

Research Report On
Health Facilities for the Bawali and
Fisherman Community of the
Sunderbans

Team Members

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Abstract and methodology:

Team's survey area the Bon Laudob (Kailashganj union) village is situated along the northern bank of the Laudob creek. The area is administrated by Dakope upazilla of southern Khulna division. The team had carried out 434 man hour survey on health hazard of the village folk, professional forest dwellers, spirit charged persons (Gunin) Saman, traditional healer and specially emphasizing on womenfolk and the children.

The team consists of three journalists, one video photographer, one boat captain, three crews, one cook and one dingy boatman.

One to one interview and focus group discussion methodologies were applied in conducting the survey. Interviews were taken by following fixed questionnaire, supplementary questions and inquiring on relevant answers of the participants.

In focus group discussions men and women participated separately. The team also interviewed the local inhabitants in their homestead and work places, and in the shrine of Bonbibi; the most respected deity of the Sundarbans, while they were performing puja inside the forest. Other people interviewed were Forest department personnel and local government members. Unfortunately the team could not find any development worker of Government or NGO agencies.

The areas and community make up within the village of Laudob had developed their homestead the northern ridge of the saltwater resistant earthen embankment, locally known as verry. Most of the village community populate the area by migration from the northern areas between 75-50 years back. Two kilometer long Bon Laudob village supports good amount of mangrove plant species, specially Golpata, kewra, ora, goran, khalshi and various species of climbers along the southern slope of the embankment and on khaslands. Villagers use dry twigs, plant leaves for domestic use but never clear fell the trees. This has been a unique characteristic of the villagers as no where in the bordering Sundarbans area one can find any trace of tree species.

On average the width of the village is not more than 200 metres. Flowering plant, fruiting trees and medicinal plants had adorned the homestead. Most of the houses are very small, while plinth, walls are made of mud and goran saplings and roofed with interwoven golpata. Only one household, the team found is a semipakka tin shed building. Some shallow small and large ponds can be found close to each house. The team came to know by interviewing the inhabitants that salinity of the water of these ponds was at a tolerable level before the Aila flood. But at present the water of the pond is more saline than the creek water. The team found that the water of the filthy ponds are highly infested with blue green algae and zooplanktons which subsequently harbours bacteria of peptic diseases specially deadly cholera, acemibic dysentery and skin diseases. But the villagers are forced to bathe, wash clothing and cooking utensils with this water as no other suitable sources of water are available

nearby. In each household three or four big earthen pots can be seen for preserving drinking and cooking water. Women collect water from distant sources. There are no designed sanitary systems. Cement made commodes are used by comparatively well off people. Almost every household raised a small amount of poultry. Only some wealthy farmers raise buffalos, cows, goats and small number of pigs.

One road over the embankment interconnected with each household is the only means of travel. The modes of transport are rowing boat, mechanized boat, rickshaw van and shallow engine powered boats. Boats can ply throughout the season but wheeled vehicle are usable only in dry months (October-June).

On the north, beyond the village, there is a vast chunk of cultivable land occasionally interspersed by shrimp farmers sheds.

The community of the area mostly make up of lower caste Hindoos i.e. 70% Pods (Poundra khatros) 20% Nama Sudra, 3% wrishe (Drum player and skins the animals), 2% of higher caste Hindu and 1% Muslims. Most of the people had little reflects their forefathers profession but a good number of totemestics title also found.

Alongside their religious faith these people are highly devoted to the tiger and snake cult. Inside the forest and in the village, the team found there are several shrines of Bonbibi the most respected diety of the Sundarbans. Alongside shrines of Monosha (The snake goddess) Dhakhin Ray (Tiger god) Gazi Shahab (The river god) and other deities were evident.

The team found that although most of the people are half fed, they are very responsive to cultural activity and ritualistic practice. There is no electricity or solar power source in the village. We did not find any medical facility i.e. Doctor, medicinal store in the village. Traditional healer and Kaviraj doctors are said to practice in their houses. Only one semipakka primary school demonstrates any form of Governments authority in the village.

Team's Findings:

The population of Bon Laudob (Ward-04) is about 2019 (Female 580 male 549 Children 980 approx). Patterns of livelihood: Fishermen 30%, Crab catcher 20%, Cultivator 5%, Day labourer 30%, Forest product collector 5%, Businessmen 5%, part time cultivator, shrimp businessmen, pottery and drum maker together constitute 5%.

Average age of marriage is between 18-21 years for the males while for the females it is between 16 to 18 years. Like the birth rate infant mortality is very high.

Monthly Income Level

Income level (Taka)	Response
Less than 2100	33
2100-4200	6
4200-10,000	3
10,000+	0
Total	42

Maloti Mondol (30) a Horina shrimp catcher told the team that during the pregnancy period a woman takes chargada sak (only edible vegetable available by the riverbank), thick lintel, grinded rice as extra nutrition along with normal meal. If a woman bleeds too much after child birth, occasionally she would be taken to the Bajua Bazar by mechanized van for treatment by a village doctor. That time she would eat fried rice with garlic.

Sreepodo Raftan (55) a day labourer told the team that 30 years back Laudob village was thinly populated. This was a single crop (Four varieties of Aman rice) agriculture area. But the harvest was such a big amount that it could meet year round food grain need of the area and supply rice to the adjacent districts. Each household had some spaces for growing vegetables. Fruiting trees like mango, wood apple, custard apple, tamarinds, banana, sobeda were planted almost in every house. Each homestead maintained a small pond like ditch for fresh water fishes like sing, magur, kai, puti, tengra etc. But now, other than some corps in some ponds of affluent people you would not find a single fresh water fish in the area.

Vishnu Podo Mondol (62) a farmer told us that in those days every household had different types of nets to fish from the Laudob creek and creek inside the forest. We could catch such a big amount of fish in the forest that we never thought that days will come when we have to buy fish for our consumption. In those days you will not see much cattle's in the area as there are no fodder for them. In those days we never depended upon forest for cooking fuel; we had enough cow dung to burn. Our only dependence on the forest was for boat building wood, wooden post for the houses, roofing material from golpata leaf and goran bark for tanning our fishing nets. The creek water was drinkable for ten months. Remaining two months we could drink from our household ponds.

But as the Bhadra river dried out, inflow of fresh water reduced drastically- said Hiren Raftan (46) a crab catcher, fathered 6 children. His daughter Anita Raftan a fifth grade student died of undetected disease three months back. Hiren borrowed money from a Mahajan and took Anita to Khunla for treatment. But as it was difficult for him to bear the expenses in Khulna, Anita was admitted in Chalna hospital where she breathed her last. By catching crab Hiren can earn five thousand taka per month, but he has to pay handsome amounts to the forest pirates and Forest out post.

Rina Raftan (25) told the team that she had to leave her bed very early in the morning. Like most of adult and sub-adult females of the village she had to carry aluminium pitcher to fetch drinking and cooking water for the family. Everyday along with other women she has to walk down to the Mohuri babur Pukur, a P.S.F water source- two kilometers away from her house. But as hundreds of women gather there for fetching water, it takes around three to five hours in the process. After returning back she has to fish harina shrimp and edible leaves for cooking. Her husband a day labourer leaves the house very early in the morning for some earning in the Aila flood affected area. Rina Raftan told the team that they usually take one meal in a day. If any family guests appear they kill their poultry to entertain the guests. That become the only occasion when they have the fortune of eating meat.

Due to malnutrition some mothers can not produce breast milk to feed their baby. Sometimes we give the babies sweetened water; sometimes other lactating mothers feed them- said Rina Raftan.

Report of Focus group Discussion with female participants:

A total of 16 women of the village took part in the discussion. Issues related to safe drinking water and specific health problems surfaced from the discussions. Comments and concerns are mentioned here.

List of Female participants

Area: Purbopara, Kailashganj union, Dakope upazilla, Khulna

Date: 06-04-10

Sl	Name
1	Laksmi Barkondaj
2	Reena Mondol
3	Suchanda Mondol
4	Kadam Sarder
5	Kobita
6	Nomita mondol
7	Korul Mondol
8	Shamoli mondol
9	Suborna Mondol
10	Lila Mondol
11	Tulsi Mondol
12	Reba Mondol
13	Anita Mondol
14	Kobita
15	Romola Raftan
16	Onima

- **Shortage of safe drinking water:** Safe drinking water is the prime concern of the area. Sources of fresh water are not easily accessible here. Mainly females are doing the responsibilities of collecting drinking water. They have to fetch water from distance. Water crisis takes about half day's labour of a woman which is a major concern of household activity. They can not concentrate more on their profession and manage proper resting time. Some of them claim that if they get water source near their house they will get plenty of time for doing their other household works.

Reena Mondol (26) wife of Biplab Mondol is a tailor by profession and also teach village girls the tit-bits of tailoring. As her market is very small she earns only five hundred taka per month. To supplement her income she also fishes in the salty creek. She has no time to rest during day hours because most of her day time is spent for collecting fresh water.

Nomita Mondol (23) wife of Poritosh Mondol is a house wife. Alongside household work she also has to fetch fresh water and fish for the family.

- **Health problem:** Absence of proper health facilities causes different types of health problems here. Although health camps are organized around, this locality is by and large deprived of such services. Common health problems are drowsiness, headache, and physical weakness. Besides, acute chronic bronchitis, aclamptia, irregular menstruation, pregnancy related complications are also common. Inadequate supply of safe drinking water in this locality causes many water borne diseases. Women and girls suffer from dysentery, diarrhea, peptic diseases, fungal infections, skin diseases and scabies because of using saline water.

Kadam Sarder (51) wife of Omis Sarder is shrimp fry catcher. During water fetching journey she sometimes fell on the ground unconscious. After her second child birth she had to remain bed ridden for couple of months.

Anita Mondol (35) wife of Arun Mondol is mother of fifteen year old boy. During her second pregnancy she was about to die and was taken to a doctor in Bajua. Fortunately she survived but gave birth to a dead child. Presently she is suffering from different physical complications.

Focus group discussion report of the male participants:

24 male participants were present in the FGD. In addition to drinking water and health services, education, communication and climate change issues were discussed.

List of Male participants

Area: Laudob, Kailashganj union, Dakope upazilla, Khulna

Date: 05-04-10

Sl	Name
1	Kartik Sarkar
2	Asutosh Raftan
3	Bikash Chandra Mondol
4	Bipul Kumar Mondol
5	Lal Mohan Mondol
6	Robindranath Mistri
7	Rafiq Hawlader
8	Provash Roftan
9	Sreepada Raftan
10	Pobitra Roy
11	Sunil Mondol
12	Ibrahim
13	Mafizul Shekih
14	Nuru Barkondaj
15	Promoth Poramanno
16	Ronjit Mondol
17	Samir Pramanno
18	Ojit Mondol
19	Odhimanno Biswas
20	Krishno Pada Gaen
21	Suranjan Kumar Barkondaj
22	Subodh Kumar Mondol
23	Sontosh Kumar Mondol
24	Pulin Chanrda

- **Shortage of safe drinking water:** Acute fresh water crisis is the main problem of this area. While working inside the forest, when fresh water supply finishes, they occasionally drink saline water of the creek.

Asutosh Raftan a small businessmen said that 30 years back shortage of fresh water prevailed for two months only. But at present it continues for eight months a year. He blames shrimp farming and climate change for their misery.

Bhobotos Mondol is a retired Ansar personnel. He observes that an ineffective rain water storage system can mitigate the water crisis at least to some extent and reduce health hazards.

- **Education:** Facilities for formal education is limited up to primary level in this locality. Newspaper never reaches here.

- **Medical facilities:** In terms of health care services, people of this area are among the most neglected communities of the country. They have no access to any form of medical facility in this area. If anybody needs immediate medical attention it takes around 3 to 4 hours for a patient to reach the clinic. Most of the time they have to meet traditional healer for attending them. If they fail then they have to see a doctor at Mongla. Drinking saline water often causes amoebic dysentery and diarrhea. Health hazards related to their profession inside the forest include injury on hands and legs, snake bite, tiger attack and so on. At present local people are suffering from chicken pox, pneumonia and cholera due to non-availability of fresh water. Here people also suffer from different waterborne diseases, inflammations of limbs and skin diseases.

Sontosh Mondol of Kailashganj is a traditional healer and a part time cultivator. He had specialized in snake bite treatment. He claims that monocellete cobras are the most aggressive snakes followed by binocellete cobra. Both of them bear potential venom that can kill a man by paralyzing whole muscular system within couple of hours if not treated properly. He uses various plant paste and inchant Mantras for treatment. Annually he treats 10-12 persons. Snake bite increases during flood, said Sontosh Mondol.

Pulin Chandra Koyal is a Kaviraj Doctor. He also treats snake bite, rheumatic disease, epilepsy, acid victim and other child diseases. He uses herbal medicines. For treating snake bite he also inchants mantras and perform puja before diety Monosha, the Snake goddess.

Ibrahim Sarder is a crab catcher. He had survived from tiger attack. He had to treat his daughter at Khulna by lending money from Mohajan. If there was any roving doctors unit available in the area, he would not go to the money lender.

Ananto Mondol of Bon Laudob is a cultivator suffering from multiple diseases. He demands for mobile medical team.

Suranjan Borkondaz a fisherman claims that illegal fishermen poison the forest creek water by poisonous medicine Ripcot (For killing crustatians like giant river prawn, tiger, shrimps other species of shrimps and crabs) and Rotanol (For killing fin fishes) which drastically decline aqua resource of forest. Hence their income also suffers. To them health hazard is a major concern as there is not health clinic in the vicinity.

- **Weak transportation system:** Local people feel that they are deprived of communication facility. Trawler and boat are the main vehicle for water way. In dry season people move by foot. They sometime use van.

In the wet seasons road communication totally collapses. Water transport is not always available. If luck favors they can avail a trawler at the time of need.

- **Effect of Climate change:** Lal Mohon Mondol an agriculture worker claimed that dramatic decline of rainfall had created havoc on life style. Shrimp cultivation chopped down all the tree species of the area. Shrimp farm traps salt water. These two factors increased the temperature level of the locality, which subsequently aggravates many kinds of disease and shortage of fresh water supply. It also increased the tigers' invasion frequency in the villages.

Recommendations:

- From the local people (and from the personal experience of the team leader who spent a week in February 1974 at Laudob) it is evident that main cause of increase salinity in the adjacent creek is the Bhadra river (due to siltation) which is interconnected with Laudob creek. The adjacent forest tract (SRF) once sustained most luxuriant growth of the sundary trees. But lack of fresh water flash sundary gradually diminishing and getting replaced by basic mangroves. For long term planning it is advisable to drag the Bhadra (not more the 7 kilometre) to ensure fresh water inflow.

Another major cause of increasing salinity is trapping saline water on the landmass by the shrimp cultivation which increased the pH level of the landmass reducing productivity heavily. On the other hand trapped water warmed up local climate by refection of sun ray and holding the temperature long time as water body is bad conductor than the landmass.

- Fortunately shrimp farming is diminishing and local people are getting interest in traditional crops; ie Amon rice, summer fruits, winter vegetables etc. But the soil damaged by salt is yet to be prepared for the expected harvest. In this respect it is advisable to provide technical support of agriculture to the local community.
- At present priority must be given to the fresh water availability. We found that if on pilot project basis four existing ponds are re-excavated it will help the community a lot. It will help the female and the children inhabitants immensely.
- People of this locality mainly collect their fuel from the forest inside. Doing this sometimes they are attacked by the tiger which often causes death. Indigenous improved oven can solve their problem.
- We strongly recommend for mobile medical teams weekly visit to the area.

- We also recommend for academic educational, vocational training and community medical system improvement.
- Solar energy system is also recommended.

Priorities of the moment:

The following three issues need to be addressed immediately

1. Provision for safe drinking water
2. Health care services
3. Indigenous improved oven for household cooking

Budget estimation:

As per recommendation some possible budget estimation for taking different initiatives on this locality has been given.

Budget estimate for Mobile clinic				
Category	Monthly	For 1 year	For 3 years	Remarks
Salary for Doctor (1 x 25,000 = 25,000)	25,000	25,000 x 12 = 300,000	300,000 x 3 = 900,000	Beneficiary will be the 225 families of this area
Salary for Paramedics (1 x 10,000 = 10,000)	10,000	10,000 x 12 = 120,000	120,000 x 3 = 360,000	
Salary for Local coordinator (1 x 5,000 = 5,000)	5,000	5,000 x 12 = 60,000	60,000 x 3 = 180,000	
Medicine cost	8,000	8,000 x 12 = 96,000	96,000 x 3 = 288,000	
Boat fare (Weekly 2 days) 1,500 x 8 = 12,000	12,000	12,000 x 12 = 144,000	144,000 x 3 = 432,000	
Lunch & refreshment cost (500 x 8 = 4,000)	4,000	4,000 x 12 = 48,000	48,000 x 3 = 144,000	
Grand total of funds required	64,000	768,000	2,304,000	

N.B. Local coordinator will be a woman from the locality with minimum qualification of SSC passed. Doctor & paramedics will be from opposite genders to facilitate physical check up of males and females.

Budget estimate for safe water supply					
Category	Re-excavation cost	Yearly maintenance cost	For 1 year	For 3 years	Remarks
Pond re-excavation	100,000 x 4 = 400,000	15,000 x 4 = 60,000	400,000	520,000 (Excavation 400,000 + maintenance for 2 years 120,000)	Beneficiary will be the 225 families of this area
Grand total of funds required	400,000	60,000	400,000	520,000	

N.B. Re-excavation cost will be needed for first year but maintenance cost will continue for three years.

Budget estimate for indigenous improved oven		
Category	Set up cost	Remarks
Indigenous improved oven	1200 x 225 = 270,000	Beneficiary will be the 225 families of this area
Grand total of funds required	270,000	

N.B. Neighborhood bushes can easily be used as fuel for these ovens.

Annexure-1

Question-1: how many members in the family

Range	Respondent
2	1
3	5
4	15
5	11
5+	10
Total	42

Question-2: monthly family income

Income level	Respondent
Less than 2100	33
2100-4200	6
4200-10,000	3
10,000+	0
Total	42

Question-3: Types of Profession

Types	Respondent
Small Business	2
Fish Fry catcher	16
Marginalized Farmer	0
Job	1
Day labour	4
Agriculture	12
Unemployment	5
Others	5
Total	45

*Multiple responses

Question-4: Number of unemployed member

Range	Respondent
0	8
1	19
2	7
3	5
3+	3
Total	42

Question-6: Types of household

Types	Respondent
Land owner	19
Landless	23
Other	0
Total	42

Question-7: Prefer to change profession

whether change profession or not	Respondent
Yes	14
No	28
Total	42

Question-8: Daily eating time

Times of eating	Respondent
Once	0
Twice	4
Three times	38
Total	42

Question-10: Disease suffering

Disease name	Respondent
Fever	21
Dioreal	16
Cold/cough	27
Asthma	11
Malaria	0
Skin disease	7
Others	12
Total	94

*Multiple responses

Question-11: Disease suffered by children

Disease name	Respondent
Fever	25
Dioreal	31
Cough	16
Asthma	7

Malaria	0
Skin disease	7
Woims infestation	15
Malnutrition	27
Others	2
Total	130

*Multiple responses

Question-12 Child immunized or not

Response	Respondent
Yes	37
No	5
Total	42

Question-13: Where from take physical treatment

Types of Healthcare system	Respondent
Healthcare Centre	1
Kabiraj	1
Village Doctor	35
MBBS Doctor	6
Total	43

Question-14: Mode of child delivery

Response	Respondent
By relative	35
By trained attendant	4
Healthcare Centre	4
Total	43

Question-15: Distance of healthcare Centre

Distance	Respondent
Within 1 kilo	8
2-3 kilo	11
4-5 kilo	5
More than 5 kilo	18
Total	42

Question-18: Distance of water source

Distance	Respondent
1 kilo	2
2-3 kilo	29
4-5 kilo	5
More than 5 kilo	6
Total	42

Question-19: Source of fuel

Source	Respondent
From forest	2
From market	2
Own source	35
Other	6
Total	45

Question-21: Purifying drinking water or not

Response	Respondent
Yes	26
No	16
Total	42

Question-23: Any local interruption anticipated to services of health care organization?

Response	Respondent
Yes	0
No	42
Total	42

Question-25: Danger inside the forest

Types	Respondent
Dioreal	5
Dysentery	5
Snake bite	38
Fever	3
Injury of Hands and legs	29
Other	5
Total	85

*Multiple responses

Annexure-2



Social Investigation on Development Intervention

Conducted by: Management and Resources Development Initiative (MRDI)

Supported by: Manusher Jonno Foundation (MJF)

সাক্ষাৎকারদাতার নাম: ----- পুরুষ মহিলা

গ্রামের নাম: -----

ইউনিয়ন/উপজেলা/জেলা: -----

তারিখ: -----

১. পরিবারের সদস্য সংখ্যা?

ক. ২ খ. ৩ গ. ৪ ঘ. ৫ ঙ. ৫+

২. মাসিক পারিবারিক আয়?

ক. ২১০০ টাকার কম খ. ২১০০ থেকে ৪২০০
গ. ৪২০০ থেকে ১০,০০০ ঘ. ১০,০০০+

৩. পেশা?

ক. ক্ষুদ্র ব্যবসা খ. রেণু পোনা আহরণকারী
গ. প্রান্তিক কৃষক ঘ. চাকুরী
ঙ. দিনমজুরী চ. কৃষিকাজ
ছ. বেকার জ. অন্যান্য
ঞ. অন্যান্য হলে কি

৪. পরিবারের বেকার সদস্য সংখ্যা (১৬ থেকে ৩৫ বছরের মধ্যে):

ক. ০ খ. ১ গ. ২ ঘ. ৩ ঙ. ৩+

৫. পরিবারের শিক্ষা ও কর্মসংস্থানের ধরন?

সদস্য	নাম	বয়স	শিক্ষাগত যোগ্যতা	চাকুরীজীবী/বেকার	(পুরুষ/মহিলা)
১.					
২.					
৩.					
৪.					
৫.					
৬.					

৬. গৃহস্থালির ধরণ?

ক. জমির মালিক

খ. ভূমিহীন

গ. মৌসুমী/অভিবাসী (যারা শুধু মৌসুমে কাজের জন্য আসেন)

ঘ. অন্যান্য -----

৭. আপনি কি আপনার পেশার পরিবর্তন চান?

ক. হ্যাঁ

খ. না

৭.১ উত্তর হ্যাঁ হলে, কোন পেশায় যেতে চান?

৮. প্রতিদিন কয়বার খান?

ক. একবার

খ. দুইবার

গ. তিনবার

৯. প্রতিদিন খাবার তালিকায় কি কি থাকে?

১০. কি কি রোগে ভোগেন?

ক. জ্বর

খ. ডায়রিয়া/ আমাশয়

গ. সর্দি/ কাশি

ঘ. হাঁপানী

ঙ. ম্যালেরিয়া

চ. পাচঁড়া

ছ. অন্যান্য -----

১১. শিশুরা কোন কোন ধরনের রোগে ভোগে?

ক. জ্বর

খ. ডায়রিয়া/ আমাশ্বয়

গ. কাশি

ঘ. হাঁপানী

ঙ. ম্যালেরিয়া

চ. পাচঁড়া

ছ. কুমি

জ. পুষ্টিহীনতা

ঝ. অন্যান্য -----

১২. শিশুকে টিকা দেওয়া হয়েছে কিনা?

ক. হ্যাঁ

খ. না

১৩. অসুস্থ হলে বা শারীরিক সমস্যা হলে কোথায় চিকিৎসা নেন?

ক. স্বাস্থ্যকেন্দ্র

খ. কবিরাজ

গ. গ্রাম ডাক্তার

ঘ. এমবিবিএস ডাক্তার

ঙ. অন্যান্য -----

১৪. আপনার পরিবারে সন্তান প্রসব কীভাবে হয়েছে?

ক. বাড়ীতে/আত্মীয় স্বজনের দ্বারা

খ. প্রশিক্ষণপ্রাপ্ত দাই দ্বারা

গ. স্বাস্থ্যকেন্দ্রে

১৫. চিকিৎসা গ্রহণের স্থানটি কতদূরে?

ক. ১ কিলোমিটারের মধ্যে

খ. ২-৩ কিলোমিটার

গ. ৪-৫ কিলোমিটার

ঘ. ৫ কিলোমিটারের অধিক দূরে

২১. খাবার পানি কোন রকম শোধন করেন কিনা?

ক. হ্যাঁ

খ. না

২১.১ হ্যাঁ হলে কীভাবে?

২২. যদি কোন প্রতিষ্ঠান স্বাস্থ্যসেবা প্রদানের লক্ষ্যে এগিয়ে আসে তাহলে কিভাবে গ্রহন করবেন?

২৩. এ ব্যাপারে স্থানীয় কোন বাধার সম্মুখীন হবেন কিনা?

ক. হ্যাঁ

খ. না

২৩.১ হ্যাঁ হলে কী ধরনের বাধা

২৪. এ ধরনের উদ্যোগ নেওয়া হলে কি সুফল পাওয়া যাবে?

বনচারীদের জন্য প্রশ্ন

২৫. বনের ভিতর কি কি ধরনের বিপদের সম্মুখীন হন?

- ক. ডাইরিয়া
- খ. আমাশয়
- গ. সাপের কামড়
- ঘ. জ্বর
- ঙ. হাত পা কেটে যাওয়া
- চ. অন্যান্য

সাক্ষাৎকার গ্রহনকারীর নাম:

স্বাক্ষর:

তারিখ:

আপনাকে ধন্যবাদ

জ্ঞাতব্য: এই জরিপে প্রদত্ত সকল তথ্য এবং আপনার নাম ও পরিচয়ের পূর্ণ গোপনীয়তা বজায় রাখতে এমআরডিআই
অঙ্গীকারাবদ্ধ।