intervention/Information on Drinking Water by any Person or Organization

Response		
	Number	%
Yes	61	50.8
No	59	49.2
Total	120	100.0

Table 5.21: Source of Information on Drinking Water

Response		
	Number	%
NGO	29	47.5
Health Worker	37	60.7
Imam	2	3.3
others	1	1.6

5.22: Witness to Socrab related Activities

	Number	%
Movie Watsan Fair/Exhibition	1	1.1
Cultural Function	10	11.3
Assembly on health affairs	10	11.3
Miking on Health affairs	41	47.1
Vidio film shows	12	13.6
Others	28	31.6
Total	89	100.0

5.23 : Witness to the Presence of Sanitary Workar in the locality

	Number	%
Mobile Watsan Fair/Exhibition	1	.8
Cultural Function	10	8.3
Assembly on health affairs	10	8.3
Miking on Health affairs	41	34.2
Vidio film shows	12	10.0
Others	28	23.3
Total	89	100.0

Table 5.24.1 : Imam's Particifation in Sanitary Work

Response	Number	%
Yes	40	33.3
No	80	66.7
Total	120	100.0

Table 5.24.2 : Imam's Particifation & Effectiveness in Concious

Response	Number	%
Yes	119	99.2
No	1	.8
Total	120	100.0

Table 5.25 : Water Sources for Domestics Purpose

	No.	%
Tubewell	88	73.3
Earth Hole	3	2.5
Pond/River	29	24.2
Total	120	100.0
Tubewell	73	60.8
Earth Hole	3	2.5
Pond/River	44	36.7
Tubewell	46	38.3
Earth Hole	4	3.3
Pond/River	69	57.5
Total	120	100.0

CHAPTER 6
LESSONS LEARNED FROM PARTNERS
AND ALLIES

3

C HAPTER - 6: LESSONS LEARNED FROM PARTNERS AND ALLIES

6.1 Introduction

The SocMob programme has succeeded in creating some measure of hygiene awareness among the majority of the people in 32 districts of Bangladesh, where the programme has been in operation for the last 3 years. These people aspire to have sanitary latrines and increasingly practice hand washing before meals and after using toilets. It is distributing latrine equipment with the help of NGOs and through the market mechanism where private sector manufacturers are also finding a place. But this awareness has fallen short of social mobilization and consequently the project targets remain unrealized.

However, some form of publicity for hygiene awareness has been going on, specially under earlier phases of SocMob. The SocMob programme of 1997-99 seeks to give a further spurt in this direction in 32 districts of Bangladesh where sanitary activities have fallen short of national average. Hence, deciphering the contribution of SocMob 1997-99 has been rendered difficult. A rigorous evaluation of the programme is made all the more difficult due to the absence of a baseline study which is essential for a through effect/impact analysis of such a social motivational programme.

6.2 Lesson Learned

In the light of the above conceptual limitations and the experience of the past few years, the following may be noted as lessons derived from the Social Mobilization Programme in respect of sanitary latrines and hygiene awareness.

Accomplishments:

6.2.1 Overall Change in Hygiene Awareness

Changing habits is difficult, but possible. Social mobilization programme has succeeded in improving the overall WATSAN situation and creating a measure of hygiene awareness among the people of the 32 intervention districts. The focus group discussion and sample survey would allow such a conclusion. The direction of change is evident. Such direction could be better measured with the availability of a benchmark survey for the programme. With data available from ProgotirPothey, it is evident that sanitary latrine use has increased by 5 per cent between 1997 and 1999 in the intervention areas while national data on the growth or sanitary latrine in urban-rural areas is negative. Data from this source will not allow one to conclude that 1997-99 SocMob targets have been approached.

6.2.2 Partnership between DPHE/NGO or GOB-NGO

There emerged a fruitful partnership between the government represented by the DPHE, and the NGOs, facilitated by the UNICEF. Besides the DPHE, government officials at the district and upazila level, specially the UNO, Health and Family Planning, Education, Information and Islamic Foundation officials got sensitized and motivated to come forward to help the hygiene awareness programme. These officials exuded a sense of appreciation, understanding and social relevance of SocMob programme. They cooperated with NGOs. Upazila level NGOs were in favour of more coordination by the UNO, specially in respect of UP chairman.

6.2.3 Sensitization and Coordination at District Level

The sensitization function of the advocacy workshops at the district and upazila level appears to be over.

This part of the programme has served its purpose. Valuable allies have been found among the senior level officials at the district level, specially among the DC, Civil Surgeon, District Education Officer, Assistant Director, BRDB, District Information Officer and the Deputy Director, Islamic Foundation.

All these officers can help future expansion of Social Mobilization. However, a coordinating or facilitating agency has to pursue them at the district level.

6.2.4 Emphasis of Coordination at Upazila Level (Coordination Mechanism)

There is a base on which future social mobilization programme for hygiene awareness could be further streamlined and augmented. There is, albeit, a need for greater coordination of their activities at the upazila level. It transpired from discussion with the upazila level NGOs, DPHE staff, other upazila level officers and union parishad chairman that the good office of the UNO could be meaningfully harnessed to offer this coordinating role with full measure of participation of the local NGOs, DHPE and other related government officials and UP chairman. The U.C.C will be available for co-ordination of SocMob related activities in the future.

A permanent and more sustaining secretarial base or facilitating agency at the upazila level is essential for coordination of hygiene awareness activity which could be conveniently offered by the or SAE/ DPHE, with cooperation and assistance from suitably selected NGOs. SAE/ DPHE does not have enough manpower to do it alone.

6.2.5 Programme for Hygiene Awareness at the Union and Grassroots Levels

The SocMob programme did not reach the grassroots level in a manner that would bring about greater fulfillment of the programme targets. **Table 5.22** shows that 75 per cent of the respondents witnessed SocMob activities. This might have created some awareness among them about hygiene, sanitation and safe water. But these people may not have reached what is often termed as “critical awareness”. This critical awareness needed to motivate one to adopt a sanitary latrine may be brought about only by persistent persuasion and social pressure through dialogue in “Uthan Baithacks” or other grassroots level forum.

The social pressure by the UP chairman may be seen under **Section 4.6.1** where the chairman motivated the parents to install pit latrines for their children.

Likewise, family pressure further reinforced by pep talk by H&FP workers motivated a household head to install a sanitary latrine as may be seen from the following case study:

User Case Study

Muktar Uddin of Village Kodalia-Union-Chandipasha-Upazila-Pakundia-Dist, Kishoreganj

Muktar Uddin is a trader with 10 members in the family. Two of his sons are also traders. His house is built on 11 decimal of land. They use sanitary latrine with ring and slab, because such environment friendly latrines ensure healthy living and prevent diarrhoeal diseases.

His decision to adopt a sanitary latrine is revealing. Ladies in the houses requested him to install a sanitary latrine on the advice of local health and family planning workers, but he did not oblige. However, when he heard miking in the area on sanitary latrine and gathered more information from local meetings, fairs, folksongs on SocMob, he got sufficiently motivated to have such latrine almost 2 years back. He was particularly impressed by the information on the ill effects of unhygienic latrines. He got in contact with BRAC and got a ring slab latrine installed at a cost of Tk. 200. He has seen SocMob in action through miking, school meetings, video film shows, lectures by learned people and through organized folk songs.

He did not see any propagator of SocMob in the house, though women folks of the house were approached by Health and Family Planning (HFP) workers. He has been helped by BRAC. It gave him loan in 1996 to start a cloth shop in Kodalia bazar. His family depends on the income of that shop. BRAC also helped him in 1998 through the supply of the ring slabs at a cost of Tk. 200.

The BRAC programme organizer inspected the latrine after its installation. He and his family use both ash and soap to wash hands after toilet. Ash and soap are kept separately in the house.

His family drinks tubewell water except in April/May when the tubewell dries up. At that time pond water is boiled for drinking.

He acknowledges direct influence by SocMob, particularly its Radio and TV programmes. He is also aware of other NGOs in the area besides BRAC.

He received a tubewell from the union council at a cost of Tk. 900. People around his house also use the tubewell.

Floods of 1998 did not affect his latrine as his locality is on a somewhat high land. He offered the following suggestions to tackle the water and sanitation problems of the area:

- People of the village should be approached with simpler methods and language;*
- Motivational teams may go from house to house campaigning for WATSAN programme;*
- Poorer sections may be offered latrines without cost or through installment credit.*

Where the UP Chairman and members showed active interest, open defecation could be controlled with pit latrines at minimum cost. Social pressure may be brought to bear on the households whose possible costs could not be too high or prohibitive. A&VDP members working in close contact with UP Chairman have knowledge of WATSAN activities through training at Ansar Academy.

To sustain and promote interest of the UP Chairmen and members, the upazila coordination committee (WATSAN Committee) with UNO as active chairmen is essential with regular coordination meetings on a certain day of month.

There are a considerable number of grassroots level government workers (H&FP/A&VDP) and school teachers/students to work for SocMob.

SocMob programme could enthuse school students, teachers and Imams. However, they need activities to pursue. District level education officers are required to inform the schools and upazila education officers in this respect.

Miking, postering, leaflets, folksongs, Radio/TV programmes and school meetings are effective means of communication. The scope for elaborate training for workshops appears to have diminished.

Now, sanitary latrine technology should be disseminated among the UP Chairmen/Members and other rural elites.

6.2.6 Total Literacy Programme (TLM) and Non-Formal Education (NFE)

Primary and Non-Formal Education Division (NFED) has a crash programme to bring about total literacy in the country. In the curricula of the TLM, sanitation, hygiene and safe water could be included. TLM teaches subjects that are intimately associated with development of life skill. As the methodology of TLM is one of persuasion, SocMob could have partnership with TLM or NFE (Non-Formal Education) projects of the Ministry of Primary and Mass Education.

6.2.7 NGOs

NGOs have built up a capability to deliver the latrine equipment. SocMob did not suffer due to inavailability of latrine equipment. NGOs opened sub-centres away from upazila headquarters for latrine equipment distribution if demand so required.

NGOs Forum and individual NGOs are moderately equipped with their monitoring capabilities. However, according to NGO Forum, their monitoring of SocMob could be further enlarged and strengthened.

NGOs have given a good account of themselves in the functions related to training and facilitation of advocacy workshops and distribution of latrine equipment.

Association of NGOs with SocMob activities at least at the upazila, union and grassroots level will be conducive to better implementation of the programme.

6.2.8 Private Sector

Private sector producers are coming in the manufacturing of latrine equipment.

More of them will be coming if the present supply pushed marketing yields to demand pulled marketing in the future.

6.2.9 Poverty and Use of Sanitary Latrine

Most of the non-users would like to blame their poverty for non-acceptance of sanitary latrine as may be seen from the following case study. They wish for heavy subsidies or free distribution.

User Case Study

Md. Habibur Rahman, Vill-Nowdapara, Union-Dasuria, Upazila-Eswardi, Dist.-Pabna. He is a tea shop owner and like all other non-users, blames his poverty for non-acceptance of sanitary latrine. Radio is the only source of his information for better hygiene or SocMob related programme. Any NGO or Health and Family Planning workers did not approach him. However, he is aware of the beneficial effects of sanitary latrines.

However, other stories are also heard. Comparatively well off persons do not install sanitary latrines due to ignorance or lack of sufficient motivation or lack of taste.

6.2.10 Pockets of Ignorance

While the beneficial effects of sanitary latrines or safe drinking water are shared by many even if they were not formally approached by any organization or individual, pockets of ignorance exist on hygiene awareness including hand washing or water sealed latrines. The gooseneck was often not in place or was broken. Practice of hand washing with soap after defecation or before meal still needed to be significantly improved. Technicality of the gooseneck has to be further explained. People wanted to know about the quality of the rings and slabs.

6.2.11 Continuity of Instruction on Hygiene Awareness

Dissemination of hygiene awareness is a continuous process. Knowledge and awareness about hygiene and sanitation will have to be expanded continuously through general education. However, at the present level of poverty, ignorance and mass education in Bangladesh, the need for a continued programmatic approach to hygiene awareness is evident. SocMob has been just doing that. The time for its termination has not yet come, though programme components and strategies may have to be adopted with changed situation and experiences.

Obstacles:

6.3 Obstacles to Implementation of SocMob

6.3.1 External Forces

The 1998 floods put a damper on to the enthusiasm created for SocMob programme at the district, upazila and union levels. Officials at those levels who bore the brunt of taking the SocMob forward got embroiled in flood relief and subsequent rehabilitation work. The emphasis on SocMob, therefore, suffered. This phenomenon could partly explain why the sensitization process did not percolate to the grassroots in due measure. Floods also washed away some of the pit latrines.

6.3.2 In-built Issues Needing Improvement

Co-ordinating and Facilitating Agency:

There is a dire need for a central coordinating and facilitating agency, especially at the district, upazila and union levels. A formal coordinating agency could be created within DPHE with clear roles specified for the NGOs. A base appears to have been created where GO-NGO cooperation may be fruitfully augmented. It will be quite logical to run SocMob activities as a project under DPHE with assistance from NGOs, specially at the upazila, union or village levels.

Role of UNO and Union Parishad Chairman at Rural Level:

Even if DPHE runs SocMob as a project, the role of the UNO at the upazila level or the UP Chairman at the union level could not be underestimated. Upazila level NGOs felt the need for the leadership of the UNO with a view to mobilizing the Union Parishad Chairmen/ Members.

UP Chairmen/Members not always motivated:

In the process of implementation, SocMob programme did not put enough emphasis on the role and functions of the grassroots stakeholders. The UP Chairmen/members were not often motivated. Upazila and union WATSAN Committees were moribund. The reasons are not far to seek; there were no financial incentives. However, in the local government administrative set-up, the UNO enjoys considerable clout and influence over the Union Parishad Chairmen/Members and thus is in a position to influence and motivate those.

Monitoring:

Monitoring was not strong enough. In any future project, monitoring and evaluation should be made an integral part of the project set-up.

Short Time Span:

Time span of SocMob was not commensurate with the tasks. Hygiene awareness being a continuous process, the time span might be larger than 1997-99.

Target Fixation is not explained

The targets of SocMob were not based on any past experience. There was no logical framework used to convert inputs to outputs to effect/impacts.

Behavioral change is a difficult process. This concept has to be instilled in the process of implementation of the SocMob programme.

These are some of the obstacles to implementation of SocMob programme, which need to be addressed in the future.

6.4 Recommendations and Future Directions

The recommendations and suggestions follow from the presentations and analysis offered in the previous pages along with the recommendations of the studies reported in **Chapter-III**, particularly those submitted in connection with HAPIC implementation process.

The recommendations follow by and large the sequence of presentation in the main chapter on finding (**Chapter-IV**).

Recommendations by Tiers Local Government

The recommendations are made with the assumption that DPHE will run SocMob activities as a project.

District Level

1. *District level advocacy workshops and sensitization may be reduced, new emphasis being on district level planning, co-ordination and monitoring;*
2. *Executive Engineer (XEN), DPHE will be the head of the facilitating agency at the district level. The D.C.C at the district level will be the co-ordinating agency where functions of several district level offices working for SocMob will be co-ordinated. XEN/ DPHE may be in need of assistance from suitably selected NGOs who have experience in motivational activities with great outreach and interpersonal skill and persuasion;*
3. *District level officials have support for hygiene awareness programme but they have to be pursued to come forward with their assistance and manpower. The D.C.C should do this job of pursuing with active prodding from XEN/ DPHE.*
4. *Advocacy, motivation and technical knowledge about sanitary latrines now should be taken to the union and village level. Hence, district level training may yield to upazila/union level training arrangements.*

Upazila Level

5. *Upazila may be the focus of attention and facilitating agency should be established here with SAE/DPHE as the contact point. As SAE/ DPHE does not have enough manpower, assistance from NGOs may be necessary and fruitful for the same reasons as mentioned under district level above.*
6. *Monitoring should be coordinated at the upazila level with various government agencies working at the upazila level. The facilitating agency will help in monitoring. NGO assistance will be necessary. Training for hygiene awareness will preferably be upazila based with liaison with Union Parishad.*
7. *UNO should be invited to exercise his influence on the Union Parishad Chairman and Members to participate. In hygiene awareness building projects and activities. Co-ordination at the upazila will be undertaken at the U.C.C.*

Union

8. *Union Parishad Chairman/Members should be the focus of operation. NGO could assist as a facilitating agency along with volunteering school teachers and youth groups. The coordinating apparatus at the union level should rope in the services of the following government personnel/offices and others working at the union/village level including H&FP workers, village primary school teachers/ students, Imamas of mosques, Ansar and VDP, etc.*
9. *Besides the above, NGO workers, private producers, youth club members, high school teachers and students may also be invited to participate in hygiene awareness building. UNO will have to take leadership to motivate the Union Parishad Chairman to participate in SocMob or Hygiene Awareness Building Project.*

Village and Household

10. *Village Level Motivation: The emphasis at the grassroots level will be on meaningful dialogue with the villagers on the desirability of having sanitary latrines and hygienic living. These dialogues could be held in village schools and courtyard meetings.*
11. *Village Level Hygienic Outfit: The above organizations and personnel listed under the union level operation should be detailed to go to the villages, specially those who are frequent visitors or residents of the relevant village to speak for hygiene and sanitation. To make hygiene awareness a continuous process in the foreseeable future, a permanent arrangement of the type suggested above may be commissioned. NGOs may work as the facilitating and monitoring agency in this respect.*

General Recommendations

Some general recommendations are offered below. There could be some overlap with local level recommendations, but logical development of the recommendations may require this.

12. *Continuity: hygiene awareness building should be made a continuous process to motivate non-users of sanitary latrines and non-acceptors of hand washing and other important hygienic practices. The focus of attention should be the union, the rural schools, villages and other grassroots level people and institutions including the Imams, Teachers, Ansar/VDP personnel and field level Health and Family Planning workers.*
- 13.a *Coordination and Facilitation: There is a need for co-ordination and facilitation of SocMob activities. If the hygiene awareness building activities are organized through a project, DPHE becomes the natural hub of such activity. The XEN/ DPHE and SAE/ DPHE become the leaders and contact persons at the district and upazila respectively. They will be the facilitators of hygiene awareness building activities and D.C.C and U.C.C will co-ordinate the activities of other government departments or agencies involved in such activities. NGOs may have to be selected under the auspices of the project to assist the XEN and SAE of DPHE as they have lack of manpower to undertake these activities. Besides, the NGOs have learnt about SocMob in the past, they have a greater outreach upto the grassroots level, and they have experience with social mobilization through interpersonal skill and dialogue.*

13.b. Government Officials at the Upazila Level

UNO has to assume a special role and follow-up UP Chairmen and Members to ensure their meaningful participation in the programme;

- *Education offices at the district and upazila level should write letters to the schools asking them to participate in the programme;*

- *The Civil Surgeon of the district and Upazila Health Officer should be more involved in the programme;*
 - *School teachers, Family Planning, A&VDP personnel should be made involved in the work through the auspices of D.C.C and U.C.C.*
14. ***Training:** Training for hygiene awareness may now be UP, village and grassroots oriented. Awareness building through dialogue and persuasion language should be the principal theme of training. Besides awareness building and motivational effects, certain technical issues may now be emphasized in training. These relate to the structural aspects of the latrines, roofs of latrine, their maintenance and durability. Durability is associated with the quality of cement, rods and mortar used and flood depth of the place of the latrine installed. PRA showed that people care to know about these aspects. The use of the gooseneck has to be further explained. Information on children's defecation and subsequent washing may also be stressed at the grassroots.*
 15. ***Motivations:** Motivation shall remain the main instrument of SocMob-related activities. Motivational activity should now be aimed at the grassroots level dialogue for installation of sanitary latrine at differing costs reflecting differing options for rings and slabs. The good work of posters, leaflets, folksong and fairs including radio and television programme should continue. However, stress may be laid on "Uthan Baithacks" and the like.*
 16. ***NGO Loans and VGD Tied up with Sanitary Latrines:** It is also recommended that NGO or Grameen Bank loans or VGD assistance of GOB may be tie-up with the installation of sanitary latrines.*
 17. ***Monitoring:** Strong monitoring should constitute an integral part of any future programme of social mobilization.*
 18. ***Funds for Grassroots Activities:** Experience with the last phase of the programme will support the view for enhanced provision of funds for grassroots level activities.*
 19. ***Benchmark Survey:** In future projects of this nature, it will be advisable to have a benchmark survey on knowledge, attitude and practice, so that monitoring and evaluation may be facilitated. Distinction should be made between awareness and actual practice. Some average data should be disaggregated. Hand washing practice may be disaggregated into hand washing before meal, after defecation and after cleaning the faces of the minor child. Use of tubewell or pond/river water may be disaggregated into cooking and washing utensils.*
 20. ***Subsidies:** NGOs and govt. officials and public representatives, all of them opined that poverty is a limiting factor. However, subsidies are not recommended at this stage of the programme.*
 21. ***NGO's Role:** NGOs are in the field installing sanitary latrines even without the participation of the DPHE/UNICEF. Their work in the field should be appreciated and the scope of joint DPHE/ NGO monitoring and evaluation may be explored. Association of NGOs with the implementation of future SocMob type project run by DPHE will be fruitful as NGOs have experience in motivational work at the grassroots level. NGOs have a great outreach upto the village level and good interpersonal skill in communication and motivation. Besides, DPHE lack manpower at district and upazila levels.*
 22. ***Specific Role for Schools/Students:** School teachers and students showed considerable interest in the SocMob, but there was not time to harness their interest to SocMob programme. Their enthusiasm for the programme may be meaningfully utilized.*

23. *Partnership with TLM and NFE: Partnership with Total Literacy Movement (TLM) and Non-Formal Education (NFE) may be considered as both these programmes are motivational in nature and aim at reaching the grassroots.*
24. *Research Programme: A research and development programme on environmental impact of pit latrine may be initiated.*

APPENDICES