WASH in Educational and Healthcare Facilities Survey 2024

December 2025

BANGLADESH BUREAU OF STATISTICS

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DIRECTOR GENERAL
BANGLADESH BUREAU OF STATISTICS (BBS)

PREFACE

The *Report on Water, Sanitation and Hygiene (WASH) in Educational and Healthcare Facilities in Bangladesh* presents the results of a nationally representative survey conducted by the Bangladesh Bureau of Statistics (BBS) with technical assistance of UNICEF Bangladesh. This survey is a part of our continued commitment to produce high-quality and evidence-based data that support the formulation, monitoring, and evaluation of policies and programmes aimed at improving public health, education, and social well-being.

Recognising the critical role of WASH in achieving the Sustainable Development Goals (SDGs), particularly SDG 6 on Clean Water and Sanitation, SDG 3 on Good Health and Well-being, and SDG 4 on Quality Education, this survey has collected comprehensive information on the availability, accessibility, and quality of water supply, sanitation, and hygiene services in both Educational and Healthcare Facilities. The scope covers all eight administrative divisions and 64 districts of Bangladesh, with representation from rural, urban, and hard-to-reach areas.

The findings reveal both commendable progress and persistent challenges in ensuring inclusive, equitable, and sustainable WASH services. They provide an invaluable evidence base for government agencies, development partners, civil society, and the research community to design targeted interventions that will address service gaps, promote gender equity, and strengthen resilience to climate change impacts.

I wish to acknowledge the dedication and professionalism of the BBS survey team, the guidance and support from the Statistics and Informatics Division, and the technical expertise provided by UNICEF Bangladesh. I also express my sincere gratitude to the respondents and field enumerators whose contributions have made this survey possible. It is my sincere expectation that this report will contribute meaningfully to our ongoing work towards a healthier, more inclusive, and prosperous Bangladesh.

Dhaka, December 2025

Mohammed Mizanur Rahman

UNICEF Representative to Bangladesh

MESSAGE

It gives me great pride and optimism to mark the successful completion of Bangladesh's first-ever Water, Sanitation, and Hygiene (WASH) in Institutions survey, conducted by the Bangladesh Bureau of Statistics (BBS) with support from UNICEF, in close collaboration with line ministries and departments.

This landmark survey helps us see clearly where progress has been made and where urgent attention is needed. Covering more than 3,000 healthcare facilities and 6,000 schools, it provides an unprecedented picture of WASH conditions across schools and healthcare facilities in Bangladesh.

Using global benchmarks from the WHO/UNICEF Joint Monitoring Programme, while capturing national priorities such as functionality, inclusiveness, maintenance, and climate resilience, the data will guide stronger policies, smarter investments, and more equitable results for children and their families.

Over the past decades, Bangladesh has made remarkable progress in expanding access to safe drinking water and basic sanitation services, an achievement that has transformed millions of lives. Yet, as we work toward achieving Sustainable Development Goals (SDGs), we must acknowledge that expanding coverage alone is not enough. What matters now is quality, equity, and sustainability, ensuring that every child in school, healthcare facilities, and at home has safe, functional, and inclusive WASH facilities that meet the needs of all, especially children.

The findings of this survey confirm both encouraging progress and significant areas that require urgent attention. A notable 95.4% of schools and 87.5% of healthcare facilities can access improved water supply sources. However, just 86.1% of schools and only seven out of ten healthcare facilities qualify as having "basic" water services due to critical infrastructure deficiencies. Accessibility remains a significant challenge, with only 55.4% of schools and 40.9% of healthcare facilities equipped to accommodate individuals with disabilities.

In terms of sanitation, the situation is alarming, with only 28.6% of schools meeting the recommended student-to-toilet ratio. Furthermore, only 33.9% of schools and 45.4% of healthcare facilities safely manage excreta, and a startling low percentage of toilets are cleaned daily, deepening the risk of unsanitary conditions. The survey also highlights considerable gaps in hygiene practices, notably in handwashing facilities, where only half of schools and merely one out of 20 healthcare facilities provide basic handwashing services. In terms of menstrual hygiene management, only one out of five schools offer private spaces for girls to manage menstruation, underscoring the critical need for comprehensive support in this area.

These findings remind us that while we have achieved progress, significant challenges remain.

These are not only statistics; they represent real children facing barriers to dignity, health, learning and opportunity. When schools lack gender-sensitive toilets, girls miss class or even drop out of school. When a newborn enters the world in a clinic without safe water, its first moments and those of her mother are fraught with risk. When health workers cannot wash their hands, they struggle to protect themselves and their patients. These are challenges that strike at the heart of children's rights to health, education, safety, and dignity.

The initiative also demonstrates the power of partnership. UNICEF deeply values its collaboration with the Bangladesh Bureau of Statistics (BBS) and with all sector partners who have made this possible. We remain committed to supporting the Government of Bangladesh to turn this data into action, strengthening the national planning, monitoring, and reporting systems within the WASH sector. By institutionalizing regular data collection and promoting evidence-based decision-making, we can ensure that every investment brings us closer to a Bangladesh where safe water, sanitation, and hygiene are a reality for all and truly improve people's lives.

As we reflect on these findings, let us renew our commitment that no child should ever fall sick or miss school simply because of a lack of clean water or a safe toilet. Let us use this evidence to drive faster and make fairer progress toward the SDGs, to uphold every child's right to water, sanitation, and hygiene.

Together, we can and must build a healthier, more resilient, and equitable Bangladesh, where every child can flourish with dignity.

Dhaka, December 2025

Rana Flowers

FOCAL POINT
SDG CELL
BANGLADESH BUREAU OF STATISTICS

ACKNOWLEDGEMENTS

The successful completion of the 'WASH in Educational and Healthcare Facilities Survey 2024' in Bangladesh would not have been possible without the concerted efforts, dedication, and collaboration of numerous individuals and organisations. As the Focal Point of this survey, I wish to extend my deepest appreciation to all who contributed to this important endeavour.

I am grateful to the Secretary, Statistics and Informatics Division (SID) for her overall guidance and strategic direction, and to the Director General of the Bangladesh Bureau of Statistics (BBS) for their continuous encouragement and support. My sincere thanks go to UNICEF Bangladesh for providing invaluable technical assistance, from survey design to data analysis, ensuring that this work meets global quality standards.

Special recognition is due to the survey design and data processing teams at BBS, whose professionalism and attention to detail ensured the accuracy and integrity of the data. I also acknowledge the tireless work of our field supervising officers, supervisors, and data collectors, who collected information from Educational and Healthcare Facilities across all divisions and districts, often in challenging conditions.

I extend my heartfelt appreciation to the respondents— school authorities, healthcare facility staff, and community members— whose willingness to share their time and information made this survey possible. Their cooperation and openness have enriched the findings and strengthened the evidence base for WASH programming in Bangladesh.

Finally, I thank all colleagues of SDG Cell, BBS particularly Ms. Naima Akther, Deputy Director, Ms. Tajmoon Nahar Khair, Statistical Officer, Mr. Husain Ahmed, Statistical Officer for their relentless efforts in bringing out this report. I would like to thank the UNICEF Bangladesh colleagues, particularly thanks are due to Ms. Tazrina Habib Ananya and Mr. Raphael Nwozor who contributed their expertise, time, and commitment to this survey. Thanks are also extended to Mr. Md. Ariful Islam, Consultant, SDG Cell for his support in data cleaning and analysis. It is my hope that the data and insights from this report will serve as a valuable resource for policymakers, practitioners, and researchers working to improve WASH services, thereby advancing our national development goals and the Sustainable Development Goals (SDGs).

Dhaka, December 2025

Md. Alamgir Hossen

TABLE OF CONTENTS

LIST OF STATISTICAL TABLES

LIST OF FIGURES

ACRONYMS

ABHR	:	Alcohol Based Hand Rub
BANBEIS	:	Bangladesh Bureau of Educational Information and Statistics
BBS	:	Bangladesh Bureau of Statistics
BDT	:	Bangladeshi Taka
BIDS	:	Bangladesh Institute of Development Studies
BPLS	:	Bangladesh Poverty and Livelihood Statistics
CAPI	:	Computer Assisted Personal Interviewing
CFU	:	Colony Forming Unit
DDO	:	Drawing and Disbursing Officer
DG	:	Director General
DGFP	:	Directorate General of Family Planning
DGHS	:	Directorate General of Health Services
DPE	:	Directorate of Primary Education
DSHE	:	Directorate of Secondary and Higher Education
ECDS	:	Environment Climate Change and Disaster Statistics
EmOC	:	Emergency Obstetric Care
FA & MIS	:	Field Administration and Management Information System
FSM	:	Faecal Sludge Management
HCF	:	Healthcare Facility
HFC	:	Health Facility Committee
IPC	:	Infection Prevention and Control
ISRT	:	Institute of Statistical Research and Training
JMP	:	Joint Monitoring Programme
MCWC	:	Mother and Child Welfare Centre
MHM	:	Menstrual Hygiene Management
MPO	:	Monthly Pay Order
NGO	:	Non-Governmental Organization
NICU	:	Neonatal Intensive Care Unit
NIPORT	:	National Institute of Population Research and Training
O&M	:	Operation and Maintenance
OPD	:	Outpatient Department
PSU	:	Primary Sampling Unit
PWD	:	Persons with Disabilities
RDP	:	Rural Development Programme
RMO	:	Rural Municipality and Others
SCANU	:	Special Care Newborn Unit
SDG	:	Sustainable Development Goals
SID	:	Statistics and Informatics Division
SNV	:	Netherlands Development Organisation
SOP	:	Standard Operating Procedure
SPSS	:	Statistical Package for the Social Sciences
SSTI	:	Statistical Staff Training Institute
SVRS	:	Sample Vital Registration System
ToT	:	Training of Trainers
UH&FWC	:	Union Health and Family Welfare Center
UHC	:	Upazila Health Complex
UNICEF	:	United Nations International Children's Emergency Fund
USD	:	United States Dollar
VIP	:	Ventilated Improved Pit
WASA	:	Water Supply and Sewerage Authority
WASH	:	Water, Sanitation and Hygiene
WHO	:	World Health Organization

EXECUTIVE SUMMARY

The Water, Sanitation, and Hygiene (WASH) in Education and Healthcare Facilities Survey 2024 provides a national assessment of WASH services across Educational and Healthcare Facilities in Bangladesh. Conducted by the Bangladesh Bureau of Statistics with technical support from UNICEF Bangladesh, the survey offers evidence to guide targeted improvements in infrastructure, service delivery, and policy implementation. Its findings support Bangladesh's progress toward national development priorities and the Sustainable Development Goals, particularly those related to health, education, and equitable access to essential services.

Despite progress in expanding improved water and sanitation infrastructure, significant gaps remain. Many students, patients, and healthcare providers continue to be affected by inadequate WASH services, which compromise infection prevention and control in healthcare settings and hinder learning outcomes in schools. These gaps are most pronounced in rural, remote, and climate vulnerable areas where infrastructure quality, maintenance systems, and equitable access remain limited. The lack of inclusive and disability friendly WASH facilities continues to restrict participation for individuals with limited mobility and disproportionately affects girls and women.

The survey collected data from all eight divisions and 64 districts, covering public and private primary and secondary schools and a wide range of healthcare facilities. Sampling was guided by Watson's formula to ensure representative data, and fieldwork was conducted from June 26 to July 17, 2024. The findings reveal substantial disparities across facility types, geographical regions, and managing authorities, highlighting areas where strengthened investment, improved governance, and targeted interventions are most urgently required.

Access to improved water sources is high, at 95.4 percent in schools and 87.5 percent in healthcare facilities. However, fewer facilities meet the definition of basic water services, which requires the improved source to be available on the premises. Only 86.1 percent of schools and 70.5 percent of healthcare facilities meet this standard. Seasonal dry ups remain common in both sectors and often disrupt daily operations. Accessibility gaps are large, with only 55.4 percent of schools and 40.9 percent of healthcare facilities providing improved water points that are accessible to persons with disabilities. Limited financial provisions for maintenance, reported by only 11.1 percent of schools and 34.9 percent of healthcare facilities, further threaten the sustainability of existing systems.

Sanitation coverage is generally high, with 90.6 percent of schools and 98.5 percent of healthcare facilities having at least one toilet. However, quality and usability vary widely. Only 28.6 percent of schools meet the recommended standard of one improved toilet per 50 students, and the cleanliness of facilities remains a significant concern. Safe faecal sludge management is inadequate, with only 33.9 percent of schools and 45.4 percent of healthcare facilities managing excreta safely, raising risks of environmental contamination and disease transmission. Accessibility for people with limited mobility is particularly low at 4.6 percent in schools and 30.6 percent in healthcare facilities, indicating major barriers to equitable use.

Handwashing facilities are frequently present but often lack water and soap. As a result, only 51.7 percent of schools and 5.0 percent of healthcare facilities meet the criteria for basic handwashing services. This undermines effective hygiene practices and compromises infection prevention and control standards. Menstrual hygiene management (MHM) facilities remain insufficient, with only 20.7 percent of schools providing a private space for girls and only 6.9 percent offering basic MHM services. These gaps contribute to absenteeism, discomfort, and gender inequities in education.

Waste management practices vary. While 78.3 percent of schools report appropriate solid waste disposal, only 25.4 percent of healthcare facilities achieve basic healthcare waste management,

which requires safe segregation, treatment, and disposal of hazardous waste. Reliance on site burning in 41.6 percent of healthcare facilities poses environmental and public health risks, indicating the need for improved infrastructure and safer disposal systems.

WASH systems in both sectors are highly vulnerable to natural hazards. Within the previous 12 months, 24.0 percent of schools and 19.4 percent of healthcare facilities experienced natural hazards, which caused direct damage to water and sanitation infrastructure in many cases. Despite this vulnerability, knowledge and implementation of climate resilient WASH measures remain low. Only 33.7 percent of schools and 9.9 percent of healthcare facilities report knowing protective measures, and even fewer have implemented them. This gap leaves facilities exposed to regular interruptions in essential services and limits their ability to withstand future climate shocks.

In summary, the survey identifies clear achievements in expanding basic WASH coverage, but it also reveals substantial gaps in reliability, quality, accessibility, climate resilience, and maintenance. Addressing these gaps will require sustained investment, strengthened capacity, and targeted actions focused on the regions and facility types most at risk. The evidence provided through this survey offers a pathway for prioritizing interventions that can significantly improve public health, educational outcomes, and resilience, supporting national progress toward universal and equitable WASH services for all.

Key Findings

WASH in Educational Facilities

44.5% National | **43.2%** Rural | **52.4%** Urban

Combined access to basic water, basic sanitation and basic hygiene

86.1% National | **85.7%** Rural | **88.6%** Urban

Have access to basic water supply services

87.8% National | **87.1%** Rural | **91.9%** Urban

Have access to basic sanitation services

51.7% National | **50.2%** Rural | **60.9%** Urban

Have access to basic hand hygiene services

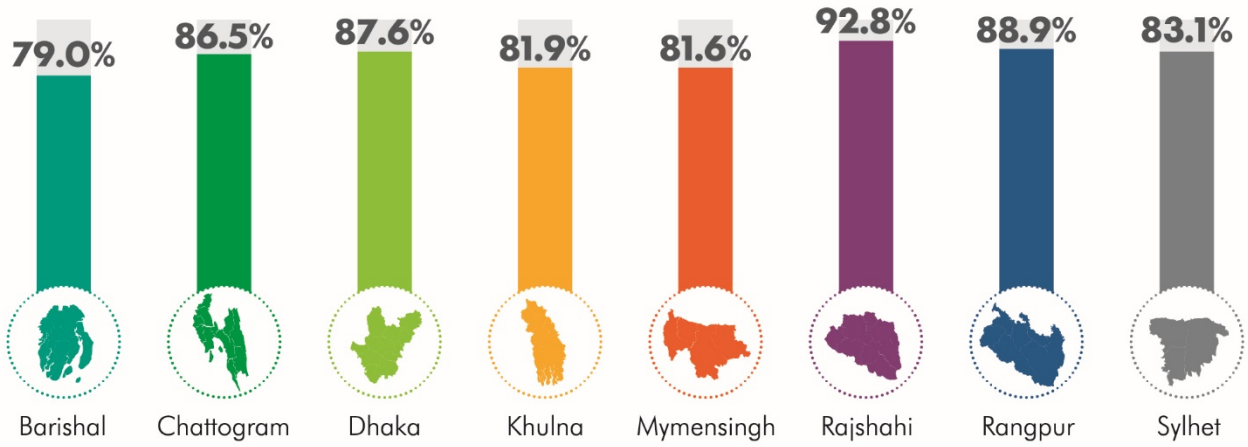
6.9% National | **5.8%** Rural | **13.6%** Urban

Have access to basic menstrual hygiene services

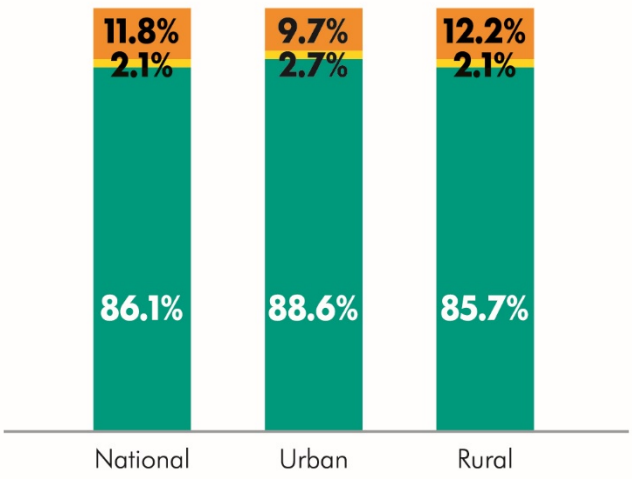
Water Supply Services in Schools

About 86% of schools have access to basic water supply services, indicating a high overall level of coverage. However, minor disparities persist across different school categories, with rural schools, primary schools, and public institutions slightly lagging behind their counterparts.

Basic Water Supply Services by Division



School Water Supply Services Ladder



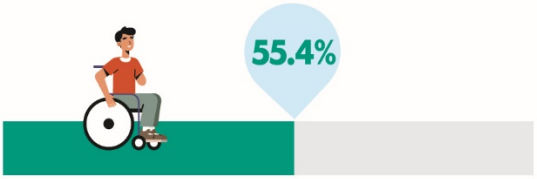
Based on WHO/UNICEF JMP definitions:

- **Basic Water Supply Services:** Drinking water from an improved source and water is available at the school at the time of the survey.
- **Limited Water Supply Services:** Drinking water from an improved source but water is unavailable at the school at the time of the survey.
- **No Service:** Drinking water from an unimproved source or no water source at the school.

Inclusivity of water supply services

Proportion of schools with improved water supply on premises that are:

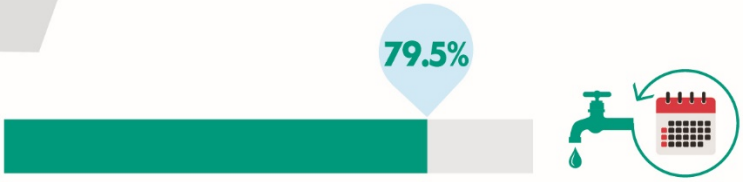
Accessible to persons with disabilities



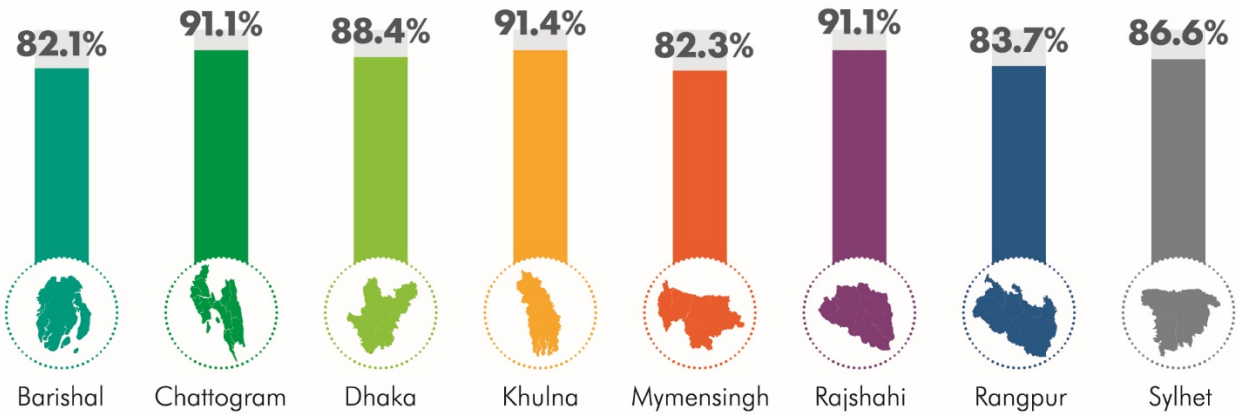
Accessible to the smallest child at the school

Availability of water supply services

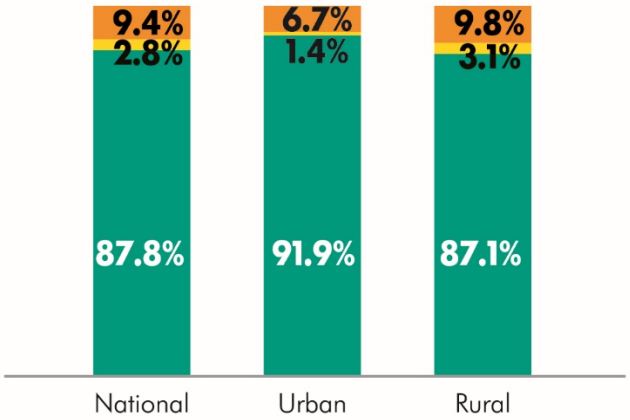
Schools have improved water supply facilities on premises and available all year round



Basic Sanitation Services by Division



School Sanitation Services Ladder



Based on WHO/UNICEF JMP definitions:

- **Basic Sanitation Services:** Improved sanitation facility at the school that are single-sex and usable.
- **Limited Sanitation Services:** Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey.
- **No Service:** Unimproved sanitation facilities or no sanitation facilities in the school.

Adequate Access

4

Average number of toilet compartments in school

90

Average students per toilet compartment

28.6%

Schools with not more than 50 students per improved toilet compartment

Cleanliness and Safe Management of Excreta

49.2%

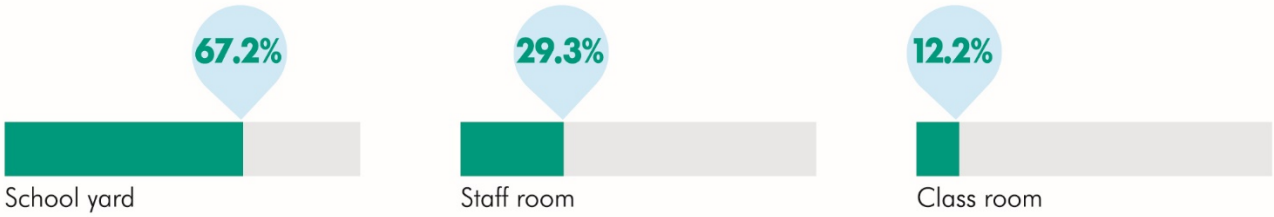
Schools where all improved toilet are clean

Schools have improved latrines where excreta are safely disposed of in situ or transported and treated offsite

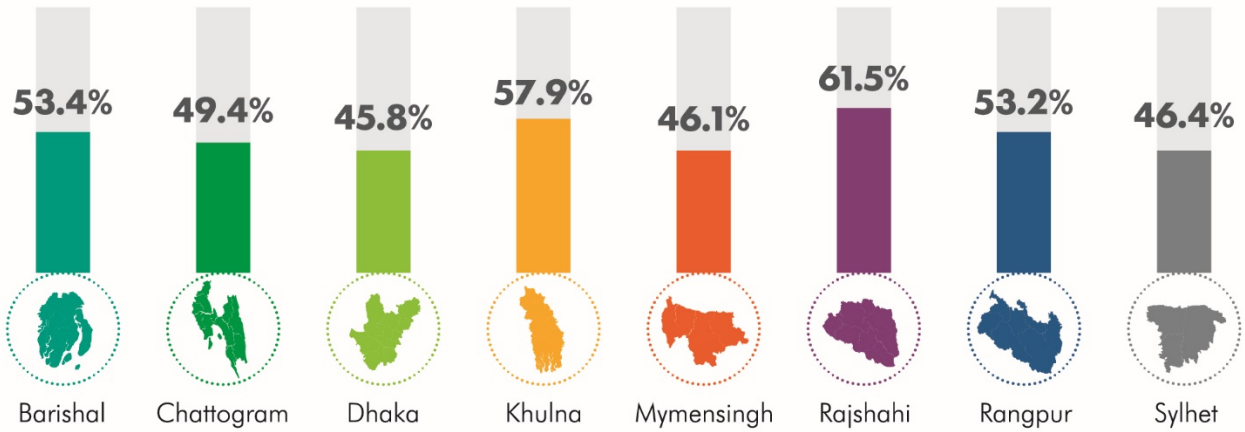
Hygiene Services in Schools

Location of Handwashing Facilities

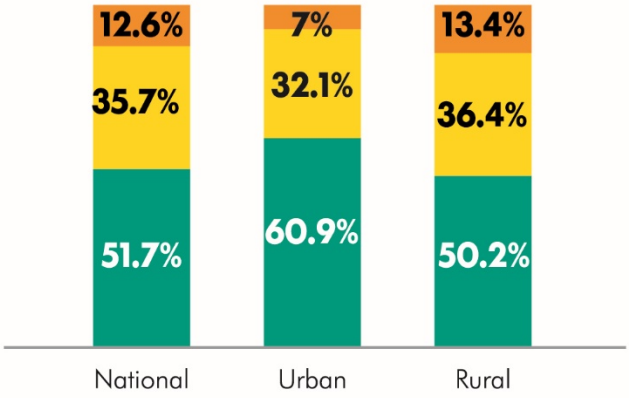
Schools with handwashing facilities available in:



Basic Handwashing Services by Division



Handwashing Services Ladder



Based on WHO/UNICEF JMP definitions:

- **Basic Waste Management Services:** Handwashing facilities with water and soap available at the school at the time of survey.
- **Limited Hand Hygiene Services:** Handwashing facilities with water but no soap available at the school at the time of the survey
- **No Service:** No handwashing facilities available or no water available at the school

Menstrual Hygiene Management (MHM)

6.1% have access to **safely managed menstrual hygiene services:** Proportion of schools with girls having private space(s) with water, soap and MHM materials available at the school in case of emergency and with safe disposal mechanism

6.9% of schools with girls provide **basic access to menstrual hygiene services**

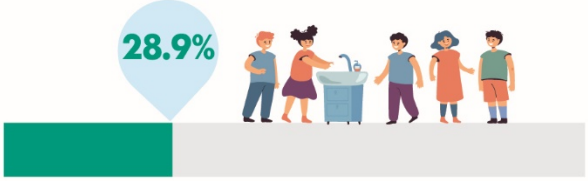
Provision for private space(s) with water and soap available and MHM materials available at the school in case of emergency

5.8% Rural **13.6%** Urban | **3.6%** Primary School **19.2%** Secondary School

29% Schools that provide menstrual health education to students

9.9% Schools that trained their teachers on menstruation education as part of pre-service or in-service training

Group Handwashing



Schools with Group Handwashing facilities on premises and practice at least once a week

Waste Management

Schools with proper disposal of solid waste

Key Findings

WASH in Healthcare Facilities

1.0% National | **0.4%** Rural | **3.2%** Urban

Combined access to basic water, basic sanitation and basic hygiene

70.5% National | **65.0%** Rural | **91.0%** Urban

Have access to basic water supply services

5.2% National | **2.3%** Rural | **15.6%** Urban

Have access to basic sanitation services

5.0% National | **2.9%** Rural | **12.9%** Urban

Have access to basic hand hygiene services

19.2% National | **11.7%** Rural | **46.9%** Urban

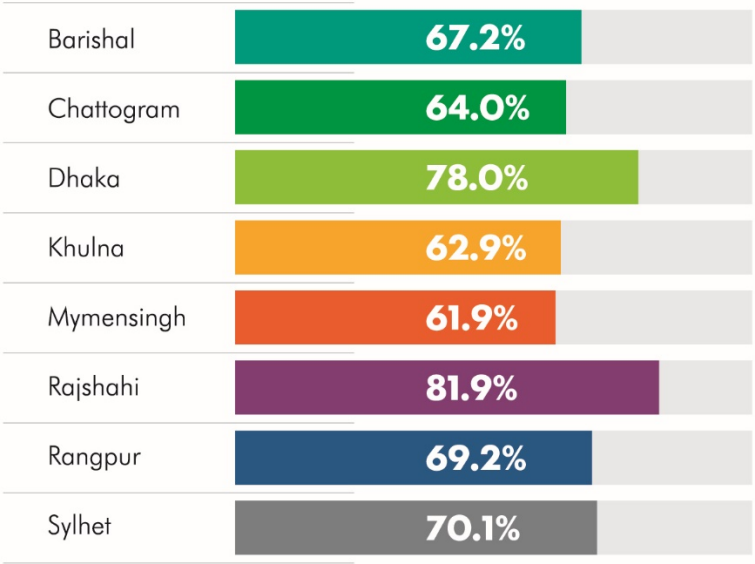
Have access to basic environmental cleaning services

25.4% National | **22.4%** Rural | **36.3%** Urban

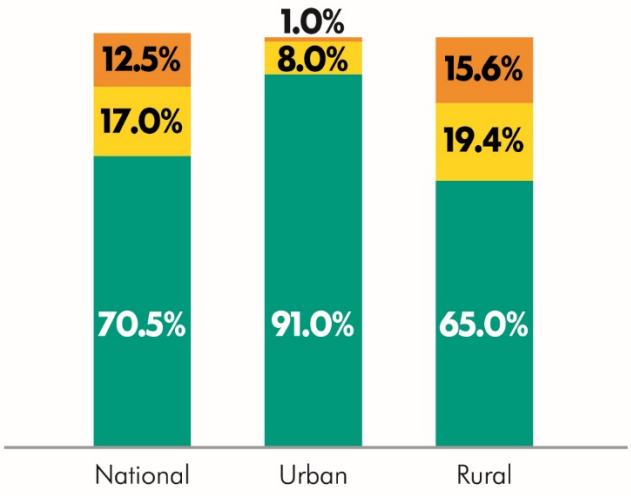
Have access to basic waste management services

Water Supply Services in Healthcare Facilities

Basic Water Supply Services by Division



Water Supply Services Ladder



Basic Water Supply Services: healthcare facilities where water is available from an improved source on premises.

Limited Water Supply Services: healthcare facilities where an improved water sources is within 500 meters of the premises but not all requirements for basic services are met.

No Service: Water is taken from unprotected dug wells, springs, or surface water; or an improved source that is more than 500 meters from the premises; or there is no water source.

Availability of water supply services

Proportion of HCFs with improved water supply

87.5%

Available on premises, all year round

64.8%

Available to everyone on premises, all year round and whenever needed

52.0%

Water Facility Accessibility for PWDs in HCFs

40.9%

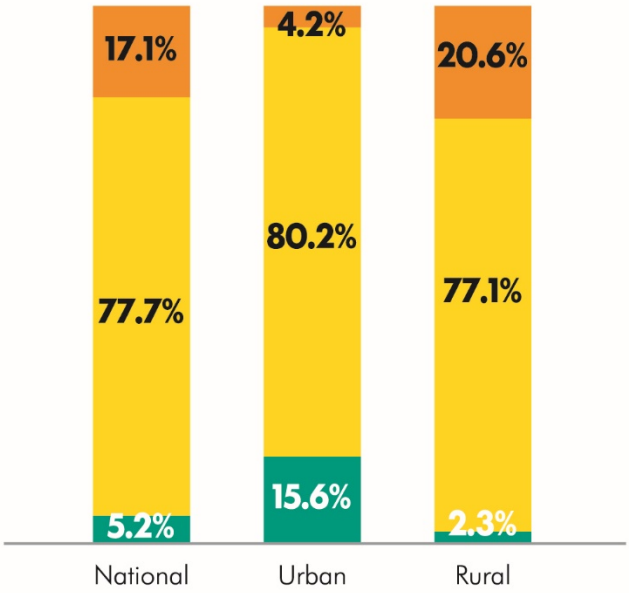
Available to staff, patients and their families and available all year round

Sanitation Services in Healthcare Facilities

Basic Sanitation Services by Division

Barishal	**5.8%**
Chattogram	**6.5%**
Dhaka	**7.8%**
Khulna	**2.1%**
Mymensingh	**2.4%**
Rajshahi	**2.5%**
Rangpur	**5.0%**
Sylhet	**2.2%**

Sanitation Services Ladder



Based on WHO/UNICEF JMP definitions:

Basic Sanitation Services: health care facilities with at least one improved toilet facilities which are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.

Limited Sanitation Services: health care facilities with at least one improved toilet facilities, but not all requirements for basic service are met.

No Service: health care facilities with no toilets or latrines, or unimproved facilities (pit latrines without a slab or platform, hanging latrines, bucket latrines)

Inclusivity and Accessibility of Sanitation Services

28.1%

HCFs have at least one improved toilet that **is single-sex**

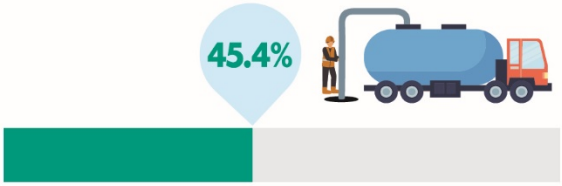
25.6%

HCFs with at least one improved toilet with **menstrual hygiene facilities**

30.6%

HCFs with at least one improved toilet **accessible to people with limited mobility**

Safe Management of Excreta



HCFs have improved latrines where excreta are safely disposed of in situ or transported and treated offsite

Access to clean toilet

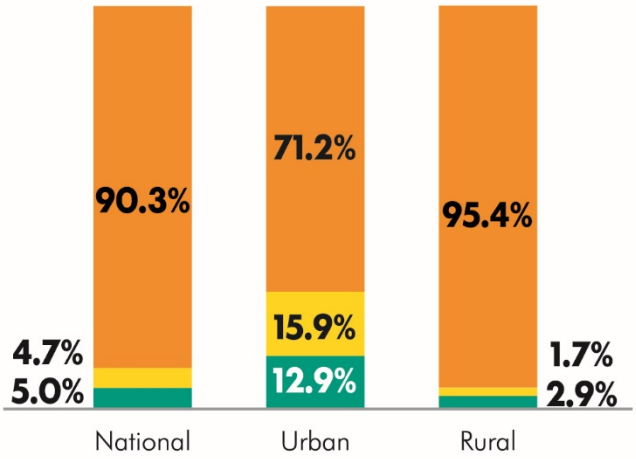
28.5%

HCFs where all improved toilet compartments are **cleaned at least once everyday**

Basic Hand Hygiene Services by Division

Barishal	4.1%
Chattogram	5.0%
Dhaka	8.5%
Khulna	0.6%
Mymensingh	1.1%
Rajshahi	6.9%
Rangpur	6.4%
Sylhet	0.2%

HCF Hand Hygiene Services Ladder



Based on WHO/UNICEF JMP definitions:

Basic Hand Hygiene Services: Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five meters of toilets.

Limited Hand Hygiene Services: Functional hand hygiene facilities available either at points of care or toilets but not both.

No Service: No functional hand hygiene facilities available at either points of care or toilets.

Quality of Hand Hygiene Services

8.4%

HCFs with handwashing facilities at points of care available for staff use only

3.7%

HCFs with functional hand hygiene facilities at point of care and available to everyone

Inclusivity of Hand Hygiene Services

39.2%

HCFs with disposal mechanism for menstrual hygiene waste

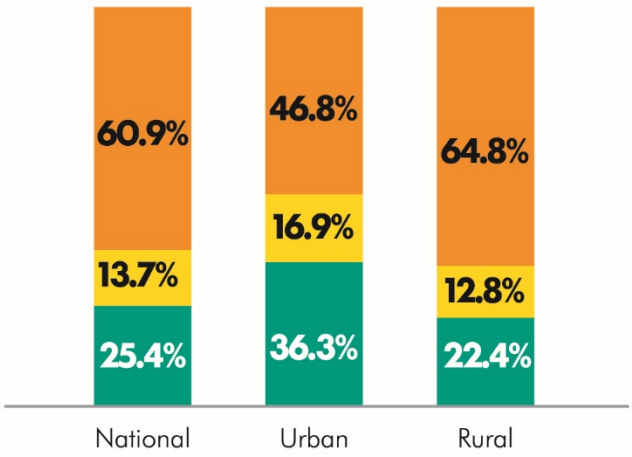
5.5%

HCFs with handwashing facilities at points of care and accessible to those with limited mobility or vision

Waste Management

25.4%

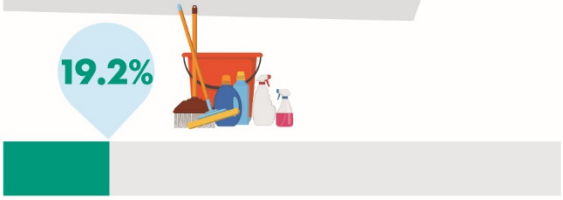
HCFs have basic waste management services where waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely



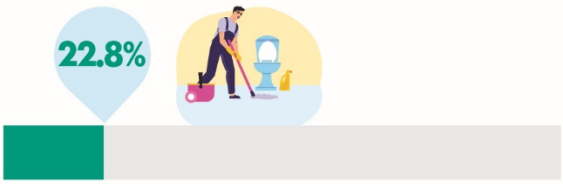
Based on WHO/UNICEF JMP definitions:

- **Basic Waste Management Services:** Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.
- **Limited Waste Management Services:** There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements of basic services are met.
- **No Service:** There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.

Environmental Cleaning



HCFs have basic access to Environmental Cleaning Services
HCFs where basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training



HCFs with SOP on cleaning where all cleaning staff have received training on SOP

Infection Prevention Control (IPC)

of HCFs have Standard Operating Procedures on IPC and have their staff trained

CHAPTER 1

INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1 Background

1.1.1 Importance of WASH in educational and healthcare facilities

Access to Water, Sanitation, and Hygiene (WASH) services is a cornerstone of public health, education, and human development. In schools, providing proper WASH facilities helps prevent the spread of disease and reduces student absenteeism, creating a safer and more inclusive learning environment. This is especially important for girls, who are often disproportionately affected and may miss class during their menstrual cycles if they lack adequate facilities. Similarly, in healthcare settings, WASH services are essential for infection prevention and control, safeguarding both patients and staff while ensuring the delivery of high-quality care.

The importance of WASH is recognized on a global scale through the Sustainable Development Goals (SDGs). Specifically, SDG 6 calls for universal and sustainable access to water and sanitation. This goal is closely connected to SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education), highlighting WASH's foundational role. Ultimately, ensuring everyone has access to WASH services in educational and healthcare institutions isn't just about infrastructure; it's a powerful driver for equity, gender equality, and sustainable development.

In Bangladesh, ensuring robust Water, Sanitation, and Hygiene (WASH) services in Educational and Healthcare Facilities is a critical step toward improving public health, educational achievements, and gender equity. While the country has made considerable strides in expanding access to improved water and sanitation, significant disparities remain, particularly between rural and urban regions, and across different types of public and private institutions.

In educational settings, a lack of proper WASH infrastructure can lead to higher rates of student absenteeism, a challenge that disproportionately affects adolescent girls during their menstrual cycles. In healthcare facilities, gaps in these services can compromise infection control and the overall quality of patient care.

The Government of Bangladesh has incorporated its WASH strategies into the framework of the Sustainable Development Goals (SDGs). This aligns national efforts with SDG 6 to ensure universal access to clean water and sanitation, and its interconnected goals of SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education). Meeting these ambitious targets will require ongoing investment, enhanced capacity building, and effective behavioural change initiatives to guarantee that all schools and healthcare centres can provide safe, inclusive, and climate-resilient WASH services for everyone.

1.1.2 Global and National context of WASH Challenges

Globally, persistent gaps in Water, Sanitation, and Hygiene (WASH) services in Educational and Healthcare Facilities hinder universal health coverage, quality education, and equitable development. WHO/UNICEF Joint Monitoring Programme (JMP) data show that many institutions still lack essential sanitation, safe drinking water, or adequate handwashing facilities, increasing disease risks, lowering school attendance, and compromising healthcare quality. In Bangladesh, despite progress in expanding improved WASH infrastructure, challenges remain in quality, maintenance, and equitable access— especially in rural, remote, and climate-vulnerable areas. In schools, inadequate WASH disproportionately affects girls during menstruation, leading to absenteeism and dropouts, while in healthcare facilities, it undermines infection prevention and control, endangering patients and staff. Addressing these issues is critical to achieving SDG 6 (Clean Water and Sanitation) and its links with SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education), both globally and in Bangladesh.

1.1.3 Link between WASH and Health Outcomes, Learning Environments, and Equity

The availability of safe and sufficient Water, Sanitation, and Hygiene (WASH) services is fundamentally connected to improved health outcomes, the establishment of conducive learning environments, and the advancement of equity. Within both educational and healthcare settings, robust WASH infrastructure actively reduces the incidence of waterborne and hygiene-related illnesses, supports effective infection prevention and control, and safeguards the overall well-being of students, patients, and staff.

In schools, access to clean drinking water, functional sanitation facilities, and handwashing stations creates a healthy atmosphere that enhances concentration, minimizes absenteeism, and supports the retention of all learners. This is particularly crucial for girls, who might otherwise miss school during menstruation. Similarly, in healthcare facilities, reliable WASH services are indispensable for the safe delivery of care, protecting vulnerable patients and healthcare providers from preventable infections.

Beyond the direct benefits to health and learning, equitable WASH access is a matter of social justice, ensuring that marginalized populations, including those in rural or underserved areas, can fully and safely participate in education and healthcare.

1.2 Objective of the Survey

1.2.1 General objective of the Survey

To assess the availability, accessibility, and functionality of Water, Sanitation, and Hygiene (WASH) services in Educational and Healthcare Facilities. This survey aims to generate evidence for improving infrastructure, optimizing service delivery, and guiding policy interventions, thereby contributing to enhanced health outcomes, improved learning environments, and equitable access, consistent with national priorities and the Sustainable Development Goals (SDGs).

1.2.2 Specific Objectives of the Survey

- To assess the availability, functionality, and accessibility of WASH infrastructure in Educational and Healthcare Facilities, including water supply, sanitation facilities, and handwashing stations, with attention to usability, privacy, and inclusivity for people with disabilities.
- To evaluate the quality and maintenance status of WASH facilities, including cleanliness, availability of hygiene supplies (e.g., soap, water, menstrual hygiene materials), and adequacy of waste management systems for both solid and liquid waste.
- To examine the management and safety of faecal waste disposal systems, including septic tanks/pits, their emptying practices, and safe discharge or treatment, as well as resilience against natural hazards and climate-related events.
- To investigate hygiene promotion and education practices, such as the provision of menstrual hygiene education, teacher training.
- To identify gaps and equity issues in WASH service provision, particularly disparities between rural and urban areas, different ownership/management types, and between primary and secondary service institutions, in alignment with the Sustainable Development Goals (SDG 3, SDG 4, and SDG 6).

1.3 Scope of the Survey

1.3.1 Geographical coverage

The WASH in Institutions Survey is designed to provide comprehensive national coverage across all eight administrative divisions of Bangladesh, encompassing all 64 districts. The sampling approach ensures representation from diverse geographic contexts, including urban and rural areas, to capture variations in WASH service availability, accessibility, and quality. Proportional allocation methods have been applied to distribute samples across districts according to the total number of facilities,

ensuring balanced representation and enabling robust comparisons across regions and settlement types.

1.3.2 Types of facilities included

The survey covers two primary categories of institutions: Educational and Healthcare Facilities. Within the education sector, both public and private primary and secondary schools are included, with systematic sampling to ensure representation across school types, sizes, and locations. In the healthcare sector, the sample includes public and private facilities of various levels, prioritizing public hospitals with specialized services such as Emergency Obstetric Care (EmOC), Special Care Newborn Units (SCANU), and Neonatal Intensive Care Units (NICU). This inclusive approach ensures that findings reflect the full spectrum of institutional WASH conditions in Bangladesh.

1.3.3 Timeframe of the survey

With technical assistance from UNICEF Bangladesh, SDG Cell of the Bangladesh Bureau of Statistics (BBS) conducted field data collection of the WASH Monitoring Survey in Educational and Healthcare Institutions between 26 June 2024 and 17 July 2024. This period encompassed nationwide fieldwork across all selected Educational and Healthcare Facilities, ensuring that data were collected within a consistent seasonal and operational context to maintain comparability across geographic areas and facility types.

1.4 Sampling Methodology

1.4.1 Sampling for Schools (primary and secondary)

A complete list of primary and secondary schools was obtained from the Ministry of Primary and Mass Education and the Ministry of Education. This list was used as a sampling frame for the WASH assessment in schools.

The primary school frame has a total of 114,630 schools, with an average of 1,791 schools in each district. Of these, 57% are public schools and 43% are private schools. The secondary school framework comprises a total of 30,326 schools, of which the majority (96%, with an average of 453 per district) are private, and 4% (an average of 21 schools per district) are public.

1.4.2 Sampling for Health Care Facilities

The healthcare facilities (HCFs) sampling frame contains a total of 26,291 HCFs, of which the majority (78% with an average of 320 HCFs per district) are public and 22% (an average of 91 HCFs per district) are private (DGHS 2024).

1.4.3 Sample Size Determination

The sample size for WASH in institutions (Educational and Healthcare Facilities) was determined using Watson's formula:

$$n=\left\lfloor \frac{\frac{p[1-p]}{\frac{A^2}{Z^2}+\frac{p[1-p]}{N}}}{R} \right\rfloor$$

N= Population size
p= Estimated variance in population
A= Error margin
Z= Confidence Interval
R=Response Rate
n= Sample size

1.4.4 Sampling for Educational Facilities

Sample size for the WASH in schools' assessment 2024 is calculated to provide a robust estimate of expected WASH key indicators. The following parameters were considered:

(a) Population size of 114,630 for primary and 30,326 for secondary schools
(b) Estimated variance in population of 0.5
(c) Margin of error of $\pm 5\%$
(d) Confidence Interval of 95%
(e) Response Rate of 95%.

Primary Schools: Sample size was determined at Division level using the above parameters with constant values except for the population size (the number of schools), which varies from Division to Division. Based on the outcome of the computation, a minimum sample of 386 and a maximum of 398 was studied at the division level, with a total of 3,140 primary schools at the national. From the total sample size determined in each Division, the number of schools to be studied in each district was based on proportional allocation against the number of schools in each district. The sampling fractions for each Division range between 1.7% and 4.7%.

Also, the design is expected to cover both private and public schools in each district. A systematic sampling technique was employed to ensure a well-distributed allocation of sample points across different settlements (urban and rural), school types, and sizes. This approach will allow for the inclusion of all types of sub-units within the strata.

Figure 1.1: Distribution of Primary School Sampling Fractions by Division (%)

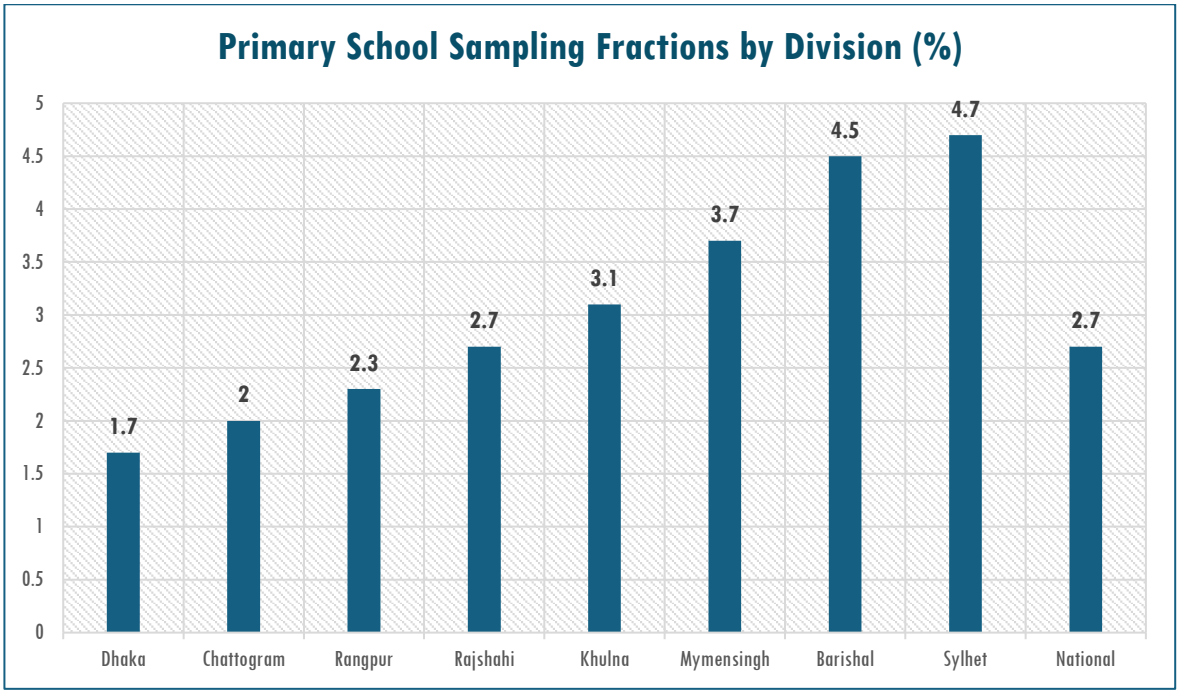


Table 1.1: Sample size determination parameters for Primary Schools

Division	Population size	Estimated variance in population, as a decimal	Precision desired, expressed as a decimal	Based on confidence level:	Estimated Response rate, as a decimal	Sample size
Barishal	8,660	0.5	0.05	1.96	0.95	**387**
Chattogram	19,701	0.5	0.05	1.96	0.95	**397**
Dhaka	23,253	0.5	0.05	1.96	0.95	**398**
Khulna	12,543	0.5	0.05	1.96	0.95	**392**
Mymensingh	10,471	0.5	0.05	1.96	0.95	**390**
Rajshahi	14,818	0.5	0.05	1.96	0.95	**394**
Rangpur	16,948	0.5	0.05	1.96	0.95	**395**
Sylhet	8,236	0.5	0.05	1.96	0.95	**386**
National	**114,630**					**3,140**

Secondary Schools: A total of 2,895 secondary schools were assessed across the 64 districts. Half of the public secondary schools was purposively included in the sample for assessment due to the

small number of existing public secondary schools. Each Division had a minimum sample of 323 and a maximum of 377 secondary schools for both private and public; the sample fractions range between 7.1% and 21.2%. Proportional allocation was used to determine the number of public and private secondary schools to be studied in each district. A systematic sampling technique was employed to ensure a well-distributed allocation of sample points across different settlements (urban and rural), school types, and sizes.

Figure 1.2: Distribution of Secondary School Sampling Fractions by Division (%)

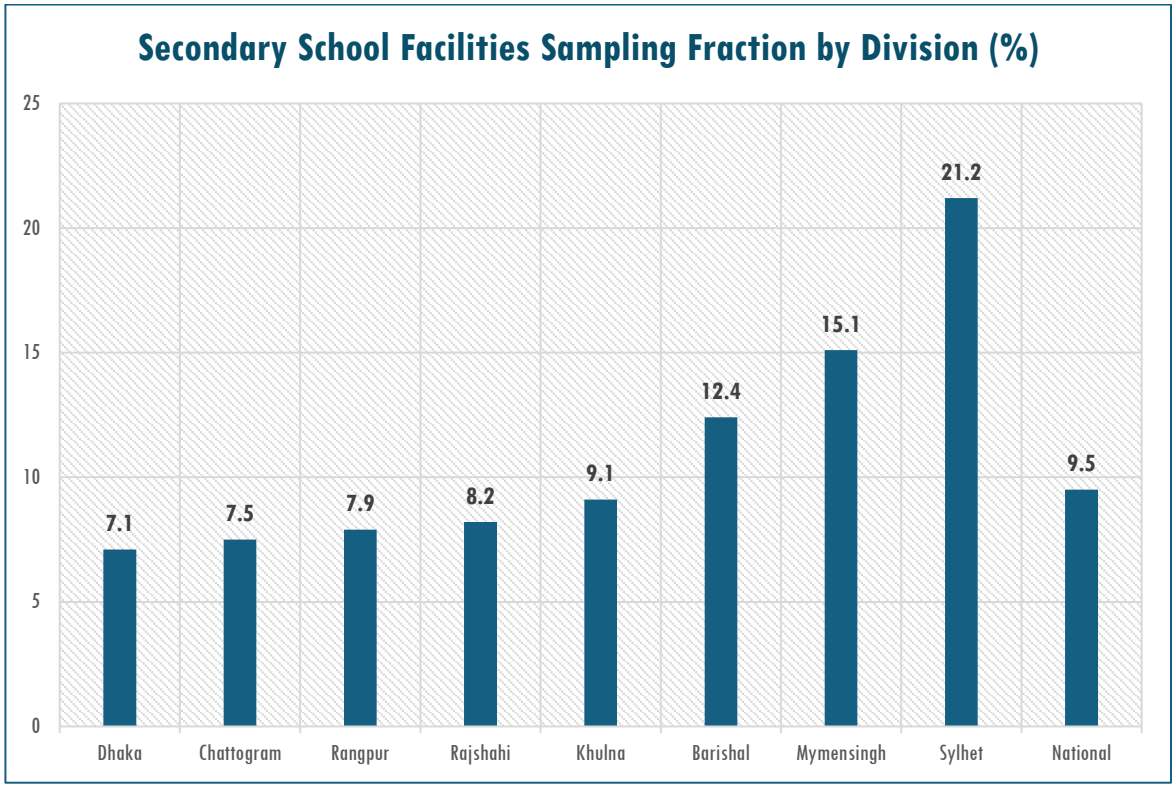


Table 1.2: Sample size determination parameters for Secondary Schools

Division	Population size	Estimated variance in population, as a decimal	Precision desired, expressed as a decimal	Based on confidence level:	Estimated Response rate, as a decimal	Sample size
Barishal	2,880	0.5	0.05	1.96	0.95	**357**
Chattogram	5,040	0.5	0.05	1.96	0.95	**376**
Dhaka	5,309	0.5	0.05	1.96	0.95	**377**
Khulna	4,042	0.5	0.05	1.96	0.95	**369**
Mymensingh	2,297	0.5	0.05	1.96	0.95	**346**
Rajshahi	4,519	0.5	0.05	1.96	0.95	**373**
Rangpur	4,713	0.5	0.05	1.96	0.95	**374**
Sylhet	1,526	0.5	0.05	1.96	0.95	**323**
National	**30,326**					**2895**

1.4.5 Sampling for Health Care Facilities

The sample size determination parameters used for the computation of sample size for schools was maintained to determine the sample size for health care facilities assessment except population size (number of health care facilities) of 26,291. From the calculation using the Watson formula, a total of 2,844 Healthcare Facilities were projected to be assessed, however an over sampling of 226 was done to cover all public hospitals within the frame bringing the total sample size to 3,070 at the

national level. A minimum sample of 337 and a maximum of 448 were studied at the division level. Proportional allocation was adopted to determine the actual sample size to be allocated to each district based on the total number of Healthcare Facilities that exist in each district. A systematic sampling technique was employed to ensure a well-distributed allocation of sample points across different settlements (urban and rural), HCFs' types and sizes, while all public Hospitals (those with EmOCs, SCANU or NICU) was prioritized for selection.

Figure 1.3: Distribution of Healthcare Facilities Sampling Fractions by Division (%)

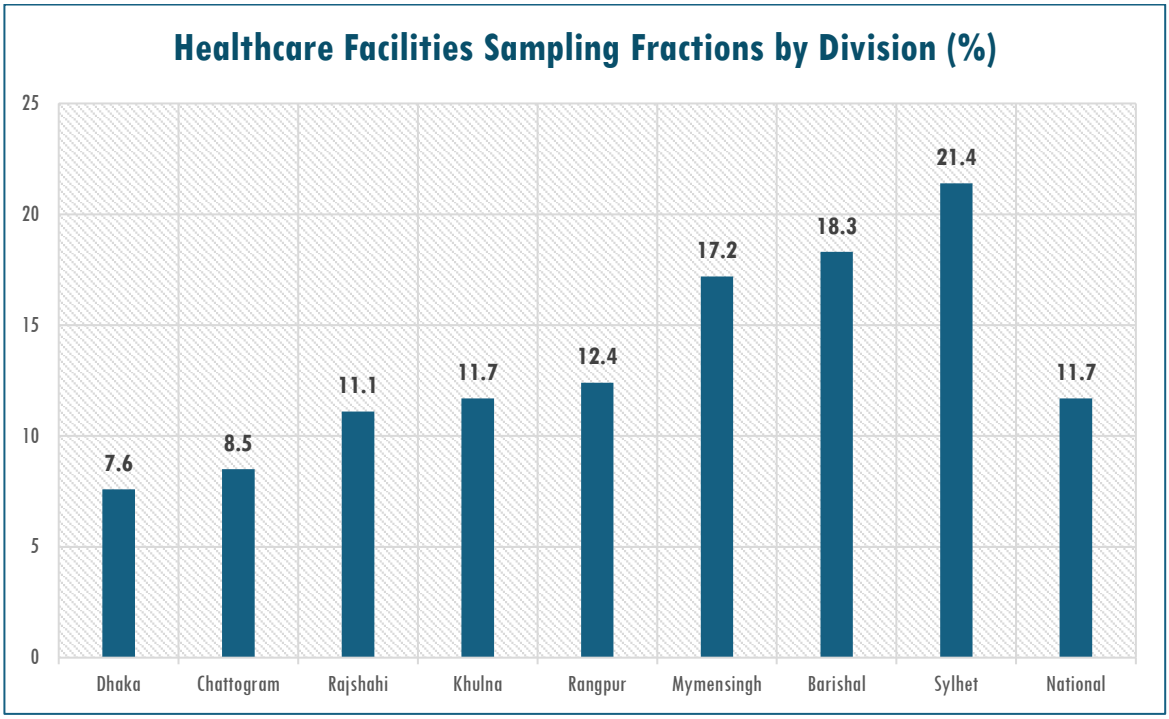


Table 1.3: Sample size determination parameters for Healthcare Facilities

Division	Population size	Estimated variance in population, as a decimal	Precision desired, expressed as a decimal	Based on confidence level:	Estimated Response rate, as a decimal	Sample size	Adjusted Sample Size
Barishal	1,936	0.5	0.05	1.96	0.95	337	**354**
Chattogram	4,874	0.5	0.05	1.96	0.95	375	**413**
Dhaka	5,885	0.5	0.05	1.96	0.95	380	**448**
Khulna	3,357	0.5	0.05	1.96	0.95	363	**393**
Mymensingh	2,047	0.5	0.05	1.96	0.95	340	**351**
Rajshahi	3,540	0.5	0.05	1.96	0.95	365	**392**
Rangpur	3,075	0.5	0.05	1.96	0.95	359	**382**
Sylhet	1,577	0.5	0.05	1.96	0.95	325	**337**
National	**26,291**					**2,844**	**3,070**

1.5 Data Collection

1.5.1 Description of questionnaires and monitoring tools

For the survey two separate questionnaires were developed for Educational Institutions and Healthcare Facilities. The standard questionnaires developed by UN-JMP (UNICEF-WHO) were customized according the local context of Bangladesh. Series of consultations were carried out in participation of key stakeholders to finalize the questionnaires.

Educational Facility Questionnaire: The school tool, titled WASH in Educational Facilities Survey 2024, is administered with the head teacher or principal, complemented by on site observation to verify facilities and use. It begins with a General Information section that records enumerator details, school identifiers, and location codes, establishing the routing and skip patterns for later modules. Subsequent sections cover core WASH domains, including water supply, sanitation, hygiene, menstrual hygiene management, and waste management, so results map directly to the indicators summarized in the main report.

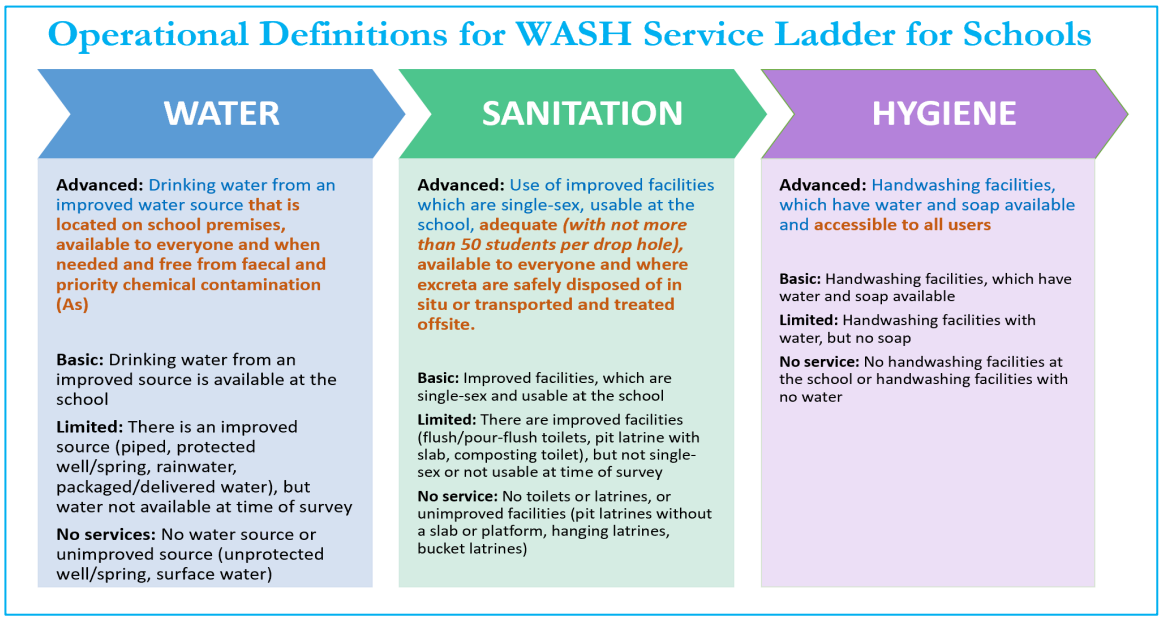
Healthcare Facility Questionnaire: The health tool opens with a structured general information section to identify the respondent in charge and standardize the facility's administrative location and name. It incorporates geo referenced and photographic documentation, for example images of the façade, latrines or water points, and handwashing areas, to support objective verification. The questionnaire then proceeds through the WASH domains reported, including water supply functionality and seasonality, sanitation and faecal sludge management, hygiene at points of care, and waste segregation and disposal, enabling direct linkage from field responses to report indicators.

1.5.2 Details on key WASH indicators measured

The survey report comprises the details standard indicators to monitor the WASH situation in Educational and Healthcare Facilities across Bangladesh. Indicators for Water, Sanitation and Hygiene were summarized below:

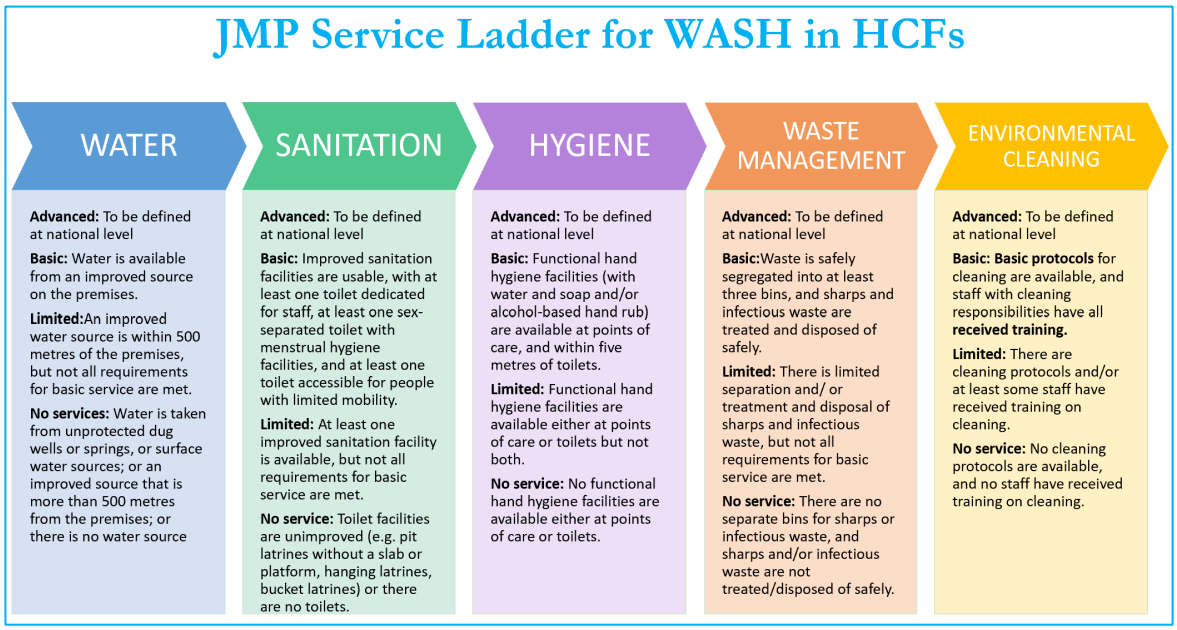
Water supply indicators: The survey distinguishes between improved water sources and service ladders. 'Basic' water in Educational and Healthcare Facilities means water from an improved source available on the premises. 'Limited' applies when an improved source is off-premises or not available at time of visit. Seasonality is captured as the share of facilities with an improved source on premises that remains available all year, with a companion indicator on recent dry-ups. The tools also record water-storage capacity sufficient for two days during supply disruptions, and whether main water points and supply facilities are accessible to persons with disabilities. Budget availability is tracked through the presence of a dedicated or on-budget fund for routine cleaning and maintenance of WASH facilities.

In this survey the following operational definitions of WASH Service Ladder for Schools has been adopted through the consultation with the key stakeholders. It does not denote the national definition rather used for defining different ladders in this survey.



Sanitation indicators: Availability is measured as the presence of at least one toilet or latrine compartment, then quality is classified by the JMP-aligned ladder: basic service where there is at least one improved, usable, sex-separated toilet, with menstrual hygiene facilities in HCFs and with

accessibility features where required, limited service when any basic criterion is missing, and no service for unimproved or absent facilities. For schools, additional metrics include total and average numbers of improved compartments, student to toilet ratios, and the proportion meeting the ≤50 students per improved compartment benchmark. Cleanliness is captured by whether compartments are cleaned at least once daily, and safe management of excreta is recorded when sludge is contained and either safely disposed in situ or transported and treated offsite. Damage to toilets from natural hazards, the ability to continue use after events, plus knowledge of and implementation of protective measures, provide a climate resilience profile for sanitation.



Hygiene and waste-management indicators: For healthcare facilities, hand hygiene service levels include basic access when functional facilities with water and soap and or alcohol rub are at points of care and within five metres of toilets, limited when coverage is at either points of care or toilets but not both, and an advanced benchmark when both placements are met and available to everyone. The tools also note staff-only stations and accessibility for people with limited mobility or vision. Waste-management indicators include safe segregation into at least three bins at point of care, basic waste services when segregation is combined with safe treatment and disposal of sharps and infectious waste, and limited service when one or more basic elements are missing. Environmental

cleaning indicators cover the presence of written protocols, whether all cleaning staff received SOP training, and an integrated "basic" or "advanced" composite that adds use of appropriate cleaning agents across consulting areas.

1.5.3 Piloting and validation of tools

The questionnaires developed under the survey were piloted in two educational institutions and healthcare facilities in each of the administrative eight divisions across the country. A android based mobile application was developed to collect data through Computer Assisted Personal Interviewing (CAPI) Method. The CAPI application was developed with proper validations and those were tested through an expert team. The validations were also tested through the pilot data collection. A real time dashboard was also developed which incorporated the key indicators and summary statistics of all questions with desegregations. The real-time submitted data were analysed to check the quality and validations of the data.

1.6 Data Collection Process

1.6.1 Training of enumerators and supervisors

Prior to fieldwork, training was delivered in two stages. First, a Training of Trainers was held centrally at BBS headquarters on 20–21 June 2024, led by WASH and survey experts. Second, the Master Trainers conducted division level training on 22–23 June 2024 for supervisors and enumerators. Each stage comprised a two-day program. Master trainers, who were highly qualified subject matter experts, provided instruction to data collectors and supervising officers. Sessions covered both the questionnaire and the mobile application, and included survey procedures such as fieldwork preparation, human subjects' protection, field protocols, data management, and communication. Hands on practice on the CAPI application was facilitated by the CAPI Development Consultant. Photographs were collected to verify the information collected during data collection for the observation related questions.

1.6.2 Logistics and fieldwork execution

The survey data were collected by 330 data collectors. 70 percent of the data collectors were females. Total 72 Supervising Officers who are Division and District Level officers of BBS were involved in field supervision. The fieldwork began on 26th June 2024 and completed by 17th July 2024 using the CAPI application. Based on the facility list provided by DPE, BANBEIS and DGHS, the sample units were selected centrally and provided to the enumerators and supervisors for the main survey questionnaire data collection incorporating in the CAPI application. Data were collected using Tablets running the Android operating system, with cellular based 4G network internet connections. The data were sent to the central cloud server on real time. Supporting Instruction letter to cooperate with the survey data collection was issued by the DPE, DGHS, DGFP, DSHE, BANBEIS and also from BBS end. A high-level monitoring team was engaged in monitoring the data collection at the field level comprising officers from the BBS, SID, DGHS, UNICEF and other key stakeholders.

1.6.3 Ethical considerations

The survey protocol received formal approval from the Technical Committee of the National Statistics Office, Bangladesh Bureau of Statistics. As part of this approval, a detailed Data Protection Protocol was adopted that identified potential risks from data collection through analysis, set out procedures for secure handling and storage, and specified mitigation measures such as controlled access, de identification, and encrypted transmission of records.

Informed consent was obtained verbally from every participant before any interview began. Enumerators explained the purpose of the study, the voluntary nature of participation, and the expected duration of the interview in clear language. Respondents were assured that any information that could identify them would remain confidential in line with the Statistics Act, 2013, and that published results would use anonymous, aggregated data only. Participants were also reminded that they could decline to answer any question, discontinue the interview at any point without penalty, and request deletion of any inadvertently collected identifying details.

1.7 Data Analysis

1.7.1 Software used

This section describes the analytical approach and software environment used for the study, with Stata and SPSS serving as the primary tools for statistical processing and Microsoft Office supporting figure and table preparation. Raw CAPI exports were first imported into Stata, variable names were standardized, data types were checked, duplicates and impossible records were flagged, and range and logic checks were applied with do files. Missing values were profiled, skip pattern errors were corrected under documented rules, survey identifiers were verified against the sample listing, and sampling weights were computed from the design, normalized, and applied to national and subgroup estimates. Core tabulations were cross validated in SPSS, discrepancies were reconciled, and a master analysis file was finalized. Indicator construction followed agreed definitions, including WASH ladders for basic and limited services, seasonality, accessibility for persons with disabilities, sex separation and usability for sanitation, soap and water presence for hygiene, and composite measures for menstrual hygiene, staffing, and budgets. Descriptive statistics provided means and proportions with confidence intervals from survey commands, stratified by locality, ownership, level, and division, with weighted totals for facilities and schools. Complex sample procedures underpinned cross tabulations, design adjusted tests were applied where relevant, outliers were reviewed graphically, sensitivity checks assessed alternative coding, and small cells were suppressed to protect reliability. Stata produced reproducible logs and graphs, SPSS pivot tables aided quality review, and Figures were finalized in Excel with edited labels and consistent table shells. All scripts and syntax were archived with version notes, independent rerun supported quality assurance, discrepancies were traced to source variables, final datasets were anonymized, and the workflow is fully replicable, ensuring accuracy, transparency, and efficiency for the report's findings.

1.7.2 Statistical methods employed

The study used a descriptive analytical framework to summarize WASH conditions in Educational and Healthcare Facilities. All estimates were produced with survey weights to reflect the complex sample design, and results are presented as weighted percentages, means, medians, and totals, disaggregated by locality, ownership, facility level, and division. Indicator construction followed the report's operational definitions, for example basic and limited-service ladders for water, sanitation, and hygiene, seasonality and functionality of services, accessibility for persons with disabilities, and facility readiness measures. Data quality checks covered range and consistency edits, skip pattern verification, duplicate detection, and reconciliation of missing values before tabulation. Where useful for interpretation, 95 percent confidence intervals were generated using design-based variance estimation, however no hypothesis testing or modelling was undertaken. Outputs were compiled into standard tables and figures to provide clear, policy relevant profiles without drawing inferential conclusions.

1.7.3 Limitations of the Survey

Field operations faced several external shocks that constrained coverage and timing. Widespread flooding and poor weather repeatedly disrupted travel, delayed appointments, and forced rescheduling. At the outset, primary schools were temporarily closed by government instruction, which limited access to many educational facilities during the planned enumeration window. The early stages of July 2025, political context at the time affected data collection., creating movement restrictions and security concerns in some areas. Access to selected institutions, particularly private hospitals and clinics, was more difficult than anticipated, which increased non response and postponements in a few clusters. These conditions may have introduced selection and seasonal effects, and, despite mitigation through revisits and replacement rules, could modestly affect representativeness and comparability across subgroups.

CHAPTER 2

GENERAL CHARACTERISTICS OF THE SURVEYED FACILITIES

CHAPTER 2: GENERAL CHARACTERISTICS OF THE SURVEYED FACILITIES

This chapter provides an overview of the Educational and Healthcare Facilities included in the survey. It builds directly on the introductory chapter by moving from the survey objectives and methodology to a descriptive profile of the institutions assessed. By presenting key characteristics such as enrolment, staffing, facility types, and management authorities, this chapter establishes the contextual foundation needed to interpret subsequent analysis of WASH conditions. The information here helps readers understand the diversity of the surveyed facilities, which is critical for comparing WASH service levels across different settings.

2.1 Characteristics of Educational Institutions

2.1.1 No. of Students and Teachers by Sex

The survey obtained the number of students by sex and analysed to identify the WASH users perspective of the schools. Table 2.1 represents a summary of average number of students across different dimensions.

Table 2.1: Distribution of Average number of Students per School by Selected Characteristics.

Dimensions	Categories	Male		Female		Both Sex
		Average	percent	Average	percent	Average
	National	**114**	**47**	**130**	**53**	**244**
Locality	Rural	103	47	115	53	218
	Urban	181	45	219	55	400
Ownership	Government	85	47	95	53	180
	Private	107	52	100	48	207
	Govt. Aided/MPO	167	45	202	55	369
	NGO and Others	82	49	86	51	168
Division	Barishal	83	46	99	54	183
	Chattogram	129	45	156	55	284
	Dhaka	137	46	163	54	300
	Khulna	101	47	112	53	213
	Mymensingh	101	48	109	52	210
	Rajshahi	117	49	123	51	240
	Rangpur	96	48	104	52	200
	Sylhet	115	47	130	53	245

In Table 2.1, the average number of students per school is 244, comprising 114 male (47.0%) and 130 female (53.0%) students. Average enrolment is markedly higher in urban than rural areas (400 vs 218), with a modestly larger female share in urban schools (55% vs 53%). By ownership, Government-aided/MPO institutions report the largest average enrolment (369; 55% female), followed by private (207), government (180) and NGO/other providers (168); private schools are the only category with a male majority (51.9% male, 48.1% female). Spatially, Dhaka (300), Chattogram (284) register the highest average enrolments, whereas Barishal records the lowest (183); Khulna (213), Mymensingh (210), Rajshahi (240)

and Rangpur (200) lie in between. Across all divisions, female shares exceed male shares, ranging from 51% in Rajshahi to 55% in Chattogram.

Table 2.2: Distribution of Teachers and Student-Teacher Ratio by Selected Characteristics.

Diemensions	Categories	Average Male Teacher	Average Female Teacher	Total Average Teacher	Student-Teacher Ratio (STR)
Locality	National	4.8	4.7	9.5	25.8
	Rural	4.5	3.9	8.3	26.1
	Urban	6.7	9.5	16.2	24.6
Ownership	Government	2.3	3.9	6.3	28.9
	NGO	0.8	2.2	3.0	24.6
	Private	4.6	7.2	11.8	17.6
	Govt. Aided/MPO	9.1	5.1	14.3	25.8
	Others	8.9	5.2	14.1	32.0
Division	Barishal	4.2	3.5	7.7	23.6
	Chattogram	4.8	4.7	9.4	30.2
	Dhaka	5.1	6.8	11.9	25.3
	Khulna	4.9	4.0	8.9	23.9
	Mymensingh	4.4	4.3	8.7	24.3
	Rajshahi	5.3	4.3	9.5	25.2
	Rangpur	4.9	3.8	8.7	23.0
	Sylhet	3.6	4.3	7.9	31.0

In Table 2.2, Schools employ 9.5 teachers on average (4.8 male, 4.7 female), yielding a national Student-Teacher Ratio (STR) of 25.8. Urban schools have about twice the teacher of rural schools (16.2 vs 8.3), a higher female share (approximately 59% vs 47%), and a lower STR (24.6 vs 26.1). By ownership, private schools' pair an 11.8-teacher staff with the most favourable STR (17.6) and a female majority; Govt-aided/MPO and 'Others' are largest (approximately 14 teachers) but have higher STRs (25.8 and 32.0), while government and NGO schools are smaller yet female-dominant. Regionally, staffing is highest in Dhaka (11.9) and lowest in Barishal (7.7); STRs are the lowest in Rangpur (23.0) and highest in Sylhet (31.0) and Chattogram (30.2).

2.2 Healthcare Facilities

The surveyed healthcare facilities background features have been summarised in the below tables and Figures in different dimensions.

2.2.1 Types of Health Care Facilities

Table 2.3: Distribution of Healthcare Facilities (%) by Selected Characteristics.

Type of Healthcare facilities	Locality			Managing Authority		Facility Type	
	Total	Rural	Urban	Government/ Public	Private/NGO	Hospital (HCF with in-patients)	Non-hospital (HCF without in-patient)
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Govt. Medical College Hospital	0.2	NA	0.7	0.3	NA	3.1	NA

Type of Healthcare facilities	Locality			Managing Authority		Facility Type	
	Total	Rural	Urban	Government/ Public	Private/NGO	Hospital (HCF with in-patients)	Non-hospital (HCF without in-patient)
Govt. Specialized hospital	0.3	0.1	1.0	0.3	0.1	4.6	NA
Govt. District hospital	0.4	NA	1.8	0.6	NA	6.6	NA
Upazila Health Complex	1.4	1.0	2.7	1.9	NA	22.9	NA
Union Health and Family Welfare Centre	19.6	23.7	4.3	27.3	0.4	NA	20.8
Community Clinic	53.3	66.4	5.1	68.1	16.9	NA	56.7
Mother and Child Welfare Centre	0.4	0.1	1.4	0.5	NA	6.8	NA
Other Govt. Health Organization	0.3	0.3	0.3	0.4	0.1	NA	0.3
NGO Permanent Clinic	4.9	2.2	14.8	NA	16.9	0.0	5.2
Private Medical College Hospital	0.3	0.1	1.1	NA	1.0	4.7	NA
Private Hospital (20 beds or more)	3.0	0.8	11.3	NA	10.5	51.2	NA
Private Clinic	15.0	4.8	53.1	NA	52.0	NA	16.0
Other Private Medical Organisation	0.2	0.1	0.7	NA	0.7	NA	0.2
Others	0.8	0.5	1.8	0.5	1.4	NA	0.9

Table 2.3 reveals that most healthcare facilities are non-hospital, with approximately 94 percent providing outpatient care only. Service delivery is anchored by Community Clinics (53.3%), Union Health and Family Welfare Centres (19.6%), and Private Clinics (15.0%). Rural provision is largely community and union-based (66.4% and 23.7%), whereas urban areas are dominated by Private Clinics (53.1%), NGO permanent clinics (14.8%), and Private Hospitals (11.3%). By managing authority, public facilities are concentrated in Community Clinics (68.1%) and Union centres (27.3%), while the private/NGO sector is led by Private Clinics (52.0%) with notable roles for NGO and Community Clinics (each 16.9%). Among inpatient providers, Private Hospitals account for 51.2 percent and Upazila Health Complexes for 22.9 percent.

Table 2.4: Distribution of Healthcare Facilities (%) by Division

Type of Healthcare Facilities	Division							
	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
Total	100	100	100	100	100	100	100	100
Govt. Medical College Hospital	60.0	55.3	41.7	52.4	59.1	56.5	61.1	56.9
Govt. Specialized hospital	18.8	21.0	18.1	23.1	20.7	16.4	20.1	18.6
Govt. District hospital	11.6	12.8	20.5	18.4	10.1	17.8	8.6	9.7
Upazila Health Complex	5.4	4.7	6.7	3.3	3.9	4.3	4.1	5.5
Union Health and Family Welfare Centre	0.3	2.0	8.0	0.5	3.7	1.8	0.4	2.6
Community Clinic	1.8	1.9	0.8	0.8	1.5	1.5	1.4	2.2
Mother and Child Welfare Centre	0.5	0.2	1.3	0.1	0.0	0.4	3.0	0.3

Type of Healthcare Facilities	Division							
	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
Other Govt. Health Organization	0.4	0.5	0.3	0.4	0.2	0.4	0.7	0.3
NGO Permanent Clinic	0.7	0.6	0.3	0.4	0.2	0.3	0.3	0.6
Private Medical College Hospital	0.0	0.0	1.0	0.1	0.0	0.1	0.0	0.3
Private Hospital (20 beds or more)	0.2	0.1	0.2	0.1	0.2	0.1	0.1	2.6
Private Clinic	0.2	0.2	0.4	0.3	0.2	0.2	0.2	0.3
Other Private Medical Organisation	0.1	0.6	0.3	0.0	0.0	0.0	0.1	0.0
Others	0.1	0.1	0.4	0.1	0.3	0.2	0.1	0.1

Table 2.4 illustrates that Across divisions, government hospitals dominate the mix: medical college, specialized, and district hospitals together account for roughly four-fifths to nearly all facilities (80.3% in Dhaka up to 93.9% in Khulna). Upazila Health Complexes add a further 3–7% (3.3–6.7%). Primary-care providers appear in small shares—Union Health and Family Welfare Centres peak in Dhaka (8.0%) but are ≤4% elsewhere; Community Clinics are 0.8–2.2%. The private/NGO footprint is modest: Private Hospitals reach 2.6% in Sylhet, Private Medical College Hospitals 1.0% in Dhaka, Private Clinics ≤0.4%, and NGO permanent clinics ≤0.7%. Mother and Child Welfare Centres are notable mainly in Rangpur (3.0%).

2.2.2 Management Authority

Figure 2.1: Healthcare Facility Management Authority by Locality and Division

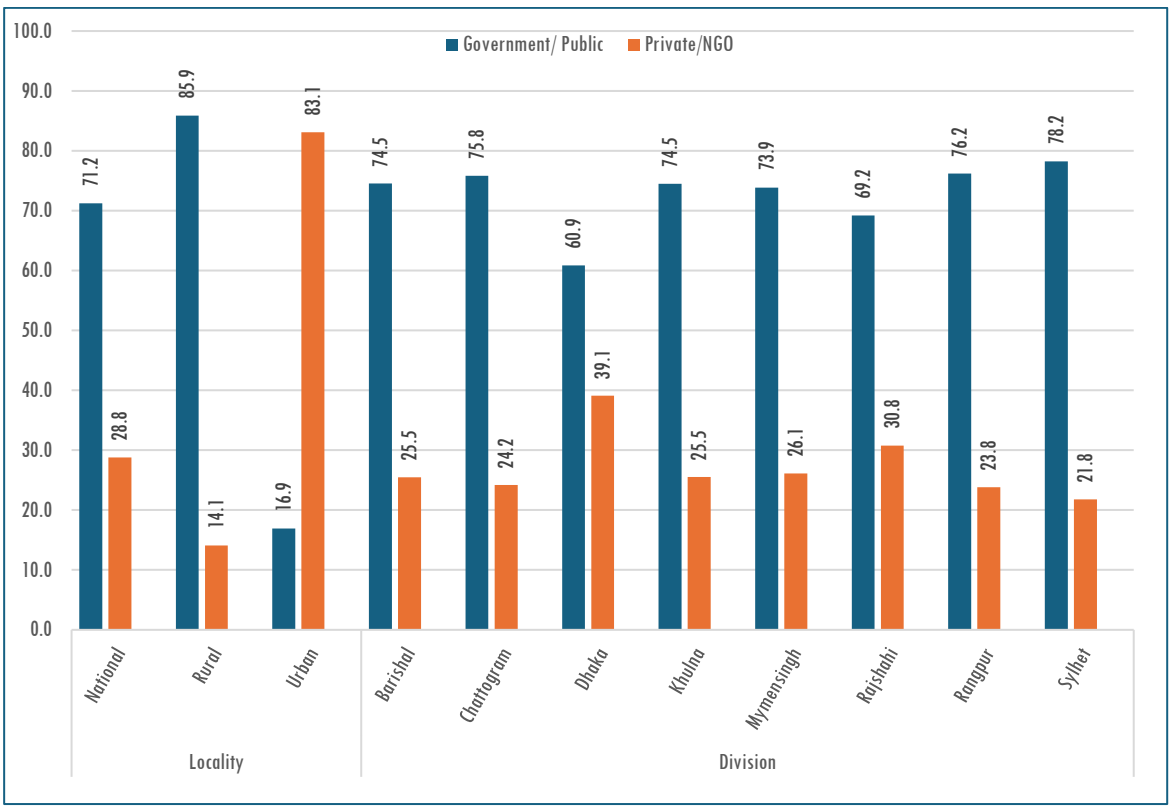


Figure 2.1 illustrates the distribution of healthcare facilities by managing authority across locality and division. Government or public facilities account for the majority nationwide, with

particularly high concentrations in rural areas and divisions such as Sylhet, Rangpur, Rajshahi, and Khulna. In contrast, private and NGO-managed facilities are more common in urban areas, especially in Dhaka and Chattogram. The figure highlights the substantial geographical variation in management patterns, underscoring the importance of considering administrative oversight when interpreting WASH service levels and resource availability across regions.

Table 2.5: Government Accreditation/Registration Status of Healthcare Facilities by Selected Characteristics.

Dimension	Categories	Government Accreditation/Registration Status			Estimated number of Healthcare Facilities
		Accredited	Not Accredited	Total	
Locality	**National**	**98.3**	**1.7**	**100**	26,754
	Rural	98.5	1.5	100	21,057
	Urban	97.6	2.4	100	5,697
Managing Authority	Govt/Public	99.5	0.5	100	19,050
	Private/NGO	95.5	4.5	100	7,704
Facility Type	Hospital (HCF with in-patients)	98.7	1.3	100	1,579
	Non-hospital (HCF without in-patient)	98.3	1.7	100	25,175
Division	Barishal	97.0	3.0	100	1,933
	Chattogram	97.8	2.2	100	4,852
	Dhaka	99.5	0.5	100	6,251
	Khulna	97.2	2.8	100	3,471
	Mymensingh	98.0	2.0	100	2,127
	Rajshahi	98.0	2.0	100	3,571
	Rangpur	99.1	0.9	100	3,100
	Sylhet	98.6	1.4	100	1,449

Table 2.5 shows near-universal government accreditation/registration of healthcare facilities: 98.3% of an estimated 26,754 facilities are accredited. Rates are consistently high across locality (rural 98.5%, urban 97.6%), managing authority (government/public 99.5%, private/NGO 95.5%), and facility type (hospitals 98.7%, non-hospitals 98.3%). By division, accreditation ranges from 97.0% in Barishal to 99.5% in Dhaka, with other divisions between 97.2%–99.1%. Estimated numbers of facilities by category and division are as reported in the table.

CHAPTER 3

WASH IN EDUCATIONAL FACILITIES

CHAPTER 3: WASH IN EDUCATIONAL FACILITIES

This chapter examines the status of WASH services in schools across Bangladesh. It follows from overview of Chapter 2 of educational institutions by shifting attention to specific indicators related to water supply, sanitation, hygiene, waste management, and maintenance. The chapter analyses the adequacy, accessibility, and reliability of WASH facilities, while also identifying gaps that directly affect students' health, attendance, and learning. By evaluating WASH service levels against national standards and SDG benchmarks, this chapter highlights areas where schools require targeted improvements.

3.1 Water Supply

3.1.1 Access to Improved Water Sources and Seasonality

Table 3.1: Proportion of Schools with Improved Water Supply and Impact of Seasonality by Selected Characteristics

Dimension	Categories	Proportion of Schools with IMPROVED WATER SUPPLY	Proportion of schools with IMPROVED WATER SOURCE within the school premises	SEASONALITY: Proportion of schools with an improved water source on premises and available all year round
	National	**95.4**	**89.9**	**79.5**
Locality	Rural	95.0	89.7	79.0
	Urban	97.7	90.9	82.3
Level	Primary	94.7	88.6	78.5
	Secondary	98.1	94.7	83.1
Ownership	Government	96.7	92.5	81.8
	Private	96.4	88.6	79.8
	Govt. Aided/MPO	94.8	89.3	79.2
	NGO and Others	78.7	61.2	47.6
Division	Barishal	93.6	83.4	70.1
	Chattogram	95.0	89.6	80.2
	Dhaka	98.5	92.2	83.2
	Khulna	93.4	85.2	69.7
	Mymensingh	90.9	86.7	75.5
	Rajshahi	97.8	95.4	87.3
	Rangpur	95.9	92.3	84.1
	Sylhet	92.9	86.9	74.0

Table 3.1 indicates high coverage of improved water supply in schools overall (95.4%), with most having an improved source on the premises (89.9%) and a lower share reporting year-round availability (79.5%). Urban schools show slightly stronger performance than rural schools across all three indicators (97.7%, 90.9%, 82.3% vs 95.0%, 89.7%, 79.0%). By level, secondary schools exceed primary schools in each measure (98.1%, 94.7%, 83.1% vs 94.7%, 88.6%, 78.5%). By ownership, government (96.7%, 92.5%, 81.8%), private (96.4%, 88.6%, 79.8%), and Govt.-aided/MPO (94.8%, 89.3%, 79.2%) report consistently high coverage, while NGO/others lag markedly (78.7%, 61.2%, 47.6%). Divisionally, Dhaka records the highest share with improved supply (98.5%), while Rajshahi leads for on-premises access and year-round availability (95.4%, 87.3%); lower results are observed in Barishal (83.4% on-premises) and in Khulna and Barishal for

year-round availability (69.7% and 70.1%). Overall, the principal gap lies in seasonality: ensuring improved sources remain available on-premises throughout the year.

Table 3.2: Percentage distribution of Schools with Access to the Main Source by Selected Characteristics.

Dimensions	Categories	Improved Water Sources							Unimproved sources							Estimated total number of Schools
		Piped water supply	Shallow Tube well / Borehole	Deep Tube well / Borehole	Protected Dug Well	Protected Spring	Rainwater collection	Tanker-truck or cart	Packaged bottle or sachet water	Unprotected Dug Well	Unprotected Spring	Surface water	Others	No Water sources	Total	
Locality	**National**	**8.8**	**29.8**	**55.3**	**0.1**	**0.1**	**0.0**	**0.1**	**0.7**	**0.0**	**0.5**	**0.6**	**0.5**	**3.3**	**100.0**	**144956**
	Rural	6.1	31.8	55.7	0.1	0.1	0.0	0.2	0.8	0.0	0.6	0.5	0.4	3.6	100.0	124501
	Urban	25.3	18.1	53.0	0.0	0.0	0.0	0.0	0.2	0.0	0.1	1.1	0.6	1.6	100.0	20455
Level	Primary	8.7	30.0	54.6	0.1	0.1	0.0	0.2	0.6	0.0	0.6	0.6	0.5	3.9	100.0	114630
	Secondary	9.3	29.2	57.8	0.0	0.1	0.1	0.0	1.1	0.0	0.5	0.6	0.2	1.0	100.0	30326
Managing Authority	Government	7.7	27.6	59.7	0.2	0.1	0.0	0.2	0.8	0.0	0.5	0.7	0.4	2.0	100.0	76324
	Private	10.1	36.1	49.3	0.0	0.0	0.0	0.0	0.4	0.0	0.2	0.4	0.2	3.2	100.0	16924
	Govt. Aided/MPO	10.0	30.8	52.5	0.0	0.2	0.0	0.1	0.7	0.0	0.6	0.6	0.6	3.8	100.0	46358
	NGO and Others	9.5	33.4	35.0	0.0	0.0	0.0	0.0	0.7	0.0	1.1	0.1	1.9	18.3	100.0	5350
Division	Barishal	3.2	2.9	85.5	0.1	0.1	0.0	0.0	1.3	0.2	2.1	0.4	1.1	3.1	100.0	11540
	Chattogram	12.6	20.7	60.5	0.4	0.7	0.1	0.8	0.0	0.0	0.2	0.7	0.7	2.7	100.0	24741
	Dhaka	14.4	21.0	62.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.2	1.3	100.0	28562
	Khulna	2.9	22.4	60.5	0.0	0.0	0.0	0.0	5.3	0.1	2.4	2.2	0.4	3.9	100.0	16585
	Mymensingh	14.1	27.6	49.1	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.2	8.8	100.0	12768
	Rajshahi	6.9	52.6	38.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.4	1.7	100.0	19337
	Rangpur	2.5	55.5	37.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	3.6	100.0	21661
	Sylhet	10.0	24.1	57.8	0.6	0.0	0.0	0.0	0.0	0.0	0.6	0.3	0.8	5.6	100.0	9762

Table 3.2 presents the percentage distribution of schools by their main water sources across various characteristics. Overall, most schools rely on deep tube wells (55.3%), followed by shallow tube wells (29.8%), while piped water supply remains limited (8.8%). Rural schools depend more on shallow and deep tube wells, whereas urban schools have significantly higher access to piped water (25.3%). Primary and secondary schools show similar patterns, though secondary schools use deep tube wells slightly more. Differences by managing authority are notable: government schools rely most on deep tube wells (59.7%), private schools lean more on shallow tube wells (36.1%), and NGO-run schools have the highest proportion of institutions with no water source (18.3%). Regional variations are also evident, as Barishal overwhelmingly depends on deep tube wells (85.5%), while Rajshahi and Rangpur rely more on shallow tube wells. Overall, the table highlights substantial disparities in water access across locality, school type, management, and division, emphasizing the need for targeted improvements in areas with limited or unimproved water sources.

3.1.2 Access to Basic and Limited Water Services

Table 3.3: Proportion of Schools with Basic and Limited Water Supply by Selected Characteristics.

Dimension	Categories	Access to BASIC WATER SUPPLY services: Proportion of schools drinking water from an improved source that is available at the school	Access to LIMITED WATER SUPPLY Services: Proportion of schools with an improved water source, but water not available at time of survey
Locality	**National**	**86.1**	**2.1**
	Rural	85.7	2.1
	Urban	88.6	1.7
Level	Primary	84.7	2.2
	Secondary	91.7	1.5
Ownership	Government	88.2	2.2
	Private	84.5	2.3
	Govt. Aided/MPO	86.2	2.1
	NGO and Others	60.7	0.0
Division	Barishal	79.0	3.2
	Chattogram	86.5	1.5
	Dhaka	87.6	3.0
	Khulna	81.9	2.0
	Mymensingh	81.6	2.5
	Rajshahi	92.8	1.3
	Rangpur	88.9	1.8
	Sylhet	83.1	1.5

Table 3.3 indicates that most schools meet the basic water-supply standard (National 86.1%), while a small share have limited service (2.1%). Urban schools slightly outperform rural schools on basic access (88.6% vs 85.7%) and show a lower limited share (1.7% vs 2.1%). By level, secondary schools fare better than primary (basic: 91.7% vs 84.7%; limited: 1.5% vs 2.2%). By ownership, government (88.2%), Govt-aided/MPO (86.2%) and private (84.5%) schools show high basic access, whereas NGO/others lag markedly (60.7%); limited service remains low across ownership types and is nil among NGO/others (0.0%). Divisionally, Rajshahi records the highest basic access (92.8%), while Barishal is the lowest (79.0%) and has the highest limited share (3.2%); most other divisions report limited service at or below 3%. Overall, gaps persist for primary schools, NGO/others, and several divisions, especially Barishal, despite generally low levels of limited service.

3.1.3 Accessibility to Water Points

Access to water points in schools is crucial for promoting good hygiene and protecting students from water related illnesses. When clean water is easily accessible, students can wash their hands regularly, which helps prevent the spread of infections and reduces absenteeism. It also supports proper functioning of sanitation facilities, creating a cleaner and safer school environment. Convenient access to water saves time that students might otherwise spend fetching it, allowing them to focus more on learning. Overall, reliable water access is a key factor in ensuring a healthy and productive school setting.

Table 3.4: Accessibility of Water for Staff, and Students, and Availability of Water from the Main Source by Selected Characteristics.

Dimensions	Categories	Accessibility for both Staff, patients and their Attendants			Availability of Water from the Main Source			
		Yes, both Staff and students	No, for Staff only	Total	Yes, observed	Yes, reported but not observed	No	Total
Locality	**National**	97.9	2.1	100.0	96.1	1.1	2.8	100.0
	Rural	97.7	2.3	100.0	95.9	1.2	2.9	100.0
	Urban	99.0	1.0	100.0	97.4	0.3	2.3	100.0
Level	Primary	97.8	2.2	100.0	95.8	1.1	3.2	100.0
	Secondary	98.1	1.9	100.0	97.4	0.9	1.7	100.0
Ownership	Government	97.5	2.5	100.0	95.7	1.1	3.1	100.0
	Private	97.5	2.5	100.0	95.7	1.3	2.9	100.0
	Govt. Aided/MPO	98.6	1.4	100.0	96.8	0.7	2.5	100.0
	NGO and Others	98.2	1.8	100.0	96.9	2.7	0.4	100.0
Division	Barishal	98.2	1.8	100.0	94.6	1.2	4.2	100.0
	Chattogram	98.0	2.0	100.0	95.9	2.1	2.0	100.0
	Dhaka	97.9	2.1	100.0	96.1	0.2	3.7	100.0
	Khulna	97.6	2.4	100.0	94.5	2.2	3.3	100.0
	Mymensingh	96.8	3.2	100.0	96.3	0.2	3.5	100.0
	Rajshahi	98.7	1.3	100.0	98.0	0.0	2.0	100.0
	Rangpur	98.1	1.9	100.0	96.1	1.6	2.3	100.0
	Sylhet	97.1	2.9	100.0	96.8	1.1	2.1	100.0

Table 3.4 shows that almost all schools have water access available to both staff and students, with national coverage at 97.9 percent. Accessibility is consistently high across rural and urban areas, as well as across primary and secondary levels. Availability of water from the main source is also strong, with 96.1 percent of schools having water observed on site and only a small share reporting water that was not observed or not available. Differences across ownership types are minimal, although NGO and other institutions show slightly higher reporting without observation. Divisional patterns remain similar, with all divisions showing over 94 percent observed availability, indicating generally reliable access to functional water points in schools.

Table 3.5: Proportion of Schools with Improved Water Supply Accessible to Person with Disability and Smallest child

Dimensions	Category	Proportion of schools with improved water supply facility ACCESSIBLE TO PERSONS WITH DISABILITIES	Proportion of schools with improved water supply facility ACCESSIBLE TO THE SMALLEST CHILD at the school
Locality	**National**	**55.4**	**72.6**
	Rural	54.4	71.7
	Urban	61.3	77.7
Level	Primary	54.0	74.1
	Secondary	60.6	66.8
Ownership	Government	56.7	77.5
	Private	56.4	74.5
	Govt. Aided/MPO	55.3	66.5

Dimensions	Category	Proportion of schools with improved water supply facility ACCESSIBLE TO PERSONS WITH DISABILITIES	Proportion of schools with improved water supply facility ACCESSIBLE TO THE SMALLEST CHILD at the school
	NGO and Others	34.0	48.6
Division	Barishal	62.1	70.8
	Chattogram	57.0	73.4
	Dhaka	64.9	77.7
	Khulna	49.2	67.3
	Mymensingh	52.8	68.4
	Rajshahi	56.2	78.1
	Rangpur	48.8	71.4
	Sylhet	42.3	63.2

Table 3.5 indicates moderate accessibility of improved water facilities: just over half of school's report access for persons with disabilities (55.4 percent), while nearly three quarters ensure access for the smallest child (72.6 percent). Urban schools outperform rural schools on both measures (61.3 percent vs 54.4 percent for disability access, and 77.7 percent vs 71.7 percent for smallest child access). By level, secondary schools perform better on disability access (60.6 percent) but lag behind primary schools for smallest child access (66.8 percent vs 74.1 percent). By ownership, government (56.7 percent, 77.5 percent) and private (56.4 percent, 74.5 percent) schools generally fare better than Govt aided or MPO institutions (55.3 percent, 66.5 percent), while NGO and other schools report the lowest performance (34.0 percent, 48.6 percent). Divisionally, Dhaka leads on both indicators (64.9 percent, 77.7 percent), Rajshahi performs strongly for smallest child access (78.1 percent), and Sylhet records the weakest results (42.3 percent, 63.2 percent). Overall, accessibility remains a significant gap, particularly for learners with disabilities and in NGO or other schools and lower performing divisions.

3.1.4 Availability of Water Storage Reservoirs

Figure 3.1: Proportion of schools with water storage reservoirs that can meet the school's needs for 2 days by Selected Characteristics.

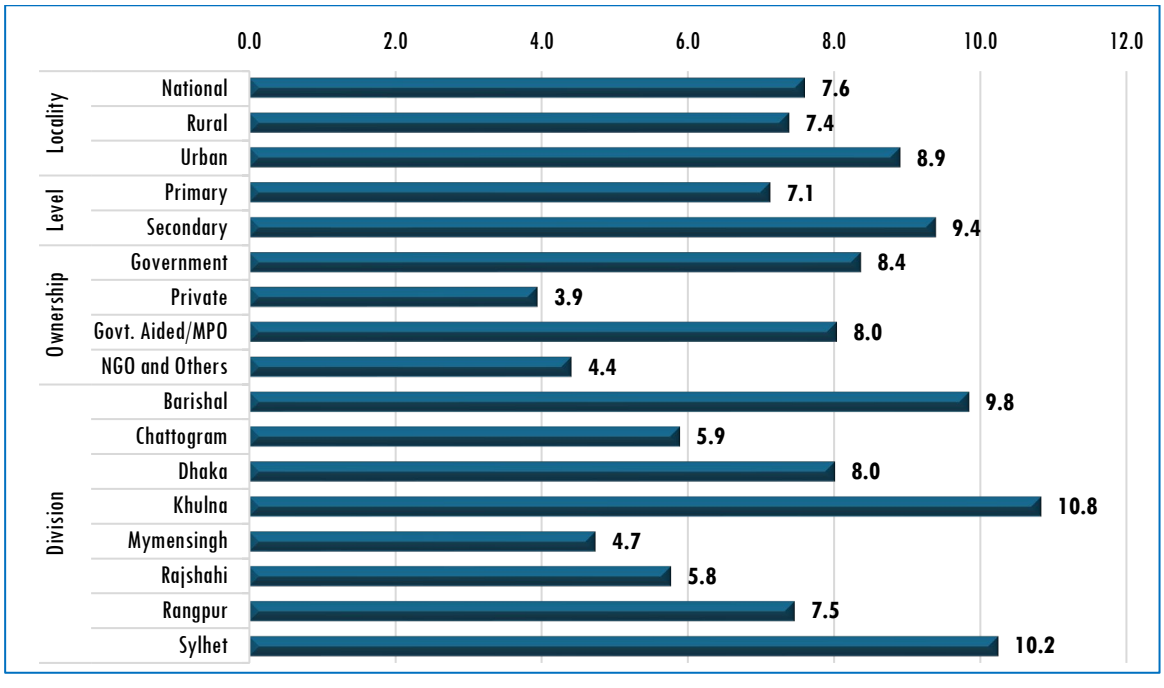


Figure 3.1 shows that only a small share of schools have storage reservoirs sufficient for two days' needs (total 7.6%). Preparedness is higher in urban than rural schools (8.9% vs 7.4%) and in secondary versus primary (9.4% vs 7.1%). By ownership, government (8.4%) and Govt.-aided/MPO (8.0%) schools outperform private (3.9%) and NGO/others (4.4%). Divisional differences are pronounced: Khulna (10.8%) and Sylhet (10.2%) lead, followed by Barishal (9.8%), while Rangpur (7.5%) and Mymensingh (4.7%), Rajshahi (5.8%), and Chattogram (5.9%) lag. Overall, storage capacity for short disruptions remains limited and uneven across categories.

3.2 Sanitation Facilities

3.2.1 Access to Sanitation facility

Table 3.6: School Sanitation Indicators— Toilet Compartment, Availability, Ratios, and ≤50 Students/Improved Toilet by Selected Characteristics.

Dimension	Categories	Estimated number of Toilet compartments in schools	Average latrine compartment in school	Average Students per Toilet Compartment	Proportion of schools with not more than 50 students per improved toilet compartment
Locality	**National**	**470,309**	**4**	**90**	**28.6**
	Rural	376,259	3	88	28.7
	Urban	94,050	5	105	28.3
Types of Schools	Primary	300,375	3	83	30.9
	Secondary	169,934	6	116	20.0
Ownership	Government	211426	3	76	35.2
	Private	42149	3	102	22.8
	Govt. Aided/MPO	202384	5	112	18.4
	NGO and Others	14350	4	53	42.1
Division	Barishal	24,935	3	87	30.4
	Chattogram	103,243	4	83	34.2
	Dhaka	94,126	3	106	22.7
	Khulna	69,338	5	64	45.1
	Mymensingh	30,208	3	101	19.3
	Rajshahi	48,497	3	105	17.8
	Rangpur	64,624	3	83	30.6
	Sylhet	35,337	4	82	31.4

Table 3.6 shows that schools have, on average, 4 toilet compartments, a student-to-toilet ratio of 90, and 28.6% meet the standard of ≤50 students per improved compartment. Urban schools have more compartments (5) with a higher crowding ratio (105) and slightly lower compliance (28.3%) than rural schools (3, 88, 28.7%). Primary schools report fewer compartments (3) and a better ratio (83) with higher compliance (30.9%) than secondary schools (6, 116, 20.0%). By ownership, NGO/others perform unsurpassed (ratio 53, compliance 42.1%), followed by government (76, 35.2%), while private (102, 22.8%) and Govt.-aided/MPO (112, 18.4%) lag. Divisionally, Khulna records the most suitable ratio (64) and highest compliance (45.1%); Rajshahi and Mymensingh show lower compliance (17.8% and 19.3%) with high crowding (105 and 101), and Dhaka reports the highest ratio (106) with 22.7% compliance. Estimated latrine stocks total 470,309 nationally, with the largest shares in Chattogram (103,243) and Dhaka (94,126).

Figure 3.2: Schools Having at Least One Toilet Compartment by Selected Characteristics.

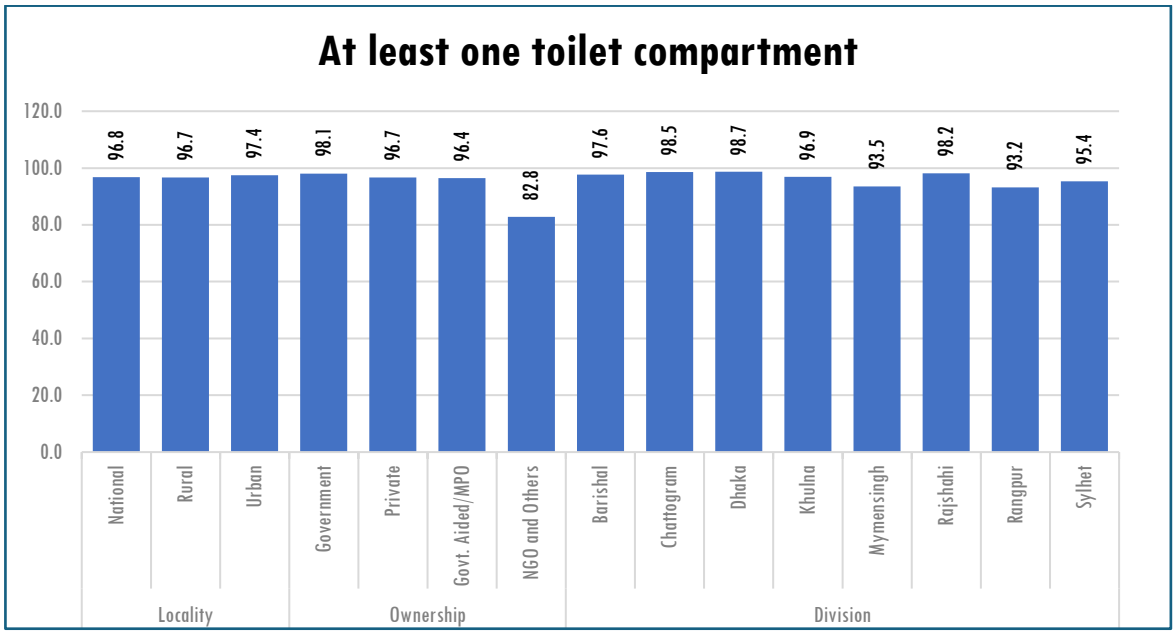


Figure 3.2 indicates near-universal toilet coverage in schools: nationally 96.8% have at least one compartment, with urban (97.4%) only slightly above rural (96.7%). Government schools lead (98.1%), while private (96.7%) and Govt-aided/MPO (96.4%) are comparable; NGO/others lag markedly at 82.8%. Across divisions, Dhaka (98.7%), Chattogram (98.5%), and Rajshahi (98.2%) are highest, whereas Mymensingh (93.5%) and Rangpur (93.2%) show the lowest coverage; Sylhet (95.4%), Khulna (96.9%), and Barishal (97.6%) sit in between. Overall, access is high but shortfalls persist among NGO/other schools and in a few divisions.

3.2.2 Access to Basic, Limited and No Sanitation Services

Table 3.7: Availability and Location of Improved Toilet Facilities and Classification of Sanitation Services (Basic, Limited, and No Service) in Schools, Disaggregated by Selected Characteristics.

Dimension	Categories	Proportion of schools with AT LEAST ONE IMPROVED TOILET facility	Proportion of schools with at least one improved TOILET FACILITY LOCATED WITHIN THE PREMISES	ACCESS TO BASIC SANITATION SERVICES: Proportion of schools with at least one improved toilet facility which are single-sex and usable at the school	LIMITED ACCESS: Proportion of schools with at least one improved toilet facility, but not single-sex or not usable at time of survey	NO SERVICE: Proportion of schools with no toilets or latrines, or unimproved facilities (pit latrines without a slab or platform, hanging latrines, bucket latrines)
Locality	**National**	**90.6**	**56.4**	**87.8**	**2.8**	**9.4**
	Rural	90.2	52.6	87.1	3.1	9.8
	Urban	93.3	79.6	91.9	1.4	6.7
Type of Schools	Primary	88.9	50.6	85.7	3.3	11.1
	Secondary	97.0	78.2	95.8	1.2	3.0
Ownership	Government	92.5	53.9	90.1	2.5	7.5
	Private	86.6	51.8	81.8	4.8	13.4
	Govt. Aided/MPO	91.3	65.6	88.9	2.3	8.7
	NGO and Others	70.6	26.9	64.3	6.3	29.4
Division	Barishal	85.3	53.9	83.1	2.2	14.7
	Chattogram	94.3	61.8	91.1	3.2	5.7
	Dhaka	91.8	63.3	88.4	3.4	8.2

Dimension	Categories	Proportion of schools with AT LEAST ONE IMPROVED TOILET facility	Proportion of schools with at least one improved TOILET FACILITY LOCATED WITHIN THE PREMISES	ACCESS TO BASIC SANITATION SERVICES: Proportion of schools with at least one improved toilet facility which are single-sex and usable at the school	LIMITED ACCESS: Proportion of schools with at least one improved toilet facility, but not single-sex or not usable at time of survey	NO SERVICE: Proportion of schools with no toilets or latrines, or unimproved facilities (pit latrines without a slab or platform, hanging latrines, bucket latrines)
	Khulna	91.8	57.2	91.4	0.4	8.2
	Mymensingh	86.0	39.3	82.3	3.8	14.0
	Rajshahi	92.7	60.1	91.1	1.6	7.3
	Rangpur	87.5	49.9	83.7	3.8	12.5
	Sylhet	91.1	53.7	86.6	4.5	8.9

Table 3.7 shows that 90.6% of schools have at least one improved toilet, 56.4% have an improved facility within the building, 87.8% meet the basic sanitation standard, 2.8% are limited, and 9.4% have no service. Urban schools outperform rural on all measures (93.3% vs 90.2% improved; 79.6% vs 52.6% in-building; 91.9% vs 87.1% basic; 6.7% vs 9.8% no service). Secondary schools substantially exceed primary (97.0% vs 88.9% improved; 78.2% vs 50.6% in-building; 95.8% vs 85.7% basic; 3.0% vs 11.1% no service). By ownership, government (92.5% improved; 90.1% basic) and Govt-aided/MPO (91.3%; 88.9%) perform better than private (86.6%; 81.8%), while NGO/others lag sharply (70.6% improved; 64.3% basic; 29.4% no service). Divisionally, improved-toilet coverage is highest in Chattogram (94.3%) and Rajshahi (92.7%), and lowest in Barishal (85.3%) and Mymensingh (86.0); in-building access is weakest in Mymensingh (39.3%). Overall, the main shortfalls are location (in-building access) and pockets of no service, particularly in NGO/other schools and several divisions.

Table 3.8: Proportion of Schools with Adequate Sanitation Access, Safe Excreta Management, and Climate-Resilient Toilet Facilities by Selected Characteristics.

Dimension	Categories	ADEQUATE ACCESS: Proportion of schools with improved toilet facilities which are single-sex, usable at the school and with no more than 50 students per drop hole and accessible to every	SAFE MANAGEMENT OF EXCRETA: Proportion of schools with improved latrines where excreta are safely disposed of in situ or transported and treated offsite	Access to CLIMATE RESILIENT TOILET: Proportion of schools with improved toilet facilities which are protected against natural hazards and shocks	Access to BASIC CLIMATE RESILIENT SANITATION SERVICES: Proportion of schools with at least one improved toilet facilities which are single-sex, usable at the school and protected against natural hazards and shocks
	National	**4.6**	**33.9**	**11.3**	**10.5**
Locality	Rural	4.4	33.8	11.4	10.5
	Urban	5.2	34.2	10.8	10.3
Types of Schools	Primary	4.0	33.4	10.9	10.0
	Secondary	6.6	35.7	12.8	12.4
Ownership	Government	4.5	36.6	11.8	11.0
	Private	4.0	28.1	7.5	6.2
	Govt. Aided/MPO	4.8	32.7	12.4	11.6
	NGO and Others	5.4	23.6	7.3	6.6
Division	Barishal	3.5	28.4	13.5	12.1
	Chattogram	6.7	24.4	10.2	9.2
	Dhaka	3.2	32.5	12.2	11.7
	Khulna	9.6	50.5	20.0	19.1
	Mymensingh	2.2	24.4	9.6	8.5
	Rajshahi	1.6	39.8	5.2	4.7
	Rangpur	4.4	41.9	10.4	9.9

Dimension	Categories	ADEQUATE ACCESS: Proportion of schools with improved toilet facilities which are single-sex, usable at the school and with no more than 50 students per drop hole and accessible to every	SAFE MANAGEMENT OF EXCRETA: Proportion of schools with improved latrines where excreta are safely disposed of in situ or transported and treated offsite	Access to CLIMATE RESILIENT TOILET: Proportion of schools with improved toilet facilities which are protected against natural hazards and shocks	Access to BASIC CLIMATE RESILIENT SANITATION SERVICES: Proportion of schools with at least one improved toilet facilities which are single-sex, usable at the school and protected against natural hazards and shocks
	Sylhet	5.0	23.3	10.2	9.1

Table 3.8 underscores substantial gaps in sanitation adequacy and resilience. Nationally, only 4.6% of schools meet the 'adequate access' standard, 33.9% report safe excreta management, 11.3% have climate-resilient toilets, and 10.5% meet the basic climate-resilient benchmark. Urban–rural differences are modest across indicators. By level, secondary schools perform better than primary on all measures, and government and Govt-aided/MPO schools generally exceed private. Divisional variation is marked: Khulna leads across indicators, while Mymensingh and Rajshahi rank among the weakest. Overall, progress on safe management is more common than on adequacy and resilience, indicating priority needs in usability, crowding standards, and hazard protection.

3.2.3 Faecal Sludge Management

Table 3.9: Availability of Septic Tank(s)/Pit(s) within the School Premises, their emptying status and emptied by whom by Selected Characteristics

Diemension	Categories	Toilet Septic Tank(s)/ Pit(s) Availability within the School premises			Estimated number of schools with AT LEAST ONE TOILET/LATRINE COMPARTMENT	Emptying Status of the Septic Tank					Estimated number of schools with at least one toilet/latrine compartment with septic tanks/ pits within the school's premises	Who Performed to Empty the Septic Tank				
		Yes	No	Total		Emptied within the last 5 years	Emptied More than 5 years ago	Never Emptied	Don' t Know	Total		Service provider (Outsourcing)	School staff/local people	Others please specify	Don' t know	Total
Locality	National	90.2	9.8	100	140,312	41.0	11.9	42.3	4.8	100.0	126,560	80.7	7.8	9.9	1.7	100
	Rural	90.1	9.9	100	120,385	39.5	12.0	44.7	3.8	100.0	108,443	79.1	8.5	10.7	1.8	100
	Urban	90.9	9.1	100	19,927	50.1	11.5	28.0	10.3	100.0	18,117	88.7	4.3	5.8	1.2	100
Ownership	Government	91.4	8.6	100	74,846	38.1	11.6	46.3	4.0	100.0	68,438	80.4	8.2	9.4	2.0	100
	Private	88.7	11.3	100	16,368	48.6	9.6	34.1	7.7	100.0	14,522	84.9	5.6	9.4	0.1	100
	Govt. Aided/MPO	88.7	9.5	100	44,671	43.2	13.7	38.4	4.7	100.0	40,405	80.1	8.1	10.0	1.8	100
	NGO and Others	72.1	27.9	100	4,428	41.3	8.2	42.1	8.5	100.0	3,194	73.0	5.1	20.3	1.7	100
Division	Barishal	85.5	14.5	100	11,267	43.0	11.3	43.4	2.3	100.0	9,634	67.7	9.2	13.7	9.4	100
	Chattogram	93.9	6.1	100	24,381	49.3	14.7	27.2	8.8	100.0	22,890	72.1	14.9	11.2	1.8	100
	Dhaka	89.9	10.1	100	28,179	47.9	10.1	35.9	6.1	100.0	25,326	89.3	4.4	6.3	0.0	100
	Khulna	93.9	6.1	100	16,073	34.9	11.1	51.7	2.3	100.0	15,093	88.4	5.6	4.1	1.9	100
	Mymensingh	85.2	14.8	100	11,944	44.9	13.1	39.0	3.1	100.0	10,181	87.1	7.0	5.0	0.9	100
	Rajshahi	93.8	6.2	100	18,980	32.9	10.5	52.7	3.9	100.0	17,807	89.7	4.5	4.5	1.3	100
	Rangpur	87.6	12.4	100	20,177	30.6	11.9	54.6	2.9	100.0	17,665	85.1	5.6	8.4	0.8	100
	Sylhet	85.5	14.5	100	9,311	41.1	14.1	40.1	4.6	100.0	7,964	51.6	7.6	40.6	0.1	100

Table 3.9 indicates that septic tanks/pits are present in most schools (90.2%), with similar availability in rural (90.1%) and urban (90.9%) areas. Emptying patterns differ: urban schools more often report emptying within the last five years (50.1% vs 39.5%), while rural schools more often report never emptied (44.7% vs 28.0%). Outsourced service providers predominate nationally for emptying (80.7%), especially in urban areas (88.7%); school staff/local people account for a small share

(7.8%). By ownership, government schools show the highest availability (91.4%) and heavy use of outsourced services (approximately 80%), whereas NGO/others have lower availability (72.1%) and more 'other' arrangements (20.3%). Divisionally, availability is highest in Chattogram, Khulna, and Rajshahi (≈94%) and lowest in Sylhet and Barishal (85.5% each); the share 'never emptied' is elevated in Rangpur (54.6%) and Rajshahi (52.7%) but comparatively low in Chattogram (27.2%). Overall, containment is widespread, but sustained operation and safe emptying depend largely on external service providers, with notable gaps in several divisions and among NGO/other schools.

Figure 3.3: Faecal Sludge Emptied to Where; by Selected Characteristics

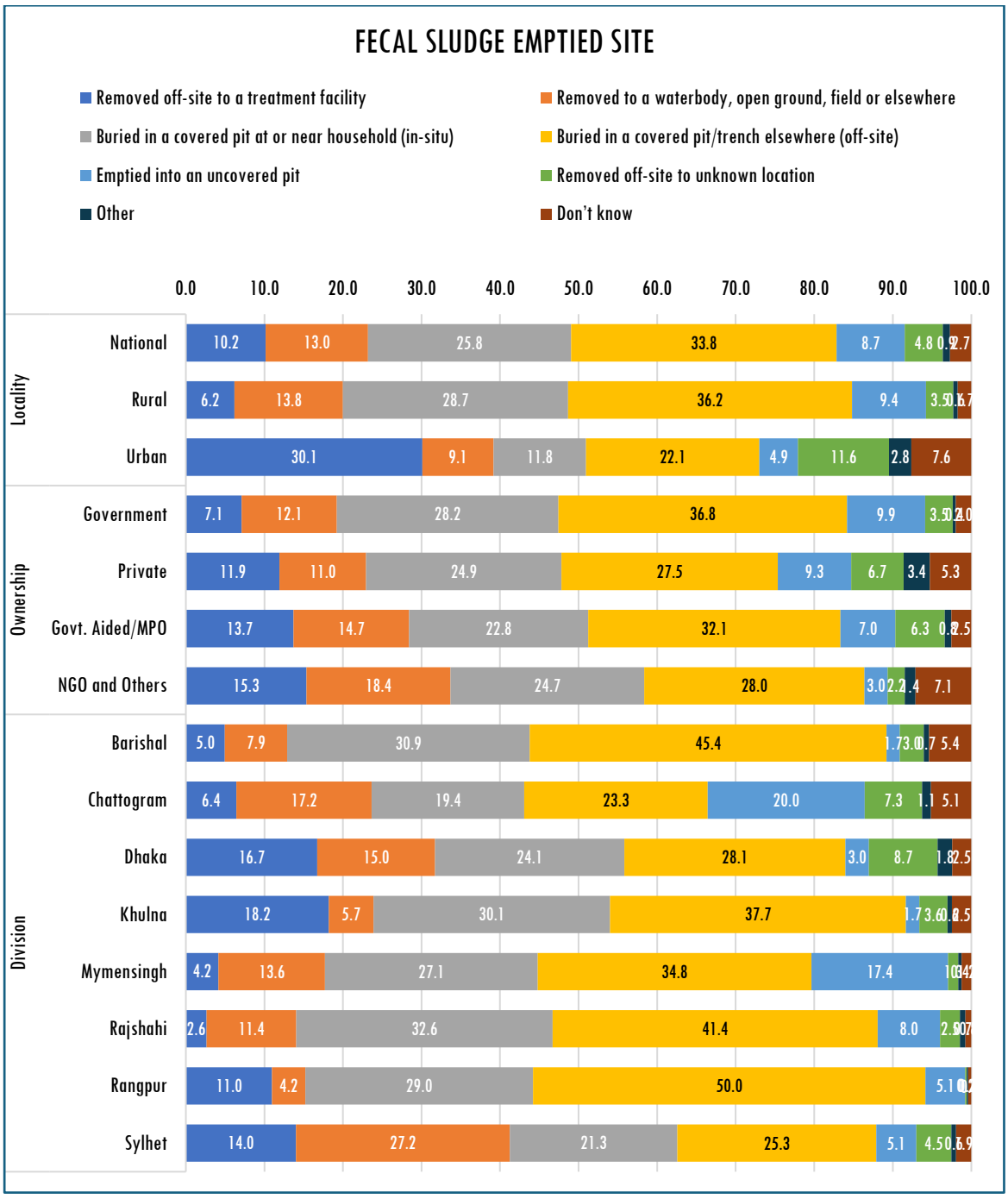


Figure 3.3 shows that safe, formal disposal is limited: only about one in ten schools report faecal sludge being removed off-site to a treatment facility (10.2%), with much higher reliance in urban areas (approximately 30%) than rural (approximately 6%). Most sludge is buried, either in a covered pit off-site (largest share overall) or in-situ near the school, while unsafe discharge to waterbodies/open ground remains non-trivial, especially in several divisions. By ownership, government-aided/MPO, private, and NGO/others show similar or slightly higher treatment use than

pure government, but all depend heavily on burial; 'off-site to unknown location' is also notable in some groups. Divisional patterns vary: Khulna, Dhaka, and Sylhet report the highest treatment use, while Rangpur, Barishal, and Rajshahi rely most on off-site burial; Chattogram and Sylhet show comparatively higher unsafe discharge, and Mymensingh/Khulna have elevated 'unknown' destinations. Overall, the data point to a weak sanitation value chain outside cities and underscore the need to expand licensed emptying and treatment, and to tighten tracking of disposal endpoints.

Table 3.10: Types of events that occurred in last 12 months that lead to release of wastewater/excreta from toilet containment by Selected Characteristics

Dimensions	Categories	Types of events that occurred and release wastewater/excreta from toilet			
		Overflowed	Flooded	Containment collapsed	Other events
Sector	National	5.1	6.4	3.1	0.4
	Rural	5.3	6.9	3.3	0.4
	Urban	3.4	3.6	1.7	0.3
Ownership	Government	5.6	8.1	3.3	0.7
	Private	2.6	3.9	2.2	0.0
	Govt. Aided/MPO	5.0	4.6	3.2	0.0
	NGO and Others	3.1	4.7	1.4	0.0
Division	Barishal	10.9	23.1	5.3	0.0
	Chattogram	1.8	2.7	1.1	0.3
	Dhaka	4.3	4.5	3.1	0.6
	Khulna	4.5	5.4	2.5	0.7
	Mymensingh	5.2	6.5	2.7	0.0
	Rajshahi	6.7	3.8	3.6	0.5
	Rangpur	4.3	3.5	4.3	0.3
	Sylhet	8.4	16.2	3.6	0.0

Table 3.10 indicates that releases from toilet containment over the past year were most commonly linked to flooding (6.4%), followed by overflow (5.1%) and containment collapse (3.1%), other events were rare (0.4%). Rural schools report higher incident rates than urban across all types (for example, flooding 6.9% vs 3.6%, overflow 5.3% vs 3.4%). By ownership, government schools record the highest flooding (8.1%) and overflow (5.6%), whereas private schools show the lowest levels across categories. Divisional patterns are pronounced, Barishal and Sylhet face the greatest flooding (23.1% and 16.2%) and elevated overflow (10.9% and 8.4%), while Chattogram reports the lowest incident shares across types. These results point to significant vulnerability to hydrometeorological events, especially in flood-prone divisions and rural, government-managed schools, highlighting the need for resilient design, routine maintenance, and contingency planning.

3.3 Hygiene Facilities

3.3.1 Availability of handwashing stations

Table 3.11: Proportion of Schools with Handwashing Facilities in Classrooms, Staff Rooms, and School Yards by Selected Characteristics.

Dimension	Categories	Proportion of schools with handwashing facilities available in Classroom	Proportion of schools with handwashing facilities available in Staff room	Proportion of schools with handwashing facilities available at the school yard
Locality	National	12.2	29.3	67.2

Dimension	Categories	Proportion of schools with handwashing facilities available in Classroom	Proportion of schools with handwashing facilities available in Staff room	Proportion of schools with handwashing facilities available at the school yard
	Rural	11.1	27.1	67.1
	Urban	18.8	42.5	67.6
Type of Schools	Primary	11.6	26.3	67.1
	Secondary	14.5	40.7	67.3
Ownership	Government	13.1	31.8	72.6
	Private	9.2	15.0	56.6
	Govt. Aided/MPO	12.7	32.2	64.4
	NGO and Others	4.6	13.7	47.0
Division	Barishal	20.1	36.4	63.4
	Chattogram	7.7	26.0	69.3
	Dhaka	14.5	29.8	66.8
	Khulna	13.3	35.1	63.0
	Mymensingh	12.7	22.8	60.0
	Rajshahi	8.6	31.0	71.9
	Rangpur	14.3	30.8	70.9
	Sylhet	7.8	19.8	66.1

Table 3.11 shows that handwashing facilities are common in school yards (67.2%), but less available in classrooms (12.2%) and staff rooms (29.3%). Urban schools report higher availability than rural in classrooms (18.8% vs 11.1%) and staff rooms (42.5% vs 27.1%), while yard access is similar (67.6% vs 67.1%). Secondary schools exceed primary schools in classrooms (14.5% vs 11.6%) and staff rooms (40.7% vs 26.3%), with comparable yard access. By ownership, government schools lead across settings, particularly in yards (72.6%), followed by Govt-aided/MPO (64.4%) and private (56.6%), while NGO and others are lowest in all three locations. Divisional variation is wide, classroom availability peaks in Barishal (20.1%) and is lowest in Chattogram (7.7%), staff room availability is highest in Barishal (36.4%) followed by Khulna (35.1%), and yard access is strongest in Rajshahi (71.9%) and Rangpur (70.9%), with weaker results in Mymensingh (60.0%) and Khulna (63.0%). Overall, provision within classrooms and staff rooms lags markedly behind yard access, with consistent shortfalls in NGO and other schools.

3.3.2 Access to Basic, Limited and Group Handwashing Facilities

Table 3.12: Access to Basic and Limited Handwashing Services, and Availability and Use of Group Handwashing Facilities in Schools by Selected Characteristics.

Dimensions	Categories	Access to BASIC HANDWASHING SERVICES: proportion of schools with Handwashing facilities, which have water and soap available in at least one location	Limited access to handwashing services: Proportion of schools with handwashing facilities AVAILABLE IN AT LEAST ONE DESIGNATED AREA but WITHOUT SOAP AND/WATER	Proportion of schools with a GROUP HANDWASHING FACILITY within the school premises	Proportion of schools with group handwashing facilities on the premises that conduct GROUP HANDWASHING AT LEAST ONCE PER WEEK
	National	**51.7**	**35.7**	**43.5**	**28.9**
Locality	Rural	50.2	36.4	43.2	28.9
	Urban	60.9	32.1	45.0	29.1
Type of Schools	Primary	51.0	34.7	44.8	30.5
	Secondary	54.4	39.7	38.5	22.8
Ownership	Government	59.7	35.9	56.3	38.7
	Private	33.9	33.5	21.0	12.7

Dimensions	Categories	Access to BASIC HANDWASHING SERVICES: proportion of schools with Handwashing facilities, which have water and soap available in at least one location	Limited access to handwashing services: Proportion of schools with handwashing facilities AVAILABLE IN AT LEAST ONE DESIGNATED AREA but WITHOUT SOAP AND/WATER	Proportion of schools with a GROUP HANDWASHING FACILITY within the school premises	Proportion of schools with group handwashing facilities on the premises that conduct GROUP HANDWASHING AT LEAST ONCE PER WEEK
	Govt. Aided/MPO	46.8	37.8	33.4	20.9
	NGO and Others	35.5	23.9	17.3	10.4
Division	Barishal	53.4	37.6	42.5	28.9
	Chattogram	49.4	35.8	44.6	32.7
	Dhaka	45.8	40.6	45.6	26.7
	Khulna	57.9	31.7	40.9	25.9
	Mymensingh	46.1	31.7	45.5	31.8
	Rajshahi	61.5	29.9	44.1	29.0
	Rangpur	53.2	40.2	37.9	26.4
	Sylhet	46.4	32.9	48.3	32.8

Table 3.12 shows that just over half of schools meet the basic handwashing standard (51.7%), more than one third have limited service (35.7%), 43.5% report a group handwashing facility on the premises, and 28.9% conduct group handwashing at least weekly. Urban schools outperform rural on basic access (60.9% vs 50.2%) and have slightly more group facilities and weekly practice. Secondary schools report higher basic access than primary (54.4% vs 51.0%), but fewer group facilities and less weekly practice (38.5% and 22.8% vs 44.8% and 30.5%). By ownership, government schools lead on all measures, basic 59.7%, group facility 56.3%, weekly practice 38.7%, while private and NGO or others lag, for example basic 33.9% and 35.5%, group facility 21.0% and 17.3%, weekly practice 12.7% and 10.4%. Divisionally, Rajshahi records the highest basic access (61.5%), limited service is most prevalent in Dhaka and Rangpur (40.6% and 40.2%), group facilities peak in Sylhet (48.3%) and Dhaka (45.6%), and weekly practice is highest in Sylhet and Chattogram (32.8% and 32.7%). Overall, many schools have facilities but consistent soap and water, along with regular hygiene practice, remain key gaps.

3.3.3 Menstrual Hygiene Management

Table 3.13: Proportion of Schools with Menstrual Hygiene Management (MHM) Provisions: Availability of Private Spaces, Water and Soap, and Emergency Materials by Selected Characteristics.

Dimensions	Categories	Proportion of schools with provision for private space (s) for girls to manage menstruation at school	Proportion of schools with provision for private space(s) with water and soap available for girls to manage menstruation at school	Proportion of schools with MHM materials available at the school in case of emergency
Locality	**National**	**20.7**	**13.6**	**14.0**
	Rural	19.2	12.4	12.7
	Urban	29.9	20.9	22.0
Type of Schools	Primary	13.4	8.9	8.7
	Secondary	48.5	31.2	34.2
Ownership	Government	12.8	8.3	7.7
	Private	15.3	12.0	10.7
	Govt. Aided/MPO	36.7	23.8	26.1
	NGO and Others	11.3	5.8	9.1
Division	Barishal	19.5	10.0	13.0
	Chattogram	18.9	11.8	12.0

Dimensions	Categories	Proportion of schools with provision for private space (s) for girls to manage menstruation at school	Proportion of schools with provision for private space(s) with water and soap available for girls to manage menstruation at school	Proportion of schools with MHM materials available at the school in case of emergency
	Dhaka	21.9	13.8	12.3
	Khulna	22.0	13.0	13.7
	Mymensingh	20.2	12.1	19.4
	Rajshahi	23.5	18.0	16.9
	Rangpur	22.1	16.8	13.1
	Sylhet	12.9	8.4	14.8

Table 3.13 indicates that school MHM provisions are limited nationally, 20.7% have a private space, 13.6% have a private space with water and soap, and 14.0% keep emergency materials. Urban schools outperform rural across all three indicators, 29.9% vs 19.2% for private space, 20.9% vs 12.4% for private space with water and soap, and 22.0% vs 12.7% for emergency materials. By level, secondary schools report substantially higher provision than primary, 48.5%, 31.2%, and 34.2% vs 13.4%, 8.9%, and 8.7%. By ownership, Govt. aided/MPO leads, 36.7%, 23.8%, and 26.1%, private sits in the middle, and government and NGO or others are lowest across most indicators. Divisionally, Rajshahi records relatively higher provision, 23.5%, 18.0%, and 16.9%, while several divisions remain below these levels, for example Sylhet on private space (12.9%) and private space with water and soap (8.4%). Overall, the main gaps are the absence of private, serviced spaces and limited availability of emergency materials, especially in primary, rural, government, and NGO or other schools.

Table 3.14: Proportion of Schools with Basic and Safely Managed Access to Menstrual Hygiene Services, by Selected Characteristics

Dimensions	Categories	BASIC ACCESS TO MENSTRUAL HYGIENE SERVICES: Proportion of schools with provision for private space(s) with water and soap available and MHM materials available at the school in case of emergency	SAFELY MANAGED ACCESS TO MENSTRUAL HYGIENE SERVICES: Proportion of schools with provision for private space(s) with water and soap available and MHM materials available at the school in case of emergency and with safe disposal mechanism
	National	**6.9**	**6.1**
Locality	Rural	5.8	5.0
	Urban	13.6	13.1
Type of Schools	Primary	3.6	3.2
	Secondary	19.2	17.1
Ownership	Government	2.9	2.4
	Private	5.3	5.1
	Govt. Aided/MPO	14.3	12.9
	NGO and Others	4.4	4.3
Division	Barishal	4.6	3.9
	Chattogram	6.9	6.0
	Dhaka	7.0	6.6
	Khulna	5.5	4.9
	Mymensingh	7.9	7.0
	Rajshahi	10.1	8.5
	Rangpur	6.3	5.7
	Sylhet	5.2	4.7

Table 3.14 shows very low coverage of menstrual hygiene services, nationally 6.9 percent meet the basic standard and 6.1 percent meet the safely managed standard. Urban schools substantially outperform rural, 13.6 and 13.1 percent vs 5.8 and 5.0 percent, and secondary schools exceed

primary schools, 19.2 and 17.1 percent vs 3.6 and 3.2 percent. By ownership, Govt. aided or MPO schools lead, 14.3 and 12.9 percent, with private and NGO or others in the mid single digits and government schools lowest. Divisionally, Rajshahi performs best, 10.1 and 8.5 percent, while most other divisions remain below 8 percent. The small gap between basic and safely managed signals that where basic MHM is in place, safe disposal mechanisms are often present, but coverage overall remains limited.

3.3.4 Menstrual Hygiene Education

Figure 3.4: Proportion of Schools that provide menstrual hygiene education to students, by Selected Characteristics.

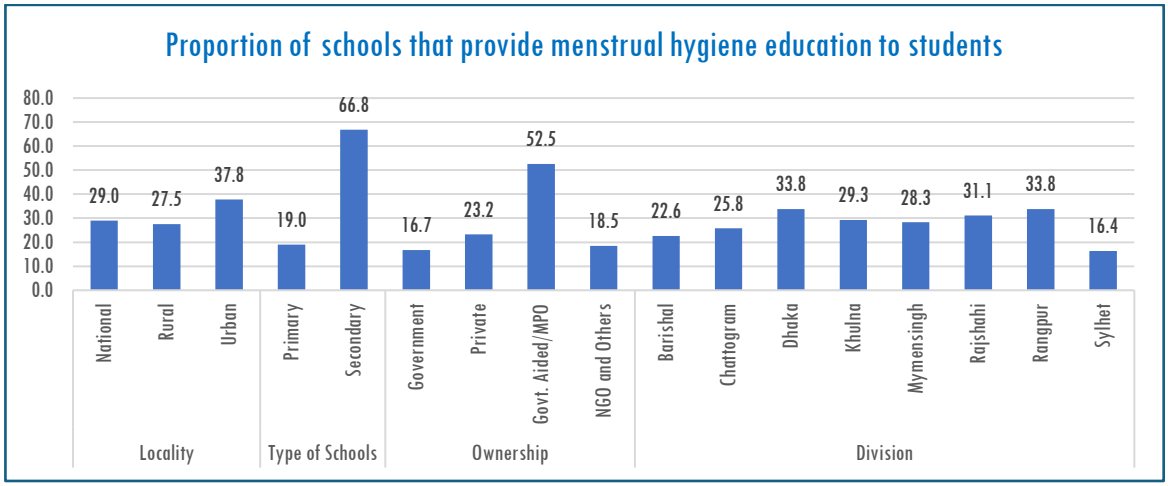


Figure 3.4 shows that 29.0 percent of schools provide menstrual hygiene education, with urban schools higher than rural, 37.8 percent vs 27.5 percent. Provision rises sharply at secondary level, 66.8 percent, compared with primary, 19.0 percent. By ownership, Govt. aided or MPO schools lead at 52.5 percent, private are 23.2 percent, NGO or others 18.5 percent, and government are lowest at 16.7 percent. Divisional differences are moderate, Dhaka and Rangpur are highest at 33.8 percent, followed by Rajshahi 31.1 percent and Khulna 29.3 percent, while Sylhet records the lowest at 16.4 percent.

Figure 3.5: Proportion of Schools Where Teachers Received Training on Menstruation Education through Pre-Service or In-Service Programmes, by Selected Characteristics.

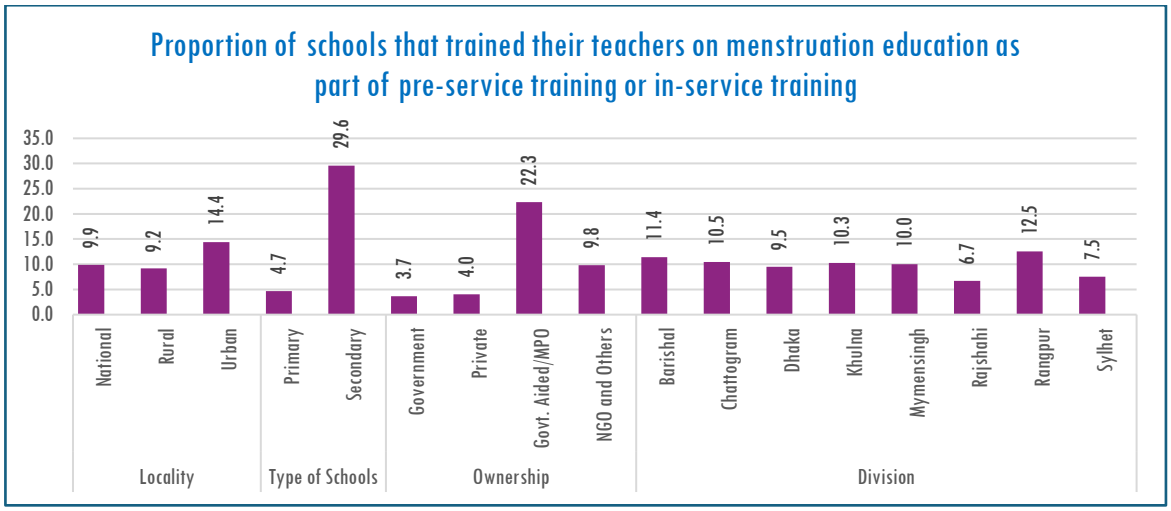


Figure 3.5 shows that only 9.9 percent of schools report teachers trained on menstruation education, with higher coverage in urban than rural areas, 14.4 percent vs 9.2 percent. Training is concentrated in secondary schools, 29.6 percent, compared with 4.7 percent in primary. By ownership, Govt. aided or MPO schools lead, 22.3 percent, while private and government are low, 4.0 and 3.7 percent, and

NGO or others are 9.8 percent. Divisional differences are moderate, Rangpur is highest at 12.5 percent followed by Barishal 11.4 percent and Chattogram 10.5 percent, whereas Rajshahi and Sylhet are lowest at 6.7 and 7.5 percent. Overall, scaling teacher training is a clear priority, particularly in primary and government schools.

3.4 Waste Management

3.4.1 Solid Waste Collection and Disposal

Table 3.15: Proportion of Schools with Proper Solid Waste Disposal and Presence of Health Clubs, by Selected Characteristics.

Dimensions	Categories	Proportion of schools with proper disposal of solid waste
Locality	**National**	78.3
	Rural	77.2
	Urban	85.3
Types of Schools	Primary	77.0
	Secondary	83.1
Ownership	Government	79.0
	Private	72.2
	Govt. Aided/MPO	80.1
	NGO and Others	72.4
Division	Barishal	77.8
	Chattogram	77.3
	Dhaka	74.6
	Khulna	83.8
	Mymensingh	82.5
	Rajshahi	71.8
	Rangpur	83.1
	Sylhet	79.5

Table 3.15 indicates that most schools report proper solid waste disposal, nationally 78.3 percent. Urban schools outpace rural, 85.3 percent vs 77.2 percent. By level, secondary schools perform better than primary, 83.1 percent vs 77.0 percent. By ownership, Govt. aided or MPO and government schools are higher, 80.1 percent and 79.0 percent, while private and NGO or others are lower, 72.2 percent and 72.4 percent. Divisional variation is evident, Khulna and Rangpur lead at 83.8 percent and 83.1 percent, while Rajshahi is lowest at 71.8 percent, with Dhaka also below the national average at 74.6 percent. Overall, urban location, secondary level, and public or MPO ownership correlate with better waste management performance.

3.5 Budget Availability for Operation and Maintenance of WASH facilities

Figure 3.6: Proportion of Schools with Dedicated / On-budget Fund for WASH Facilities O&M by Selected Characteristics.

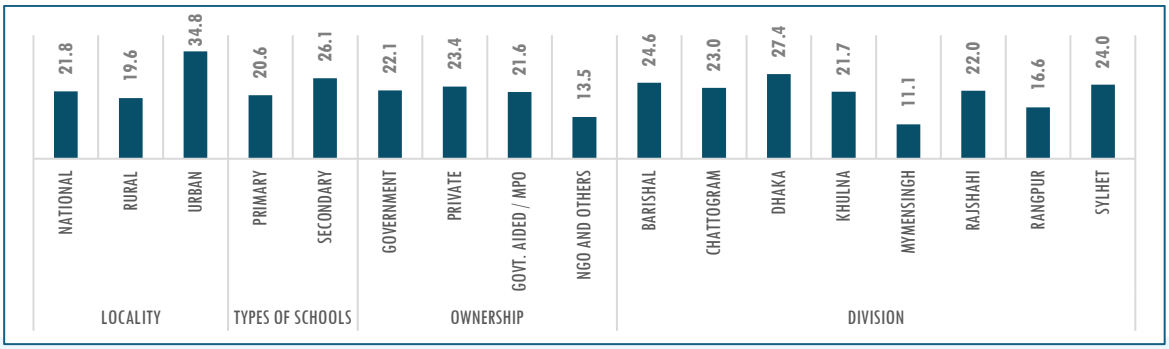


Figure 3.6 shows that only about one in five schools has a dedicated/on-budget fund for WASH O&M (total 21.8%). Urban schools are far more likely than rural to have such funds (34.8% vs 19.6%), and secondary schools exceed primary schools (26.1% vs 20.6%). By ownership, government (22.1%), private (23.4%), and Govt-aided/MPO (21.6%) cluster near the average, while NGO/others are lowest (13.5%). Divisional disparities are marked: Dhaka leads (27.4%), followed by Sylhet (24.0) and Barishal (24.6), whereas Mymensingh (11.1%) and Rangpur (16.6%) lag.

3.6 Combined Access to Basic Water, Sanitation and Hygiene

Table 3.16: Proportion of Schools with Access to Basic Water, Sanitation, and Hygiene (WASH) Services (%), and Estimated Number of Schools by Selected Characteristics.

Dimension	Categories	Access to Basic Water and Sanitation Services	Access to Basic Water and Hygiene Services	Access to Basic Sanitation and Hygiene Services	WASH Services
Locality	**National**	78.2	47.9	48.0	44.5
	Rural	77.3	46.7	46.5	43.2
	Urban	83.7	55.4	57.3	52.4
Types of Schools	Primary	75.5	46.9	46.7	43.1
	Secondary	88.7	51.5	52.8	50.1
Ownership	Government	80.3	54.9	55.2	50.9
	Private	73.3	32.2	30.6	29.0
	Govt. Aided/MPO	80.2	44.1	44.4	41.8
	NGO and Others	46.7	29.9	30.7	25.9
Division	Barishal	67.8	45.8	48.7	41.6
	Chattogram	79.5	46.8	45.2	43.0
	Dhaka	80.0	41.3	43.3	39.2
	Khulna	77.1	51.4	55.7	49.3
	Mymensingh	72.5	43.3	42.3	40.1
	Rajshahi	86.2	60.4	58.4	57.3
	Rangpur	79.1	50.5	47.8	45.3
	Sylhet	73.8	42.1	42.1	38.3

Table 3.16 shows that while most schools meet the combined basic water+sanitation standard (78.2%), performance drops sharply when hygiene is included: water+hygiene (47.9%), sanitation+hygiene (48.0%), and the full WASH bundle (44.5%). Urban schools outperform rural across all measures (e.g., WASH: 52.4% vs 43.2%), and secondary schools exceed primary schools (50.1% vs 43.1%). By ownership, government schools lead (WASH 50.9%), followed by Govt-aided/MPO (41.8%); private (29.0%) and especially NGO/others (25.9%) lag. Divisionally, Rajshahi is the strongest (WASH 57.3%), while Sylhet (38.3%) is the lowest. Overall, hygiene access is the principal constraint depressing comprehensive WASH coverage.

CHAPTER 4

WASH IN HEALTHCARE FACILITIES

CHAPTER 4: WASH IN HEALTHCARE FACILITIES

Building on the profile of healthcare facilities presented in Chapter 2, this chapter assesses WASH conditions within the health sector. It explores water supply systems, sanitation, hand hygiene infrastructure, waste management, and service accessibility for both patients and staff. As healthcare settings are particularly sensitive to infection risks, the chapter emphasises the implications of WASH gaps for patient safety and service quality. The analysis also identifies disparities across facility types and management authorities, highlighting critical areas where improvements are essential for advancing infection prevention and control.

4.1 Water Supply

4.1.1 Access to Improved Water Sources and Seasonality

Table 4.1: Proportion of HCF with Improved Water Supply and Impact of Seasonality by Selected Characteristics.

Dimension	Categories	Proportion of HCFs with improve water supply	SEASONALITY: Proportion of HCFs with an improved water source on premises and available all year round	Proportion of HCFs drinking water from an improved water source on premises, AVAILABLE to everyone, all year round and whenever needed
Locality	**National**	87.5	64.8	52.0
	Rural	84.3	60.3	47.5
	Urban	99.0	81.1	68.4
Managing Authority	Govt/Public	83.5	58.5	45.3
	Private/NGO	97.3	80.2	68.4
Facility Type	Hospital (HCF with in-patients)	96.5	79.3	66.2
	Non-hospital (HCF without in-patient)	86.9	63.9	51.1
Public HCF Type	Govt Hospitals	96.9	78.7	64.5
	UHC	91.2	71.2	49.6
	UHFWC	91.6	72.9	59.0
Division	Barishal	83.7	59.8	47.5
	Chattogram	86.2	57.2	44.9
	Dhaka	90.2	70.7	59.1
	Khulna	87.6	56.0	46.9
	Mymensingh	79.5	58.4	46.0
	Rajshahi	92.4	79.6	64.9
	Rangpur	87.7	65.3	48.1
	Sylhet	83.8	63.6	48.4

Table 4.1 highlights that 87.5 percent of health care facilities have improved water supply, but only 52 percent have drinking water that is improved, available on the premises, and accessible to everyone throughout the year. Urban facilities perform much better than rural ones, showing higher reliability and year-round availability. Private and NGO facilities consistently outperform public facilities, with almost all private facilities having improved water sources and better seasonal stability. Hospitals also have higher reliability than non-hospital facilities. Across divisions, Rajshahi and Dhaka show the strongest performance, while Mymensingh records the lowest proportion of improved and consistently available water sources.

Table 4.2: Percentage Distribution of Healthcare Facilities with Main Source of Water by Selected Characteristics.

Dimensions	Categories	Improved Water Sources								Unimproved sources						Estimated total number of Healthcare Facilities
		Piped water supply	Shallow Tube well / Borehole	Deep Tube well / Borehole	Protected Dug well	Protected Spring	Rainwater collection	Tanker-truck or	Packaged bottle or sachet water	Unprotected Dug	Unprotected Spring	Surface water	Others	No Water sources	Total	
Locality	**National**	**12.1**	**28.4**	**45.0**	**0.1**	**0.0**	**0.5**	**0.2**	**1.1**	**0.1**	**0.0**	**1.1**	**0.7**	**10.5**	**100**	**26,754**
	Rural	6.5	32.1	44.1	0.2	0.1	0.6	0.2	0.8	0.2	0.1	1.4	0.9	13.1	100	21,057
	Urban	33.2	14.9	48.4	0.0	0.0	0.2	0.0	2.4	0.0	0.0	0.0	0.2	0.7	100	5,697
Managing Authority	Government/ Public	5.9	32.9	42.9	0.1	0.1	0.6	0.2	0.8	0.2	0.1	1.5	1.0	13.8	100	19,050
	Private/NGO	27.5	17.2	50.1	0.3	0.0	0.1	0.1	2.0	0.0	0.0	0.2	0.1	2.3	100	7,704
Facility Type	Hospital (HCF with in-patients)	34.1	8.4	53.8	0.0	0.0	0.0	0.0	0.3	0.1	0.0	1.0	0.6	1.7	100	1579
	Non-hospital (HCF without in-patient)	10.8	29.7	44.4	0.2	0.0	0.5	0.2	1.1	0.1	0.0	1.1	0.7	11.0	100	25175
Division	Barishal	8.5	5.0	68.6	0.0	0.0	0.8	0.0	0.8	0.0	0.0	5.4	1.2	9.8	100	1,933
	Chattogram	13.4	22.2	45.9	0.8	0.2	0.2	0.3	3.1	0.6	0.2	0.6	0.2	12.2	100	4,852
	Dhaka	24.1	20.1	46.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	8.9	100	6,251
	Khulna	7.8	33.5	40.3	0.0	0.0	2.9	0.8	2.3	0.0	0.0	4.4	1.6	6.3	100	3,471
	Mymensingh	7.6	27.3	43.9	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.3	0.3	20.0	100	2,127
	Rajshahi	7.7	46.2	38.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.5	7.1	100	3,571
	Rangpur	2.8	44.4	40.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.6	11.7	100	3,100
	Sylhet	9.2	27.6	46.3	0.0	0.0	0.0	0.0	0.7	0.3	0.0	1.0	0.3	14.5	100	1,449

Table 4.2 shows that healthcare facilities mainly rely on deep tube wells at the national level (45.0%), followed by shallow tube wells (28.4%) and piped supply (12.1%), while 10.5% report no water source. Urban facilities use piped water far more than rural ones (33.2% vs 6.5%) and are less likely to have no source (0.7% vs 13.1%). By managing authority, private or NGO facilities have greater access to deep tube wells and piped water (50.1% and 27.5%) and much lower reports of no source (2.3%) compared with government or public facilities (42.9%, 5.9%, and 13.8%). Hospitals show the strongest service profile, with high deep tube well use (53.8%) and piped supply (34.1%) and minimal reports of no source (1.7%), whereas non-hospital facilities more often lack a source (11.0%). Divisional patterns vary, deep tube wells predominate in most divisions, notably Barishal (68.6%), while reports of no source is the highest in Mymensingh (20.0%) followed by Sylhet (14.5%) and lowest in Khulna (6.3%) followed by Dhaka (8.9%).

Figure 4.1: Percentage Distribution of Healthcare Facilities by Location of Water Source

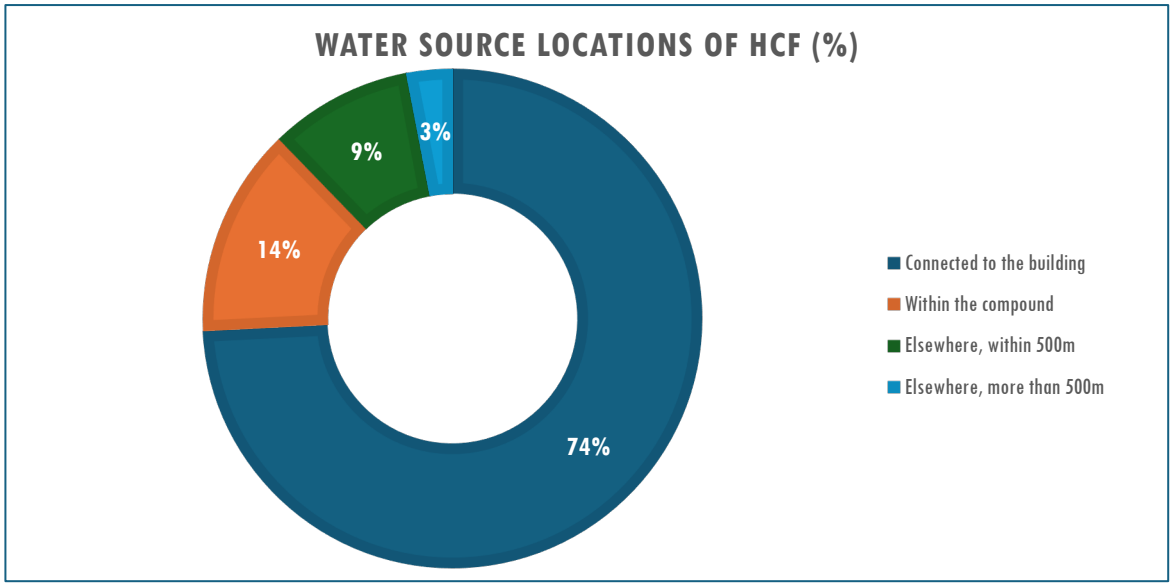


Figure 4.1 shows that most healthcare facilities have water sources connected to the building (74%), with additional on-premises access within the compound (14%). A minority rely on off-site sources, within 500 m (9%) or more than 500 m away (3%), which implies potential delays and continuity risks during peak demand or emergencies. Overall, on-premises connectivity is high, but one in eight facilities still depends on distant sources.

4.1.2 Access to Basic and Limited Water Supply Services

Table 4.3: Proportion of Healthcare Facilities with Improved Water Supply and Access to Basic and Limited Water Supply Services, by Selected Characteristics.

Dimension	Categories	Proportion of HCFs with improve water supply	Access to BASIC WATER SUPPLY SERVICES: Proportion of HCFs where Water is available from an improved source on the premises	Access to LIMITED WATER SUPPLY SERVICES: Proportion of HCFs where an improved water source is within 500 metres of the premises, but not all requirements for basic service are met
	National	**87.5**	**70.5**	**17.0**
Locality	Rural	84.3	65.0	19.4
	Urban	99.0	91.0	8.0
Managing Authority	Government/Public	83.5	63.6	19.9
	Private/NGO	97.3	87.6	9.7
Facility Type	Hospital (HCF with in-patients)	96.5	87.6	8.9
	Non-hospital (HCF without in-patient)	86.9	69.5	17.5
Types of Public HCF	Government Hospitals	96.9	87.4	9.6
	Upazila Health Complex	91.2	78.2	13.0
	Union Health and Family Welfare Center	91.6	79.2	12.4
Division	Barishal	83.7	67.2	16.4
	Chattogram	86.2	64.0	22.2
	Dhaka	90.2	78.0	12.2
	Khulna	87.6	62.9	24.7
	Mymensingh	79.5	61.9	17.6
	Rajshahi	92.4	81.9	10.5

Dimension	Categories	Proportion of HCFs with improve water supply	Access to BASIC WATER SUPPLY SERVICES: Proportion of HCFs where Water is available from an improved source on the premises	Access to LIMITED WATER SUPPLY SERVICES: Proportion of HCFs where an improved water source is within 500 metres of the premises, but not all requirements for basic service are met
	Rangpur	87.7	69.2	18.5
	Sylhet	83.8	70.1	13.7

Table 4.3 shows that most healthcare facilities have improved water supply (87.5%), but only 70.5% meet the basic service standard and 17.0% are limited. Urban facilities outperform rural across all measures, improved 99.0% vs 84.3%, basic 91.0% vs 65.0%, limited 8.0% vs 19.4%. Private or NGO facilities exceed government or public ones, improved 97.3% vs 83.5%, basic 87.6% vs 63.6%, limited 9.7% vs 19.9%. Hospitals perform better than non-hospitals, basic 87.6% vs 69.5%. Among public facility types, government hospitals lead, basic 87.4%, followed by Union Health and Family Welfare Canters 79.2% and Upazila Health Complexes 78.2%. Divisional variation is notable, basic access is highest in Rajshahi (81.9%) and Dhaka (78.0%) and limited service is highest in Khulna (24.7%) and Chattogram (22.2%). Overall, the principal gaps are in rural and public facilities and in several divisions with high limited service.

4.1.3 Accessibility to Water Points

Table 4.4: Accessibility of Water for Staff, Patients, Attendants and Person with Disability and Availability of Water from the Main Source by Selected Characteristics.

Dimensions	Categories	Accessibility for both Staff, patients and their Attendants			Availability of Water from the Main Source				Proportion of HCFs with improved water supply facility accessible to PWD
		Yes, both Staff, patients and attendants	No, for Staff only	Total	Yes, Observed	Yes, reported but not observed	No	Total	
Locality	**National**	94.9	5.1	100	89.1	1.3	9.5	100	40.9
	Rural	93.7	6.3	100	86.3	1.3	12.4	100	36.2
	Urban	98.5	1.5	100	98.1	1.4	0.4	100	58.3
Managing Authority	Govt/Public	93.9	6.1	100	85.8	1.3	12.9	100	35.6
	Private/NGO	96.9	3.1	100	96.2	1.5	2.3	100	54.2
Facility Type	Hospital (HCF with in-patients)	98.8	1.2	100.0	98.5	0.6	0.9	100	58.9
	Non-hospital (HCF without in-patient)	94.6	5.4	100.0	88.5	1.4	10.1	100	39.8
Division	Barishal	95.9	4.1	100	93.9	1.1	5.0	100	53.2
	Chattogram	95.1	4.9	100	88.6	1.5	9.9	100	37.2
	Dhaka	96.1	3.9	100	92.2	0.7	7.1	100	52.3
	Khulna	93.9	6.1	100	84.7	3.7	11.7	100	34.3
	Mymensingh	96.5	3.5	100	87.4	0.4	12.2	100	32.8
	Rajshahi	95.3	4.7	100	92.0	0.6	7.4	100	41.6
	Rangpur	91.8	8.2	100	83.9	1.3	14.8	100	36.3
	Sylhet	92.7	7.3	100	88.0	1.0	10.9	100	24.3

Table 4.4 shows very high accessibility of water to both staff and patients (94.9 percent nationally), alongside strong availability from the main source (89.1 percent observed, 1.3 percent reported, 9.5 percent no water). Urban facilities outperform rural, 98.5 percent vs 93.7 percent for joint accessibility and 98.1 percent vs 86.3 percent for observed availability. Private or NGO facilities exceed government or public ones, 96.9 percent vs 93.9 percent for accessibility and 96.2 percent vs 85.8 percent for observed availability. Hospitals perform best, 98.8 percent accessibility and 98.5 percent observed availability, while non-hospitals are lower, 94.6 percent and 88.5 percent. Divisional differences persist, Rangpur shows the highest share with no water from the main source

(14.8 percent) and Khulna also elevated (11.7 percent), whereas urbanized divisions report fewer gaps. Overall, gaps are concentrated in rural, public, and non-hospital facilities, particularly for assured, observed availability at the point of service.

4.1.4 Availability of Water Storage Reservoirs in HCF

Figure 4.2: Proportion of HCFs with water storage reservoirs that can meet the school's needs for 2 days by Selected Characteristics.

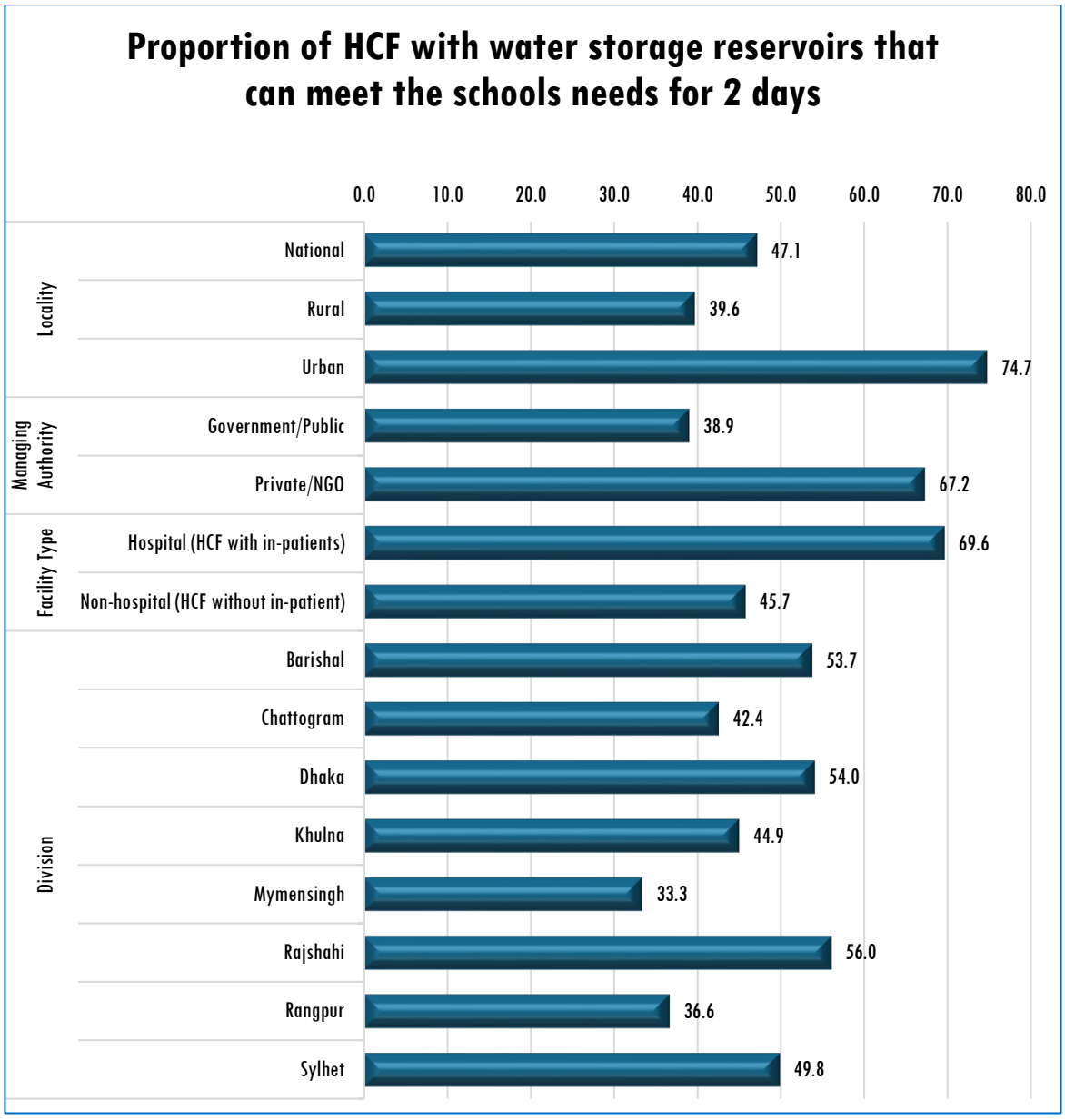


Figure 4.2 shows the proportion of health care facilities that have water storage reservoirs capable of meeting the needs of schools for two days. Urban facilities have the highest capacity at 74.7 percent, while rural facilities lag behind at 39.6 percent. Private and NGO managed facilities perform much better than public ones, and hospitals also show stronger storage capacity than non-hospital facilities. Across divisions, Rajshahi and Dhaka lead with higher proportions, while Mymensingh records the lowest level of adequate storage. Overall, the Figure highlights significant variation in water storage readiness, suggesting that many facilities still lack sufficient backup to ensure uninterrupted water supply.

4.2 Sanitation Facilities

4.2.1 Access to Sanitation Facilities

Table 4.5 Percentage distribution of Healthcare Facilities with access to sanitation facilities by Selected Characteristics.

Dimension	Categories	At least one toilet /latrine compartment at the premises of the health facility			Estimated number of HF	Availability of Toilet Septic Tank(s)/ Pit(s) within the HCF premises			Estimated number of Healthcare Facilities with at least one usable toilet
		At least one	No	Total		Yes	No	Total	
Locality	**National**	98.5	1.5	100	26,754	91.1	8.9	100	26,360
	Rural	98.5	1.5	100	21,057	91.2	8.8	100	20,736
	Urban	98.7	1.3	100	5,697	90.9	9.1	100	5,624
Managing Authority	Govt/Public	98.5	1.5	100	19,050	90.5	9.5	100	18,755
	Private/NGO	98.7	1.3	100.0	7704	92.8	7.2	100	7,605
Facility Type	Hospital (HCF with in-patients)	98.6	1.4	100.0	1579	90.3	9.7	100.0	1556
	Non-hospital (HCF without in-patient)	98.5	1.5	100.0	25175	91.2	8.8	100.0	24804
Division	Barishal	99.2	0.8	100	1,933	90.7	9.3	100	1,918
	Chattogram	99.3	0.7	100	4,852	92.5	7.5	100	4,817
	Dhaka	98.6	1.4	100	6,251	89.6	10.4	100	6,166
	Khulna	99.7	0.3	100	3,471	96.2	3.8	100	3,461
	Mymensingh	97.6	2.4	100	2,127	87.9	12.1	100	2,076
	Rajshahi	99.4	0.6	100	3,571	93.2	6.8	100	3,549
	Rangpur	95.6	4.4	100	3,100	88.4	11.6	100	2,965
	Sylhet	97.2	2.8	100	1,449	86.6	13.4	100	1,409

Table 4.5 shows near-universal sanitation coverage in healthcare facilities, 98.5 percent have at least one toilet or latrine compartment on the premises, with similar levels in rural and urban areas, and across public and private or NGO management. Availability of containment is slightly lower, 91.1 percent report septic tanks or pits on site, higher in private or NGO facilities than government or public, 92.8 percent vs 90.5 percent, and comparable between hospitals and non-hospitals. Divisional variation is modest for toilet presence, the highest in Barishal, Khulna, Rajshahi, and Chattogram, lowest in Rangpur, while septic tank or pit availability peaks in Khulna and Rajshahi and is lowest in Sylhet, Rangpur, and Mymensingh. Estimated facility counts are provided in the table for transparency.

Table 4.6: Availability and Distribution of Improved Toilet Compartments in Healthcare Facilities, Including Designation by User Group and Gender by Selected Characteristics.

Dimensions	Categories	Estimated number of Improved toilet compartment	Estimated average number of compartments per HF	Proportion of HCFs with at least one improved toilet facilities	Proportion of HCFs with at least one improved toilet facilities designated exclusively for staff use	Proportion of HCFs with at least one improved toilet facilities designated exclusively for inpatients use	Proportion of HCFs with at least one improved toilet facilities which are SINGLE-SEX	Proportion of HCFs with all improved toilets used by both Gender
Locality	**National**	**92,304**	**4.1**	**82.9**	**44.1**	**24.9**	**28.1**	**75.4**
	Rural	40,322	2.4	79.4	37.3	14.4	20.1	71.1
	Urban	51,983	9.5	95.8	69.2	63.6	57.4	91.2
Managing Authority	Govt/Public	39,336	2.6	78.8	36.9	12.1	19.5	70.4
	Private/NGO	52, 968	7.3	93.2	61.8	56.4	49.2	87.7
Facility Type	Hospital (HCF with in-patients)	25,162	16.6	94.7	80.1	80.4	70.3	91.1
	Non-hospital (HCF without in-patient)	67,142	3.2	82.2	41.8	21.4	25.4	74.4
Type of	Govt. Hospitals	7,077	32.0	97.9	84.4	79.0	81.6	95.4

Dimensions	Categories	Estimated number of Improved toilet compartment	Estimated average number of compartments per HF	Proportion of HCFs with at least one improved toilet facilities	Proportion of HCFs with at least one improved toilet facilities designated exclusively for staff use	Proportion of HCFs with at least one improved toilet facilities designated exclusively for inpatients use	Proportion of HCFs with at least one improved toilet facilities which are SINGLE-SEX	Proportion of HCFs with all improved toilets used by both Gender
Public HCF	UHC	4,716	14.7	88.3	76.2	70.5	70.0	85.2
	UHFWC	12,412	2.6	91.1	55.6	22.8	33.3	84.3
Division	Barishal	4,955	3.9	65.4	36.8	21.3	19.2	63.3
	Chattogram	14,582	3.7	79.4	36.0	24.6	18.6	73.6
	Dhaka	26,601	4.5	92.5	48.7	32.3	37.5	87.5
	Khulna	13,891	4.9	81.3	47.7	22.5	35.0	68.5
	Mymensingh	5,875	3.2	84.5	38.9	19.9	20.8	74.6
	Rajshahi	10,809	3.6	82.1	49.9	25.3	31.7	74.1
	Rangpur	8,899	3.5	80.1	45.8	18.8	24.8	67.7
	Sylhet	6,694	5.2	86.1	41.4	23.2	22.8	82.8

Table 4.6 indicates that 82.9 percent of healthcare facilities have at least one improved toilet, with an estimated 92,304 compartments nationally and an average of 4.1 per facility. Urban facilities are better equipped than rural, 95.8 percent vs 79.4 percent with improved toilets, and have more compartments on average, 9.5 vs 2.4, with greater designation for staff, inpatients, and single-sex use. Private or NGO facilities and hospitals outperform government or public and non-hospital facilities on all designation metrics, for example staff-only, inpatient-only, and single-sex provision, while public facilities lag, particularly on single-sex access. Among public types, government hospitals have the strongest provision, high coverage, large compartment counts, and the highest single-sex share, followed by UHCs and UHFWCs. Divisional variation is notable, coverage is highest in Dhaka and Sylhet and lowest in Barishal, while Dhaka also concentrates the largest estimated stock of compartments. Overall, improved toilets are widespread, but rural, public, and non-hospital facilities have fewer compartments and less designation for specific user groups, including single-sex access.

Table 4.7: Proportion of Healthcare Facilities with Improved Toilets Equipped for Menstrual Hygiene Management, Accessibility for Persons with Limited Mobility, and Availability of Soap and Water for Handwashing, by Selected Characteristics.

Dimension	Categories	Proportion of HCFs with at least one improved toilet WITH MENSTRUAL HYGIENE FACILITIES	Proportion of HCFs with at least one improved toilet ACCESSIBLE TO PEOPLE WITH LIMITED MOBILITY	Proportion of HCFs with at least one improved toilet WITH SOAP AND RUNNING WATER ACCESSIBLE FOR HANDWASHING within 5 meters of the toilet space	Proportion of HCFs where ALL THE IMPROVED TOILET facilities are WITH SOAP AND RUNNING WATER ACCESSIBLE FOR HANDWASHING WITHIN 5 METERS of the toilet space
	National	**25.6**	**30.6**	**56.0**	**36.8**
Locality	Rural	16.7	25.6	48.2	35.2
	Urban	58.2	48.9	84.7	42.8
Managing Authority	Govt/Public	15.3	24.7	45.9	33.6
	Private	51.0	45.1	80.7	44.6
Facility Type	Hospital (HCF with in-patients)	59.4	56.4	87.1	29.0
	Non-hospital (HCF without in-patient)	23.4	29.0	54.0	37.3
Type of Public HCF	Govt. Hospitals	66.7	54.9	84.5	7.9
	UHC	53.4	46.6	75.2	16.4
	UHFWC	25.0	31.3	62.7	37.1
Division	Barishal	20.2	42.8	46.7	30.8
	Chattogram	28.1	44.2	48.3	30.5
	Dhaka	29.0	34.9	65.4	39.7
	Khulna	17.5	19.6	59.7	35.7
	Mymensingh	18.5	29.0	44.3	28.3
	Rajshahi	32.1	17.3	66.1	49.8
	Rangpur	25.3	27.4	50.0	37.8
	Sylhet	22.8	18.1	49.4	34.3

Table 4.7 shows large gaps in toilet readiness for MHM, accessibility, and handwashing. Nationally, 25.6% of facilities have MHM-equipped improved toilets, 30.6% are accessible to people with limited mobility, 56.0% have soap and running water within 5 meters at at least one improved toilet, and 36.8% have soap and water at all improved toilets. Urban facilities substantially outperform rural, MHM 58.2% vs 16.7%, accessibility 48.9% vs 25.6%, at least one toilet with soap and water 84.7% vs 48.2%, all toilets 42.8% vs 35.2%. Private facilities exceed government on all indicators, for example MHM 51.0% vs 15.3% and at least one toilet with soap and water 80.7% vs 45.9%. Hospitals are notably stronger than non-hospitals on MHM and accessibility, 59.4% and 56.4% vs 23.4% and 29.0%, though hospitals are less likely to have soap and water at all improved toilets, 29.0% vs 37.3%. Among public types, government hospitals lead on MHM, 66.7%, and near-toilet handwashing at least one site, 84.5%, while UHFWCs are more likely to have soap and water at all improved toilets, 37.1%. Divisional variation is wide, Rajshahi is highest for all-toilet handwashing, 49.8%, and Dhaka is high for at least one toilet with soap and water, 65.4%, whereas Mymensingh is low across several indicators. Overall, priority needs include expanding MHM amenities, improving disability access, and ensuring consistent near-toilet handwashing facilities, especially in rural and government-managed facilities.

4.2.2 Access to Basic, Limited and No Sanitation Services

Table 4.8: Proportion of Healthcare Facilities with Basic, Limited, and No Sanitation Services, by Selected Characteristics.

Dimension	Categories	Access to BASIC SANITATION SERVICES: Proportion of HCFs with at least one improved toilet facilities which are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	LIMITED ACCESS: Proportion of HCFs with at least one improved toilet facilities, but not all requirements for basic service are met	NO SERVICE: Proportion of HCFs with No toilets or latrines, or unimproved facilities (pit latrines without a slab or platform, hanging latrines, bucket latrines)
Locality	**National**	5.2	77.7	17.1
	Rural	2.3	77.1	20.6
	Urban	15.6	80.2	4.2
Managing Authority	Govt/Public	2.2	76.6	21.2
	Private/NGO	12.5	80.6	6.8
Facility Type	Hospital (HCF with in-patients)	24.8	69.9	5.3
	Non-hospital (HCF without in-patient)	3.9	78.2	17.8
Public HCF Type	Govt. Hospitals	29.1	68.8	2.1
	UHC	28.5	59.8	11.7
	UHFWC	3.4	87.8	8.9
Division	Barishal	5.8	59.6	34.6
	Chattogram	6.5	72.8	20.6
	Dhaka	7.8	84.7	7.5
	Khulna	4.1	77.2	18.7
	Mymensingh	2.4	82.2	15.5
	Rajshahi	2.5	79.5	17.9
	Rangpur	5.0	75.2	19.9
	Sylhet	2.2	83.8	13.9

Table 4.8 shows very low access to basic sanitation in healthcare facilities, 5.2 percent nationally, with most facilities in limited service, 77.7 percent, and 17.1 percent reporting no service. Urban facilities perform far better than rural, basic 15.6 vs 2.3 percent, and far fewer with no service, 4.2 vs 20.6 percent. Private or NGO facilities exceed government or public, basic 12.5 vs 2.2 percent. Hospitals are markedly stronger than non-hospitals, basic 24.8 vs 3.9 percent, and much less likely to have no service, 5.3 vs 17.8 percent. Among public facility types, government hospitals and UHCs show relatively higher basic access, 29.1 and 28.5 percent, while UHFWCs have very low basic and

the highest limited share. Divisional variation is large, Dhaka records the highest basic access, 7.8 percent, and low no service, 7.5 percent, whereas Barishal has the highest no service, 34.6 percent. Overall, the binding constraint is upgrading from limited to basic service, especially in rural, public, and non-hospital facilities.

4.2.3 Faecal sludge management

Table 4.9: Percentage Distribution of Septic Tank/Pit Emptying Frequency by Type of Sanitation Facility and Selected Characteristics.

Dimension	Categories	Estimated number of Healthcare Facilities with at least one usable toilet	Toilets/latrines' Septic tanks/pits Ever-Emptying Status					Estimated number of HF ever emptied septic tanks
			Emptied within the last 5 years	Emptied More than 5 years ago	Never Emptied	Don't Know	Total	
	National	**26,360**	**30.7**	**11.8**	**46.3**	**11.2**	**100**	**10,206**
Locality	Rural	20,736	24.0	11.6	53.0	11.5	100	6,727
	Urban	5,624	55.5	12.5	21.6	10.4	100	3,480
Managing Authority	Govt/Public	18,755	22.5	12.6	54.1	10.8	100	5,956
	Private/NGO	7,605	50.3	9.9	27.5	12.3	100.0	4250
Facility Type	Hospital (HCF with in-patients)	1,556	73.4	8.2	11.8	6.6	100.0	1148
	Non-hospital (HCF without in-patient)	24,804	28.0	12.0	48.4	11.5	100.0	9059
Division	Barishal	1,918	33.9	12.8	44.8	8.5	100	812
	Chattogram	4,817	33.6	16.4	31.4	18.6	100	2,227
	Dhaka	6,166	40.0	11.5	37.8	10.7	100	2,844
	Khulna	3,461	25.0	15.2	50.4	9.3	100	1,340
	Mymensingh	2,076	27.8	10.1	52.5	9.6	100	692
	Rajshahi	3,549	24.5	6.2	61.4	7.9	100	1,015
	Rangpur	2,965	20.8	8.4	61.5	9.3	100	764
	Sylhet	1,409	31.5	10.4	47.2	10.9	100	511

Table 4.9 indicates that septic tanks or pits are most often never emptied, nationally 46.3 percent, with 30.7 percent emptied within the last five years and 11.8 percent more than five years ago, 11.2 percent do not know. Urban facilities report far more recent emptying than rural, 55.5 percent vs 24.0 percent, and much lower never emptied, 21.6 percent vs 53.0 percent. Private or NGO facilities outpace government or public on recent emptying, 50.3 percent vs 22.5 percent, while hospitals are strongest, 73.4 percent emptied within five years and only 11.8 percent never emptied, compared with 28.0 percent and 48.4 percent in non-hospitals. Divisional patterns vary, recent emptying is relatively high in Dhaka, 40.0 percent, Barishal, 33.9 percent, Chattogram, 33.6 percent, and Sylhet, 31.5 percent, whereas Rajshahi and Rangpur record the highest shares never emptied, 61.4 percent and 61.5 percent. Overall, containment is widespread but routine emptying is uneven, with pronounced gaps in rural, public, and non-hospital facilities.

Figure 4.3: Percentage distribution of Healthcare Facilities Emptied the Septic Tank by Locality.

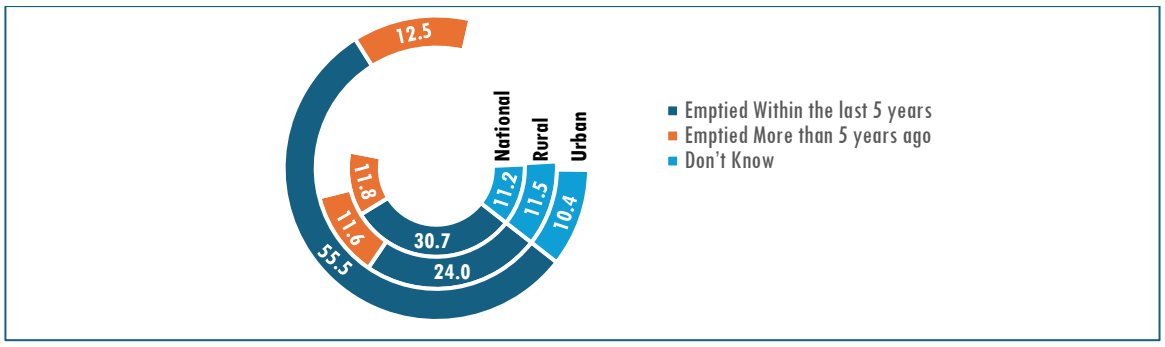


Figure 4.3 shows a clear urban–rural divide in recent septic tank emptying. Nationally, 30.7% of healthcare facilities were emptied within the last five years, rising to 55.5% in urban areas and falling to 24.0% in rural areas. Emptying more than five years ago is similar across settings, 11.8% nationally, 11.6% rural, 12.5% urban, and "don't know" responses are about one in ten, 11.2% nationally. The results point to markedly better faecal-sludge service access in urban facilities, with rural facilities lagging on timely emptying.

Table 4.10: Percentage distribution of Cleaners who Emptied the Septic Pit/Tank of Healthcare Facilities Last time by Selected Characteristics.

Dimension	Categories	Who Emptied the pit(s)/tank(s) last time				
		Service provider (Outsourcing)	Health facility workers	Others	Don't know	Total
Locality	**National**	**79.5**	**6.1**	**9.7**	**4.7**	**100**
	Rural	75.4	5.7	12.5	6.4	100
	Urban	87.3	7.0	4.3	1.4	100
Managing Authority	Govt/Public	75.3	6.4	11.7	6.6	100
	Private	85.3	5.8	6.8	2.0	100
Facility Type	Hospital (HCF with in-patients)	80.8	7.2	11.3	0.7	100
	Non-hospital (HCF without in-patient)	79.3	6.0	9.5	5.2	100
Division	Barishal	71.8	1.5	15.1	11.6	100
	Chattogram	67.4	10.7	12.3	9.6	100
	Dhaka	82.5	9.7	5.7	2.1	100
	Khulna	88.5	0.7	7.3	3.4	100
	Mymensingh	89.7	1.9	5.3	3.1	100
	Rajshahi	91.0	2.5	6.3	0.2	100
	Rangpur	84.7	1.5	11.5	2.3	100
	Sylhet	59.6	7.7	28.0	4.7	100

Table 4.10 shows that septic tanks or pits are emptied mainly by outsourced service providers, 79.5 percent nationally, with small roles for health facility workers, 6.1 percent, and others, 9.7 percent. Urban facilities rely more on outsourcing than rural, 87.3 percent vs 75.4 percent, while rural facilities report higher use of other arrangements, 12.5 percent, and more uncertainty, 6.4 percent do not know. Private facilities use outsourcing more than government or public, 85.3 percent vs 75.3 percent. Hospitals and non-hospitals are similar on outsourcing, 80.8 and 79.3 percent. Divisional variation is wide, Rajshahi, Mymensingh, and Khulna are highest on outsourcing, 91.0, 89.7, and 88.5 percent, whereas Sylhet is lowest at 59.6 percent and has the largest share of other arrangements, 28.0 percent, with Barishal showing the highest do not know, 11.6 percent. Overall, desludging is predominantly outsourced, but reliance on ad hoc or unknown arrangements in several areas' points to the need for consistent contracting and oversight.

Table 4.11: Proportion of Healthcare Facilities with Lighting, Cleaning, Septic Tank Presence, Wastewater Incidents, and Safe Management of Excreta in Improved Toilets, by Selected Characteristics.

Dimension	Categories	Proportion of HCFs with at least one improved toilet compartment that is WELL LIT FOR USE at all times.	Proportion of HCFs with at least one improved toilet compartment that is CLEANED AT LEAST ONCE EVERYDAY	Proportion of HCFs where ALL IMPROVED TOILET COMPARTMENT is CLEANED AT LEAST ONCE EVERYDAY	Proportion of HCFs with improved latrines and WITH SEPTIC TANK ON PREMISES	Proportion of HCFs with improved toilets that have experienced WASTEWATER/ EXCRETA FROM TOILET/LATRINES SYSTEMS RELEASED to the surface or surroundings in the past 12 months due to events	SAFE MANAGEMENT OF EXCRETA: Proportion of HCFs with improved latrines where excreta are safely disposed of in situ or transported and treated offsite
Locality	**National**	**76.6**	**34.6**	**28.5**	**76.9**	**6.9**	**45.4**
	Rural	**72.2**	21.9	18.3	74	8	45.1

Dimension	Categories	Proportion of HCFs with at least one improved toilet compartment that is WELL LIT FOR USE at all times.	Proportion of HCFs with at least one improved toilet compartment that is CLEANED AT LEAST ONCE EVERYDAY	Proportion of HCFs where ALL IMPROVED TOILET COMPARTMENT is CLEANED AT LEAST ONCE EVERYDAY	Proportion of HCFs with improved latrines and WITH SEPTIC TANK ON PREMISES	Proportion of HCFs with improved toilets that have experienced WASTEWATER/ EXCRETA FROM TOILET/LATRINES SYSTEMS RELEASED to the surface or surroundings in the past 12 months due to events	SAFE MANAGEMENT OF EXCRETA: Proportion of HCFs with improved latrines where excreta are safely disposed of in situ or transported and treated offsite
	Urban	**92.8**	81.7	66.3	87.3	2.8	46.2
Managing Authority	Govt/Public	**71.1**	19.3	15.2	73	8.6	44.2
	Private/NGO	**90.0**	72.6	61.6	86.5	2.4	48.3
Facility Type	Hospital (HCF with in-patients)	**93.6**	82.7	57.6	86.6	6.5	47.2
	Non-hospital (HCF without in-patient)	**75.5**	31.6	26.7	76.3	6.9	45.3
Public HCF Type	Govt. Hospitals	**96.9**	83.4	40.5	88.8	12.1	34.7
	UHC	**86.8**	71.6	33.7	85.8	16.9	35.5
	UHFWC	**86.2**	30.6	17.7	87.2	8.6	48.1
Division	Barishal	**59.8**	31.1	22.1	61.1	12.1	31.5
	Chattogram	**73**	33.9	23.4	74.3	4.3	33.2
	Dhaka	**87.1**	44.9	37.8	83.6	6.4	52.1
	Khulna	**77.8**	33.7	28.7	78.8	5.2	58.9
	Mymensingh	**75.3**	27.1	25.4	76.1	6	41.2
	Rajshahi	**77.2**	34.2	32.7	78.3	6	46.6
	Rangpur	**67.4**	23.4	19.9	73	7.4	51.9
	Sylhet	**82.8**	35.7	26.9	78.6	16.7	32.1

Table 4.11 shows that most facilities report at least one improved toilet that is well lit (76.6 percent) and a large majority have septic tanks on the premises (76.9 percent), while daily cleaning is less consistent, at least one compartment cleaned daily in 34.6 percent and all compartments in 28.5 percent. Urban facilities outperform rural on every indicator, lighting 92.8 vs 72.2 percent, daily cleaning of at least one compartment 81.7 vs 21.9 percent, all compartments 66.3 vs 18.3 percent, septic tank presence 87.3 vs 74.0 percent, and fewer wastewater or excreta release incidents 2.8 vs 8.0 percent, with similar safe management levels, 46.2 vs 45.1 percent. Private or NGO facilities exceed government or public on lighting, daily cleaning, septic tank presence, and fewer incidents, while safe management is modestly higher in private or NGO, 48.3 percent vs 44.2 percent. Hospitals score higher than non-hospitals on lighting and daily cleaning and have comparable safe management, 47.2 vs 45.3 percent. Among public facilities, UHFWCs show higher safe management, 48.1 percent, than government hospitals and UHCs, despite lower daily cleaning. Divisionally, safe management peaks in Khulna, 58.9 percent, and Dhaka and Rangpur are also high, while Barishal and Sylhet lag and report more wastewater or excreta release events. Overall, operations and maintenance practices, particularly routine cleaning, remain the weakest link, despite relatively widespread lighting and containment.

Table 4.12: Percentage distribution of Disposal Site During the Most Recent Emptying by Selected Characteristics.

Dimension	Categories	Disposal Site During the Most Recent Emptying									Estimated number of HF that have their toilets/latrines' septic tanks/pits ever been emptied
		Disposed of off-site to a treatment facility	Disposed to a waterbody, open ground, field or elsewhere	Buried in a covered pit at or near the household (in-situ)	Buried in a covered pit /trench elsewhere (off-site)	Emptied into an uncovered pit	Disposed off-site to unknown location	Other	Don't know	Total	
Locality	**National**	20.6	8.7	24.1	25.6	6.6	6.8	1.3	6.3	100	10,206
	Rural	9.5	11.4	31.4	29.0	8.2	3.6	0.7	6.1	100	6,727
	Urban	42.1	3.4	10.1	18.9	3.4	13.1	2.3	6.6	100	3,480
Managing Authority	Govt/Public	7.6	12.0	30.1	30.6	7.9	4.1	1.0	6.7	100	5,956
	Private/NGO	38.8	4.1	15.8	18.5	4.7	10.7	1.6	5.8	100.0	4250
Facility Type	Hospital (HCF with in-patients)	53.0	4.1	11.5	12.4	4.4	9.3	2.3	3.0	100.0	1148
	Non-hospital (HCF without in-patient)	16.5	9.3	25.7	27.3	6.8	6.5	1.1	6.7	100.0	9059
Division	Barishal	6.2	4.3	33.6	32.5	3.5	9.0	1.3	9.7	100	812
	Chattogram	12.5	13.6	21.7	19.9	12.3	7.5	0.3	12.1	100	2,227
	Dhaka	35.1	6.3	15.9	24.5	4.7	5.8	2.7	4.9	100	2,844
	Khulna	21.6	4.6	32.6	30.9	1.3	4.0	0.0	5.0	100	1,340
	Mymensingh	18.6	5.2	22.2	32.1	17.2	0.1	0.0	4.6	100	692
	Rajshahi	5.3	10.8	29.4	28.1	4.2	17.8	1.9	2.6	100	1,015
	Rangpur	16.8	4.4	36.1	27.9	5.7	5.4	1.4	2.3	100	764
	Sylhet	34.6	25.1	17.7	14.3	2.0	3.0	1.0	2.4	100	511

Table 4.12 indicates that disposal routes after septic tank or pit emptying are mixed, with relatively limited use of off-site treatment overall (20.6 percent) and a heavy reliance on burial in covered pits either in situ (24.1 percent) or off-site (25.6 percent). Urban facilities report much higher use of treatment facilities than rural, 42.1 percent vs 9.5 percent, while rural facilities more often bury sludge on or off the premises and have slightly higher shares emptied into uncovered pits. Private or NGO facilities are more likely than government or public to use treatment facilities, 38.8 percent vs 7.6 percent, whereas government or public facilities more often rely on burial. Hospitals show the strongest connection to treatment facilities, 53.0 percent, compared with 16.5 percent among non-hospitals. Divisional patterns vary, Dhaka and Sylhet report comparatively high treatment use, 35.1 percent and 34.6 percent, while Barishal and Rajshahi are lowest, with burial dominating in several divisions and unsafe practices, disposal to waterbodies or open ground, most pronounced in Chattogram and Sylhet. Overall, disposal remains largely outside formal treatment systems, especially in rural, public, and non-hospital facilities, underscoring the need to expand licensed emptying and treatment options and to curtail environmentally unsafe endpoints.

4.3 Hygiene Facilities

4.3.1 Availability of Handwashing Facility

Table 4.13: Proportion of HCF with Handwashing Facilities at Points of Care by Selected Characteristics.

Dimension	Categories	Proportion of HCFs with hand hygiene facilities available at all points of care at the time of the survey	Proportion of HCFs where water and soap for handwashing are available at all points of care	Proportion of HCFs where hand hygiene facilities at points of care are available to everyone
Locality	**National**	9.7	8.5	5.4
	Rural	4.6	4.1	2.5

Dimension	Categories	Proportion of HCFs with hand hygiene facilities available at all points of care at the time of the survey	Proportion of HCFs where water and soap for handwashing are available at all points of care	Proportion of HCFs where hand hygiene facilities at points of care are available to everyone
	Urban	28.8	24.6	16.0
Managing Authority	Govt/Public	4.2	3.7	2.1
	Private/NGO	23.6	20.3	13.4
Facility Type	Hospital (HCF with in-patients)	34.2	31.3	18.4
	Non-hospital (HCF without in-patient)	8.2	7.1	4.5
Public HCF Type	Govt. Hospitals	25.6	19.6	11.3
	UHC	21.6	16.8	8.1
	UHFWC	5.5	4.8	3.1
Division	Barishal	6.1	5.1	3.8
	Chattogram	10.6	7.7	5.5
	Dhaka	16.0	16.0	12.7
	Khulna	4.2	2.9	2.7
	Mymensingh	3.3	1.0	0.7
	Rajshahi	11.0	9.8	2.6
	Rangpur	10.7	10.2	2.6
	Sylhet	2.3	1.1	1.5

Table 4.13 shows that the availability of handwashing facilities at points of care is very limited across health care facilities, with only 9.7 percent having such facilities at all points of care during the survey. Urban facilities perform significantly better than rural ones, and private or NGO managed facilities also show much higher availability compared to government facilities. Hospitals have far better hand hygiene coverage than non-hospital facilities, although the figures remain below one third even in hospitals. Among public facilities, government hospitals and Upazila Health Complexes show moderate availability, while union level facilities lag behind. Divisional differences are notable, with Dhaka performing the best and Mymensingh and Sylhet reflecting the lowest levels of handwashing facility availability.

Figure 4.4: Percentage distribution of Healthcare Facilities by places or area where functional hand hygiene facilities are located with evidence of usage.

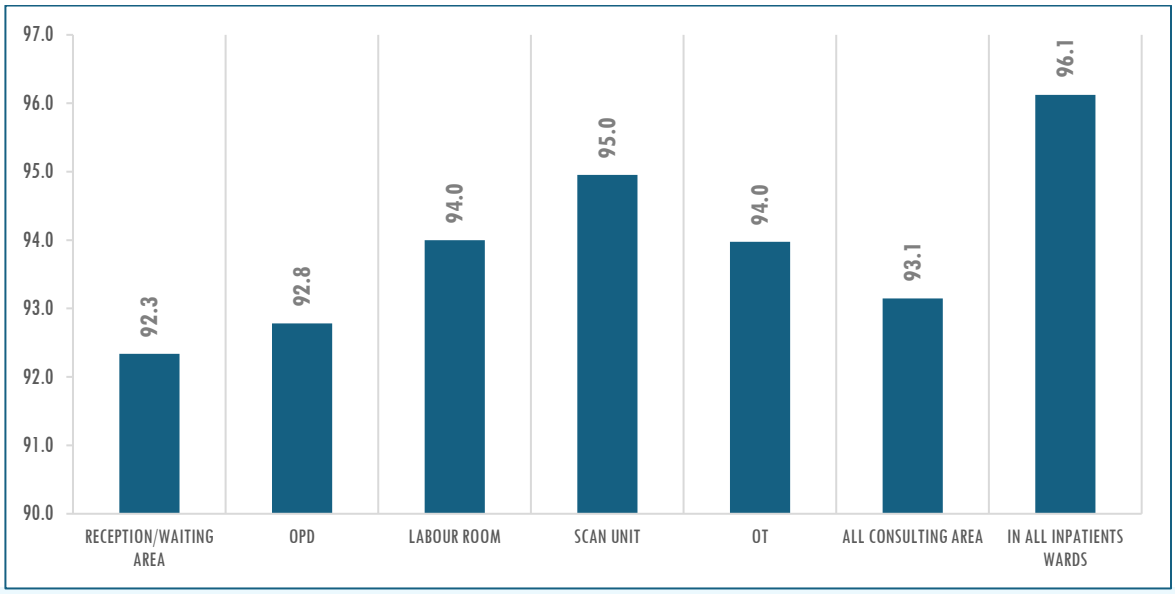


Figure 4.4 shows very high placement and use of functional hand-hygiene stations across service areas. Evidence of use is strongest in inpatient wards (96.1%), followed by the scan unit (95.0%), labour room and OT (both 94.0%), and remains high in consulting areas (93.1%), OPD (92.8%), and reception/waiting areas (92.3%). The small gradient suggests broadly consistent coverage, with a modest need to reinforce visibility and compliance in front-of-house zones, reception and OPD, where patient throughput is highest.

4.3.2 Access to Basic and Limited Handwashing Facilities

Table 4.14: Proportion of Healthcare Facilities with Basic, Limited, and Advanced Access to Hand Hygiene Services, Including Accessibility for Staff and Persons with Limited Mobility or Vision, by Selected Characteristics.

Dimension	Categories	Access to BASIC HAND HYGIENE SERVICES: Proportion of HCFs with functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets	Access to LIMITED HAND HYGIENE SERVICES: Proportion of HCFs with functional hand hygiene facilities are available either at points of care or toilets but not both	Proportion of HCFs with handwashing facilities at points of care available for STAFF USE ONLY	Proportion of HCFs with handwashing facilities at points of care and accessible to those with LIMITED MOBILITY OR VISION.	Proportion of HCFs Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, within five metres of toilets and available to everyone
	National	**5.0**	**4.7**	**8.4**	**5.5**	**3.7**
Locality	Rural	2.9	1.7	3.7	2.2	2.0
	Urban	12.9	15.9	25.7	18.0	9.7
Managing Authority	Govt/Public	2.4	1.8	3.4	2.0	1.6
	Private/NGO	11.6	12.0	20.8	14.3	8.8
Facility Type	Hospital (HCF with in-patients)	11.9	22.4	29.1	19.5	8.6
	Non-hospital (HCF without in-patient)	4.6	3.6	7.1	4.7	3.3
Public HCF Type	Govt. Hospitals	3.2	22.4	18.4	11.4	2.2
	UHC	4.8	16.9	18.1	9.7	1.7
	UHFWC	4.2	1.3	4.3	2.5	2.7
Division	Barishal	4.1	2.0	4.3	5.4	3.7
	Chattogram	5.0	5.6	8.8	7.5	4.4
	Dhaka	8.5	7.5	14.9	9.7	7.7
	Khulna	0.6	3.6	3.7	2.1	0.6
	Mymensingh	1.1	2.3	1.8	1.2	0.2
	Rajshahi	6.9	4.0	8.2	3.9	3.4
	Rangpur	6.4	4.3	9.8	5.3	2.0
	Sylhet	0.2	2.1	2.2	0.3	0.2

Table 4.14 indicates that basic hand hygiene coverage is very low overall, 5.0 percent, with a similar share at limited service, 4.7 percent, and only 3.7 percent achieving the advanced benchmark where facilities are at points of care, near toilets, and available to everyone. Urban facilities outperform rural on all measures, basic 12.9 percent vs 2.9 percent, limited 15.9 percent vs 1.7 percent, staff-only stations 25.7 percent vs 3.7 percent, accessibility for people with limited mobility or vision 18.0 percent vs 2.2 percent, and advanced access 9.7 percent vs 2.0 percent. Private or NGO facilities exceed government or public across indicators, for example advanced access 8.8 percent vs 1.6 percent. Hospitals report substantially higher coverage than non-hospitals, basic 11.9 percent vs 4.6 percent and advanced 8.6 percent vs 3.3 percent. Among public facility types, UHCs and government hospitals show higher limited access but low advanced coverage, while UHFWCs remain low across

metrics. Divisional differences are marked, Dhaka leads on basic and advanced access, 8.5 percent and 7.7 percent, whereas Khulna, Mymensingh, and Sylhet record the weakest performance. Overall, the principal gaps are comprehensive placement at points of care and toilets, universal accessibility, and equitable provision beyond urban, private, and hospital settings.

4.3.3 Menstrual Hygiene Management

Figure 4.5: Percentage distribution of Healthcare Facilities by Availability of Functional Shower/Bath Spaces for Women with Privacy and Securing Lock by Selected Characteristics.

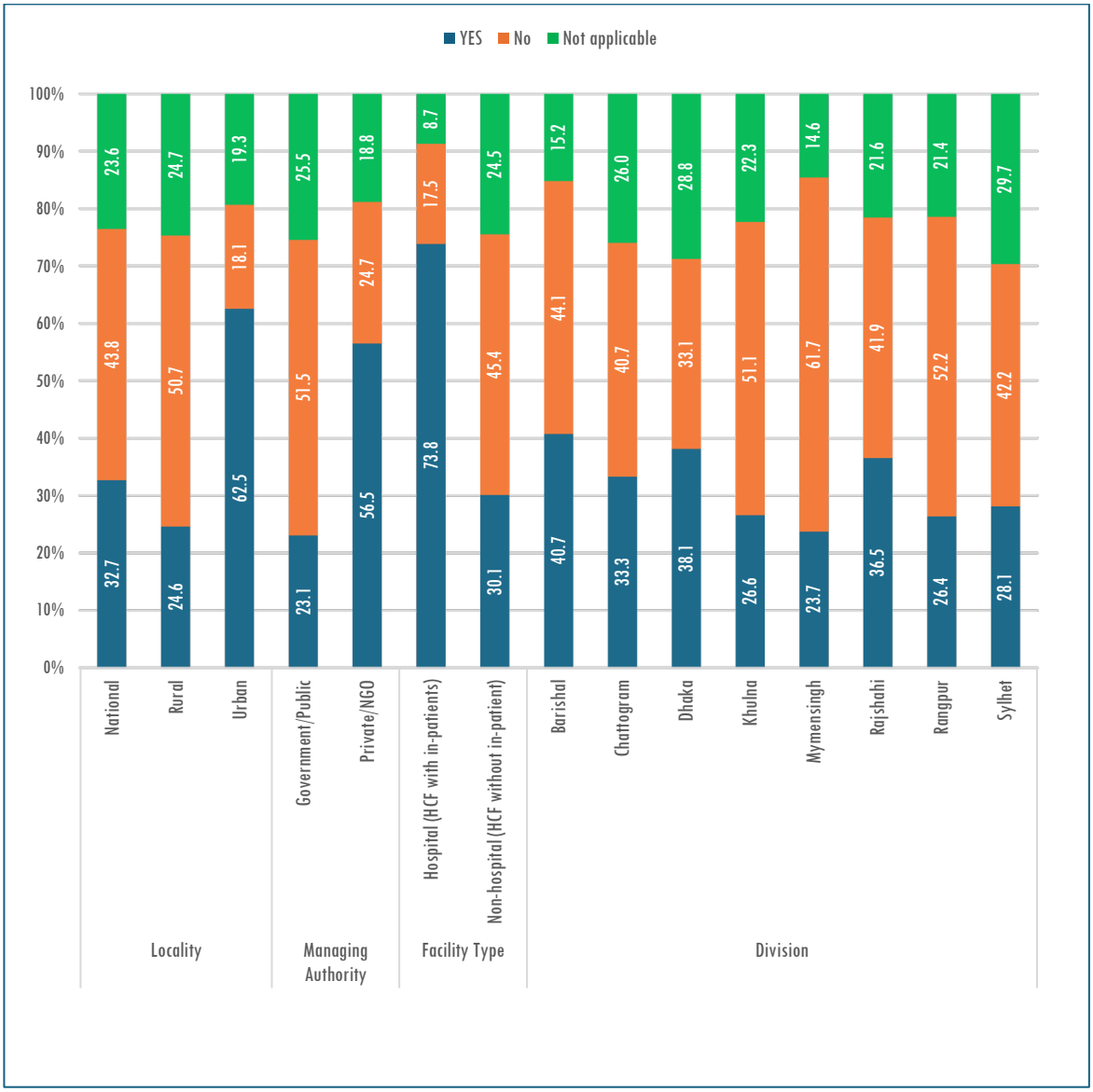


Figure 4.5 shows that only 32.7% of healthcare facilities have functional, private shower or bath spaces for women with a securing lock, 43.8% lack them, and 23.6% are not applicable. Urban facilities are far better equipped than rural, 62.5% vs 24.6% yes, with far fewer "no" cases in urban (18.1% vs 50.7%). Private or NGO facilities outperform government or public, 56.5% vs 23.1% yes. Hospitals lead with 73.8% yes compared with 30.1% in non-hospitals. Divisional results vary, "yes" is highest in Barishal 40.7%, Dhaka 38.1%, and Rajshahi 36.5%, and lowest in Mymensingh 23.7% and Rangpur 26.4%. Overall, provision is limited outside urban, private, and hospital settings, indicating a need to prioritize secure, private bathing spaces for women in rural, public, and non-hospital facilities.

Table 4.15: Percentage of Healthcare Facilities with Menstrual Hygiene Waste Disposal by Selected Characteristics.

Dimension	Categories	Disposal Mechanisms for Menstrual Hygiene Waste Available at the Healthcare Facility		
		Yes	No	Total
Locality	**National**	**39.2**	**60.8**	**100.0**
	Rural	30.9	69.1	100.0
	Urban	70.2	29.8	100.0
Managing Authority	Govt/Public	29.8	70.2	100.0
	Private/NGO	62.5	37.5	100.0
Facility Type	Hospital (HCF with in-patients)	77.4	22.6	100.0
	Non-hospital (HCF without in-patient)	36.9	63.1	100.0
Division	Barishal	39.4	60.6	100.0
	Chattogram	36.9	63.1	100.0
	Dhaka	39.1	60.9	100.0
	Khulna	39.6	60.4	100.0
	Mymensingh	36.2	63.8	100.0
	Rajshahi	46.8	53.2	100.0
	Rangpur	36.0	64.0	100.0
	Sylhet	39.5	60.5	100.0

Table 4.15 shows that fewer than half of healthcare facilities provide a disposal mechanism for menstrual hygiene waste, 39.2 percent yes and 60.8 percent no. Urban facilities far exceed rural, 70.2 percent vs 30.9 percent. Private or NGO facilities outperform government or public, 62.5 percent vs 29.8 percent. Hospitals are substantially better equipped than non-hospitals, 77.4 percent vs 36.9 percent. Divisional differences are moderate, Rajshahi is highest at 46.8 percent, while most other divisions cluster around 36 to 40 percent. Overall, provision is uneven, with the largest gaps in rural, public, and non-hospital facilities.

4.4 Waste Management

4.4.1 Environmental Cleaning, Solid Waste Collection and Disposal

Table 4.16: Proportion of Healthcare Facilities with Basic and Advanced Access to Environmental Cleaning Services, Including Availability of Protocols, Staff Training, and Use of Cleaning Agents, by Selected Characteristics.

Dimension	Categories	Proportion of HCFs where BASIC PROTOCOLS FOR CLEANING are available	Proportion of HCFs where ALL CLEANING STAFF HAVE RECEIVED TRAINING on SOP	BASIC ACCESS TO ENVIRONMENTAL CLEANING SERVICES: Proportion of HCFs where basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training	ADVANCED ACCESS TO ENVIRONMENTAL CLEANING SERVICES: Proportion of HCFs where basic protocols for cleaning are available, staff with cleaning responsibilities have all received training and floors and surfaces of all consulting areas cleaned using cleaning agents (like disinfectants, detergents)
Locality	**National**	46.0	22.8	19.2	18.5
	Rural	37.9	14.9	11.7	10.9
	Urban	76.1	52.1	46.9	46.6
Managing Authority	Govt/Public	37.4	13.5	10.6	9.7
	Private/NGO	67.4	45.8	40.5	40.1
Facility Type	Hospital (HCF with in-patients)	81.7	65.0	59.0	58.3
	Non-hospital (HCF without in-patient)	43.8	20.2	16.7	16.0

Dimension	Categories	Proportion of HCFs where BASIC PROTOCOLS FOR CLEANING are available	Proportion of HCFs where ALL CLEANING STAFF HAVE RECEIVED TRAINING on SOP	BASIC ACCESS TO ENVIRONMENTAL CLEANING SERVICES: Proportion of HCFs where basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training	ADVANCED ACCESS TO ENVIRONMENTAL CLEANING SERVICES: Proportion of HCFs where basic protocols for cleaning are available, staff with cleaning responsibilities have all received training and floors and surfaces of all consulting areas cleaned using cleaning agents (like disinfectants, detergents)
Public HCF Type	Govt. Hospitals	85.8	66.7	62.7	60.6
	UHC	80.6	60.8	56.6	56.6
	UHFWC	46.2	22.0	17.1	16.4
Division	Barishal	46.5	20.0	17.8	17.5
	Chattogram	47.5	24.6	19.9	18.1
	Dhaka	46.6	25.4	21.3	20.7
	Khulna	44.9	21.0	17.1	16.2
	Mymensingh	43.1	20.0	15.0	14.4
	Rajshahi	45.4	19.2	16.5	16.3
	Rangpur	40.8	22.3	20.8	20.5
	Sylhet	57.7	28.4	24.4	23.8

Table 4.16 shows substantial gaps in environmental cleaning readiness. Nationally, 46.0 percent of facilities have basic cleaning protocols, 22.8 percent report all cleaning staff trained, 19.2 percent meet the basic cleaning standard, and 18.5 percent reach the advanced standard. Urban facilities far outperform rural, protocols 76.1 vs 37.9 percent, training 52.1 vs 14.9 percent, basic 46.9 vs 11.7 percent, advanced 46.6 vs 10.9 percent. Private or NGO facilities exceed government or public across all measures, for example advanced 40.1 vs 9.7 percent. Hospitals are markedly stronger than non-hospitals, protocols 81.7 vs 43.8 percent, training 65.0 vs 20.2 percent, basic 59.0 vs 16.7 percent, advanced 58.3 vs 16.0 percent. Among public facilities, government hospitals and UHCs perform best, both near or above 60 percent on basic and advanced standards, while UHFWCs are much lower. Divisionally, Sylhet leads on all four indicators, while other divisions cluster around the national averages.

Table 4.17: Percentage distribution of Healthcare Facilities by method of disposing solid waste (garbage) by Selected Characteristics.

Dimension	Categories	Collected by the municipal waste system	Incinerated (brick incinerator)	Burned on Premises	Buried and covered on premises	Openly dumped on premises	Estimated number of HF
	National	**24.7**	**7.5**	**41.6**	**39.7**	**6.2**	**26754**
Locality	Rural	9.3	8.3	49.2	47.3	7.7	21057
	Urban	81.8	4.8	13.7	11.7	0.9	5697
Managing Authority	Govt/Public	8.8	8.6	49.2	47.5	7.9	19050
	Private/NGO	64.1	5.0	23.0	20.7	2.0	7704
Facility Type	Hospital (HCF with in-patients)	73.7	4.7	15.2	15.2	1.1	1579
	Non-hospital (HCF without in-patient)	21.7	7.7	43.3	41.3	6.6	25175
Division	Barishal	15.8	4.7	49.9	41.9	5.0	1933
	Chattogram	23.3	13.8	41.9	36.5	7.5	4852
	Dhaka	40.5	5.2	33.4	33.7	4.6	6251

Dimension	Categories	Collected by the municipal waste system	Incinerated (brick incinerator)	Burned on Premises	Buried and covered on premises	Openly dumped on premises	Estimated number of HF
	Khulna	21.1	5.0	43.7	41.6	4.8	3471
	Mymensingh	14.8	8.2	46.5	44.6	8.4	2127
	Rajshahi	22.6	7.0	43.6	38.7	8.5	3571
	Rangpur	14.3	5.4	44.7	52.0	5.7	3100
	Sylhet	24.2	11.9	42.1	38.3	6.2	1449

Table 4.17 shows that solid waste is managed mainly on site, with burning on premises at 41.6 percent and burial at 39.7 percent, while municipal collection reaches 24.7 percent, incineration 7.5 percent, and open dumping 6.2 percent. Urban facilities rely on municipal systems far more than rural, 81.8 percent vs 9.3 percent, whereas rural facilities predominantly burn and bury waste. Private or NGO facilities and hospitals are more likely to use municipal collection, 64.1 percent and 73.7 percent, compared with government or public facilities and non-hospitals where burning and burial dominate. Divisional patterns vary, Dhaka has the highest municipal collection at 40.5 percent, Chattogram the highest incineration at 13.8 percent, and Rangpur the highest burial at 52.0 percent. Overall, the data point to limited off-site, formal waste services outside urban and hospital settings, reinforcing the need to expand collection and reduce on-site burning and burial.

Figure 4.6: Percentage Distribution of Healthcare Facilities by Treatment Practices of Sharp Waste

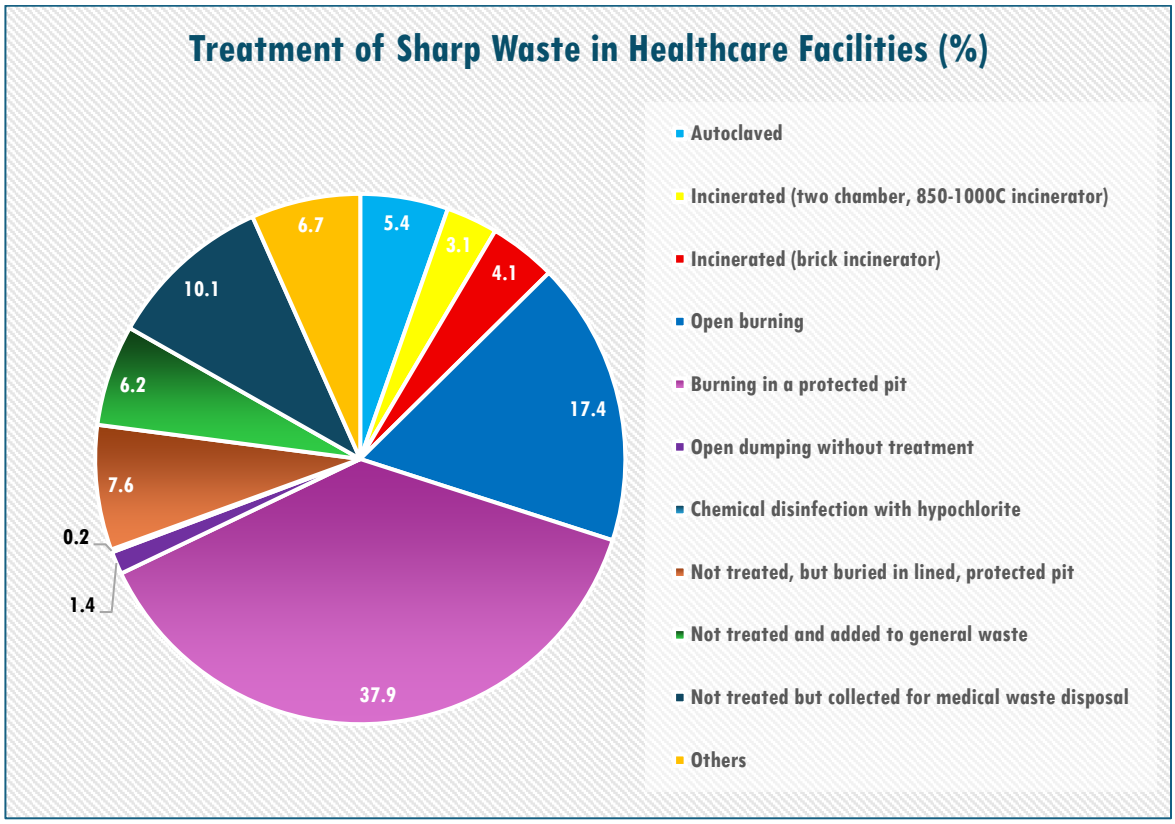


Figure 4.6 indicates that the most common practice for sharp waste is no on-site treatment but collection for medical waste disposal (37.9%). Among on-site treatment options, autoclaving accounts for 17.4%, with smaller shares using incineration, two-chamber units 5.4% and brick units 4.1%. Less preferred practices persist, including burning or burial without prior treatment and open dumping, which together make up a notable minority of responses, while chemical disinfection and other methods appear infrequently. Overall, safe treatment, autoclaving and compliant incineration,

remains well below half of facilities, pointing to the need for stronger treatment capacity and oversight.

Figure 4.7: Percentage Distribution of Healthcare Facilities by Treatment Practices of Infectious Waste

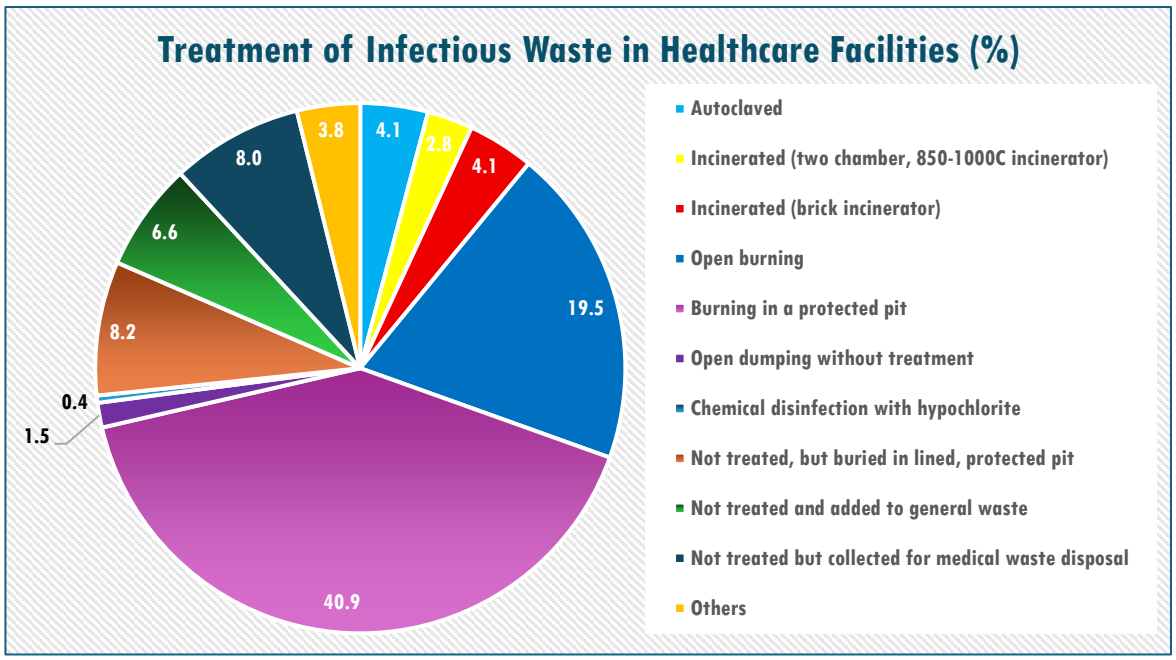


Figure 4.7 indicates that infectious waste is most often not treated on site but collected for medical waste disposal (40.9%), followed by autoclaving (19.5%). Mid-tier practices include chemical disinfection with hypochlorite (approximately 8.0%), burning in a protected pit (8.2%), and burial in lined, protected pits (approximately 8–9%), while open dumping (6.6%) persists in a notable minority. Incineration is limited, two-chamber units (2.8%) and brick incinerators (4.1%), as is open burning (approximately 4%). Very small shares report adding to general waste (0.4%) or other methods (1.5%), underscoring the need to expand compliant treatment capacity and phase out unsafe disposal.

4.4.2 Presence of Bins and Waste Segregation

Table 4.18: Percentage Distribution of Healthcare Facilities with Waste Safely Segregated into Correct Colored Bins at the Point of Care by Selected Characteristics.

Dimensions	Categories	Waste Safely Segregated into Correct Coloured Bins at the Point of Care			
		Yes	No	Not observed	Total
Locality	**National**	50.6	48.7	0.8	100.0
	Rural	44.7	54.7	0.6	100.0
	Urban	72.2	26.4	1.5	100.0
Managing Authority	Govt/Public	44.0	55.4	0.6	100.0
	Private/NGO	66.9	32.0	1.1	100.0
Facility Type	Hospital (HCF with in-patients)	81.2	17.4	1.4	100.0
	Non-hospital (HCF without in-patient)	48.6	50.6	0.7	100.0
Division	Barishal	49.1	50.9	0.0	100.0

Dimensions	Categories	Waste Safely Segregated into Correct Coloured Bins at the Point of Care			
		Yes	No	Not observed	Total
	Chattogram	41.2	58.0	0.7	100.0
	Dhaka	51.9	46.7	1.4	100.0
	Khulna	53.7	45.7	0.6	100.0
	Mymensingh	44.6	54.2	1.2	100.0
	Rajshahi	59.6	40.4	0.0	100.0
	Rangpur	54.9	44.2	0.9	100.0
	Sylhet	47.5	52.0	0.4	100.0

Table 4.18 shows that half of healthcare facilities segregate waste into correct coloured bins at point of care (yes 50.6%), with substantial gaps in rural areas (44.7%) compared with urban (72.2%). Private or NGO facilities outperform government or public (66.9% vs 44.0%). Hospitals are strongest (81.2% yes) versus non-hospitals (48.6%). Divisional results vary, Rajshahi (59.6%), Rangpur (54.9%), and Khulna (53.7%) are above the national average, while Chattogram (41.2%) and Mymensingh (44.6%) lag. Overall, segregation practices are uneven, particularly in rural, public, and non-hospital settings.

Figure 4.8: Percentage distribution of Cleaning Status of Floors and Surfaces Using Water and Detergent of All Consulting Areas by Selected Characteristics.

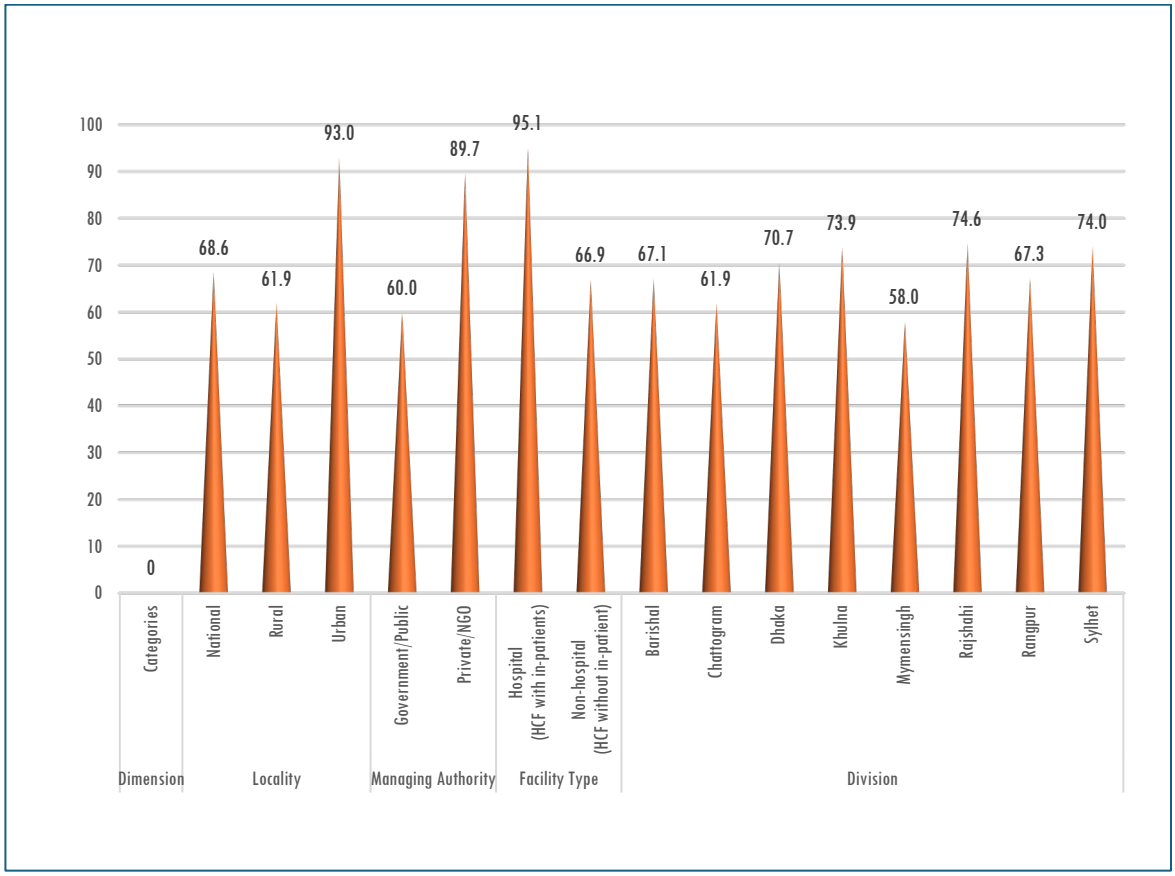


Figure 4.8 shows that 68.6 percent of facilities clean floors and consulting-area surfaces with water and detergent, with large urban–rural and ownership gaps. Urban facilities report 93.0 percent versus 61.9 percent in rural, private or NGO 89.7 percent versus government or public 60.0 percent, and hospitals 95.1 percent versus 66.9 percent in non-hospitals. Divisional results range from 58.0

percent in Mymensingh to 74.6 percent in Rajshahi, with Dhaka 70.7 percent, Khulna 73.9 percent, Rangpur 67.3 percent, Sylhet 74.0 percent, Barishal 66.9 percent, and Chattogram 61.9 percent. Overall, adherence to recommended cleaning practices is high in urban, private, and hospital settings, but weaker in rural, public, and some divisions.

Table 4.19: Proportion of HCFs with Safe Segregation, Basic Waste Services, and Limited Waste Services by Selected Characteristics.

Dimension	Categories	Proportion of HCFs where waste is SAFELY SEGREGATED into at least three bins	ACCESS TO BASIC WASTE MANAGEMENT SERVICES: Proportion of HCFs where waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely	ACCESS TO LIMITED WASTE MANAGEMENT SERVICES: Proportion of HCFs where there is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met	Estimated number of Health facilities
	National	50.6	25.4	13.7	26,754
Locality	Rural	44.7	22.4	12.8	21,057
	Urban	72.2	36.3	16.9	5,697
Managing Authority	Govt/Public	44.0	21.5	13.3	19,050
	Private/NGO	66.9	35.0	14.7	7704
Facility Type	Hospital (HCF with in-patients)	81.2	37.6	14.9	1579
	Non-hospital (HCF without in-patient)	48.6	24.6	13.6	25175
Public HCF Type	Govt. Hospitals	83.9	35.5	23.3	226
	UHC	77.2	54.0	15.1	362
	UHFWC	58.6	33.4	12.5	5,237
Division	Barishal	49.1	25.6	15.8	1,933
	Chattogram	41.2	23.8	11.9	4,852
	Dhaka	51.9	24.6	12.3	6,251
	Khulna	53.7	30.0	17.9	3,471
	Mymensingh	44.6	20.7	9.4	2,127
	Rajshahi	59.6	23.3	14.8	3,571
	Rangpur	54.9	29.1	15.5	3,100
	Sylhet	47.5	26.3	12.3	1,449

Table 4.19 shows that half of healthcare facilities safely segregate waste into at least three bins (50.6%), while only one quarter meet the basic waste-management standard that combines segregation with safe treatment and disposal of sharps and infectious waste (25.4%), and 13.7% are at a limited level. Urban facilities outperform rural across all measures, segregation 72.2% vs 44.7%, basic access 36.3% vs 22.4%, and limited 16.9% vs 12.8%. Private or NGO facilities exceed government or public on segregation and basic access, 66.9% and 35.0% vs 44.0% and 21.5%. Hospitals lead over non-hospitals, segregation 81.2% vs 48.6% and basic access 37.6% vs 24.6%. Among public facility types, UHCs register the highest basic access (54.0%), ahead of government hospitals (35.5%) and UHFWCs (33.4%). Divisionally, segregation ranges from 41.2% in Chattogram to 59.6% in Rajshahi, while basic access is comparatively higher in Khulna (30.0%), Rangpur (29.1%), Sylhet (26.3%), and Barishal (25.6%) than in Mymensingh (20.7%). Overall, safe segregation is more common than comprehensive treatment and disposal, with persistent gaps in rural, public, and non-hospital facilities.

4.5 Budget Availability for Operation and Maintenance of WASH Facilities

Figure 4.9: Percentage distribution of Healthcare Facilities with dedicated/ on-budget fund for cleaning and maintaining the WASH facilities by Selected Characteristics.

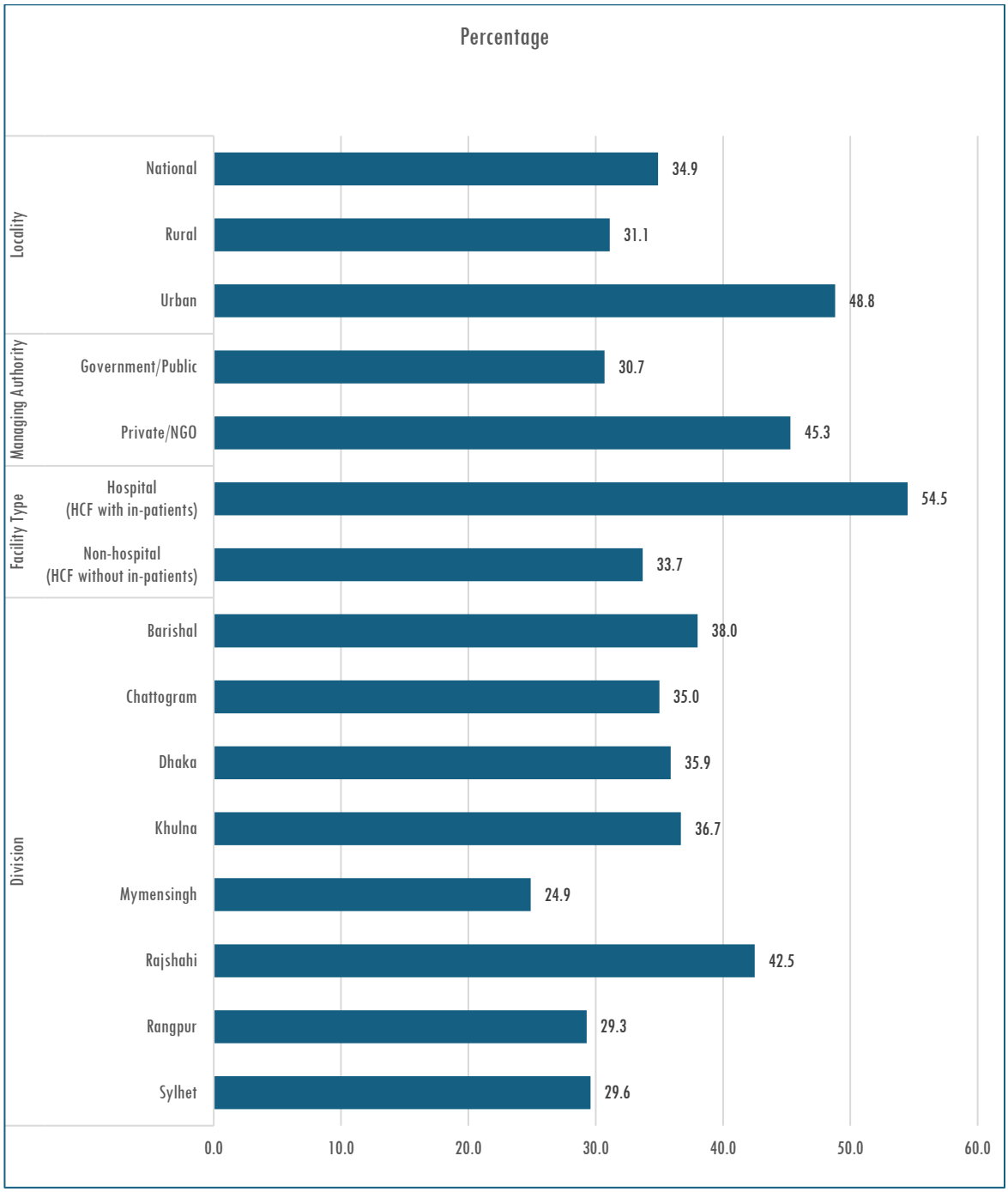


Figure 4.9 reveals that only 34.9% of facilities report a dedicated or on-budget fund for cleaning and maintaining WASH, with strong advantages in urban over rural (48.8% vs 31.1%), private/NGO over government/public (45.3% vs 30.7%), and hospitals over non-hospitals (54.5% vs 33.7%). By division, Rajshahi is highest (42.5%) while Mymensingh is lowest (24.9%), indicating uneven fiscal readiness for routine WASH upkeep.

4.6 WASH-related Training

4.6.1 Integration of WASH in Training

Table 4.20: Percentage Distribution of Healthcare Facilities that Covered Training for All Cleaning Staff and Frequency of Training Provided by Selected Characteristics.

Dimension	Categories	Training Receiving Status of All Cleaning Staff			Estimated number of Healthcare Facilities	Timing of Training Provided			Estimated number of HF that have all cleaning staff received training
		Yes	No	Total		Within the last Year	More than a year ago	Total	
	National	**22.8**	**77.2**	**100**	**26754**	**49.9**	**50.1**	**100**	**6107**
Locality	Rural	14.9	85.1	100	21057	48.7	51.3	100	3139
	Urban	52.1	47.9	100	5697	51.2	48.8	100	2968
Managing Authority	Govt/Public	13.5	86.5	100	19050	46.8	53.2	100	2578
	Private/NGO	45.8	54.2	100	7704	52.1	47.9	100.0	3529
Facility Type	Hospital (HCF with in-patients)	65.0	35.0	100	1579	53.9	46.1	100.0	1026
	Non-hospital (HCF without in-patient)	20.2	79.8	100	25175	49.1	50.9	100.0	5081
Division	Barishal	20.0	80.0	100	1933	65.4	34.6	100	386
	Chattogram	24.6	75.4	100	4852	59.8	40.2	100	1192
	Dhaka	25.4	74.6	100	6251	44.7	55.3	100	1586
	Khulna	21.0	79.0	100	3471	39.3	60.7	100	731
	Mymensingh	20.0	80.0	100	2127	34.3	65.7	100	426
	Rajshahi	19.2	80.8	100	3571	49.0	51.0	100	686
	Rangpur	22.3	77.7	100	3100	54.9	45.1	100	690
	Sylhet	28.4	71.6	100	1449	54.3	45.7	100	411

Table 4.20 shows that only 22.8 percent of healthcare facilities report all cleaning staff trained, with 77.2 percent not fully covered. Urban facilities far outperform rural, 52.1 percent vs 14.9 percent, and private or NGO facilities exceed government or public, 45.8 percent vs 13.5 percent. Hospitals are strongest, 65.0 percent, compared with 20.2 percent in non-hospitals. Among divisions, Sylhet is highest at 28.4 percent, followed by Dhaka 25.4 percent and Chattogram 24.6 percent, while several divisions remain near 20 percent.

Training recency is evenly split overall, 49.9 percent within the last year and 50.1 percent more than a year ago. Urban facilities train slightly more recently than rural, 51.2 percent vs 48.7 percent within a year, and private or NGO facilities more than government or public, 52.1 percent vs 46.8 percent. The estimated number of facilities with all staff trained is 6,107 nationally, including 3,139 rural and 2,968 urban.

Table 4.21: Percentage distribution of Healthcare Facility offering IPC Training and Frequency of Training by Selected Characteristics.

Dimension	Categories	Training Receiving Status of HCF Staff			Estimated number of Health Facilities	Timing of Training offered			Estimated number of Healthcare Facilities that received training offered to HCF
		Yes	No	Total		Within the last Year	More than a year ago	Total	
Locality	**National**	30.4	69.6	100.0	6107	**44.4**	**55.6**	**100**	**8144**

Dimension	Categories	Training Receiving Status of HCF Staff			Estimated number of Health Facilities	Timing of Training offered			Estimated number of Healthcare Facilities that received training offered to HCF
		Yes	No	Total		Within the last Year	More than a year ago	Total	
	Rural	24.9	75.1	100.0	3139	45.6	54.4	100	5242
	Urban	50.9	49.1	100.0	2968	42.3	57.7	100	2902
Managing Authority	Govt/Public	26.0	74.0	100.0	19050	45.0	55.0	100	4951
	Private/NGO	41.4	58.6	100.0	7704	43.4	56.6	100.0	3193
Facility Type	Hospital (HCF with in-patients)	53.3	46.7	100.0	1579	54.3	45.7	100.0	841
	Non-hospital (HCF without in-patient)	29.0	71.0	100.0	25175	43.2	56.8	100.0	7303
Division	Barishal	27.3	72.7	100.0	1933	52.1	47.9	100	528
	Chattogram	32.5	67.5	100.0	4852	57.1	42.9	100	1578
	Dhaka	31.6	68.4	100.0	6251	31.3	68.7	100	1977
	Khulna	24.9	75.1	100.0	3471	48.9	51.1	100	866
	Mymensingh	36.1	63.9	100.0	2127	35.7	64.3	100	768
	Rajshahi	31.2	68.8	100.0	3571	47.3	52.7	100	1113
	Rangpur	24.7	75.3	100.0	3100	47.8	52.2	100	764
	Sylhet	37.9	62.1	100.0	1449	41.9	58.1	100	549

Table 4.21 indicates that 30.4 percent of healthcare facilities offered IPC training to staff, with higher coverage in urban than rural settings, 50.9 percent vs 24.9 percent, and in private or NGO facilities compared with government or public, 41.4 percent vs 26.0 percent. Hospitals report the strongest performance at 53.3 percent, while non-hospitals are at 29.0 percent. By division, shares range from 24.7 percent in Rangpur and 24.9 percent in Khulna to 37.9 percent in Sylhet and 36.1 percent in Mymensingh.

Among facilities that offered training, timing is split between within the last year and more than a year ago, 44.4 percent and 55.6 percent nationally, with modest variation by locality, managing authority, facility type, and division. Estimated counts are provided in the table, including 8,144 facilities that received training, 5,242 rural and 2,902 urbans. Overall, IPC training opportunities are concentrated in urban, private or NGO, and hospital settings, while rural, public, and non-hospital facilities lag.

4.7 Combined Access to Basic Water, Sanitation and Hygiene

Table 4.22: Proportion and Estimated Number of Healthcare Facilities with Access to Basic Water, Sanitation, and Hygiene (WASH) Services, by Selected Characteristics.

Dimension	Categories	Access to Basic Water and Sanitation Services	Access to Basic Water and Hygiene Services	Access to Basic Sanitation and Hygiene Services	Access to WASH Services	Estimated number of Health facilities
Locality	**National**	4.9	4.8	1.1	1.0	26754
	Rural	2.1	2.6	0.5	0.4	21057
	Urban	15.1	12.7	3.4	3.2	5697
Managing	Government/Public	1.9	2.2	0.4	0.3	19050

Dimension	Categories	Access to Basic Water and Sanitation Services	Access to Basic Water and Hygiene Services	Access to Basic Sanitation and Hygiene Services	Access to WASH Services	Estimated number of Health facilities
Authority	Private/NGO	12.3	11.2	2.8	2.6	7704
Facility Type	Hospital (HCF with in-patients)	21.9	11.2	7.7	7.0	1579
	Non-hospital (HCF without in-patient)	3.8	4.4	0.7	0.6	25175
Public HCF Type	Govt. Hospitals	25.4	3.2	0.4	0.4	226
	UHC	22.7	4.8	3.3	3.3	362
	UHFWC	3.1	4.2	0.8	0.8	5237
Division	Barishal	5.7	4.1	0.0	0.0	1933
	Chattogram	6.4	4.7	2.1	2.1	4852
	Dhaka	7.7	8.5	1.8	1.8	6251
	Khulna	3.3	0.3	0.3	0.0	3471
	Mymensingh	1.8	0.8	0.0	0.0	2127
	Rajshahi	2.5	6.9	0.8	0.8	3571
	Rangpur	4.2	5.1	1.2	0.5	3100
	Sylhet	1.8	0.2	0.2	0.2	1449

Table 4.22 shows extremely low attainment of combined basic services in healthcare facilities, nationally 4.9 percent meet the basic water+sanitation standard, 4.8 percent water+hygiene, 1.1 percent sanitation+hygiene, and 1.0 percent the full WASH bundle. Urban facilities outperform rural across all composites, for example WASH 3.2 percent vs 0.4 percent. Private or NGO facilities exceed government or public, WASH 2.6 percent vs 0.3 percent. Hospitals are markedly stronger than non-hospitals, WASH 7.0 percent vs 0.6 percent. Among public types, government hospitals and UHCs register higher coverage than UHFWCs. Divisional values are uniformly low, with somewhat higher levels in Dhaka and Chattogram and many zeros elsewhere. Estimated counts by category are provided in the table, underscoring how hygiene requirements and multi-criterion thresholds sharply reduce overall WASH coverage.

CHAPTER 5

IMPACT OF NATURAL HAZARDS ON WASH INFRASTRUCTURES

CHAPTER 5: IMPACT OF NATURAL HAZARDS ON WASH INFRASTRUCTURES

This chapter builds on earlier assessments of WASH conditions in Educational and Healthcare Facilities by examining their vulnerability to natural hazards. It analyses the types of hazards experienced, the extent of resulting damage to water and sanitation systems, and the resilience of existing infrastructure. The chapter also assesses institutional knowledge and actions taken to protect WASH facilities from climate-related risks. By linking WASH services with climate resilience, this chapter highlights the urgent need for adaptive strategies to ensure service continuity in disaster-prone regions.

5.1 Natural Hazards in Educational Institutes

Table 5.1: School Sanitation Conditions, Exposure to Natural Hazards, and Implementation of Protective Measures for Toilet Facilities, by Selected Characteristics.

Dimension	Categories	Proportion of schools with improved toilet facilities where all the COMPARTMENTS ARE CLEAN	Estimated number of schools	Proportion of schools with improved toilets that EXPERIENCED DAMAGE TO TOILET facilities due to natural hazards or events	Total number of schools that have experienced natural hazards or events in 12 months	Proportion of schools that KNOW MEASURES TO PROTECT toilet/latrine from natural hazards	Proportion of schools have IMPLEMENTED MEASURES TO PROTECT their toilets from natural hazards	Estimated number of schools
	National	**49.2**	**144956**	**49.5**	**32130**	**35.2**	**11.3**	**144956**
Locality	Rural	46.9	124501	50.7	29624	36.0	11.4	124501
	Urban	62.9	20455	35.2	2506	30.9	10.9	20455
Types of Schools	Primary	46.2	114630	49.9	24996	34.6	10.9	114630
	Secondary	60.5	30326	48.0	7134	37.6	12.9	30326
Ownership	Government	51.2	76324	47.4	17805	35.6	11.8	76324
	Private	36.8	16924	50.8	2663	31.9	7.5	16924
	Govt. Aided/MPO	53.0	46358	50.8	10650	36.8	12.5	46358
	NGO and Others	26.0	5350	68.6	1013	27.3	7.3	5350
Division	Barishal	46.3	11540	52.9	7645	49.0	13.5	11540
	Chattogram	58.5	24741	34.5	5435	28.8	10.3	24741
	Dhaka	50.5	28562	44.0	2781	29.5	12.2	28562
	Khulna	51.9	16585	33.0	3255	46.7	20.0	16585
	Mymensingh	34.4	12768	80.7	1933	27.6	9.6	12768
	Rajshahi	54.0	19337	39.9	3584	25.4	5.2	19337
	Rangpur	41.0	21661	64.9	3593	38.2	10.4	21661
	Sylhet	48.6	9762	60.5	3903	55.4	10.2	9762

Table 5.1 indicates mixed sanitation conditions and low preparedness. Nationally, 49.2% of schools with improved toilets report all compartments clean; 49.5% experienced hazard-related toilet damage in the last year (32,130 schools), while only 35.2% know protective measures and 11.3% have implemented them (out of an estimated 144,956 schools). Urban schools report cleaner facilities (62.9%) and fewer damage incidents (35.2%) than rural schools (46.9% clean; 50.7% damaged). Secondary schools outperform primary on cleanliness (60.5% vs 46.2%) and implementation (12.9% vs 10.9%). By ownership, NGO/others fare worst (cleanliness 26.0%; damage 68.6%; implementation 7.3%), whereas government and Govt-aided/MPO perform comparatively better;

private schools also lag (cleanliness 36.8%; implementation 7.5%). Divisional disparities are pronounced: hazard damage is highest in Mymensingh (80.7%) and Rangpur (64.9%), knowledge is highest in Sylhet (55.4%) and Barishal (49.0%), and implementation peaks in Khulna (20.0%) but is minimal in Rajshahi (5.2%).

5.1.1 Natural hazards/events experienced by school

Figure 5.1: Type of Natural Hazards/Events Experienced by Schools by Selected Characteristics.

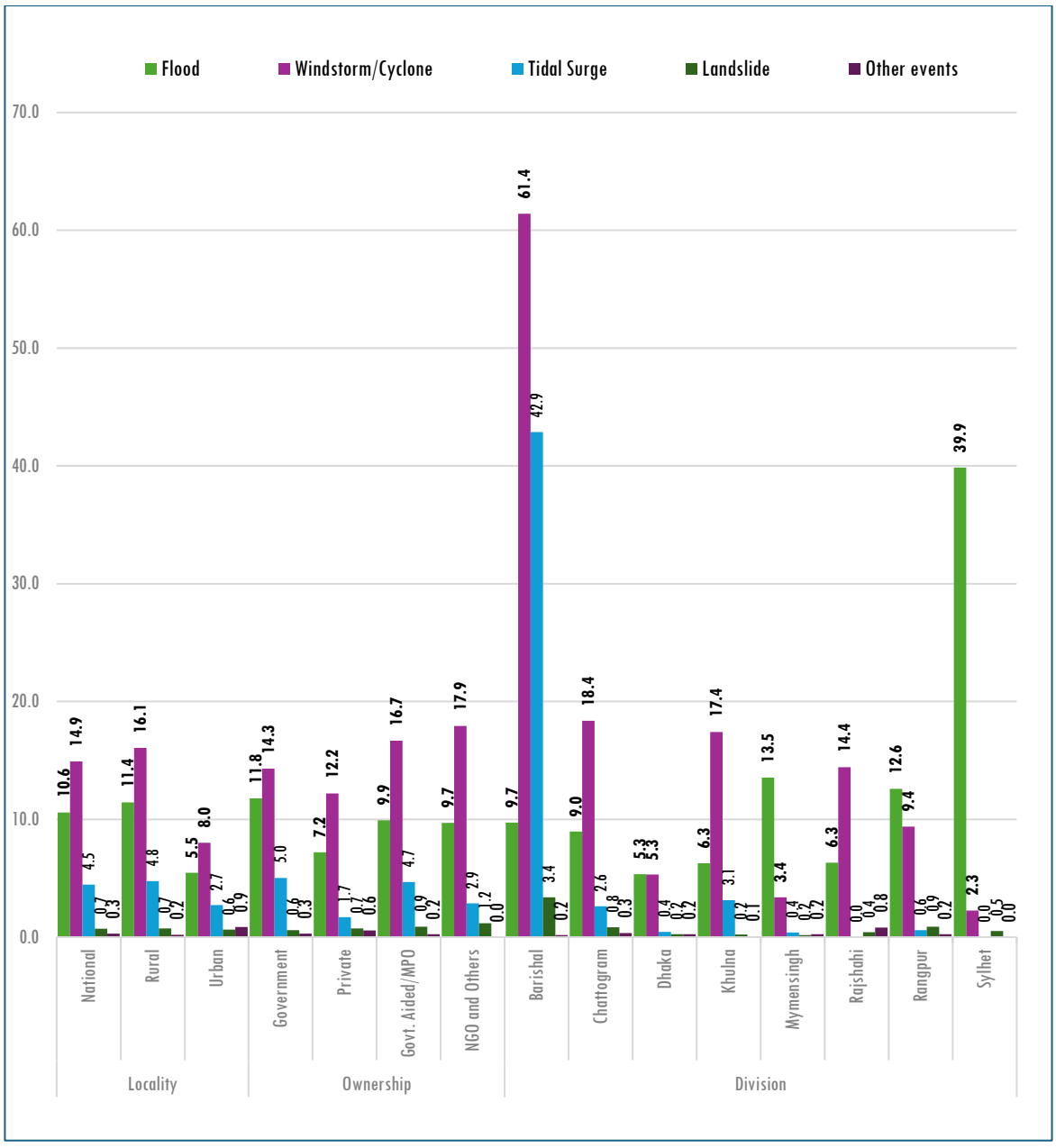


Figure 5.1 shows the types of natural hazards or events experienced by schools across different characteristics. Floods and windstorms or cyclones are the most commonly reported events at the national level, with rural schools experiencing slightly higher exposure than urban ones. Ownership patterns show similar trends, although NGO and other institutions report unusually high exposure to windstorms or cyclones and tidal surges. Divisional variation is significant, with Barishal showing very high exposure to windstorms or cyclones at 61 percent and tidal surges at 43 percent, while Sylhet reports the highest incidence of landslides at 40 percent. Overall, the Figure highlights that hazard exposure varies widely by location, ownership, and region, which suggests the need for context specific disaster preparedness in schools.

5.1.2 Impact of Natural hazards/events on WASH Infrastructures in Schools

Table 5.2: Percentage and Number of Schools Experienced Natural Hazards/Events and their Water Facilities were affected.

Dimension	Category	Proportion of schools that have experienced natural hazards in the past 12 months	Estimated number of schools	Proportion of schools whose improved water source was affected by natural hazards and events	Proportion of schools with improved water sources that were affected by natural hazards and were able to continue using the facility	Estimated number of schools that experienced natural hazards in the past 12 months
All	**Schools**	**24.0**	**144956**	**33.9**	**16.8**	**34804**
Locality	Rural	25.6	124501	34.0	16.5	31914
	Urban	14.1	20455	32.6	19.4	2890
Level	Primary	23.3	114630	33.2	16.1	26702
	Secondary	26.7	30326	36.1	18.9	8103
Ownership	Government	25.9	76324	35.3	17.8	19790
	Private	16.2	16924	21.2	9.0	2739
	Govt. Aided/MPO	24.3	46358	34.5	17.3	11262
	NGO and Others	18.9	5350	34.2	11.6	1012
Division	Barishal	61.9	11540	27.3	14.0	7146
	Chattogram	22.6	24741	28.4	16.6	5580
	Dhaka	11.4	28562	32.9	13.7	3244
	Khulna	19.2	16585	34.1	16.4	3179
	Mymensingh	10.9	12768	56.2	24.6	1389
	Rajshahi	30.4	19337	26.7	11.4	5879
	Rangpur	21.1	21661	42.0	18.1	4570
	Sylhet	39.1	9762	48.2	28.8	3817

Table 5.2 indicates that 24.0% of schools experienced a natural hazard in the last 12 months, with higher exposure in rural areas (25.6%) than urban (14.1%). Among affected schools, improved water sources were impacted in 33.9% of cases, and 16.8% were able to keep using the source; continuity is somewhat better in urban schools (19.4%) than rural (16.5%). By level, secondary schools report greater exposure (26.7%) and slightly higher continuity (18.9%) than primary (23.3% and 16.1%). Government and Govt.-aided/MPO schools show higher hazard experience (25.9% and 24.3%) than private (16.2%). Divisional disparities are pronounced: Barishal has the highest exposure (61.9%), while Sylhet combines high impact on sources (48.2%) with the highest continuity (28.8%); Mymensingh reports low exposure (10.9%) but the highest share of sources affected (56.2%). Knowledge of climate-proofing measures stands at 33.7% nationally, yet only 11.1% report taking measures, a consistent implementation gap seen across strata (e.g., Khulna knowledge 46.9%, action 15.9%; Rural 34.3% vs 11.2%).

Table 5.3: Percentage and Number of Schools whose Sanitation Facilities was Affected among the Schools Experienced Natural Hazards.

Dimensions	Categories	Percentage and Number of Schools whose Sanitation Facilities was Affected among the Schools Experienced Natural Hazards									
		Flood (%)	Flood (Number)	Windstorm / Cyclone (%)	Windstorm / Cyclone (Number)	Tidal Surge (%)	Tidal Surge (Number)	Landslide (%)	Landslide (Number)	Other Events (%)	Other Events (Number)
Locality	National	64.2	14,855	38.4	20,932	53.4	6261	28.9	1014	33.8	415
	Rural	65.6	13,766	39.7	19,334	53.6	5720	32.7	889	40.9	244
	Urban	46.1	1,089	22.5	1,598	51.2	541	1.5	125	23.7	171
Ownership	Government	63.6	8,820	34.7	10,697	51.2	3765	20.6	445	47.9	214
	Private	59.0	1180	47.2	1996	50.2	277	43.1	120	26.6	93
	Govt. Aided/MPO	64.8	4425	38.5	7446	58.5	2092	24.7	398	12.2	109
	NGO and Others	82.8	429	64.2	794	40.1	127	100.0	52	0.0	0

Table 5.3 shows the Percentage and Number of Schools Experienced Natural Hazards/Events that Affect Toilet Facilities. Nationally, floods are the most common natural hazard affecting school toilet facilities, impacting 64.2 percent of affected schools, followed by tidal surges at 53.4 percent and windstorms or cyclones at 38.4 percent. Rural schools face consistently higher exposure across all hazards compared to urban schools, especially for floods and landslides, while urban schools show much lower vulnerability. Differences by ownership are also notable, with NGO operated schools showing the highest levels of impact, including 82.8 percent affected by floods and full exposure to landslides, while private and government schools show comparatively lower but still significant levels of hazard related damage. Overall, the data shows institutional variation in disaster related toilet facility damage, highlighting the need for targeted risk reduction and improved disaster preparedness in the most vulnerable school systems.

5.1.3 Knowledge and Action of School regarding Climate resilient WASH infrastructures

Figure 5.2: Knowledge versus action by School to protect the main Water source from hazards, by selected characteristics.

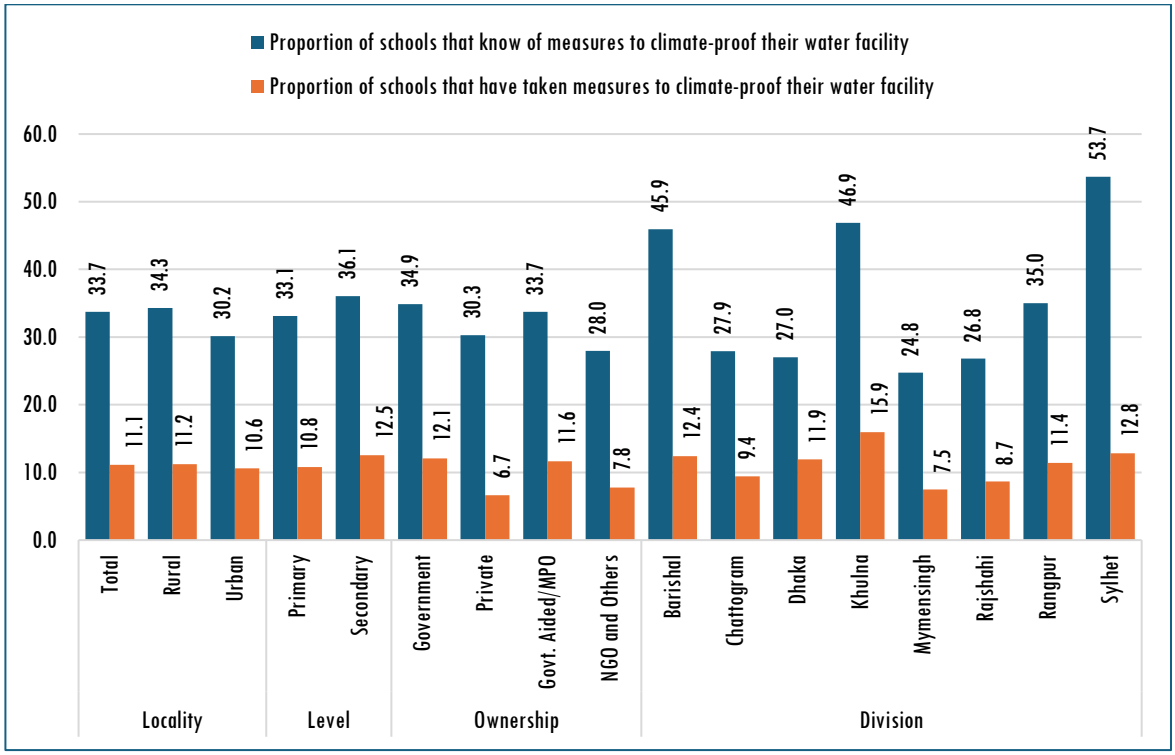


Figure 5.2 compares schools' knowledge of measures to climate proof their main water source with the actions they have actually taken. While awareness is relatively high across all categories, with national knowledge at 33.7 percent, the proportion of schools that have implemented protective measures is much lower at only 11.1 percent. Urban, secondary, and government schools show slightly higher levels of knowledge, but this does not translate into equally strong action. Divisional differences are notable, with Sylhet showing the highest awareness at 53.7 percent, while Barishal and Khulna also display relatively strong knowledge levels. Despite this, action remains limited everywhere, indicating a significant gap between what schools know and what they are able to implement to safeguard their water sources from hazards.

Table 5.4: Knowledge versus action by School to protect their Sanitation facilities from hazards, by selected characteristics.

Dimensions	Categories	Proportion of schools that know of measures to climate-proof their water facility	Proportion of schools that have taken measures to climate-proof their water facility	Estimated number of schools
Locality	National	33.7	11.1	144956
	Rural	34.3	11.2	124501
	Urban	30.2	10.6	20455
Level	Primary	33.1	10.8	114630
	Secondary	36.1	12.5	30326
Ownership	Government	34.9	12.1	76324
	Private	30.3	6.7	16924
	Govt. Aided/MPO	33.7	11.6	46358

Dimensions	Categories	Proportion of schools that know of measures to climate-proof their water facility	Proportion of schools that have taken measures to climate-proof their water facility	Estimated number of schools
	NGO and Others	28.0	7.8	5350
Division	Barishal	45.9	12.4	11540
	Chattogram	27.9	9.4	24741
	Dhaka	27.0	11.9	28562
	Khulna	46.9	15.9	16585
	Mymensingh	24.8	7.5	12768
	Rajshahi	26.8	8.7	19337
	Rangpur	35.0	11.4	21661
	Sylhet	53.7	12.8	9762

Table 5.4 shows a clear gap between schools' knowledge of measures to climate proof their sanitation facilities and the actions they have actually taken. Nationally, 33.7 percent of schools report knowing what measures are needed, but only 11.1 percent have implemented them, with rural and urban patterns showing similar gaps. Secondary schools demonstrate slightly higher knowledge and action than primary schools. Government managed schools show more action than private and NGO run institutions, although all ownership types report much lower implementation compared to awareness. Divisional differences are pronounced, with Sylhet and Khulna showing the highest levels of knowledge and action, while Mymensingh and Rajshahi remain at the lower end. Overall, the table highlights a consistent shortfall in translating knowledge into climate resilient sanitation improvements across the country.

5.2 Natural Hazards in Healthcare Facilities

5.2.1 Natural hazards/events experienced by HCF

Table 5.5: Type of Natural Hazards/Events Experienced by HCF by Selected Characteristics.

Dimensions	Categories	Type of natural hazards/events experienced in last 12 months					Estimated number of HCF
		Flood	Windstorm /Cyclone	Tidal Surge	Landslide	Other events	
Sector	National	8.1	11.6	3.2	0.4	0.3	26360
	Rural	10.0	13.2	3.8	0.4	0.2	20736
	Urban	1.1	5.5	1.0	0.3	0.3	5624
Managing Authority	Government/Public	10.2	13.5	3.7	0.6	0.4	18755
	Private/NGO	3.2	6.9	1.9	0.0	0.0	7605
Facility Type	Hospital (HCF with in-patients)	4.2	6.5	1.9	1.3	0.4	1556
	Non-hospital (HCF without in-patient)	8.4	11.9	3.3	0.4	0.3	24804
Division	Barishal	6.3	50.0	33.1	1.7	0.3	1918
	Chattogram	11.7	15.5	2.6	0.2	0.2	4817
	Dhaka	2.5	4.2	0.0	0.2	0.4	6166
	Khulna	5.4	13.9	2.1	0.5	0.3	3461
	Mymensingh	10.1	2.2	0.3	0.3	0.0	2076
	Rajshahi	5.3	11.4	0.0	0.5	0.2	3549
	Rangpur	9.7	4.4	0.3	0.3	0.3	2965
	Sylhet	30.8	2.2	0.0	0.0	0.0	1409

Table 5.5 shows that health care facilities experienced a range of natural hazards in the last twelve months, with windstorms or cyclones reported most frequently at the national level (11.6 percent), followed by floods at 8.1 percent and tidal surges at 3.2 percent. Rural facilities consistently show higher exposure than urban ones, especially for floods and windstorms, while urban facilities report much lower levels across all hazards. Government managed facilities face significantly higher hazard exposure than private or NGO facilities, and non-hospital facilities report more frequent events than hospitals. Divisional variation is substantial, with Barishal showing extremely high exposure to windstorms at 50 percent and tidal surges at 33.1 percent, while Sylhet records the highest flood exposure at 30.8 percent. In contrast, Dhaka reports very low exposure across all hazards. Overall, the data highlights strong geographic and institutional differences in hazard patterns, indicating that disaster preparedness needs differ widely across regions and facility types.

5.2.2 Impact of Natural hazards/events on WASH Infrastructures in HCF

Table 5.6: Impact of Natural Hazards on Improved Water Sources in Healthcare Facilities which experienced natural hazard in last 12 months.

Dimension	Categories	Proportion of HCFs that their improved water source was affected by natural hazards and events	Proportion of HCFs with improved water source that was affected by natural hazard and were able to continue using the facility	Total number of HCFs that have experienced natural hazards in the past 12 months
Locality	**National**	80.1	48.1	5200
	Rural	79.5	49.9	4655
	Urban	85.2	33.0	545
Managing Authority	Government/Public	79.7	48.5	4337
	Private/NGO	82.5	46.2	863
Facility Type	Hospital (HCF with in-patients)	86.5	49.0	191
	Non-hospital (HCF without in-patient)	79.9	48.1	5009
Public HCF Type	Govt. Hospitals	87.9	50.0	33
	UHC	80.8	50.3	91
	UHFWC	85.8	46.4	1161
Division	Barishal	74.1	50.2	1062
	Chattogram	73.0	48.8	970
	Dhaka	82.7	24.5	507
	Khulna	72.8	37.3	806
	Mymensingh	85.9	76.3	134
	Rajshahi	88.5	36.3	837
	Rangpur	94.2	68.3	453
	Sylhet	88.8	82.1	432

Table 5.6 shows that, among healthcare facilities reporting a natural-hazard event in the last year, 80.1% had their improved water source affected, and 48.1% were able to keep using the source. Rural facilities form the bulk of affected HCFs (4,655 of 5,200) and show better continuity than urban (49.9% vs 33.0%), despite a slightly lower likelihood of impact (79.5% vs 85.2%). By management, private/NGO facilities are marginally more likely to be affected than government/public (82.5% vs

79.7%) but exhibit similar continuity (46.2% vs 48.5%); hospitals report higher impact (86.5%) with continuity near the national level (49.0%). Within public HCFs, UHFWCs account for the largest number of affected facilities (1,161), while government hospitals and UHCs show roughly one-half continuity. Divisional patterns are pronounced: impact is highest in Rangpur (94.2%), Sylhet (88.8%), and Rajshahi (88.5%), while continuity is strongest in Sylhet (82.1%), Mymensingh (76.3%), and Rangpur (68.3%), but notably low in Dhaka (24.5%). Overall, natural hazards frequently disrupt improved water sources, and the ability to keep them functional varies considerably across localities and divisions.

Table 5.7: Impact of Natural Hazards on Sanitation Facilities in Healthcare which experienced natural hazard in last 12 months.

Dimensions	Categories	Proportion of HCFs with improved toilets that experienced damage to toilet facilities due to natural hazards or events	Proportion of HCFs with improved toilet facilities that were able to continue using their facility after experiencing a natural disaster	Estimated number of HF that experienced Natural hazard or Event
Locality	**National**	18.7	8.6	1833
	Rural	19.0	9.3	1676
	Urban	15.8	1.9	157
Managing Authority	Government/Public	17.7	8.1	1645
	Private/NGO	28.1	13.3	188
Facility Type	Hospital (HCF with in-patients)	10.8	3.4	102
	Non-hospital (HCF without in-patient)	19.2	8.9	1731
Public HCF Type	Govt. Hospitals	3.7	3.7	27
	UHC	13.1	0.8	61
	UHFWC	23.0	9.3	450
Division	Barishal	51.6	19.6	234
	Chattogram	38.2	6.2	208
	Dhaka	10.3	3.3	397
	Khulna	18.9	9.5	181
	Mymensingh	11.3	11.3	128
	Rajshahi	0.0	0.0	216
	Rangpur	8.6	11.4	228
	Sylhet	14.1	11.9	242

Table 5.7 shows that 18.7 percent of health care facilities with improved toilets experienced damage to their sanitation facilities due to natural hazards in the last year, while only 8.6 percent were able to continue using their facilities afterward. Rural facilities report slightly higher damage than urban ones, and urban facilities show very low continuity of use at only 1.9 percent. Private and NGO managed facilities experience more damage than government facilities but also report higher levels of continued use, suggesting stronger resilience in some cases. Non hospital facilities face significantly more damage than hospitals, and among public facilities, union level centres show the highest vulnerability. Divisional variation is striking, with Barishal and Chattogram reporting severe damage levels at 51.6 percent and 38.2 percent, while Rajshahi reports no damage at all. Overall, the table highlights wide disparities in the impact of natural hazards on sanitation systems, pointing to the need for targeted strengthening of vulnerable facilities and regions.

Figure 5.3: Percentage distribution of Sanitation facilities of HCF which were affected by different types of Natural Hazards among the those Experienced such Natural Hazards in the past 12 months by Selected Characteristics.

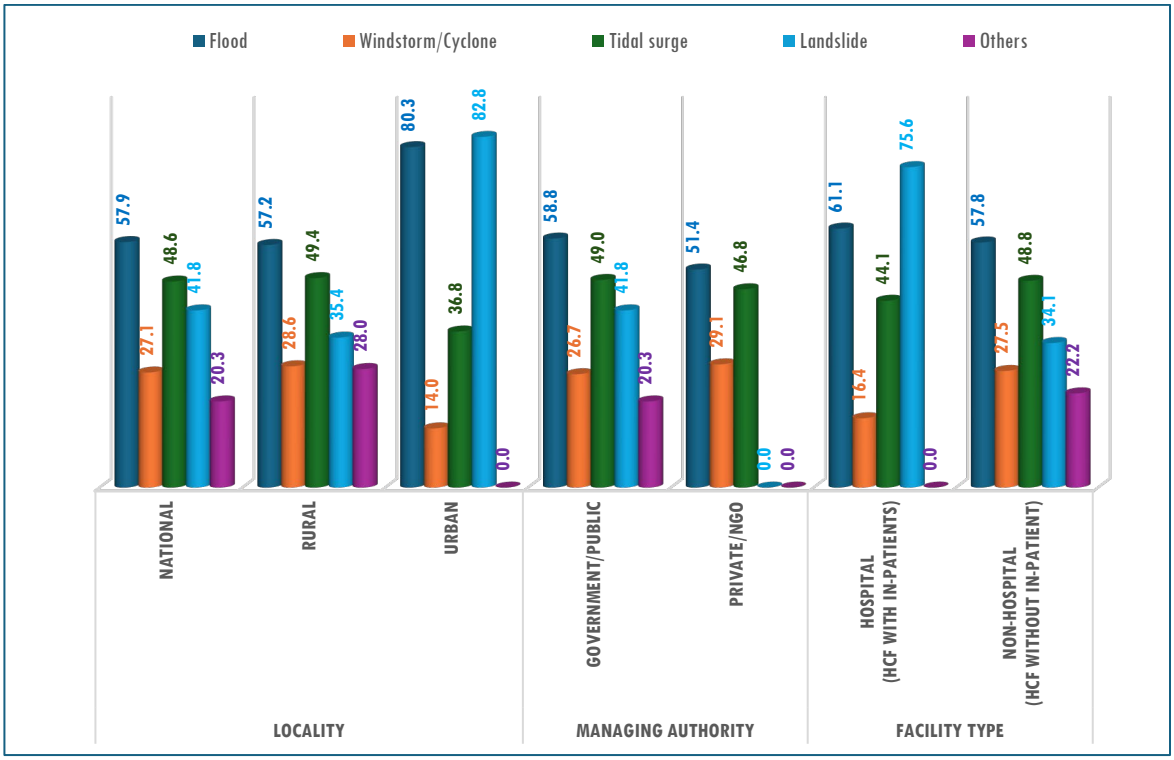


Figure 5.3 shows that flooding is the most common natural hazard affecting sanitation facilities of HCFs, impacting 57.9% nationally, with a much higher proportion in urban areas (80.3%) compared to rural areas (57.2%). Landslides are particularly severe in urban HCFs, affecting 82.8%, versus 41.8% nationally and 35.4% in rural areas. Tidal surges affect nearly half of facilities nationally (48.6%) and in rural areas (49.4%), while windstorm or cyclone impacts are lower overall, ranging from 14.0% in urban to 28.6% in rural areas. Government/Public HCFs report higher exposure to floods (58.8%) and landslides (41.8%) than Private/NGO facilities, where landslides are negligible. By facility type, hospitals with in-patients are highly affected by landslides (75.6%) and floods (61.1%), whereas non-hospital facilities show lower landslide impact (34.1%) but similar flood exposure (57.8%). Overall, the data indicate that urban location and hospital-based services face the greatest sanitation vulnerability to natural hazards, particularly floods and landslides.

5.2.3 Knowledge and Action of HCF regarding Climate resilient WASH infrastructures

Table 5.8: Action taken to protect the main Water source of HCF from hazards, by selected characteristics.

Dimensions	Categories	Proportion of HCFs that have taken measures to climate-proof their water facility	Estimated number of Health facilities
Locality	**National**	**9.9**	**26754**
	Rural	8.2	21057
	Urban	16.2	5697
Managing Authority	Government/Public	8.5	19050
	Private/NGO	13.3	7704

Dimensions	Categories	Proportion of HCFs that have taken measures to climate-proof their water facility	Estimated number of Health facilities
Facility Type	Hospital (HCF with in-patients)	13.1	1579
	Non-hospital (HCF without in-patient)	9.7	25175
Public HCF Type	Govt. Hospitals	23.5	226
	UHC	15.6	362
	UHFWC	8.9	5237
Division	Barishal	11.1	1933
	Chattogram	10.4	4852
	Dhaka	12.0	6251
	Khulna	12.2	3471
	Mymensingh	7.1	2127
	Rajshahi	8.7	3571
	Rangpur	5.1	3100
	Sylhet	8.8	1449

Table 5.8 shows that only 9.9 percent of health care facilities nationwide have taken measures to climate proof their main water source, with rural facilities reporting lower action at 8.2 percent compared to 16.2 percent in urban areas. Private and NGO managed facilities show higher levels of action than government facilities, although the difference remains modest. Hospitals report slightly more action than non-hospital facilities, and within public facilities, public hospitals and Upazila Health Complexes show more progress than union level facilities. Divisional differences are noticeable, with Khulna, Dhaka, and Barishal showing relatively higher levels of action, while Rangpur records the lowest at 5.1 percent. Overall, the table highlights slow adoption of climate resilience measures across the health sector, indicating a need for greater investment and awareness to safeguard water sources from hazards.

Table 5.9: Knowledge versus action by HCF to protect their Sanitation facilities from hazards, by selected characteristics.

Dimensions	Categories	Access to Climate Resilient Toilet: Proportion of HCFs with improved toilet facilities which are protected against natural hazards and shocks	Proportion of HCFs that know measures to protect toilet/latrine from natural hazards?	Proportion of HCFs have implemented measures to protect their toilets from natural hazards?	Estimated number of Health facilities
Locality	**National**	6.4	26.0	8.3	26,754
	Rural	5.3	25.0	7.2	21,057
	Urban	10.5	29.7	12.3	5,697
Managing Authority	Government/Public	5.5	24.9	7.6	19050
	Private/NGO	8.7	28.7	10.1	7704
Facility Type	Hospital (HCF with in-patients)	9.1	26.3	11.8	1579
	Non-hospital (HCF without in-patient)	6.3	26.0	8.1	25175
Public HCF Type	Govt. Hospitals	12.6	28.8	17.5	226
	UHC	5.4	31.3	8.8	362
	UHFWC	6.1	27.0	9.1	5,237
Division	Barishal	6.4	31.3	9.0	1,933

Dimensions	Categories	Access to Climate Resilient Toilet: Proportion of HCFs with improved toilet facilities which are protected against natural hazards and shocks	Proportion of HCFs that know measures to protect toilet/latrine from natural hazards?	Proportion of HCFs have implemented measures to protect their toilets from natural hazards?	Estimated number of Health facilities
	Chattogram	5.4	21.0	6.6	4,852
	Dhaka	6.6	21.6	9.8	6,251
	Khulna	11.4	36.7	14.0	3,471
	Mymensingh	7.0	23.2	8.7	2,127
	Rajshahi	5.7	20.4	6.2	3,571
	Rangpur	2.9	25.4	4.1	3,100
	Sylhet	6.0	48.0	6.8	1,449

Table 5.9 shows a significant gap between knowledge and action in protecting sanitation facilities from natural hazards across health care facilities. Nationally, 26.0 percent of facilities report knowing measures to protect toilets, while only 8.3 percent have implemented them, and just 6.4 percent have fully climate resilient toilet facilities. Urban facilities consistently outperform rural ones in knowledge, action, and resilience, and private or NGO facilities also show higher levels than government facilities. Hospitals demonstrate better preparedness than non-hospital facilities, and among public facilities, government hospitals stand out with the highest levels of resilience and implementation. Divisional differences are notable, with Khulna showing relatively strong performance across all indicators, while Rangpur reports the lowest levels of resilience and action. Overall, the table highlights a widespread shortfall in translating awareness into practical climate resilience measures in the sanitation systems of health care facilities.

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ANNEXES

ANNEX-1: ADDITIONAL TABLES AND FIGURES

Figure S01: Shifting Status of Educational Facilities by Selected Characteristics.

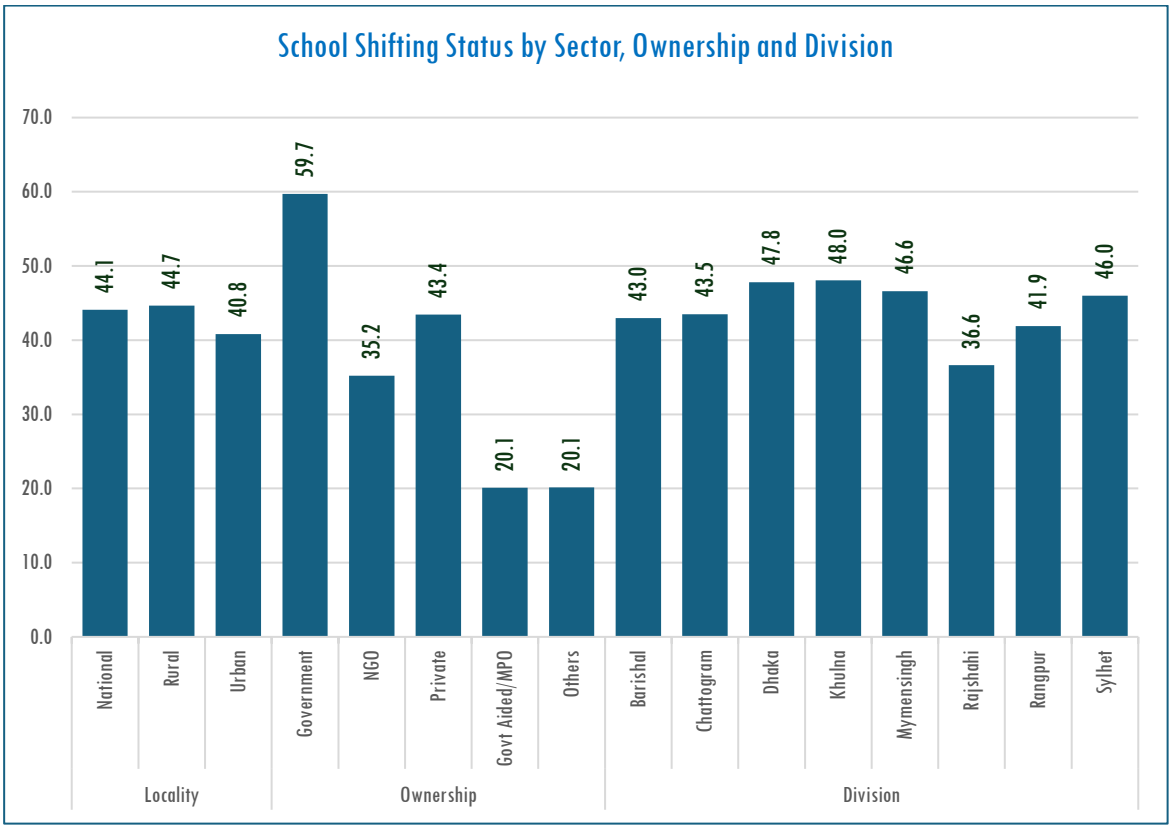

Figure S02: Residential/Boarding Facility Status of Educational Facilities by Selected Characteristics.

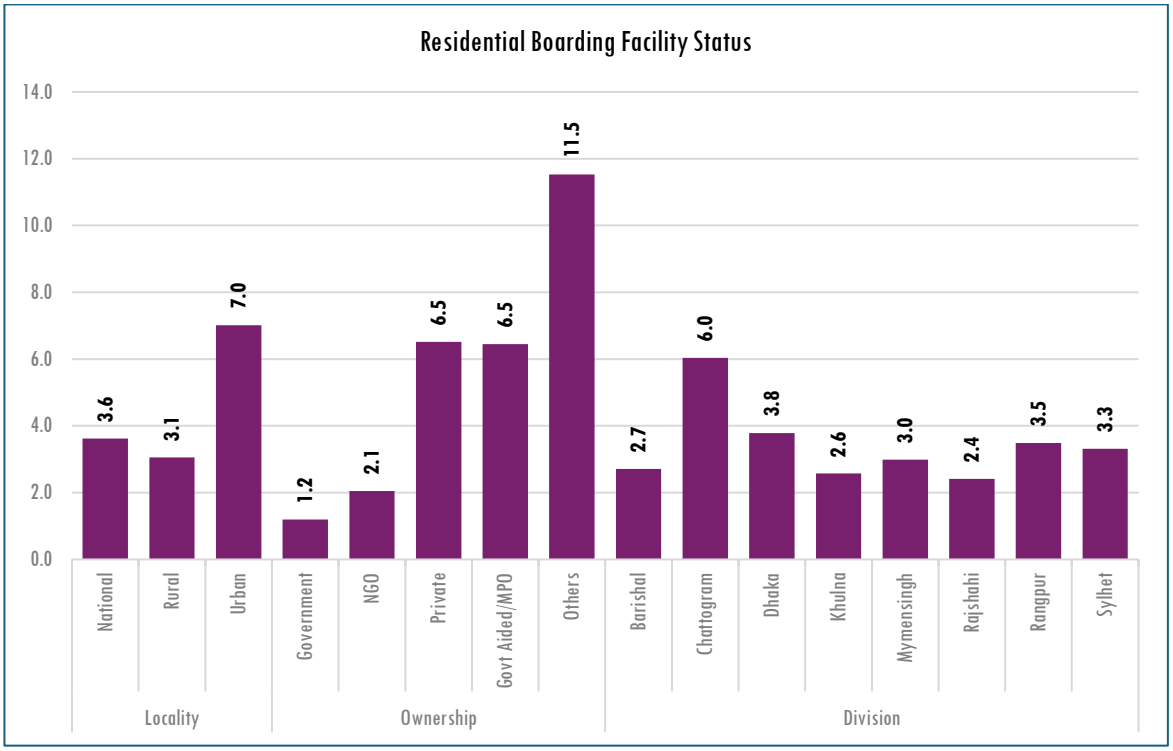

Table S01: Percentage distribution of Final Discharge Location of the Outlet Pipe by Selected Characteristics.

Dimension	Categories	Final Discharge Location of the Outlet Pipe								Estimated number of HF with septic tank/pit that have an outlet pipe for liquid waste
		To a leach field or soak pit	To a sewer/closed drain that leads to a wastewater treatment plant	To a sewer/closed drain that is not connected to a wastewater treatment plant	To an open drain	To a water body/surface	Don't know where	Other	Total	
Locality	**National**	**50.0**	**21.3**	**9.1**	**7.8**	**6.8**	**4.5**	**0.6**	**100**	**9,738**
	Rural	57.6	16.8	6.1	5.9	7.1	6.0	0.6	100	6,835
	Urban	32.1	31.8	16.3	12.2	6.0	1.0	0.6	100	2,903
Managing Authority	Govt/Public	58.2	16.0	6.8	6.1	6.8	5.4	0.7	100	5,933
	Private/NGO	37.2	29.5	12.7	10.5	6.6	3.1	0.4	100	3,805
Facility Type	Hospital (HCF with in-patients)	27.1	41.9	10.8	11.2	4.8	3.4	0.8	100	832
	Non-hospital (HCF without in-patient)	52.1	19.4	9.0	7.5	6.9	4.6	0.6	100	8,906
Division	Barishal	38.0	18.3	16.1	12.1	7.3	7.1	1.2	100	469
	Chattogram	44.3	24.1	6.1	4.3	6.8	14.4	0.0	100	1,377
	Dhaka	31.6	36.6	13.2	5.3	9.7	3.2	0.4	100	2,112
	Khulna	72.8	17.8	5.9	1.1	1.1	1.4	0.0	100	1,582
	Mymensingh	41.5	3.3	17.9	16.7	17.9	1.9	0.9	100	679
	Rajshahi	40.0	20.5	6.5	13.6	13.4	4.3	1.6	100	1,389
	Rangpur	83.5	8.2	4.8	0.0	0.0	3.0	0.6	100	1,437
	Sylhet	32.5	25.3	11.0	30.5	0.0	0.0	0.8	100	693

Table H01: Percentage distribution of Healthcare Facilities with Access to Electricity and the Main Source by Selected Characteristics.

Dimension	Categories	Access to Electricity	Main source of Electricity				
			National/community grid	Generator	Solar panels	Other	Total
Locality	**National**	93.6	96.4	1.5	1.4	0.6	100.0
	Rural	92.0	96.6	0.9	1.6	0.8	100.0
	Urban	99.6	95.8	3.7	0.5	0.0	100.0
Managing Authority	Govt/Public	91.6	97.1	0.3	1.7	0.8	100.0
	Private	98.6	94.9	4.5	0.4	0.3	100.0
	NGO	100.0	95.3	3.5	1.1	0.0	100.0
Division	Barishal	94.6	96.0	1.4	0.6	2.0	100.0
	Chattogram	89.3	94.8	0.4	3.8	1.1	100.0
	Dhaka	96.5	98.0	1.5	0.5	0.0	100.0
	Khulna	98.6	98.6	0.9	0.5	0.0	100.0
	Mymensingh	91.0	92.2	5.0	2.8	0.0	100.0
	Rajshahi	97.1	97.3	1.1	0.8	0.7	100.0
	Rangpur	87.2	94.5	2.8	0.7	2.0	100.0
	Sylhet	91.7	97.8	0.7	1.5	0.0	100.0

Table H02: Percentage distribution of Healthcare Facilities by number of bed space available and number of outpatients per month

Dimension	Categories	Number of Functional Overnight/Inpatient Beds		Average No. of in-patients per month	Average bed occupancy rate during last month
		Average Bed per facility	Total Beds		
Locality	**National**	**9**	**233,674**	**243**	**135**
	Rural	1	29,998	111	28
	Urban	36	203,675	335	273
Managing Authority	Govt/Public	7	130,853	494	204
	Private/NGO	13	102820	141	76
Facility Type	Hospital (HCF with in-patients)	105	165272	909	693
	Non-hospital (HCF without in-patient)	3	68401	76	42
Division	Barishal	5	10,218	206	63
	Chattogram	4	18,183	173	60
	Dhaka	19	118,672	351	254
	Khulna	5	17,930	265	220
	Mymensingh	4	7,851	167	105
	Rajshahi	5	17,042	124	77
	Rangpur	7	20,670	267	95
	Sylhet	16	23,108	217	104

Table H03: Percentage distribution of Healthcare Facilities with Water Point Location by Selected Characteristics.

Dimension	Categories	Connected to the building	Within the compound	Elsewhere, within 500m	Elsewhere, more than 500m	Total
Locality	**National**	74.2	13.6	9.3	3.0	100
	Rural	71.7	14.6	10.7	3.0	100
	Urban	82.1	10.2	4.8	2.8	100
Managing Authority	Govt/Public	70.7	15.0	11.3	3.0	100
	Private	81.9	9.1	5.7	3.2	100
	NGO	80.4	16.1	1.9	1.6	100
Division	Barishal	63.3	21.7	9.8	5.2	100
	Chattogram	64.9	14.9	16.4	3.8	100
	Dhaka	78.3	12.9	5.7	3.2	100
	Khulna	63.3	18.0	13.9	4.7	100
	Mymensingh	74.0	14.1	10.1	1.8	100
	Rajshahi	83.0	11.1	5.4	0.6	100
	Rangpur	85.4	6.8	5.8	2.0	100
	Sylhet	81.0	11.0	6.1	1.9	100

Table H04: Percentage distribution of Healthcare Facilities with Alternative Water Sources by Selected Characteristics.

Division	Categories	Availability of Alternative Water Sources in Health Care Facilities	Alternative Sources of Water in the Healthcare Facilities											
			Piped water supply	Shallow Tube well / Borehole	Deep Tube well / Borehole	Protected Dug Well	Unprotected Dug Well	Protected Spring	Unprotected Spring	Rainwater collection	Tanker-truck or cart	Surface water	Packaged bottle or sachet water	Others
Locality	**National**	32.5	18.8	33.2	32.9	1.1	0.4	0.2	0.1	0.7	6.0	6.4	9.8	6.0
	Rural	26.2	14.3	36.4	31.0	1.5	0.6	0.2	0.2	0.7	1.0	9.6	9.3	8.5
	Urban	52.5	26.1	28.2	35.7	0.4	0.1	0.0	0.0	0.6	13.9	1.3	10.7	1.9
Managing Authority	Govt/Public	27.0	14.8	37.0	30.8	0.6	0.5	0.3	0.3	0.6	1.0	9.6	9.5	8.5
	Private	44.7	26.1	28.8	34.1	2.0	0.5	0.0	0.0	0.8	11.8	1.9	10.9	3.1
	NGO	41.9	14.6	25.0	42.2	0.0	0.0	0.0	0.0	0.0	15.9	3.9	7.1	0.4
Division	Barishal	47.3	23.1	6.7	55.6	4.0	0.4	0.0	0.0	2.9	0.9	22.2	5.2	2.8
	Chattogram	26.4	20.7	29.5	26.8	3.9	1.4	1.1	1.0	0.0	0.0	10.9	13.6	4.7
	Dhaka	33.8	17.4	25.8	33.1	0.0	0.7	0.0	0.0	0.0	18.4	2.2	6.3	4.6
	Khulna	37.1	35.1	25.7	31.5	0.0	0.0	0.0	0.0	0.0	3.6	3.2	15.8	9.1
	Mymensingh	19.8	11.9	44.7	35.7	0.0	0.0	0.0	0.0	3.5	1.8	5.7	4.1	5.3
	Rajshahi	39.3	7.7	64.5	25.3	0.6	0.0	0.0	0.0	0.8	0.4	5.4	6.5	3.6
	Rangpur	28.6	13.5	35.7	32.0	0.0	0.0	0.0	0.0	0.0	3.7	0.0	13.0	14.1
	Sylhet	23.1	17.9	36.6	32.1	0.0	0.0	0.0	0.0	2.2	4.9	9.3	20.7	5.3

Table H05: Percentage Distribution of Healthcare Facilities those Uses the Main Source as Drinking Water by Selected Characteristics.

Dimension	Categories	Status of Using Main Source for Drinking Purposes			Estimated total number of Healthcare Facilities with access to improved and Unimproved Water Points, including surface water
		Used	Not Used	Total	
Locality	**National**	80.0	20.0	100	23946
	Rural	78.1	21.9	100	18291
	Urban	86.0	14.0	100	5655
Managing Authority	Govt/Public	77.1	22.9	100	16420
	Private	86.2	13.8	100	6176
	NGO	86.3	13.7	100	1350
Division	Barishal	85.0	15.0	100	1743
	Chattogram	76.4	23.6	100	4262
	Dhaka	79.7	20.3	100	5694
	Khulna	68.8	31.2	100	3251
	Mymensingh	88.8	11.2	100	1703
	Rajshahi	84.1	15.9	100	3318
	Rangpur	82.1	17.9	100	2737
	Sylhet	88.2	11.8	100	1238

Table H06: Distribution of Alternative Drinking Water Sources that Differ from the Main Source, by Selected Characteristics.

Dimension	Categories	Sources of Drinking Water: If Alternative sources differ from their main sources for drinking water											
		Piped water supply	Shallow Tube well / Borehole	Deep Tube well / Borehole	Protected Dug Well	Unprotected Dug Well	Protected Spring	Unprotected Spring	Rainwater collection	Tanker-truck or cart	Surface water (river, stream, dam, lake, [illegible]	Packaged bottle or sachet water	Others
Locality	**National**	**6.2**	**29.9**	**30.2**	**0.0**	**0.1**	**0.0**	**0.0**	**2.0**	**0.8**	**0.4**	**28.2**	**12.0**
	Rural	5.2	30.8	30.9	0.0	0.1	0.0	0.0	2.4	0.6	0.5	24.4	13.5
	Urban	11.2	25.4	26.9	0.0	0.0	0.0	0.0	0.0	2.0	0.0	47.2	4.0
Managing Authority	Govt/Public	3.7	30.8	31.0	0.0	0.0	0.0	0.0	2.6	0.6	0.5	25.4	14.2
	Private	18.3	32.0	20.4	0.0	0.7	0.0	0.0	0.0	0.7	0.0	39.3	4.7
	NGO	0.0	2.0	58.7	0.0	0.0	0.0	0.0	0.0	5.4	0.0	33.8	0.0
Division	Barishal	4.1	2.8	66.6	0.0	2.2	0.0	0.0	4.3	0.0	0.0	17.6	8.9
	Chattogram	4.3	32.5	34.8	0.0	0.0	0.0	0.0	0.0	0.1	0.0	28.1	7.2
	Dhaka	11.1	29.3	23.6	0.0	0.0	0.0	0.0	0.0	0.2	0.0	32.0	12.3
	Khulna	3.7	18.0	26.6	0.0	0.0	0.0	0.0	7.9	2.4	1.8	34.6	11.5
	Mymensingh	17.2	49.9	22.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.8	3.1
	Rajshahi	5.0	49.0	25.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.1	12.1
	Rangpur	0.0	36.6	27.4	0.0	0.0	0.0	0.0	0.0	2.0	0.0	15.6	27.2
	Sylhet	11.5	29.5	48.3	0.0	0.0	0.0	0.0	4.2	0.0	0.0	22.1	11.6

Table H07: Percentage distribution of Healthcare Facilities accessible to those with limited mobility or vision by Location of the Facility by Selected Characteristics.

Dimension	Categories	Reception /Waiting area	OPD	Labour room	SCANU	OT	All Consulting Area	In all Inpatient Wards
Locality	**National**	**51.7**	**49.7**	**35.5**	**43.5**	**38.1**	**49.5**	**54.6**
	Rural	48.4	46.5	35.7	42.3	34.1	43.4	53.0
	Urban	57.9	55.4	35.1	44.2	40.3	54.3	55.4
Managing Authority	Govt/Public	48.4	46.7	35.7	45.1	33.0	44.3	57.3
	Private	57.9	55.2	35.8	40.8	40.8	51.1	53.2
	NGO	50.6	48.0	28.9	70.3	29.6	62.8	59.2
Division	Barishal	76.3	66.9	56.3	87.4	53.2	73.0	63.1
	Chattogram	73.5	72.0	63.0	57.4	58.4	58.1	69.7
	Dhaka	53.7	59.2	37.5	55.3	49.7	55.3	55.8
	Khulna	30.4	25.3	17.6	17.5	17.2	32.3	41.3
	Mymensingh	33.6	38.6	16.5	16.0	17.9	30.0	55.7
	Rajshahi	39.7	36.6	22.4	32.2	16.1	36.2	41.7
	Rangpur	47.6	38.5	38.7	32.5	35.9	57.1	48.5
	Sylhet	37.9	34.0	22.4	23.0	14.5	21.0	23.8

Figure H01: Percentage distribution of Availability of Outlet Pipe for Liquid Waste in Septic Tank/Pit by Selected Characteristics.

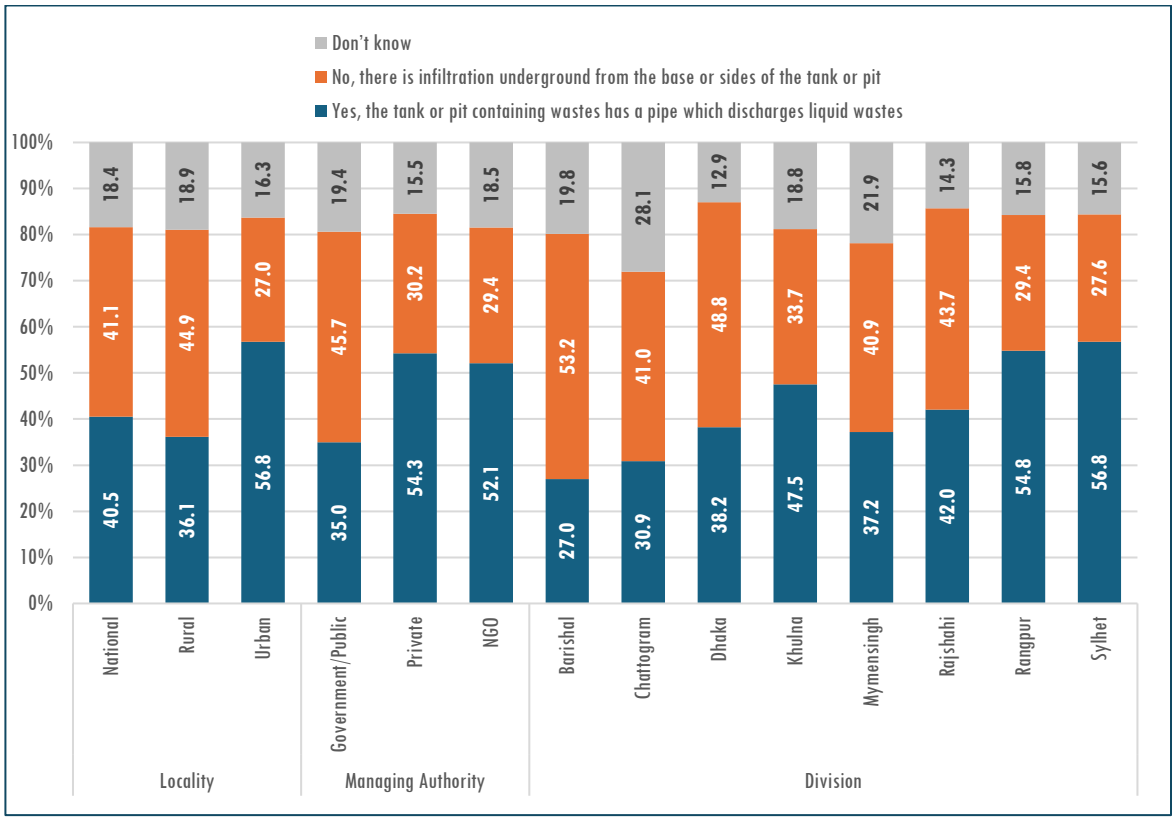

Table H08: Percentage Distribution of Healthcare Facilities with Availability and Security of Dedicated Waste Storage Areas for Sharps, Infectious, and Non-Infectious Waste, and Fencing/Capacity of Storage Areas by Selected Characteristics.

Dimension	Categories	Availability of Dedicated Waste Storage Area for Separate Storage of Sharps, Infectious, and Non-Infectious Waste for Collection or Onsite Treatment				Storage Area for Waste is Fenced, Secure, and of Sufficient Capacity		
		Yes	No	Not observed	Total	Yes	No	Total
Locality	**National**	50.0	48.7	1.3	100.0	64.7	35.3	100.0
	Rural	43.5	55.3	1.2	100.0	58.3	41.7	100.0
	Urban	74.0	24.3	1.7	100.0	78.8	21.2	100.0
Managing Authority	Govt/Public	43.3	55.4	1.3	100.0	59.3	40.7	100.0
	Private/NGO	66.5	32.3	1.2	100.0	73.4	26.6	100.0
Facility Type	Hospital (HCF with in-patients)	75.5	22.0	2.5	100.0	78.4	21.6	100.0
	Non-hospital (HCF without in-patient)	48.4	50.4	1.2	100.0	63.4	36.6	100.0
Division	Barishal	51.5	48.5	0.0	100.0	58.2	41.8	100.0
	Chattogram	45.3	53.3	1.5	100.0	65.7	34.3	100.0
	Dhaka	52.8	44.6	2.6	100.0	64.6	35.4	100.0
	Khulna	60.4	39.2	0.4	100.0	68.3	31.7	100.0
	Mymensingh	37.6	60.1	2.3	100.0	51.2	48.8	100.0
	Rajshahi	46.4	53.4	0.2	100.0	64.2	35.8	100.0
	Rangpur	53.3	45.4	1.3	100.0	64.0	36.0	100.0
	Sylhet	46.3	53.2	0.4	100.0	80.1	19.9	100.0

Table H09: Percentage distribution of Healthcare Facilities by places or areas where functional hand hygiene facilities are located with evidence of usage by Selected Characteristics.

Dimension	Categories	Reception/Waiting area	OPD	Labour room	SCANU	OT	All Consulting Area	In all Inpatients Wards
Locality	**National**	92.3	92.8	94.0	95.0	94.0	93.1	96.1
	Rural	90.2	91.6	91.6	91.3	92.4	89.6	93.1
	Urban	96.3	95.0	96.9	97.4	94.9	96.0	97.7
Managing Authority	Govt/Public	91.0	91.8	90.7	89.9	90.5	89.8	92.9
	Private	95.6	95.2	97.3	97.2	95.4	95.3	97.5
	NGO	89.5	89.3	93.4	100.0	93.7	94.9	93.3
Division	Barishal	89.5	93.1	94.9	92.0	90.7	96.8	92.2
	Chattogram	96.2	95.1	96.4	100.0	97.9	95.2	94.9
	Dhaka	92.4	94.3	93.7	94.6	94.6	92.6	96.5
	Khulna	89.0	87.1	87.2	93.5	91.3	90.1	100.0
	Mymensingh	84.9	86.4	90.5	97.2	97.7	76.6	100.0
	Rajshahi	94.3	95.1	96.3	88.4	90.7	97.1	96.5
	Rangpur	92.8	91.9	98.5	97.0	93.9	92.6	94.4
	Sylhet	92.5	91.3	94.9	95.2	92.6	89.3	97.8

Table H10: Treatment and disposal methods for sharps waste in Healthcare Facilities, by selected characteristics.

Dimension	Categories	% of Healthcare Facilities by treatment practices and/or disposal of sharps waste											
		Autoclaved	Incinerated (two-chamber, 850-1000 incinerator)	Incinerated (brick incinerator)	Open burning	Burning in a protected pit	Open dumping without treatment	Chemical disinfection with hypochlorite	Not treated, but buried in a lined, protected pit	Not treated and added to the general waste	Not treated but collected for medical waste disposal	Others	Total
Locality	**National**	5.4	3.1	4.1	17.4	37.9	1.4	0.2	7.6	6.2	10.1	6.7	100
	Rural	3.0	2.8	4.1	20.1	42.1	1.7	0.1	8.6	4.7	7.7	5.2	100
	Urban	14.2	4.4	4.2	7.3	22.7	0.2	0.6	3.9	11.4	19.2	11.9	100
Managing Authority	Govt/Public	2.4	2.5	4.3	20.9	42.0	1.6	0.1	8.7	4.6	7.9	5.1	100
	Private	12.4	3.2	3.8	8.1	27.5	1.1	0.1	5.0	9.4	18.2	11.2	100
	NGO	14.4	11.3	3.4	10.0	30.0	0.0	0.9	4.5	13.4	4.0	8.0	100
Division	Barishal	1.6	2.1	3.6	24.0	45.3	2.2	0.0	7.7	4.9	3.7	5.1	100
	Chattogram	2.3	4.3	6.7	18.0	41.3	2.5	0.5	3.9	8.1	8.6	4.0	100
	Dhaka	12.3	1.3	2.8	16.8	32.7	0.6	0.0	5.2	5.7	13.4	9.2	100
	Khulna	0.5	5.3	3.1	17.8	38.3	0.7	0.2	9.0	5.3	13.7	6.2	100
	Mymensingh	3.2	5.0	3.3	18.3	43.3	2.1	0.8	9.0	3.2	9.6	2.2	100
	Rajshahi	1.5	3.2	5.0	17.0	31.0	1.8	0.0	10.4	9.8	9.9	10.4	100
	Rangpur	5.4	2.1	1.2	15.3	44.6	0.9	0.0	14.0	3.0	7.1	6.4	100
	Sylhet	15.3	2.7	9.4	11.7	33.5	0.7	0.0	4.6	7.8	8.9	5.5	100

Table H11: Percentage distribution of Healthcare Facilities by Alternate Source of Water during hazards/event by Division

Alternative Source of Water	Division							
	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
Piped into dwelling	6.4	2.8	0.0	0.0	0.0	0.0	0.0	0.0
Piped to yard / plot	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Piped to neighbour	27.5	36.0	59.9	45.0	19.8	73.0	27.9	18.7
Public tap / standpipe	0.0	0.0	0.0	0.0	0.0	0.0	8.9	5.3
Tube Well / Borehole	40.0	39.9	9.9	15.0	42.7	6.8	28.9	33.5
Protected well	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unprotected well	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Protected spring	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unprotected spring	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rain water	3.1	5.2	0.0	5.7	9.7	6.8	0.0	0.0
Tanker-truck	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cart with a small tank	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
water kiosk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surface water	6.5	2.0	9.8	3.2	0.0	0.0	0.0	2.1
Bottled water	9.7	6.9	10.8	21.6	27.7	13.3	9.5	31.4
Sachet water	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Large bottle/dispenser refill	0.0	0.0	0.0	3.1	0.0	0.0	4.6	0.0
Other	6.8	7.2	9.5	6.4	0.0	0.0	20.1	9.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table H12: Percentage distribution of Healthcare Facilities with Treatment of Sharp Waste by Selected Characteristics.

Dimension	Categories	Method of treating and/or disposing of Sharps Waste											
		Autoclaved	Incinerated (two-chamber, 850-1000°C incinerator)	Incinerated (brick incinerator)	Open burning	Burning in a protected pit	Open dumping without treatment	Chemical disinfection with hypochlorite	Not treated, but buried in a lined, protected pit	Not treated and added to general waste	Not treated but collected for medical waste disposal	Others	Total
	National	5.4	3.1	4.1	17.4	37.9	1.4	0.2	7.6	6.2	10.1	6.7	100
Locality	Rural	3.0	2.8	4.1	20.1	42.1	1.7	0.1	8.6	4.7	7.7	5.2	100
	Urban	14.2	4.4	4.2	7.3	22.7	0.2	0.6	3.9	11.4	19.2	11.9	100
Managing Authority	Govt/Public	2.4	2.5	4.3	20.9	42.0	1.6	0.1	8.7	4.6	7.9	5.1	100
	Private	12.4	3.2	3.8	8.1	27.5	1.1	0.1	5.0	9.4	18.2	11.2	100
	NGO	14.4	11.3	3.4	10.0	30.0	0.0	0.9	4.5	13.4	4.0	8.0	100
Division	Barishal	1.6	2.1	3.6	24.0	45.3	2.2	0.0	7.7	4.9	3.7	5.1	100
	Chattogram	2.3	4.3	6.7	18.0	41.3	2.5	0.5	3.9	8.1	8.6	4.0	100
	Dhaka	12.3	1.3	2.8	16.8	32.7	0.6	0.0	5.2	5.7	13.4	9.2	100
	Khulna	0.5	5.3	3.1	17.8	38.3	0.7	0.2	9.0	5.3	13.7	6.2	100
	Mymensingh	3.2	5.0	3.3	18.3	43.3	2.1	0.8	9.0	3.2	9.6	2.2	100
	Rajshahi	1.5	3.2	5.0	17.0	31.0	1.8	0.0	10.4	9.8	9.9	10.4	100
	Rangpur	5.4	2.1	1.2	15.3	44.6	0.9	0.0	14.0	3.0	7.1	6.4	100
	Sylhet	15.3	2.7	9.4	11.7	33.5	0.7	0.0	4.6	7.8	8.9	5.5	100

Table H13: Percentage distribution of Healthcare Facilities with Treatment of Infectious Waste by Selected Characteristics.

Dimension	Categories	How does this facility treat and/or dispose of infectious waste											
		Autoclaved	Incinerated (two-chamber, 850-1000 °C incinerator)	Incinerated (brick incinerator)	Open burning	Burning in a protected pit	Open dumping without treatment	Chemical disinfection with hypochlorite	Not treated, but buried in a lined, protected pit	Not treated and added to general waste	Not treated but collected for medical waste disposal	Others	Total
Locality	**National**	4.1	2.8	4.1	19.5	40.9	1.5	0.4	8.2	6.6	8.0	3.8	100
	Rural	2.2	2.6	4.1	23.2	44.8	1.9	0.1	8.6	5.4	4.9	2.1	100
	Urban	11.1	3.5	3.8	5.9	26.6	0.2	1.7	6.5	10.9	19.5	10.4	100
Managing Authority	Govt/Public	1.9	2.2	4.3	24.2	44.5	1.6	0.2	8.8	5.4	5.0	1.9	100
	Private	9.4	3.4	3.6	8.3	30.7	1.5	1.2	4.8	9.1	17.9	10.1	100
	NGO	10.3	7.5	3.3	5.9	38.0	0.0	0.9	14.7	12.1	5.1	2.0	100
Division	Barishal	0.6	1.9	3.2	26.4	46.2	2.0	0.0	9.2	3.9	3.5	3.0	100
	Chattogram	1.8	3.0	6.9	22.0	42.7	3.2	0.5	4.1	7.2	6.1	2.6	100
	Dhaka	11.0	1.5	2.8	15.5	35.2	0.9	0.9	7.2	6.6	12.5	5.8	100
	Khulna	0.0	4.3	2.8	22.4	41.9	0.8	0.0	9.2	6.5	8.5	3.7	100
	Mymensingh	2.4	5.2	3.3	18.1	44.5	2.6	1.6	8.3	2.5	9.4	1.9	100
	Rajshahi	1.5	3.1	4.3	21.0	34.3	1.1	0.0	10.9	12.3	6.7	4.7	100
	Rangpur	4.3	2.3	1.6	17.0	49.4	0.9	0.0	12.6	2.5	5.4	3.8	100
	Sylhet	5.2	1.8	10.0	16.2	43.4	0.3	0.0	5.5	9.1	6.6	2.0	100

Table H14: Percentage distribution of Healthcare Facilities has taken Any measures to improve the quality of water from the main source by Selected Characteristics.

Dimension	Categories	Any measures taken to improve the quality of water from the main source	Water treatment method used by HF										
			Boiling	Add bleach /Chlorine/ Water Guard	Strain it through a cloth	Use a water filter (ceramic, sand, clay	Solar disinfection	Let it stand and settle	Add alum	Add water tablet/liquid	Uses a water treatment plant	Other-Specify	Total
Locality	**National**	25.5	4.4	2.2	0.6	85.6	0.0	0.2	1.5	2.2	2.1	1.2	100.0
	Rural	14.7	5.6	2.3	1.2	82.3	0.0	0.2	1.8	3.8	2.6	0.3	100.0
	Urban	60.7	3.5	2.1	0.2	88.1	0.0	0.3	1.3	0.9	1.7	1.9	100.0
Managing Authority	Govt/Public	13.4	6.2	3.1	1.5	80.4	0.0	0.3	1.7	4.8	1.7	0.4	100.0
	Private	51.7	3.5	2.1	0.2	87.3	0.0	0.3	1.7	0.8	2.1	2.1	100.0
	NGO	53.4	3.1	0.0	0.0	93.2	0.0	0.0	0.0	0.0	3.7	0.0	100.0
Division	Barishal	23.3	10.9	0.0	4.0	76.7	0.0	3.6	1.9	1.4	1.5	0.0	100.0
	Chattogram	25.5	10.9	1.1	1.4	84.8	0.0	0.0	0.1	1.4	0.2	0.0	100.0
	Dhaka	41.6	0.2	2.9	0.0	90.2	0.0	0.0	1.5	0.6	2.3	2.3	100.0
	Khulna	15.4	1.7	0.0	0.0	87.2	0.0	0.0	0.0	5.7	3.8	1.7	100.0
	Mymensingh	13.4	0.0	0.0	0.0	85.9	0.0	0.0	2.5	2.5	9.0	0.0	100.0
	Rajshahi	23.5	4.2	2.5	0.0	85.0	0.0	0.0	3.7	3.3	1.4	0.0	100.0
	Rangpur	12.3	17.1	6.9	0.0	62.3	0.0	0.0	2.5	7.7	0.0	3.4	100.0

Dimension	Categories	Any measures taken to improve the quality of water from the main source	Water treatment method used by HF										
			Boiling	Add bleach /Chlorine/ Water Guard	Strain it through a cloth	Use a water filter (ceramic, sand, clay	Solar disinfection	Let it stand and settle	Add alum	Add water tablet/liquid	Uses a water treatment plant	Other-Specify	Total
	Sylhet	32.6	1.2	2.6	1.5	87.4	0.0	0.0	0.7	2.4	4.2	0.0	100.0

Table H15: Percentage distribution of Healthcare Facilities by Type of toilets/latrines and Usability by Selected Characteristics.

Toilet Categories	Usability	Locality			Managing Authority				Division							
		All	Rural	Urban	Govt/ Public	Private	NGO	Others	Barishal	Chattogram	Dhaka	Khulna	Mymensingh	Rajshahi	Rangpur	Sylhet
Flush to piped sewer system	Usable	6.1	1.2	9.8	2.7	9.3	4.4	1.6	0.0	0.1	17.3	4.0	1.2	0.0	2.8	0.2
	Not Usable	0.4	0.2	1.1	0.2	2.8	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	1.1
Flush to Septic tank	Usable	87.4	85.9	88.6	85.4	87.7	93.8	95.6	89.6	92.7	76.0	92.9	93.0	91.9	88.9	95.3
	Not Usable	66.8	59.4	90.9	65.8	75.9	75.7	70.0	32.9	73.8	60.4	82.4	73.2	51.6	66.4	78.1
Flush to pit/cesspool	Usable	2.4	4.6	0.7	4.9	0.7	0.0	0.4	6.2	1.8	1.7	1.8	1.9	3.5	3.2	2.0
	Not Usable	12.4	15.5	2.2	14.0	0.0	0.0	0.0	36.4	2.9	18.1	6.1	10.4	21.1	12.2	2.8
Flush to open drain	Usable	0.8	1.8	0.0	0.5	1.2	0.0	0.0	0.2	0.5	2.0	0.1	0.3	0.5	0.1	0.1
	Not Usable	1.3	1.5	0.7	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	7.9	0.0	1.2
Flush to don't know where	Usable	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.1
	Not Usable	1.0	1.3	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	2.8	1.2	0.0	2.3	1.1
Pit latrine with slab	Usable	2.9	5.5	0.9	5.3	1.0	1.7	2.4	2.9	4.5	2.7	1.1	2.7	3.2	4.3	1.5
	Not Usable	12.7	15.8	2.5	12.6	10.4	0.0	30.0	30.7	14.5	16.6	2.8	7.5	11.6	15.2	7.7
Pit latrine without slab/open pit	Usable	0.1	0.3	0.0	0.3	0.0	0.0	0.0	0.3	0.1	0.1	0.0	0.1	0.2	0.1	0.5
	Not Usable	2.8	3.2	1.7	2.1	8.1	24.3	0.0	0.0	8.8	1.9	3.1	0.0	2.6	0.0	7.9
Twin Pit with slab	Usable	0.2	0.5	0.0	0.5	0.0	0.0	0.0	1.0	0.0	0.1	0.0	0.3	0.5	0.3	0.2
	Not Usable	0.9	1.1	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.8	2.6	1.2	0.0
Twin Pit without slab	Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	Not Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Composting toilet	Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0
	Not Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bucket latrine	Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Not Usable	0.4	0.2	0.9	0.2	2.7	0.0	0.0	0.0	0.0	0.0	2.6	1.2	0.0	0.0	0.0
Container-based sanitation	Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
	Not Usable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hanging latrine/hanging toilet	Usable	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0
	Not Usable	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Other type	Usable	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1
	Not Usable	1.4	1.8	0.0	1.5	0.0	0.0	0.0	0.0	0.0	1.7	0.0	1.2	2.7	2.6	0.0
Total	Usable	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
	Not Usable	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Estimated number of usable toilets /latrines in HF	Usable	89892	38707	51185	36761	44550	5736	2845	4850	14363	26426	13638	5472	10576	8204	6363
	Not Usable	3617	2761	856	3196	285	48	88	125	396	758	296	470	377	768	428

Table H16: Availability of outlet pipe for discharging liquid wastes by Selected Characteristics

Diemensions	Categories	Availability of outlet pipe for discharging liquid wastes			
		Yes (the tank or pit containing wastes has a pipe which discharges liquid wastes)	No (there is infiltration underground from the base or sides of the tank or pit)	Don't know	Total
Locality	National	41.7	44.7	13.7	100
	Rural	39.1	47.4	13.4	100
	Urban	56.8	28.1	15.0	100
Ownership	Government	39.5	47.1	13.4	100
	Private	45.0	39.0	16.0	100
	Govt. Aided/MPO	44.7	42.4	12.9	100
	NGO and Others	34.3	46.6	19.0	100
Division	Barishal	25.7	55.0	19.3	100
	Chattogram	36.7	44.5	18.8	100
	Dhaka	36.3	52.1	11.5	100
	Khulna	46.9	43.0	10.1	100
	Mymensingh	38.3	48.8	12.9	100
	Rajshahi	43.7	44.4	11.9	100
	Rangpur	53.0	33.8	13.2	100
	Sylhet	56.9	31.5	11.5	100

Table S17: Distribution of the Destination of Sanitation Outlet Pipes by Locality, Ownership Type, and Administrative Division

Dimensions	Categories	Destination of the Outlet Pipe							
		To a leach field or soak pit	To a sewer/closed drain that leads to a wastewater treatment plant	To a sewer/closed drain that is not connected to a wastewater treatment plant	To an open drain	To a water body/surface	Don't know where	Others	Total
Locality	National	50.9	18.8	8.3	8.6	9.4	3.2	0.8	100.0
	Rural	55.5	15.6	8.0	6.8	10.5	2.8	0.9	100.0
	Urban	31.6	31.8	9.8	16.3	4.9	5.1	0.5	100.0
Ownership	Government	56.1	16.9	7.8	6.2	9.5	3.0	0.6	100.0
	Private	35.9	18.9	7.7	19.0	12.0	3.6	2.8	100.0
	Govt. Aided/MPO	48.5	21.9	8.6	8.3	8.9	3.5	0.3	100.0
	NGO and Others	50.6	13.6	18.6	13.1	0.0	2.2	2.0	100.0
Division	Barishal	54.0	25.9	6.7	1.7	10.0	1.3	0.4	100.0
	Chattogram	34.1	26.3	7.2	8.5	13.9	8.1	1.9	100.0
	Dhaka	26.2	22.3	17.2	14.6	16.6	2.5	0.6	100.0
	Khulna	71.2	22.1	1.0	0.9	3.3	1.4	0.0	100.0
	Mymensingh	46.8	2.7	8.9	20.5	17.4	3.7	0.0	100.0
	Rajshahi	52.7	14.4	6.9	12.6	9.8	3.2	0.4	100.0
	Rangpur	78.2	11.7	4.6	0.2	1.6	2.1	1.6	100.0
	Sylhet	42.4	24.7	14.3	13.1	3.6	1.4	0.5	100.0

Figure H02: Percentage distribution of Events of Wastewater/Excreta Discharge from Toilet/Latrine Systems in the Past 12 Months by Selected Characteristics.

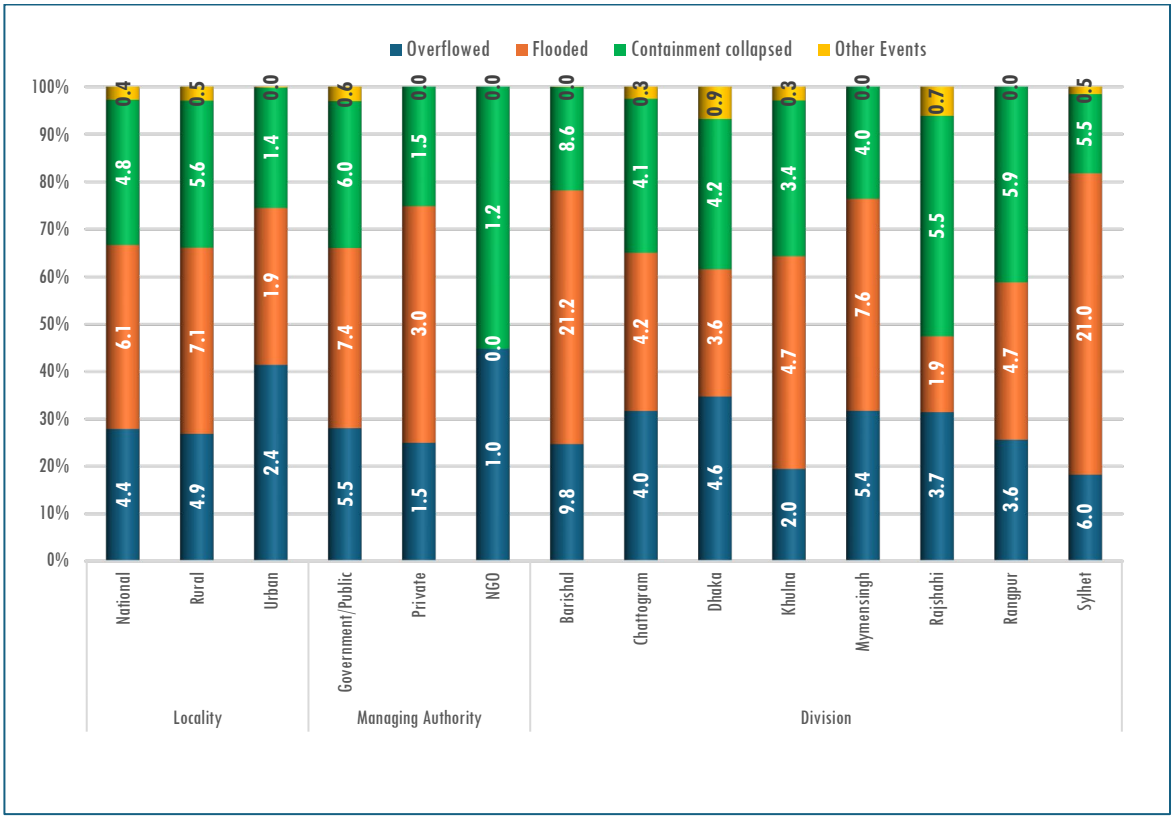

Figure H03: Percentage distribution of Healthcare Facility offering IPC Training by Selected Characteristics.

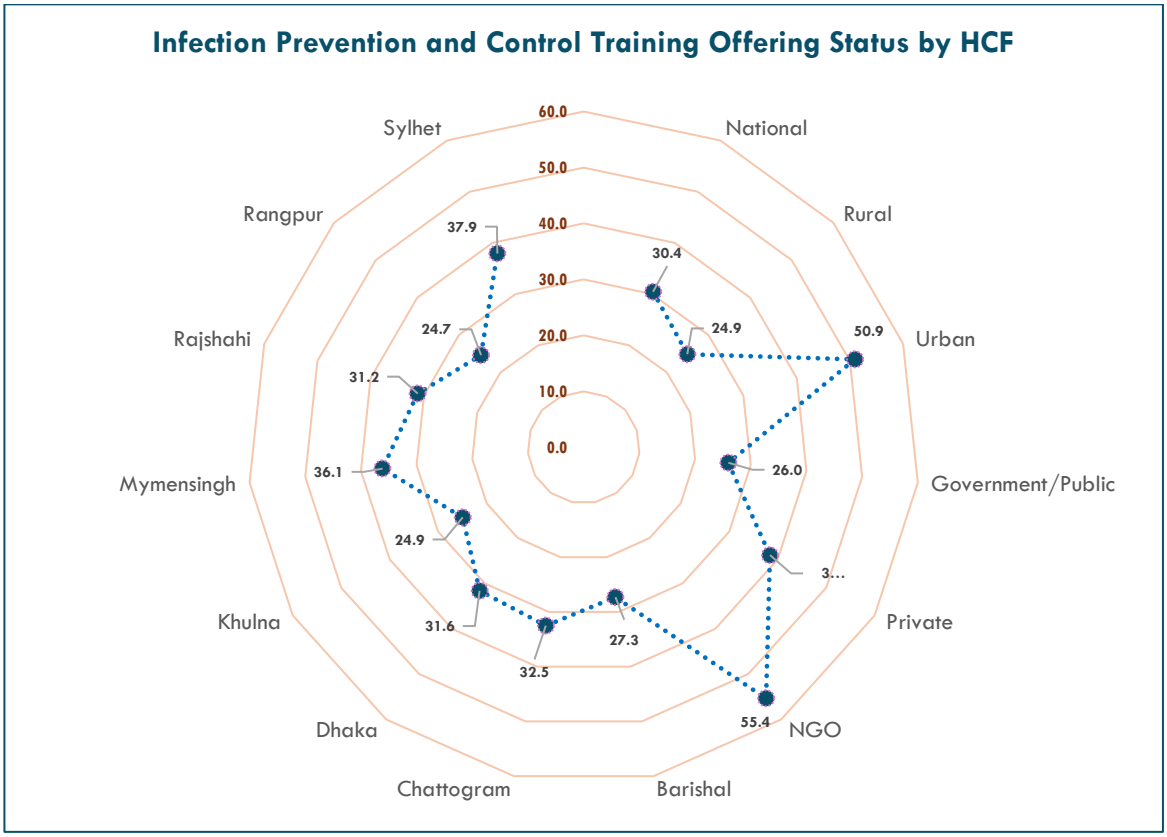

Table H18: Percentage distribution of Healthcare Facilities by Type of toilets/latrines and Accessibility by Selected Characteristics.

Dimension	Categories	Access to	Flush to piped sewer system	Flush to Septic tank	Flush to pit/cesspool	Flush to open drain	Flush to don't know where	Pit latrine with slab	Pit without slab/open pit	Twin Pit with slab	Twin Pit without slab	Other Composting	Bucket latrine	Container based	Hanging latrine/toilet	Other type	Total	Estimated # of Toilets
Locality	Total	Staff Only	6.1	88.0	2.5	0.5	0.0	2.3	0.1	0.2	0.0	0.0	0.0	0.0	0.2	0.1	100.0	24,918
		Inpatient Only	6.1	90.8	0.6	1.3	0.0	1.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	35,920
		Staff and Impatient Only	5.1	84.3	4.8	0.3	0.1	4.6	0.2	0.5	0.0	0.0	0.0	0.0	0.0	0.1	100.0	12,841
		Everyone	6.1	80.6	4.6	0.4	0.1	7.4	0.4	0.3	0.0	0.0	0.1	0.0	0.0	0.0	100.0	18,222
		None	0.0	59.6	17.6	1.8	2.3	9.9	4.3	2.0	0.0	0.0	0.0	0.0	0.1	2.4	100.0	1,609
	Rural	Staff Only	0.9	87.8	4.8	1.1	0.0	4.1	0.1	0.5	0.1	0.0	0.0	0.1	0.3	0.2	100.0	11,682
		Inpatient Only	0.1	91.7	1.1	4.9	0.0	1.9	0.3	0.0	0.0	0.1	0.0	0.0	0.1	0.0	100.0	9,949
		Staff and Impatient Only	2.6	81.1	6.6	0.5	0.2	7.6	0.3	0.9	0.0	0.0	0.0	0.0	0.0	0.2	100.0	7,146
		Everyone	1.4	79.2	6.8	0.7	0.1	10.7	0.6	0.5	0.0	0.0	0.1	0.0	0.0	0.0	100.0	11,367
		None	0.0	53.3	20.9	2.2	2.8	11.4	4.2	2.4	0.0	0.0	0.0	0.0	0.0	2.9	100.0	1,324
	Urban	Staff Only	10.6	88.1	0.4	0.1	0.0	0.6	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	100.0	13,236
		Inpatient Only	8.4	90.4	0.4	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	25,971
		Staff and Impatient Only	8.1	88.4	2.5	0.0	0.0	0.9	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,695
		Everyone	14.1	82.9	1.1	0.0	0.0	1.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	6,855
		None	0.0	89.4	2.5	0.0	0.0	2.8	5.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	100.0	285
Managing Authority	Govt/Public	Staff Only	2.0	88.2	4.5	0.9	0.0	3.4	0.0	0.4	0.0	0.0	0.0	0.1	0.4	0.2	100.0	13,075
		Inpatient Only	5.9	90.4	1.8	0.0	0.0	1.4	0.4	0.0	0.0	0.1	0.0	0.0	0.1	0.0	100.0	7,921
		Staff and Impatient Only	1.1	80.5	8.1	0.6	0.3	7.7	0.4	1.1	0.0	0.0	0.0	0.0	0.0	0.2	100.0	6,253
		Everyone	2.0	79.1	6.6	0.5	0.1	10.5	0.7	0.5	0.0	0.0	0.1	0.0	0.0	0.0	100.0	11,203
		None	0.0	59.6	18.9	2.0	2.4	9.3	3.1	2.1	0.0	0.0	0.0	0.0	0.1	2.5	100.0	1,504
	Private	Staff Only	12.1	86.5	0.4	0.2	0.0	0.5	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	100.0	9,248
		Inpatient Only	6.9	89.8	0.3	2.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	24,385
		Staff and Impatient Only	10.1	86.5	1.8	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,777
		Everyone	14.5	81.2	1.7	0.4	0.0	1.9	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	100.0	5,333
		None	0.0	68.2	0.0	0.0	0.0	6.4	25.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	92
	NGO	Staff Only	6.6	91.8	0.1	0.0	0.0	1.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,932
		Inpatient Only	0.0	98.8	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,794
		Staff and Impatient Only	0.0	97.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	617
		Everyone	8.8	88.3	0.0	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,440
		None	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0
	Others	Staff Only	0.0	90.9	0.0	0.0	0.0	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	662
		Inpatient Only	2.5	97.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,820
		Staff and Impatient Only	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	194
		Everyone	0.0	86.4	4.5	0.0	0.0	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	245
		None	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	13
Division	Barishal	Staff Only	0.0	87.0	10.4	0.1	0.0	1.4	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,144
		Inpatient Only	0.0	97.5	1.6	0.0	0.0	0.5	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,112
		Staff and Impatient Only	0.0	80.4	9.7	0.9	0.0	6.6	0.7	1.6	0.0	0.0	0.0	0.0	0.0	0.0	100.0	767
		Everyone	0.0	75.3	11.7	0.0	0.0	10.7	0.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	946

Dimension	Categories	Access to	Flush to piped sewer system	Flush to Septic tank	Flush to pit/cesspool	Flush to open drain	Flush to don't know where	Pit latrine with slab	Pit without slab/open pit	Twin Pit with slab	Twin Pit without slab	Other Composting	Bucket latrine	Container based	Hanging latrine/toilet	Other type	Total	Estimated # of Toilets
		None	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5
	Chattogram	Staff Only	0.0	93.2	1.9	0.9	0.0	2.8	0.3	0.0	0.0	0.0	0.0	0.0	0.9	0.0	100.0	3,618
		Inpatient Only	0.0	98.5	0.9	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,256
		Staff and Impatient Only	0.5	91.8	0.6	0.4	0.0	6.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.4	100.0	2,866
		Everyone	0.0	80.8	4.3	1.2	0.1	13.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,815
		None	0.0	72.9	5.7	0.0	0.0	10.1	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	205
	Dhaka	Staff Only	17.0	79.9	1.3	0.3	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	6,815
		Inpatient Only	17.9	75.9	0.4	4.3	0.1	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	11,105
		Staff and Impatient Only	12.3	76.1	5.6	0.0	0.0	5.1	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,271
		Everyone	18.5	71.1	3.1	0.4	0.0	6.5	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	100.0	5,647
		None	0.0	46.3	29.3	0.0	0.0	16.2	4.1	0.0	0.0	0.0	0.0	0.0	0.3	3.8	100.0	345
	Khulna	Staff Only	5.9	88.8	3.1	0.4	0.0	1.5	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	100.0	4,133
		Inpatient Only	1.4	98.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	5,535
		Staff and Impatient Only	14.6	79.6	1.2	0.0	0.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,382
		Everyone	1.0	94.6	3.3	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,700
		None	0.0	75.9	9.9	0.0	4.6	4.6	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	184
	Mymensingh	Staff Only	3.7	89.4	0.9	1.7	0.0	3.8	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	100.0	1,331
		Inpatient Only	0.4	98.5	0.5	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	100.0	2,063
		Staff and Impatient Only	0.0	87.7	3.8	0.7	2.2	4.1	0.4	1.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	796
		Everyone	0.8	89.5	3.7	0.0	0.0	5.2	0.0	0.4	0.0	0.0	0.4	0.0	0.0	0.0	100.0	1,546
		None	0.0	62.0	20.4	0.0	2.8	5.6	0.0	6.4	0.0	0.0	0.0	0.0	0.0	2.8	100.0	206
	Rajshahi	Staff Only	0.0	92.2	3.5	0.8	0.0	2.7	0.0	0.5	0.0	0.0	0.0	0.0	0.4	0.0	100.0	3,766
		Inpatient Only	0.0	96.2	0.5	0.0	0.0	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,867
		Staff and Impatient Only	0.0	89.4	5.8	0.7	0.0	2.8	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,401
		Everyone	0.0	81.2	9.1	0.6	0.6	6.6	1.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,747
		None	0.0	30.9	34.7	17.2	0.0	0.0	5.6	5.6	0.0	0.0	0.0	0.0	0.0	5.9	100.0	172
	Rangpur	Staff Only	2.0	89.2	2.5	0.3	0.0	4.2	0.0	0.7	0.0	0.0	0.0	0.3	0.0	0.8	100.0	2,543
		Inpatient Only	3.6	93.6	1.1	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	100.0	2,952
		Staff and Impatient Only	2.1	86.0	9.0	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,625
		Everyone	2.3	77.9	4.6	0.0	0.0	13.9	0.7	0.6	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,550
		None	0.0	56.0	14.2	0.0	5.8	18.1	0.0	2.9	0.0	0.0	0.0	0.0	0.0	2.9	100.0	302
	Sylhet	Staff Only	0.3	95.7	0.6	0.0	0.3	1.8	0.3	0.6	0.4	0.0	0.0	0.0	0.0	0.0	100.0	1,567
		Inpatient Only	0.3	98.3	0.2	0.0	0.0	0.5	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,030
		Staff and Impatient Only	0.0	87.8	8.3	0.2	0.0	1.5	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	734
		Everyone	0.4	87.6	4.7	0.8	0.0	5.1	0.7	0.4	0.0	0.0	0.0	0.0	0.0	0.4	100.0	1,272
		None	0.0	85.1	1.3	0.0	2.5	4.2	6.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	189

ANNEX-2: SURVEY QUESTIONNAIRES

WASH IN SCHOOL MONITORING SURVEY 2024

শিক্ষাপ্রতিষ্ঠান ওয়াশ পরিবীক্ষণ জরিপ ২০২৪

[এ প্রশ্নপত্রটি শিক্ষাপ্রতিষ্ঠানের প্রধান শিক্ষক/অধ্যক্ষ এবং অন্যান্য সংশ্লিষ্ট শিক্ষক ও কর্মীদের সঙ্গে কথা বলার পাশাপাশি সরজমিনে পর্যবেক্ষণ করে পূরণ করতে হবে]

সেকশন-ক: সাধারণ তথ্য

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
A1	Enumerator's ID তথ্যসংগ্রহকারীর আইডি		
A2	Name of Enumerator তথ্যসংগ্রহকারীর নাম		
A3	শিক্ষাপ্রতিষ্ঠানের নমুনা নম্বর		
A4	শিক্ষাপ্রতিষ্ঠানের পুরো নাম		
A5	শিক্ষাপ্রতিষ্ঠানের ভৌগোলিক অবস্থান (জিপিএস)		
A6	পরিদর্শনের তারিখ		
A7	Name of Respondent (Head Teacher) উত্তরদাতার নাম (প্রধান শিক্ষক/অধ্যক্ষ)		
A8	Respondents Phone No. উত্তরদাতার ফোন নম্বর		
A9	Division বিভাগ	স্বয়ংক্রিয়ভাবে নির্বাচিত	
A10	District জেলা	স্বয়ংক্রিয়ভাবে নির্বাচিত	
A11	Upazila উপজেলা	স্বয়ংক্রিয়ভাবে নির্বাচিত	
A12	Union ইউনিয়ন	স্বয়ংক্রিয়ভাবে নির্বাচিত	
A13	গ্রাম/মহল্লা	ড্রপডাউন থেকে নির্বাচিত করুন	
A14	আরএমও (RMO)	1-পল্লি 2-শহর	

সেকশন-খ: শিক্ষাপ্রতিষ্ঠান সম্পর্কিত তথ্য

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
B1	Type of School (Select all that apply) শিক্ষাপ্রতিষ্ঠানের স্তর (যে সব পর্যায়ে পড়ানো হয় সবগুলো উত্তর নির্বাচন করুন)	1-প্রাকপ্রাথমিক 2-প্রাথমিক 3-নিম্ন মাধ্যমিক 4-মাধ্যমিক 5-উচ্চ মাধ্যমিক	
B2	Ownership মালিকানা/ব্যবস্থাপনা	1-সরকারি 2- এনজিও 3-ব্যক্তিগত 4-সরকারি সাহায্যপুষ্ট/এমপিওভুক্ত 5- অন্যান্য	
B3	Does the School share the same compound with another school এ শিক্ষাপ্রতিষ্ঠানটি কি অন্য শিক্ষাপ্রতিষ্ঠানের সাথে একই প্রাঙ্গণ/আঙিনা ভাগাভাগি করে ব্যবহার করে?	1-হ্যাঁ 2-না	2⇨**B4**
B4	How many schools are using the compound? কয়টি শিক্ষাপ্রতিষ্ঠান এ প্রাঙ্গণ/আঙিনা শেয়ার করে?		

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
B5	Does the School have perimeter fencing? শিক্ষাপ্রতিষ্ঠানটির চারদিক কি দেয়াল দিয়ে ঘেরা? (চারপাশ পর্যবেক্ষণ করে লিখুন)	1-হ্যাঁ, চারদিক সম্পূর্ণ পাকা দেয়াল দিয়ে ঘেরা 2-হ্যাঁ, কিছু অংশ পাকা দেয়াল কিংবা কাটাতার/তারের নেট কিংবা অন্য কোনো উপকরণ দিয়ে ঘেরা 3-হ্যাঁ, স্থানীয় কোনো উপকরণ (পাটকাঠি, বাঁশের বেড়া, ইত্যাদি) দিয়ে কিছু অংশ ঘেরা 4-না, ঘেরা নেই	
B6	Does the School run shifts (morning and afternoon shifts)? শিক্ষাপ্রতিষ্ঠানটিতে কি একাধিক শিফট চলমান আছে?	1-হ্যাঁ 2-না	
B7	Does the school run a boarding facility? শিক্ষাপ্রতিষ্ঠানটি কি আবাসিক সুবিধা পরিচালনা করে?	1-হ্যাঁ 2-না	
B8	Population of Pupils/ Students in School শিক্ষাপ্রতিষ্ঠানে মোট শিক্ষার্থীর সংখ্যা	ছাত্র	
		ছাত্রী	
		মোট শিক্ষার্থী	
B9	Population of Pupils/ Students that are with limited mobility or vision (with disabilities) শিক্ষাপ্রতিষ্ঠানে প্রতিবন্ধী শিক্ষার্থীর সংখ্যা	ছাত্র	
		ছাত্রী	
		মোট শিক্ষার্থী	
B10	Population of Teachers in School শিক্ষাপ্রতিষ্ঠানে শিক্ষকের সংখ্যা	শিক্ষক	
		শিক্ষিকা	
		মোট শিক্ষক-শিক্ষিকা	
B11	Is there at least one toilet/latrine compartment in the School? শিক্ষাপ্রতিষ্ঠানটিতে কি শিক্ষার্থীদের জন্যকমপক্ষে একটি টয়লেট/ল্যাট্রিন আছে?		2⇨E1

সেকশন-গ: টয়লেট সম্পর্কিত তথ্য

[রোস্টার পদ্ধতিতে স্কুলের সকল টয়লেট/ল্যাট্রিন কম্পার্টমেন্ট পরিদর্শন করুন এবং নিম্নলিখিত প্রশ্নের উত্তর দিন। (টিপ: স্কুলে টয়লেট কম্পার্টমেন্টের সংখ্যা সম্পর্কে ধারণা নিতে বলুন, পর্যবেক্ষণ এবং সঠিক অপশন নির্বাচন করার জন্য একজন স্টাফের সাথে যান, বিল্ডিংয়ের মধ্যে থাকা টয়লেটগুলো দিয়ে শুরু করুন এবং পরবর্তীতে তারা সকলে প্রবেশ না করা পর্যন্ত জিজ্ঞাসা করুন)। প্রতিটি কম্পার্টমেন্টের জন্য C1 থেকে C17 প্রশ্ন পুনরাবৃত্তি করুন।]

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
C1	What type of student toilets/latrines are most commonly used at School (👁 AND RECORD) ? শিক্ষাপ্রতিষ্ঠানটিতে শিক্ষার্থীরা সাধারণত কী ধরনের টয়লেট/ল্যাট্রিন ব্যবহার করে? (পর্যবেক্ষণ করে পূরণ করুন)	**ফ্লাশ/পোর ফ্লাশ:** 1-ফ্ল্যাশ করে পাইপযুক্ত সুয়েরেজ সিস্টেমে যায় 2-ফ্লাশ করে সেপটিক ট্যাংকে যায় 3-ফ্লাশ করে পিট/সেসপুলে যায় 4-ফ্লাশ করে খোলা ড্রেনে যায় 5-ফ্লাশ হয়ে কোথায় যায় জানি না **শুকনো পিট ল্যাট্রিন:** 6-স্ল্যাবসহ পিট ল্যাট্রিন 7-স্ল্যাব ছাড়া পিট ল্যাট্রিন/খোলা পিট ল্যাট্রিন **কম্পোস্টিং টয়লেট:** 8-স্ল্যাবসহ টুইন পিট 9-স্ল্যাব ছাড়া টুইন পিট 10-অন্যান্য কম্পোস্টিং টয়লেট 11-বালতি ল্যাট্রিন 12-কনটেইনারভিত্তিক স্যানিটেশন 13-ঝুলন্ত ল্যাট্রিন/ঝুলন্ত টয়লেট 14-অন্যান্য ধরনের টয়লেট (উল্লেখ করুন) 15-আঙিনায় কোন টয়লেট/ল্যাট্রিন নেই	
C2	Are students' toilets/latrines (at least one) usable?	1-হ্যাঁ 2-না	1 ⇨C7

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
	(👁 AND CONFIRM IF TOILETS ARE USABLE – ACCESSIBLE, FUNCTIONAL, PRIVATE)/ শিক্ষার্থীদের টয়লেট/ল্যাট্রিনগুলোর অন্তত একটি টয়লেট কি ব্যবহারযোগ্য? **(পর্যবেক্ষণ করে নিশ্চিত হোন যে, টয়লেটে/ল্যাট্রিনগুলোতে প্রবেশগম্য, কার্যকর ও ব্যবহারকারীর ব্যক্তিগত গোপনীয়তা বজায় থাকে কিনা)** **বিশেষ নির্দেশনা:** ব্যবহারযোগ্য বলে বিবেচিত হওয়ার জন্য, জরিপের সময় একটি টয়লেটে প্রবেশগম্য, কার্যকর এবং গোপনীয়তা বজায় থাকা নিশ্চিত হওয়া উচিত। দরজা খোলা থাকলে বা সর্বদা একটি চাবি থাকলে টয়লেটগুলো প্রবেশগম্য। কার্যকরী হওয়ার জন্য, পিট বা গর্তটি অবরুদ্ধ নয়, ফ্লাশ করার জন্য পানি পাওয়া যায় এবং টয়লেটের কাঠামোতে কোনও ফুটো নেই। গোপনীয় হিসাবে বিবেচনা করা হলে, টয়লেট কক্ষের দরজা রয়েছে, যা ভেতর থেকে লক করা যেতে পারে এবং কাঠামোতে কোনো বড় ফাঁক বা ছিদ্র নেই, যাতে ব্যবহারকারীকে বাইরে থেকে দেখা যায় বা গোপনীয়তা লঙ্ঘিত হয়।		
C3	Where is the toilet/latrine located? টয়লেটটি/ল্যাট্রিনটি কোথায় অবস্থিত?	1-ভবনের ভেতরে 2-ভবনের বাইরে তবে আঙিনাতেই	
C4	Who can use this toilet/latrine? কে বা কারা টয়লেটটি ব্যবহার করতে পারে?	শুধু স্টাফ = 1; শুধু ছাত্র-ছাত্রী = 2; শুধু স্টাফ ও ছাত্র-ছাত্রী = 3; আশেপাশের বাড়িসহ সবাই = 4	
C5	When are students permitted to use this toilets/latrine? শিক্ষাপ্রতিষ্ঠানের টয়লেট/ল্যাট্রিনটি শিক্ষার্থীরা কখন কখন ব্যবহার করতে পারে?	1-ক্লাস চলাকালীন যে কোনো সময় 2-ক্লাস চলাকালীন নির্দিষ্ট সময়ে 3-কোনো বিশেষ দিনে/উপলক্ষ্যে	
C6	Is this toilet/latrine accessible to the smallest child at the School? টয়লেটটি/ ল্যাট্রিনটি কি শিক্ষাপ্রতিষ্ঠানের সবচেয়ে ছোট শিশুটিও ব্যবহার করতে পারে?	1-হ্যাঁ 2-না	
C7	What gender can use this toilet? কারা এটি ব্যবহার করতে পারে (লিঙ্গের ভিত্তিতে)?	শুধু পুরুষ = 1; শুধু নারী = 2; উভয়ই = 3	1 ⇨C9
C8	Are there covered bins or other facilities for discreet collection of used menstrual hygiene materials within the toilet space? মেয়েদের টয়লেটে মাসিক/পিরিয়ডে ব্যবহৃত সামগ্রি ফেলার পর সংগ্রহের জন্য ঢাকনাযুক্ত কোনো বিন বা অন্য কোনো সুবিধা রয়েছে কি?	1-হ্যাঁ 2-না	
C9	At the time of the survey, was there soap and running water accessible for handwashing within 5 meters of the toilet space? তথ্য সংগ্রহের সময় টয়লেটের ৫ মিটারের মধ্যে হাত ধোয়ার জন্য সাবান ও পানি ছিল কি? **(পর্যবেক্ষণ করে উত্তর নিন)**	হ্যাঁ = 1; **না:** পানি আছে, কিন্তু সাবান নেই = 2; সাবান আছে, কিন্তু পানি নেই= 3; সাবান বা পানি কোনোটাই নেই = 4	2,3,4 ⇨C12
C10	Is there evidence of the use of the Hand hygiene facility?	1- হ্যাঁ, ভেজা দেখে বোঝা যায় 2-হ্যাঁ, অন্য প্রমাণ/আলামত আছে 3-কোনো প্রমাণ/আলামত নেই	

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
	হাতধোয়ার সুবিধা ব্যবহার করা হচ্ছে এমন কোনো প্রমাণ আছে কি? (পর্যবেক্ষণ করে পূরণ করুন)		
C11	Is the handwashing facilities accessible to those with limited mobility or vision (with disability)? চলাফেরায় সমস্যা আছে বা দৃষ্টি প্রতিবন্ধীদের জন্য হাতধোয়ার স্থানে প্রবেশগম্যতা আছে কি?	1-হ্যাঁ 2-না	
C12	Is this toilet/latrine accessible to those with limited mobility or vision (living with disability)? **Note:** This will be a toilet Meeting the needs of people with reduced mobility – are accessible without stairs or steps, having handrails for support attached to the floor or side walls, the door with at least 80cm wide, the door handle and seat within reach of people using wheelchairs or crutches/sticks) (👁 AND RECORD) চলাফেরায় সমস্যা আছে বা দৃষ্টি প্রতিবন্ধীদের জন্য এ টয়লেটে প্রবেশগম্যতা আছে কি? বিশেষ নির্দেশনা: চলাফেরায় সমস্যা রয়েছে এমন লোকের জন্য সিঁড়ি বা ধাপ ছাড়াই প্রবেশযোগ্য, মেঝে বা পাশের দেয়ালে সমর্থনের জন্য হ্যান্ড্রেইল যুক্ত, কমপক্ষে ৪০ সেমি চওড়া দরজা, দরজার হাতল এবং আসন মানুষের নাগালের মধ্যে (হুইলচেয়ার বা ক্রাচ/লাঠি ব্যবহার করে) (পর্যবেক্ষণ করে পূরণ করুন)	1-হ্যাঁ 2-না	
C13	Are culturally appropriate anal cleansing materials currently available in the toilet? টয়লেটে শৌচকার্যের জন্য প্রয়োজনীয় উপকরণগুলো বর্তমানে রয়েছে কিনা?	1-হ্যাঁ 2-না	
C14	Is the toilet/latrine compartment well lit/illuminated for use at all times শিক্ষাপ্রতিষ্ঠান খোলা থাকা অবস্থায় ব্যবহারের জন্য টয়লেট/ল্যাট্রিনটিতে পর্যাপ্ত (প্রাকৃতিক/বৈদ্যুতিক) আলো থাকে কি?	1-হ্যাঁ 2-না	
C15	How many times per week are the student toilets cleaned? সপ্তাহে শিক্ষার্থীদের টয়লেটগুলো কতদিন/কতবার পরিষ্কার করা হয়?	1-দিনে অন্তত একবার 2-সপ্তাহে ২-৪ দিন 3-সপ্তাহে একবার 4-প্রতি সপ্তাহে পরিষ্কার করা হয় না	
C16	How clean is the toilet? **Note:** Visit as many of the toilets as possible, and then select the appropriate description based on your general impression and the following definitions. **Clean:** all toilets do not have a strong smell or significant numbers of flies or mosquitos, and there is no visible faeces on the floor, walls, seat (or pan) or around the facility. **Somewhat clean**: there is some smell and/or some sign of faecal matter in some of the toilets. **Not clean**: there is a strong smell and/or presence of faecal matter in most toilets. (👁AND RECORD)	1-পরিচ্ছন্ন 2-কিছুটা পরিচ্ছন্ন 3-অপরিচ্ছন্ন	

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
	টয়লেটটি কেমন পরিষ্কার-পরিচ্ছন্ন? **নির্দেশনা:** যতগুলোতে সম্ভব শিক্ষার্থীদের ব্যবহৃত টয়লেটে সরজমিনে যান এবং পর্যবেক্ষণ করুন। পর্যবেক্ষণ থেকে আপনার সাধারণ ধারণা এবং নিম্নোক্ত সংজ্ঞাগুলোর উপর ভিত্তি করে উপযুক্ত অপশনটি নির্বাচন করুন। **পরিচ্ছন্ন**: কোনো টয়লেটেই তীব্র দুর্গন্ধ নেই বা তেমন মশা-মাছি নেই এবং মেঝে, দেয়াল, সিট বা প্যানে বা প্যানের চারপাশে কোনও মল চোখে পড়ে নি। **কিছুটা পরিচ্ছন্ন**: কোনো কোনো টয়লেটে সামান্য দুর্গন্ধ কিংবা মলের চিহ্ন রয়েছে। **অপরিচ্ছন্ন:** বেশিরভাগ টয়লেটে তীব্র দুর্গন্ধ কিংবা মলের উপস্থিতি রয়েছে।		
C17	Is there another toilet compartment? শিক্ষাপ্রতিষ্ঠানে এটি ছাড়া আর কোনো টয়লেট আছে?	1-হ্যাঁ 2-না	1 ⇨C1 2 ⇨D1

সেকশন-ঘ: মল বর্জ্য ব্যবস্থাপনা

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
D1	Are there Toilet Septic Tank(s)/ Pit(s) within the School premises? শিক্ষাপ্রতিষ্ঠানের আঙিনার ভেতরে টয়লেট/ ল্যাট্রিনের সেপটিক ট্যাংক/ পিট আছে?	1-হ্যাঁ 2-না	2 ⇨D7
D2	Have the toilets/latrines' septic tanks/pits ever been emptied? টয়লেট/ল্যাট্রিনগুলোর সেপটিক ট্যাংক বা পিট কখনও খালি/পরিষ্কার করা হয়েছে কি?	**হ্যাঁ, করা হয়েছে-** 1-গত পাঁচ বছরের মধ্যে 2- পাঁচ বছরেরও আগে 3- না, কখনও না 4-জানি না	3,4 ⇨D5
D3	The last time it was emptied, who emptied the pit(s)/tank(s)? শেষবার যখন সেপটিক ট্যাংক বা পিট খালি বা পরিষ্কার করা হয়, তখন কাকে দিয়ে করা হয়েছে?	1-এ সম্পর্কিত সেবাদানকারী (পরিচ্ছন্ন কর্মী, ইত্যাদি) 2- শিক্ষাপ্রতিষ্ঠানের স্টাফ/স্থানীয় লোকজন 6-অন্যান্য (উল্লেখ করুন) 9-জানি না	
D4	The last time it was emptied, where were the contents emptied to? শেষবার যখন সেপটিক ট্যাংক বা পিট খালি বা পরিষ্কার করা হয়, তখন বর্জ্য কোথায় ফেলা হয়েছে?	1- বর্জ্য শোধনাগারে নিয়ে যাওয়া হয়েছিল 2-জলাশয়, খোলা জায়গা, মাঠ বা অন্য কোথাও ফেলা হয়েছিল 3-বসতবাড়ির কাছে বা কাছাকাছি একটি গর্তে ফেলে ঢেকে ফেলা হয়েছিল 4-অন্য কোথাও একটি গর্তে/ময়লার ভাগাড়ে ফেলে ঢেকে ফেলা হয়েছিল 5-একটি উন্মুক্ত খোলা গর্তে ফেলা হয়েছিল 6-দূরে কোথাও অজানা স্থানে ফেলা হয়েছিল 7-অন্যান্য (উল্লেখ করুন) 8-জানি না	
D5	Does the toilet/latrine (answer from B15) have an outlet pipe for liquid waste? সেপটিক ট্যাংক হতে তরল বর্জ্য নির্গমনের জন্য আউটলেট পাইপ আছে কি?	1-হ্যাঁ, সেপটিক ট্যাংক বা পিটে একটি পাইপ আছে যেটি দিয়ে তরল বর্জ্য বের হয়ে যায় 2-না, সেপটিক ট্যাংকের তলায় বা পাশে ফুটো/ফিল্টারিং ব্যবস্থা রয়েছে, যার মাধ্যমে পানি ভূগর্ভে শুষে নেয় 3-জানি না	2, 3 ⇨ D7
D6	Where does this pipe go? আউটলেট পাইপটি কোথায় সংযুক্ত হয়েছে/পড়েছে?	1-সোক ট্যাংক/সোক পিটে 2-সুয়েরেজ লাইনে/ঢাকনাযুক্ত ড্রেনে, যেটি শেষ পর্যন্ত বর্জ্য-পানি শোধনাগারে সংযুক্ত হয়েছে 3-সুয়েরেজ লাইনে/ঢাকনাযুক্ত ড্রেনে, যেটি শেষ পর্যন্ত বর্জ্য-পানি শোধনাগারে সংযুক্ত হয় নি 4-উন্মুক্ত ড্রেনে 5-কোনো জলাশয়/ভূপৃষ্ঠে	3,4,5,6,7 ⇨ D8

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
		6- কোথায় জানি না 7-অন্যান্য (নির্দিষ্ট করুন)	
D7	In the last 12 months, has wastewater/excreta from your toilet/latrine system been released to the surface and surroundings due to any of the following events? [A] উপচে পড়েছিল? [B] প্লাবিত হয়েছিল? [C] নিয়ন্ত্রণ ভেঙে পড়েছিল? [D] অন্য কোনো ঘটনায় উপরে ও আশেপাশে মলমূত্র ছড়িয়ে পড়েছিল? [D1] *অন্যান্য (উল্লেখ করুন)*	হ্যাঁ / না / জানি না [A] উপচে পড়েছিল? 1 2 8 [B] পানিতে ডুবেছিল? 1 2 8 [C] কনেটেইনমেন্ট ধ্বসে পড়েছিল? 1 2 8 [D] অন্য কোনো ঘটনায় উপরে ও আশেপাশে মলমূত্র ছড়িয়ে পড়েছিল? 1 2 8 অন্যান্য উল্লেখ করুন:	
D8	In the past 12 months have you experienced any of these natural hazards/events? গত ১২ মাসে কখনও কি নিম্নোক্ত প্রাকৃতিক দুর্যোগ হয়েছিল? [A] বন্যা? [B] কালবৈশাখী/ঘুর্ণিঝড়? [C] জলোচ্ছ্বাস? [D] ভূমিধ্বস? [D1] *অন্যান্য (উল্লেখ করুন)*	**হ্যাঁ / না / জানি না** [A] বন্যা? 1 2 8 [B] কালবৈশাখী/ঘুর্ণিঝড়? 1 2 8 [C] জলোচ্ছ্বাস? 1 2 8 [D] ভূমিধ্বস? 1 2 8 অন্যান্য (উল্লেখ করুন)	
D9	WAS ANY OF YOUR TOILET FACILITIES AFFECTED BY ANY OF NATURAL HAZARDS/EVENTS MENTIONED ABOVE? উপরে উল্লিখিত কোন প্রাকৃতিক বিপদ/ঘটনা দ্বারা আপনার টয়লেট সুবিধা কি প্রভাবিত হয়েছিল?	**হ্যাঁ / না / জানি না** [A] বন্যা? 1 2 8 [B] কালবৈশাখী/ঘুর্ণিঝড়? 1 2 8 [C] জলোচ্ছ্বাস? 1 2 8 [D] ভূমিধ্বস? 1 2 8 অন্যান্য (উল্লেখ করুন)	
D10	If yes, were you able to continue using the toilet facility? যদি হ্যাঁ হয়, আপনি কি টয়লেটগুলো ব্যবহার করতে পেরেছিলেন?	1-হ্যাঁ 2-না	
D11	DO YOU KNOW OF MEASURES THAT CAN BE TAKEN TO PROTECT YOUR TOILET/LATRINE FROM NATURAL HAZARDS LIKE FLOOD, WINDSTORM, CYCLONE, LANDSLIDE, ETC. বন্যা, ঝড়, ঘূর্ণিঝড়, ভূমিধস, ইত্যাদি প্রাকৃতিক বিপদ থেকে টয়লেট/ল্যাট্রিনকে রক্ষা করতে নেওয়া যেতে পারে এমন ব্যবস্থা সম্পর্কে আপনি জানেন?	1-হ্যাঁ 2-না 3-জানি না	2 ⇨ *E1* 3 ⇨ *E1*

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
D12	WHAT MEASURES DO YOU KNOW CAN BE TAKEN TO PROTECT YOUR TOILET/LATRINE FROM NATURAL HAZARDS? টয়লেট/ল্যাট্রিনকে প্রাকৃতিক বিপদ থেকে রক্ষা করার জন্য কি কি ব্যবস্থা নেয়া যেতে পারে-সে সম্পর্কে আপনি জানেন?	প্ল্যাটফর্ম উঁচু করা ……..…..…… 1 ছাদে প্রতিরক্ষামূলক প্যারাপেটের ব্যবহার……. 2 জলরোধী পিট/সেপটিক ট্যাংকের ব্যবহার……. 3 অভিযোজিত প্রযুক্তির ব্যবহার ……. 4 মজবুত টয়লেট নির্মাণ ……. 5 বিকল্প টয়লটের ব্যবস্থা …… 6 অন্যান্য ……..…….. 7 জানি না…… 8	
D13	HAS ANYTHING BEEN DONE TO PROTECT YOUR TOILET/LATRINE FROM NATURAL HAZARDS? টয়লেট/ল্যাট্রিনকে প্রাকৃতিক দুর্যোগ থেকে রক্ষা করার জন্য কোনো ব্যবস্থা গ্রহণ করেছেন কি?	1-হ্যাঁ 2-না 3-জানি না	2 ⇨ *E1* 3 ⇨ *E1*
D14	WHAT WAS DONE TO PROTECT YOUR TOILET/LATRINE FROM NATURAL HAZARDS? প্রাকৃতিক দুর্যোগ থেকে টয়লেট/ল্যাট্রিনটিকে রক্ষা করার জন্য কী ব্যবস্থা নেয়া হয়েছিল?	প্ল্যাটফর্ম উঁচু করা ……..…… 1 ছাদে প্রতিরক্ষামূলক প্যারাপেটের ব্যবহার……. 2 জলরোধী পিট/সেপটিক ট্যাংকের ব্যবহার……. 3 অভিযোজিত প্রযুক্তির ব্যবহার ……. 4 মজবুত টয়লেট নির্মাণ ……..…. 5 বিকল্প টয়লটের ব্যবস্থা …… 6 অন্যান্য …… 7 জানি না……..… 8	

সেকশন-ঙ: স্বাস্থ্যবিধি

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
E1	Are there handwashing facilities available at the time of the survey? **Note:** This is outside the handwashing facility attached to the toilet. A handwashing facility is any device that enables staff and students to wash their hands. জরিপের সময় হাতধোয়ার ব্যবস্থা আছে কি? **নোট:** এটি হলো টয়লেটের সঙ্গে সংযুক্ত হাতধোয়ার স্থানের বাইরে অবস্থিত অংশ। হাতধোয়ার সুবিধা বলতে এমন যেকোনো ব্যবস্থা বা যন্ত্রকে বোঝায়, যা শিক্ষক ও শিক্ষার্থীদের হাতধোয়ার সুবিধা প্রদান করে।	<table><tr><th></th><th>হ্যাঁ</th><th>না</th><th>উত্তর নেই</th></tr><tr><td>A. শ্রেণিকক্ষ</td><td>1</td><td>2</td><td>3</td></tr><tr><td>B. স্টাফ রুম</td><td>1</td><td>2</td><td>3</td></tr><tr><td>C. শিক্ষাপ্রতিষ্ঠানের আঙিনায়</td><td>1</td><td>2</td><td>3</td></tr><tr><td>D. খাবার কেনার জায়গায়</td><td>1</td><td>2</td><td>3</td></tr><tr><td></td><td></td><td>⇩ E10</td><td>⇩ E10</td></tr></table>	
E2	If Yes, what is available? উত্তর হ্যাঁ হলে, কী কী সুবিধা রয়েছে?	<table><tr><th></th><th>সাবান ও পানি</th><th>শুধু সাবান</th><th>শুধু পানি</th></tr><tr><td>A. শ্রেণিকক্ষ</td><td>1</td><td>2</td><td>3</td></tr><tr><td>B. স্টাফ রুম</td><td>1</td><td>2</td><td>3</td></tr><tr><td>C. শিক্ষাপ্রতিষ্ঠানের আঙিনায়</td><td>1</td><td>2</td><td>3</td></tr><tr><td>D. খাবার কেনার জায়গায়</td><td>1</td><td>2</td><td>3</td></tr></table>	
E3	Are handwashing Facilities available to who? হাতধোয়ার সুবিধাগুলো কারা ব্যবহার করতে পারে?	<table><tr><th></th><th>স্টাফ</th><th>শিক্ষার্থী</th></tr><tr><td>A. শ্রেণিকক্ষ</td><td></td><td></td></tr><tr><td>B. স্টাফ রুম</td><td></td><td></td></tr></table>	

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
		C. শিক্ষাপ্রতিষ্ঠানের আঙিনায় ☐ ☐ D. খাবার কেনার জায়গায় ☐ ☐	
E4	Are the hand hygiene facilities accessible to those with limited mobility or vision (with disability)? **Note**: To be considered accessible, handwashing facilities can be accessed via a clear path without stairs or steps that is free of obstructions and has age-appropriate handrails, the tap and soap are reachable from a seated position and the tap can be operated by feet and/or one closed fist with minimal effort. যাদের চলনক্ষমতা বা দৃষ্টিশক্তি সীমিত (অক্ষমতাসহ), তারা হাত ধোয়ার সুবিধাগুলোতে প্রবেশ করতে পারে কি? **দ্রষ্টব্য:** প্রবেশযোগ্য হিসাবে বিবেচনা করার জন্য, হাত ধোয়ার সুবিধাগুলি সিঁড়ি বা ধাপ ছাড়াই একটি পরিষ্কার পথ দিয়ে প্রবেশ করা যেতে পারে যা বাধা মুক্ত এবং বয়স-উপযুক্ত হ্যান্ড্রেইল রয়েছে; ট্যাপ এবং সাবান একটি বসার অবস্থান থেকে পৌঁছানো যায় এবং ট্যাপটি পায়ে চালানো যেতে পারে। এবং/অথবা বন্ধ মুষ্টি দ্বারা ন্যূনতম প্রচেষ্টার সাথে ব্যবহার করা যেতে পারে।	| | হ্যাঁ | না | উত্তর নেই | | A. শ্রেণিকক্ষ | 1 | *2* | *3* | | B. স্টাফ রুম | 1 | *2* | *3* | | C. শিক্ষাপ্রতিষ্ঠানের আঙিনায় | 1 | *2* | *3* | | D. খাবার কেনার জায়গায় | 1 | *2* | *3* |	
E5	Are there handwashing facilities accessible to the smallest children at the School? **Note**: To be considered accessible, the smallest children should be able to reach the tap and soap, and be able to operate the tap on their own with minimal effort. বিদ্যালয়ে কি ছোট বাচ্চাদের জন্য হাত ধোয়ার সুবিধা আছে? প্রবেশযোগ্য হিসেবে বিবেচনা করার জন্য, সবচেয়ে ছোট বাচ্চাদের ট্যাপ এবং সাবানের কাছে পৌঁছানোর ব্যবস্থা থাকা উচিত এবং ন্যূনতম চেষ্টার সাথে তাদের নিজস্ব ট্যাপটি পরিচালনা করতে পারার ব্যবস্থা থাকা উচিত।	| | হ্যাঁ | না | উত্তর নেই | | A. শ্রেণিকক্ষ | 1 | 2 | 3 | | B. স্টাফ রুম | 1 | 2 | 3 | | C. শিক্ষাপ্রতিষ্ঠানের আঙিনায় | 1 | 2 | 3 | | D. খাবার কেনার জায়গায় | 1 | 2 | 3 |	
E6	Is there evidence of the use of the Hand hygiene facility? (□ AND RECORD) হাতের জন্য স্বাস্থ্যবিধি সুবিধাগুলো ব্যবহারের প্রমাণ আছে কি? (পর্যবেক্ষণ করে পূরণ করুন)	| | হ্যাঁ | না | | A. শ্রেণিকক্ষ | 1 | 2 | | B. স্টাফ রুম | 1 | 2 | | C. শিক্ষাপ্রতিষ্ঠানের আঙিনায় | 1 | 2 | | D. খাবার কেনার জায়গায় | 1 | 2 |	
E7	How many handwashing points (e.g taps) are located at the School? শিক্ষাপ্রতিষ্ঠানে কতটি হাতধোয়ার পয়েন্ট (যেমন: টিউবওয়েল, ট্যাপ, বেসিন, ইত্যাদি) রয়েছে?		
E8	Is there a **Group hand washing facility** within the school premises? শিক্ষাপ্রতিষ্ঠান প্রাঙ্গণে কি দল বেঁধে হাতধোয়ার ব্যবস্থা আছে?	1-হ্যাঁ 2-না	2⇨E10

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
E9	How many times per week are group handwashing activities conducted for all students? প্রতি সপ্তাহে কতবার সব শিক্ষার্থীদের দল বেঁধে হাতধোয়ার চর্চা করা হয়?	1-ক্লাস-দিবসে প্রতিদিন কমপক্ষে একবার 2-সপ্তাহে ২-8 দিন 3-সপ্তাহে একবার 4-সপ্তাহে একবারের কম 5-কালেভদ্রে/কদাচিৎ হয় 6-কখনও না	
E10	Apart from the toilet, is there other private space for girls to manage menstruation at school? শিক্ষাপ্রতিষ্ঠানে মেয়েদের মাসিক/পিরিয়ডের সময় পরিষ্কার-পরিচ্ছন্নতার জন্য গোপনীতা রক্ষা করে এমন স্থান আছে কি?	1-হ্যাঁ 2-না 3-শিক্ষাপ্রতিষ্ঠানে কোনো ছাত্রী নেই	2⇨E12 3⇨E14
E11	Does the private space for girls to manage menstruation have water and soap? মেয়েদের মাসিক/পিরিয়ডকালে পরিষ্কার-পরিচ্ছন্নতার জায়গায় পানি ও সাবানের উপস্থিতি আছে কি?	1-হ্যাঁ, পানি ও সাবান উভয় আছে 2-পানি আছে, কিন্তু সাবান নেই 3- পানি নেই	
E12	At the time of the survey, are menstrual management materials available at the school in case of an emergency? জরিপের সময়, মাসিক/পিরিয়ডকালে জরুরি পরিস্থিতিতে ব্যবহারযোগ্য শিক্ষাপ্রতিষ্ঠানে এ সম্পর্কিত উপকরণ (প্যাড, টিস্যু, ইত্যাদি) প্রাপ্যতা ছিল কি?	1-হ্যাঁ, বিনামূল্যে 2-হ্যাঁ, মূল্যের বিনিময়ে 3-না	
E13	Are there disposal mechanisms (allow for the disposal of used materials without being seen – fully contained) for menstrual hygiene waste at the school? **Note:** Disposal mechanisms can include incineration or another safe method on-site, or safe storage and transportation via a municipal waste system, as appropriate. শিক্ষাপ্রতিষ্ঠানে মাসিক/পিরিয়ডে ব্যবহৃত বর্জ্যসামগ্রি সংগ্রহপূর্বক (বিন পূর্ণ হওয়ার জন্য অপেক্ষা না করেই) অপসারণের ব্যবস্থা আছে কি? দ্রষ্টব্য: বর্জ্য অপসারণ বলতে পুড়িয়ে ফেলা বা শিক্ষাপ্রতিষ্ঠান চৌহদ্দিতে পুঁতে ফেলা বা বর্জ্য অপসারণকারী সংস্থা (সিটি কর্পোরেশন, পৌরসভা বা অন্য কোনো সরকারি-বেসরকারি সংস্থা) সংগ্রহ করে নিয়ে যাওয়া বোঝাবে।	1-হ্যাঁ 2-না	
E14	Does your school provide menstrual education? শিক্ষাপ্রতিষ্ঠানে কি মাসিক/পিরিয়ড বিষয়ে শিক্ষাদান করা হয়ে থাকে?	1-হ্যাঁ 2-না	2⇨E19
E15	Who receives menstrual education? মাসিক/পিরিয়ড বিষয়ে শিক্ষা কারা গ্রহণ করে?	সকল শিক্ষার্থী = 1; শুধু ছাত্রীরা = 2; নির্দিষ্ট বয়সের ছাত্র-ছাত্রী = 3; নির্দিষ্ট বয়সের ছাত্রীরা = 4;	1,2⇨E17
E16	At what class/grade is menstrual education introduced? কোন শ্রেণি থেকে মাসিক/পিরিয়ড সংক্রান্ত শিক্ষাদান করা হয়ে থাকে?		
E17	Do teachers receive training on menstruation education as part of pre-service training or in-service trainings?	1-হ্যাঁ 2-না	2⇨E19

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
	শিক্ষকরা কি মাসিক/পিরিয়ড বিষয়ে পড়ানোর জন্য প্রাক-চাকরি প্রশিক্ষণ কিংবা চাকরিকালে কোনো প্রশিক্ষণ গ্রহণ করে কি?		
E18	How many teachers at this school have received training to educate students about menstruation? এ শিক্ষাপ্রতিষ্ঠানে কতজন শিক্ষক/শিক্ষিকা মাসিক/পিরিয়ড সম্পর্কে শিক্ষাদানের জন্য নিজে প্রশিক্ষণ পেয়েছেন?	শিক্ষকের সংখ্যা: শিক্ষিকার সংখ্যা:	
E19	How is solid waste (garbage) from the School disposed of? শিক্ষাপ্রতিষ্ঠান থেকে কিভাবে কঠিন বর্জ্য (আবর্জনা) অপসারণ করা হয়? (CONFIRM AND RECORD MAIN METHOD)	1-সিটি/পৌর কর্তৃপক্ষ সংগ্রহ করে নিয়ে যায় 2-আঙিনাতেই পুড়িয়ে ফেলা হয় 3-আঙিনায় গর্তে চাপা দিয়ে/পুঁতে ঢেকে দেয়া হয় 4-আঙিনার খোলা জায়গায় ফেলে দেয়া হয় 5-অপ্রাতিষ্ঠানিক পরিচ্ছন্নতাকর্মীর মাধ্যমে 6-অন্যান্য (উল্লেখ করুন)	
E20	Is there a Health Club in the School? শিক্ষাপ্রতিষ্ঠানে কোনো স্বাস্থ্য ক্লাব আছে?	1-হ্যাঁ 2-না	

সেকশন-চ: পানি সরবরাহ

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
F1	What is the main source of drinking water provided by the School? শিক্ষাপ্রতিষ্ঠানে অবস্থিত খাবার পানির প্রধান উৎস কি? (👁 THE FACILITY MOST COMMONLY USED) (পর্যবেক্ষণ করে সবচেয়ে বেশি ব্যবহৃত উত্তর নির্বাচন করুন)	1-ট্যাপ/পাইপ (সাপ্লাই) 2-টিউবওয়েল (গভীর) 3- টিউবওয়েল (অগভীর) 4-সুরক্ষিত কূপ/কুয়া 5-অরক্ষিত কূপ/কুয়া 6-পুকুর/নদী/ খাল/লেক 7-ঝরনা/ছড়া/ঝিরি 8-বৃষ্টির পানি 9-ট্যাংকার-ট্রাক 10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ 11-বোতলজাত পানি/জারের পানি 12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 13-অন্যান্য (নির্দিষ্ট করুন) 14-কোনো উৎস নেই	10⇨F6 13⇨F26
F2	Where is the water source located? পানির প্রধান উৎসটি কোথায় অবস্থিত?	1-স্কুল/কলেজ ভবনের সাথে সংযুক্ত 2-শিক্ষাপ্রতিষ্ঠানের আঙিনার মধ্যে 3-অন্যত্র তবে, ২৫০ মিটারের মধ্যে 4-অন্যত্র, ২৫০ মিটারের বেশি দূরত্বে	
F3	Is this water available for both Staff, Students and their families to use? (OBSERVE AND RECORD) এই পানি কি স্টাফ, শিক্ষার্থী এবং তাদের পরিবার- সবাই ব্যবহার করতে পারে? (পর্যবেক্ষণ করে পূরণ করুন)	হ্যাঁ, সবাই পারে = 1; না, শুধু স্টাফ পারে = 2	
F4	Is water available from the main source at the time of the survey? (OBSERVE AND RECORD) জরিপের সময় প্রধান উৎসে পানি সরবরাহ ছিল কি? (পর্যবেক্ষণ করে পূরণ করুন)	হ্যাঁ, পর্যবেক্ষণ করা হয়েছে = 1 তথ্য নেয়া হয়েছে কিন্তু পর্যবেক্ষণ করা হয় নি = 2 না = 3	
F5	Does water from the main source dry up at any time of the year? মূল উৎসের পানি কি বছরের যে কোন সময় শুকিয়ে যায়?	1-হ্যাঁ 2-না জানি না= 3	
F6	Are there alternative Sources of water source in the School? প্রতিষ্ঠানটিতে পানির বিকল্প উৎস আছে?	1-হ্যাঁ 2-না	2 ⇨F7

<table>
<tr><th>প্রশ্ন নং</th><th>প্রশ্ন</th><th>উত্তর</th><th>Skip</th></tr>
<tr><td>F7</td><td>What are the alternative sources used by the School?

MULTIPLE OPTIONS (Observe and record and select as applicable)
প্রতিষ্ঠানটিতে পানির বিকল্প উৎস হিসেবে কোন কোনটি ব্যবহার হয়ে থাকে?
একাধিক উত্তর হতে পারে (পর্যবেক্ষণ করে পূরণ করুন)</td><td>1-ট্যাপ/পাইপ (সাপ্লাই)
2-টিউবওয়েল (গভীর)
3- টিউবওয়েল (অগভীর)
4-সুরক্ষিত কূপ/কুয়া
5-অরক্ষিত কূপ/কুয়া
6-পুকুর/নদী/ খাল/লেক
7-ঝরনা/ছড়া/ঝিরি
8-বৃষ্টির পানি
9-ট্যাংকার-ট্রাক
10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ
11-বোতলজাত পানি/জারের পানি
12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল)
13-অন্যান্য (নির্দিষ্ট করুন)
14-কোনো উৎস নেই</td><td></td></tr>
<tr><td>F8</td><td>Is the main source in F1 above used for drinking purposes?
F1-এ উল্লিখিত প্রধান উৎসটি পানি পানির উদ্দেশ্যে ব্যবহৃত হয়?</td><td>1-হ্যাঁ
2-না</td><td>1 ⇨F9</td></tr>
<tr><td>F9</td><td>IN THE PAST 12 MONTHS HAVE YOU EXPERIENCED ANY OF THESE NATURAL HAZARDS/EVENTS?
গত ১২ মাসে কখনও কি নিম্নোক্ত প্রাকৃতিক দুর্যোগের সম্মুখীন হয়েছিলেন?

[A] বন্যা?
[B] খরা?
[C] ঝড়/ঘূর্ণিঝড়?
[D] জলোচ্ছ্বাস?
[E] ভূমিধ্বস
[D1] অন্যান্য (উল্লেখ করুন)</td><td><table><tr><th></th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr><tr><td>[A] বন্যা?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[B] খরা?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[C] ঝড়/ঘূর্ণিঝড়?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[D] জলোচ্ছ্বাস?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[E] ভূমিধ্বস</td><td>1</td><td>2</td><td>8</td></tr><tr><td>অন্যান্য (উল্লেখ করুন)</td><td colspan="3"></td></tr></table></td><td>2/8⇨F17</td></tr>
<tr><td>F10</td><td>WAS YOUR MAIN WATER SOURCE AFFECTED BY THE ABOVE HAZARDS/EVENTS?
উপরে উল্লিখিত কোন প্রাকৃতিক দুর্যোগ দ্বারা পানির প্রধান উৎসটি আক্রান্ত হয়েছিল?</td><td><table><tr><th></th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr><tr><td>[A] বন্যা?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[B] খরা?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[C] ঝড়/ঘূর্ণিঝড়?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[D] জলোচ্ছ্বাস?</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[E] ভূমিধ্বস</td><td>1</td><td>2</td><td>8</td></tr><tr><td>অন্যান্য (উল্লেখ করুন)</td><td colspan="3"></td></tr></table></td><td>2/8 ⇨F13</td></tr>
<tr><td>F11</td><td>If yes, were you able to continue using your main water source water during the hazard/event(s)?
যদি হ্যাঁ হয়, প্রাকৃতিক দুর্যোগের সময় পানির প্রধান উৎসটি আপনি কি ব্যবহার করতে পেরেছিলেন?</td><td>1-হ্যাঁ
2-না
8-জানি না</td><td>1⇨F14

8⇨ F14</td></tr>
<tr><td>F12</td><td>If no, what was your alternate source of water during the hazard(s) period?
যদি না হয়, প্রাকৃতিক দুর্যোগের সময় পানির বিকল্প উৎসটি কি ছিল?</td><td>পাইপের পানি
11- বাসস্থানের মধ্যে পাইপ
12-আঙিনা / প্লটে পাইপ
13-প্রতিবেশির পাইপ
14-পাবলিক ট্যাপ/ স্ট্যান্ড পাইপ
21-টিউবওয়েল (গভীর/অগভীর)
কূপ
31-সুরক্ষিত কূপ/কুয়া
32-অরক্ষিত কূপ/কুয়া
ঝরনা/ছড়া/ঝিরি
41- সুরক্ষিত ঝরনা/ছড়া/ঝিরি
42- অরক্ষিত ঝরনা/ছড়া/ঝিরি</td><td></td></tr>
</table>

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
		51-বৃষ্টির পানি 61-ট্যাংকার-ট্রাক 71-ঠেলাগাড়িতে ছোট ট্যাংক/ ট্যাংকার-ট্রাক 72- ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 81- পুকুর/নদী/ খাল/লেক প্যাকেজ করা পানি 91-বোতলজাত পানি/জারের পানি 92-স্যাশে ওয়াটার 93-বড় বোতল/ ডিস্পেন্সার রিফিল 96-অন্যান্য (নির্দিষ্ট করুন)	
F13	DO YOU KNOW OF MEASURES THAT CAN BE TAKEN TO PROTECT YOUR MAIN SOURCE OF WATER FROM NATURAL HAZARDS LIKE FLOOD, WINDSTORM, CYCLONE, LANDSLIDE, ETC. বন্যা, ঝড়, ঘূর্ণিঝড়, ভূমিধস, ইত্যাদি প্রাকৃতিক দুর্যোগ থেকে পানির প্রধান উৎসকে রক্ষা করতে নেওয়া যেতে পারে এমন পদক্ষেপ সম্পর্কে আপনি জানেন কি?	1-হ্যাঁ 2-না 8-জানি না	*2⇨F18* *8⇨F18*
F14	What measures for protecting your main source of water do you know? (MULTIPLE RESPONSE) পানির প্রধান উৎসকে প্রাকৃতিক দুর্যোগ থেকে রক্ষা করার জন্য কি কি ব্যবস্থা নেয়া যেতে পারে-সে সম্পর্কে আপনি জানেন?	প্ল্যাটফর্ম উঁচু করা ..... 1 পানির উৎসের চারপাশে বেড়া..... 2 পানি সংরক্ষণ..... 3 ক্যাচমেন্ট এলাকার সুরক্ষা ..... 4 স্থানীয় কারিগরদের প্রশিক্ষণ..... 5 বিকল্প উৎসের ব্যবস্থা ..... 6 অন্যান্য ..... 7 জানি না..... 8	
F15	HAS ANYTHING BEEN DONE TO PROTECT YOUR MAIN SOURCE OF WATER SUPPLY FROM NATURAL HAZARDS? পানির প্রধান উৎসকে প্রাকৃতিক দুর্যোগ থেকে রক্ষা করার জন্য কোনো ব্যবস্থা গ্রহণ করেছেন কি?	1-হ্যাঁ 2-না 3-জানি না	*2⇨F18* *8⇨F18*
F16	WHAT MEASURES HAVE BEEN TAKEN TO PROTECT YOUR MAIN WATER SUPPLY SOURCE FROM NATURAL HAZARDS/DISASTER? প্রাকৃতিক দুর্যোগ থেকে পানির প্রধান উৎসকে রক্ষা করার জন্য কী ব্যবস্থা নেয়া হয়েছে?	প্ল্যাটফর্ম উঁচু করা ..... 1 পানির উৎসের চারপাশে বেড়া..... 2 পানি সংরক্ষণ..... 3 ক্যাচমেন্ট এলাকার সুরক্ষা ..... 4 স্থানীয় কারিগরদের প্রশিক্ষণ ..... 5 বিকল্প উৎসের ব্যবস্থা ..... 6 অন্যান্য ..... 7 জানি না..... 8	
F17	Does the School have water storage reservoirs for use in case of disruption to the regular supply, that are sufficient to meet the needs of the school for 2 days? প্রতিষ্ঠানটিতে কি নিয়মিত পানি সরবরাহে ব্যাঘাত ঘটলে, ২ দিনের জন্য প্রতিষ্ঠানের পানির চাহিদা মেটাতে পানি সংরক্ষণ রিজার্ভারের ব্যবস্থা আছে?	1-হ্যাঁ 2-না	
F18	Is the drinking water source accessible to those with limited mobility or vision? চলাফেরায় সমস্যা আছে বা দৃষ্টি প্রতিবন্ধীদের জন্য খাবার পানির উৎসটিতে প্রবেশগম্যতা আছে কি?	1-হ্যাঁ 2-না	
F19	Is drinking water accessible to the smallest children at the School? **Note**: To be considered accessible, the water tap can be reached and easily opened/closed by the smallest children.	1-হ্যাঁ 2-না 3-প্রযোজ্য নয় (মাধ্যমিক/উচ্চ মাধ্যমিক পর্যায়ের প্রতিষ্ঠান)	

প্রশ্ন নং	প্রশ্ন	উত্তর	Skip
	শিক্ষাপ্রতিষ্ঠানের সবচেয়ে ছোট বাচ্চাটির জন্য খাবার পানির উৎস কি প্রবেশগম্য? **দ্রষ্টব্য:** প্রবেশগম্য বলতে, সহজেই পানির উৎসে পৌঁছাতে পারে এবং সহজেই খোলা/বন্ধ করতে পারে। ছোট বাচ্চা বলতে উচ্চতার দিক থেকে সবচেয়ে কম উচ্চতাসম্পন্ন শিশুকে বোঝাবে।		
F20	Was the School's main water source tested for E. coli in the past 6 months? গত ৬ মাসে শিক্ষাপ্রতিষ্ঠানের প্রধান উৎসের খাবার পানির E.coli পরীক্ষা করা হয়েছিল কি?	1-হ্যাঁ 2-না	2⇨F22
F21	If yes, is it compliant with national standards for E. coli? যদি হ্যাঁ হয়েছে, এটা কি জাতীয় মানদণ্ড (<1 CFU/100 ml) অনুযায়ী E. coli ঝুঁকিমুক্ত?	1-হ্যাঁ 2-না	
F22	Was the School's main water source tested for Arsenic in the past 12 months? গত ১২ মাসে শিক্ষাপ্রতিষ্ঠানের প্রধান উৎসের খাবার পানির কি আর্সেনিক পরীক্ষা করা হয়েছিল?	1-হ্যাঁ 2-না	2⇨F24
F23	If yes, is it compliant with national standards for Arsenic? যদি হ্যাঁ হয়, এটা জাতীয় মানদণ্ড (<=50 ppb) অনুযায়ী আর্সেনিক ঝুঁকিমুক্ত কি?	1-হ্যাঁ 2-না	
F24	Does the School do anything to improve the quality of water from the main source? শিক্ষাপ্রতিষ্ঠান হতে প্রধান উৎসের খাবার পানির গুণমান উন্নত করতে কিছু করে কি?	1-হ্যাঁ 2-না	2⇨F26
F25	If yes, what treatment method is used? যদি হ্যাঁ হয়, কোন্ পরিশোধন পদ্ধতি ব্যবহার করা হয়?	1-ফুটোনো 2-ব্লিচিং পাউডার/ক্লোরিন/রাসায়নিক মিশিয়ে 3-কাপড় দিয়ে ছেঁকে 4- পানির ফিল্টার ব্যবহার করে 5- সৌর পরিশোধন 6-স্থির করে রেখে 7- ফিটকিরি মিশিয়ে 8- পরিশোধন বড়ি মিশিয়ে 9- ওয়াটার ট্রিটমেন্ট প্ল্যান্ট 10-অন্যান্য (উল্লেখ করুন)	
F26	Is there a dedicated/on-budget/fund for cleaning and maintaining the WASH facilities? ওয়াশ ফ্যাসিলিটি পরিষ্কার-পরিচ্ছন্ন ও রক্ষণাবেক্ষণের জন্য নির্দিষ্ট বরাদ্দ/তহবিল আছে কি?	1-হ্যাঁ 2-না 3-প্রযোজ্য নয়	

সেকশন-গ: জিপিএস ও ছবি তোলা

নং	বিবরণ	তথ্য		
G1	Coordinates at the Center of the School (Smartphone) শিক্ষাপ্রতিষ্ঠানের মাঝামাঝি স্থানের জিপিএস নিন	Latitude:	Longitude:	Alt:
G2	Picture of the School (Capture the best view that exposes all the school buildings and the signpost) শিক্ষাপ্রতিষ্ঠানের সাইনবোর্ডসহ সবগুলো ভবন একসাথে দেখা যায় এমনভাবে ছবি তুলুন।			
G3	Picture of the School latrine/water point/handwashing location, if available, or any other important feature			

নং	বিবরণ	তথ্য
	শিক্ষাপ্রতিষ্ঠানের ল্যাট্রিন/পানির উৎস/হাতধোয়ার স্থান, যদি থাকে তার ছবি তুলুন।	

ধন্যবাদ জানিয়ে তথ্য সংগ্রহ শেষ করুন।

WASH IN HEALTHCARE FACILITIES MONITORING SURVEY

স্বাস্থ্যসেবা প্রতিষ্ঠান ওয়াশ পরিবীক্ষণ জরিপ ২০২৪

[স্বাস্থ্যকেন্দ্রের সংশ্লিষ্ট স্বাস্থ্যকর্মী/প্রশাসনিক কর্মীদের সঙ্গে আলোচনা ও সরজমিনে পরিদর্শনের মাধ্যমে প্রশ্নপত্র পূরণ করতে হবে]

SECTION A: GENERAL INFORMATION (সাধারণ তথ্য)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
A1	Enumerator's ID	তথ্যসংগ্রহকারীর আইডি			
A2	Name of Enumerator	তথ্যসংগ্রহকারীর নাম			
A3	Name of Respondent (Officer in Charge)	উত্তরদাতার নাম (ভারপ্রাপ্ত কর্মকর্তা)			
A4	Respondents Phone No.	উত্তরদাতার ফোন নাম্বার			
A5	Division	বিভাগ	*(Dropdown menu with a list of Divisions)*	বিভাগের তালিকাসহ ড্রপডাউন মেনু	
A6	District	জেলা	*(Dropdown menu with a list of Districts)*	জেলার তালিকা সহ ড্রপডাউন মেনু	
A7	Upazila	উপজেলা	*(Dropdown menu with a list of Upazila in the selected Districts)*	নির্বাচিত জেলার উপজেলার তালিকা সহ ড্রপডাউন মেনু	
A8	Union	ইউনিয়ন	*(Dropdown menu with a list of Union in the selected Upazilas)*	নির্বাচিত উপজেলার ইউনিয়নের তালিকা সহ ড্রপডাউন মেনু	
A9	Locality Name	স্থানীয় এলাকার নাম (গ্রাম/মহল্লা/রোড/ব্লক/সেক্টর)			
A10	Sector	আরএমও	Urban = 1; Rural = 2	পল্লি = 1; শহর = 2	
A11	Full Name of Health Care Facility	স্বাস্থ্যসেবা প্রতিষ্ঠানের পূর্ণ নাম	*(select from a Dropdown menu)*	ড্রপডাউন মেন্যু থেকে নির্বাচন করুন	
A12	Address of facility location	স্বাস্থ্যসেবা প্রতিষ্ঠানের অবস্থান (জিপিএস)			
A13	Date of Visit	পরিদর্শনের তারিখ			

টয়লেটসমূহের ফটোগ্রাফ (হাসপাতাল কর্তৃপক্ষের সঙ্গে দেখা করার আগে রোগী কিংবা রোগীর অ্যাটেন্ডেন্টের বেশে স্বাস্থ্যসেবা প্রতিষ্ঠানের সবগুলো টয়লেট ঘুরে ঘুরে সেগুলোর ছবি তুলুন।

ছবি-১	ছবি-২	ছবি-৩	ছবি-৪
ছবি-৫	ছবি-৬	ছবি-৭	ছবি-৮
ছবি-৯	ছবি-১০	ছবি-১১	ছবি-১২
ছবি-১৩	ছবি-১৪	ছবি-১৫	ছবি-১৬

SECTION B: FACILITY INFORMATION (স্বাস্থ্যসেবা প্রতিষ্ঠানের তথ্য)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
B1	Type of Health facility	স্বাস্থ্যসেবা প্রতিষ্ঠানের ধরন	Government Medical College Hospital = 1; Government Specialized Hospital = 2; Government District Hospital = 3; Upazila Health Complex (UHC) = 4; Union Health and Family Welfare Center =5; Community Clinic = 6; Mother and Child Welfare Center (MCWC) = 7; Other Government Health Facilities = 8; Permanent NGO Clinic =9; Private Medical College Hospital =10; Private Hospital (with >20 beds) = 11; Private Clinic = 12; Other Private Medical Facilities (specify) =13; Others (Specify) =99.	1-সরকারি মেডিকেল কলেজ হাসপাতাল 2-সরকারি বিশেষায়িত হাসপাতাল 3-সরকারি জেলা হাসপাতাল 4-উপজেলা স্বাস্থ্য কমপ্লেক্স (UHC) 5-ইউনিয়ন স্বাস্থ্য ও পরিবার কল্যাণ প্রতিষ্ঠান (UH&FWC) 6-কমিউনিটি ক্লিনিক, 7-মাতৃসদন/মেটারনিটি (MCWC) 8-অন্যান্য সরকারি স্বাস্থ্য প্রতিষ্ঠান 9-এনজিও স্থায়ী ক্লিনিক 10-প্রাইভেট মেডিকেল কলেজ হাসপাতাল 11-প্রাইভেট হাসপাতাল (২০ শয্যা ও তদূর্ধ্ব) 12-প্রাইভেট ক্লিনিক 13-অন্যান্য প্রাইভেট মেডিকেল প্রতিষ্ঠান (উল্লেখ করুন) 99-অন্যান্য (উল্লেখ করুন)	
B2	Health Facility Managing Authority?	স্বাস্থ্যসেবা প্রতিষ্ঠানের ব্যবস্থাপনা কর্তৃপক্ষ কোন ধরনের?	Government/Public = 1; Private for profit = 2; NGO/ Not for profit = 3; Others (specify) = 9	1-সরকারি 2-বেসরকারি 3-এনজিও 9-অন্যান্য (উল্লেখ করুন)	[1⇨B4]
B3	Is the facility accredited/registered by the government?	স্বাস্থ্যসেবা প্রতিষ্ঠানটি কি সরকার কর্তৃক স্বীকৃত/নিবন্ধিত?	Yes=1, No=2	হ্যাঁ=1, না=2	
B4	Health facility in use (functional)	স্বাস্থ্যসেবা প্রতিষ্ঠানটি বর্তমানে চালু আছে কি?	Yes=1, No=2	হ্যাঁ=1, না=2	[2⇨H1]
B5	No. of Health personnel (Doctor, Nurses and other health workers)	লিঙ্গ ও ধরন ভেদে স্বাস্থ্যকর্মীদের সংখ্যা (ডাক্তার, নার্স এবং অন্যান্য স্বাস্থ্যকর্মী)	Males Females	**লিঙ্গ** / **ধরন** / **সংখ্যা** পুরুষ: ডাক্তার; নার্স; অন্যান্য স্বাস্থ্যকর্মী নারী: ডাক্তার; নার্স; অন্যান্য স্বাস্থ্যকর্মী	
B6	Average No. of Outpatient (Outdoor) report per month	গত ১২ মাসে বহির্বিভাগে সেবাগ্রহণকারী রোগীর মাসিক গড় সংখ্যা	*(Enter whole numbers)*	নারী: পুরুষ: মোট:	
B7	How many functional overnight/inpatient beds does this facility have in total?	এ স্বাস্থ্যসেবা প্রতিষ্ঠানটি (ভর্তি রোগী রাত্রিযাপনের সুবিধা সম্বলিত) মোট কত শয্যাবিশিষ্ট?	*(Enter whole numbers)*	পূর্ণসংখ্যা লিখুন	[0 ⇨B10]

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
B8	Average No. of in-patients per month (SEE HEALTH FACILITY RECORD)	গত ১২ মাসে ভর্তিকৃত রোগীদের মাসিক গড় সংখ্যা (স্বাস্থ্য কেন্দ্রের রেকর্ড/ রেজিস্টার দেখে হিসাব নিন)	*(Enter whole numbers)*	পূর্ণসংখ্যা লিখুন	
B9	Average bed occupancy rate last month	জুন ২০২৪ মাসে কতটি শয্যায় রোগী ভর্তি ছিল? (স্বাস্থ্য কেন্দ্রের রেকর্ড/রেজিস্টার দেখে হিসাব নিন)	*(Enter whole numbers)*	পূর্ণসংখ্যা লিখুন	
B10	Is there at least one toilet/latrine compartment at the premises of the health facility	স্বাস্থ্যসেবা প্রতিষ্ঠানটিতে অন্তত একটি টয়লেট/ল্যাট্রিন কম্পার্টমেন্ট (কামরা) আছে কি?	Yes=1, No=2	হ্যাঁ=1, না=2	[2⇨E1]
B11	How many toilet/latrine compartments (rooms) are there in this healthcare facility?	স্বাস্থ্যসেবা প্রতিষ্ঠানটিতে কতটি টয়লেট/ল্যাট্রিন কম্পার্টমেন্ট (কামরা) আছে?		পূর্ণ সংখ্যায় লিখুন	

SECTION C: ASSESSMENT OF TOILETS (টয়লেটের পরিস্থিতি নিরূপণ)

Run a Roaster of all the Toilet Compartments at the health facility and respond to the following questions. (Tip: Ask to have idea of the number of toilet compartments in the facility, go with a cleaning staff of the HFC to observe and record, start with the ones within the building and ask for the next until they are all entered). Repeat question C1 to C15 for each the compartments. [**বিশেষ নির্দেশনা:** যদি একাধিক টয়লেট কম্পার্টমেন্ট/কামরা থাকে, প্রত্যেকটি কম্পার্টমেন্ট/টয়লেট ঘুরে ঘুরে পৃথকভাবে তথ্য নিন]	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
C1	What type of toilet/latrine?	পর্যবেক্ষণ করা টয়লেট/ল্যাট্রিনটি কী ধরনের? (পর্যবেক্ষণ করে পূরণ করুন)	**Flush / Pour Flush:** Flush to piped sewer system =1; Flush to Septic tank=2; Flush to pit/cesspool=3; Flush to open drain=4; Flush to don't know where=5; **Dry Pit latrine:** Pit latrine with slab=6; Pit latrine without slab/open pit=7; **Composting toilet:** Twin Pit with slab = 8; Twin Pit without slab = 9; Other Composting toilet = 10; Bucket latrine=11; Container based sanitation = 12; Hanging latrine/hanging toilet = 13; Other-specify=14	**ফ্লাশ/পোর ফ্লাশ:** 1-ফ্ল্যাশ করে পাইপযুক্ত সুয়েরেজ সিস্টেমে যায় 2-ফ্লাশ করে সেপটিক ট্যাংকে যায় 3-ফ্লাশ করে পিট/সেসপুলে যায় 4-ফ্লাশ করে খোলা ড্রেনে যায় 5-ফ্লাশ হয়ে কোথায় যায় জানি না **শুকনো পিট ল্যাট্রিন:** 6-স্ল্যাবসহ পিট ল্যাট্রিন 7-স্ল্যাব ছাড়া পিট ল্যাট্রিন/খোলা পিট ল্যাট্রিন **কম্পোস্টিং টয়লেট:** 8-স্ল্যাবসহ টুইন পিট 9-স্ল্যাব ছাড়া টুইন পিট 10-অন্যান্য কম্পোস্টিং টয়লেট 11-বালতি ল্যাট্রিন	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
				12-কনটেইনারভিত্তিক স্যানিটেশন 13-ঝুলন্ত ল্যাট্রিন/ঝুলন্ত টয়লেট 14-অন্যান্য ধরনের টয়লেট (উল্লেখ করুন) 15-আঙিনায় কোন টয়লেট/ল্যাট্রিন নেই	
C2	Is this toilet/latrine compartment usable (that is, accessible, functional, and provides privacy)? **Note:** To be considered usable, a toilet should be **accessible, functional and private** at the time of the survey. Toilets are accessible when on premises, doors are unlocked or with a key available at all times. To be functional, the hole or pit is not blocked, water is available for flushing, and there are no leaks in the toilet structure. To be considered private, the toilet compartment/stance has door that can be locked from the inside and there are no large gaps or holes in the structure, which exposes the user.	টয়লেট/ল্যাট্রিন কম্পার্টমেন্টের/কামরার অন্তত একটি টয়লেট ব্যবহারযোগ্য কি? (পর্যবেক্ষণ করে নিশ্চিত হোন যে, টয়লেটে/ল্যাট্রিনগুলোতে প্রবেশগম্য, কার্যকর ও ব্যবহারকারীর ব্যক্তিগত গোপনীয়তা বজায় থাকে কিনা) **বিশেষ নির্দেশনা:** **ব্যবহারযোগ্য** বলে বিবেচিত হওয়ার জন্য, জরিপের সময় একটি টয়লেট প্রবেশযোগ্য, কার্যকর এবং গোপনীয়তা বজায় থাকা নিশ্চিত হওয়া উচিত। দরজা খোলা থাকলে বা সর্বদা একটি চাবি থাকলে টয়লেটগুলো **প্রবেশযোগ্য** বিবেচনা করা হবে। **কার্যকরী** হওয়ার জন্য, পিট বা গর্তটি অবরুদ্ধ নয়, ফ্লাশ করার জন্য পানি রয়েছে এবং টয়লেটের কাঠামোতে কোনও ফুটো নেই। **গোপনীয়** হিসাবে বিবেচনা করতে হলে ভেতর থেকে লক করা যেতে পারে টয়লেটকক্ষের এমন দরজা রয়েছে এবং কাঠামোতে কোনো বড় ফাঁক-ফোঁকর বা ফুটো নেই, যাতে ব্যবহারকারীকে বাইরে থেকে দেখতে পাওয়া যায় বা ব্যবহারকারীর গোপনীয়তা লঙ্ঘিত হয়।	Yes, = 1; No, at least one of these criteria is not met = 2	হ্যাঁ =1 না, অন্তত যেকোনো একটি বৈশিষ্ট্য পূরণ হয় না=2	
C3	Where is the toilet/latrine located?	টয়লেট/ল্যাট্রিনটি কোথায় অবস্থিত?	Within the building = 1; Outside building but on premises = 2;	1-ভবনের মধ্যে 2-ভবনের বাইরে কিন্তু আঙিনায় 3-আঙিনার বাইরে	[3⇨Next Toilet]
C4	Who can use this toilet/latrine?	এ টয়লেট/ল্যাট্রিনটি কারা ব্যবহার করতে পারে?	Staff Only = 1; Inpatients Only = 2; Staff and Inpatients Only = 3; Everyone = 4	শুধু স্টাফ = 1 শুধু ভর্তি রোগী = 2 শুধু স্টাফ ও ভর্তি রোগী = 3 সবাই = 4	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
C5	What gender can use this toilet?	কোন লিঙ্গের মানুষ এ টয়লেট/ল্যাট্রিনটি ব্যবহার করতে পারে?	Male Only = 1; Female Only = 2; Both Gender = 3	শুধু পুরুষ = 1 শুধু মহিলা = 2 উভয় = 3	[1 ⇨C7]
C6	Are there a covered bins or other facilities for discreet collection of used menstrual hygiene materials within the toilet space?	টয়লেটের মধ্যে মেয়েদের মাসিক/পিরিয়ডে ব্যবহৃত সামগ্রি ফেলার জন্য ঢাকনাযুক্ত কোনো বিন বা অন্য কোনো সুবিধা রয়েছে কি?	*Yes = 1; No = 2*	হ্যাঁ=1 না=2	
C7	At the time of the survey, was there soap and running water accessible for handwashing within 5 meters of the toilet space?	জরিপের সময়, টয়লেটের ৫ মিটারের মধ্যে হাত ধোয়ার জন্য সাবান এবং পানি ছিল কি?	**Yes** = 1; **No:** Water, but no soap = 2; Soap, but no water = 3; No water or soap = 4	1-হ্যাঁ, পানি ও সাবান উভয় আছে 2-পানি আছে, কিন্তু সাবান নেই 3-সাবান আছে, কিন্তু পানি নেই 4-সাবান বা পানি কেনোটিই নেই	2,3,4 ⇨C10
C8	Is there evidence of the use of the Hand hygiene facility? (👁 AND RECORD)	হাত ধোয়ার সুবিধা ব্যবহার যে করা হয় এমন কোনো প্রমাণ আছে কি? (পর্যবেক্ষণ করুন এবং প্রদত্ত সঠিক অপশন নির্বাচন করুন)	Yes, there is dampness suggesting use = 1; Yes, other evidence = 2; No Evidence = 3	হ্যাঁ, স্যাঁতসেঁতে ভাব, ব্যবহৃত হওয়ার প্রমাণ দিচ্ছে = 1 হ্যাঁ, অন্যান্য প্রমাণ আছে = 2 কোন প্রমাণ নেই = 3	
C9	Is the handwashing facilities accessible to those with limited mobility or vision (with disability)?	হাতধোয়ার ব্যবস্থাগুলো কি চলাফেরায় ও দৃষ্টিশক্তিতে সীমাবদ্ধতাসম্পন্ন মানুষের জন্য সহজগম্য (যাদের শারীরিক প্রতিবন্ধিতা রয়েছে)?	Yes=1, No=2	হ্যাঁ=1 না=2	
C10	Is this toilet/latrine accessible to those with limited mobility or vision (living with disability)? **Note:** This will be a toilet Meeting the needs of people with reduced mobility – are accessible without stairs or steps, having handrails for support attached to the floor or side walls, the door with at least 80cm wide, the door handle and seat within reach of people using wheelchairs or crutches/sticks) (👁 AND RECORD)	টয়লেট/ ল্যাট্রিনগুলো কি চলাফেরায় (যাদের শারীরিক প্রতিবন্ধিতা রয়েছে) এবং দৃষ্টিশক্তিতে সীমাবদ্ধতা সম্পন্ন মানুষের জন্য সহজগম্য? **বিঃদ্রঃ:** এটি এমন একটি টয়লেট হবে যা চলাফেরায় সীমাবদ্ধতা রয়েছে এমন মানুষের ব্যবহার-উপযোগী; অর্থাৎ সিঁড়ি ছাড়াই সহজগম্য, মেঝে বা পাশের দেয়ালে ভারসাম্য রেখে ওঠাবসার জন্য ধরার হ্যান্ডেল থাকবে; দরজা কমপক্ষে ৮০ সেমি চওড়া হবে, হুইলচেয়ার বা ক্রাচ/লাঠি ব্যবহারকারী মানুষের জন্য দরজার হাতল এবং সিট নাগালের মধ্যে থাকবে) (পর্যবেক্ষণ করুন এবং প্রদত্ত সঠিক অপশন নির্বাচন করুন)	Yes=1, No=2	হ্যাঁ=1 না=2	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
C11	Are culturally appropriate anal cleansing materials currently available in the toilet?	টয়লেটে শৌচকার্যের জন্য কোন্ কোন্ উপকরণ রয়েছে? (একাধিক উত্তর হতে পারে; পর্যবেক্ষণ করে উত্তর দিন)	*Yes=1, No=2*	1-পানি 2-টিস্যু পেপার 3-সাবান 4-অন্যান্য 9-কোনোটিই নেই	
C12	Is the toilet/latrine compartment well lit/illuminated for use at all times	টয়লেট/ল্যাট্রিন কম্পার্টমেন্টে কি সর্বদা আলো-বাতাস চলাচলের ব্যবস্থা আছে?	*Yes=1, No=2*	হ্যাঁ=1 না=2	
C13	How many times per week is the toilet cleaned?	সপ্তাহে কতবার টয়লেট পরিষ্কার করা হয়?	*At least once per day = 1; 2-4 days per week = 2; Once per week = 3; Less than once per week = 4*	1-প্রতিদিন 2-সপ্তাহে ২-৪ দিন 3-সপ্তাহে ৫-৬ দিন 4-সপ্তাহে একবার 5-প্রতি সপ্তাহে পরিষ্কার করা হয় না	
C14	How clean is the toilet? **Note:** Visit as many of the toilets as possible, and then select the appropriate description based on your general impression and the following definitions. **Clean:** all toilets do not have a strong smell or significant numbers of flies or mosquitos, and there is no visible faeces on the floor, walls, seat (or pan) or around the facility. **Somewhat clean**: there is some smell and/or some sign of faecal matter in some of the toilets. **Not clean**: there is a strong smell and/or presence of faecal matter in most toilets. (👁AND RECORD)	টয়লেট/ল্যাট্রিন কম্পার্টমেন্টের/কামরার টয়লেটগুলো সাধারণত কতটা পরিষ্কার-পরিচ্ছন্ন? **দ্রষ্টব্য:** সরজমিনে টয়লেট দেখুন। তারপর আপনার সাধারণ ধারণা এবং নিম্নলিখিত সংজ্ঞাগুলোর উপর ভিত্তি করে উপযুক্ত উত্তর নির্বাচন করুন। **পরিষ্কার:** সমস্ত টয়লেটে তীব্র গন্ধ নেই বা উল্লেখযোগ্য সংখ্যক মাছি বা মশা নেই এবং মেঝে, দেয়াল, সিট (বা প্যান) বা চারপাশে কোনও দৃশ্যমান মল নেই। **কিছুটা পরিষ্কার**: কিছু টয়লেটে কিছু গন্ধ এবং/অথবা মল জাতীয় পদার্থের কিছু চিহ্ন রয়েছে। **পরিষ্কার নয়:** বেশিরভাগ টয়লেটে তীব্র গন্ধ এবং/অথবা মল পদার্থের উপস্থিতি রয়েছে।	*Clean = 1; Somewhat clean = 2; Not clean = 3*	1-পরিষ্কার 2-কিছুটা পরিষ্কার 3-পরিষ্কার নয়	
C15	Is there another toilet compartment	আর কোনো টয়লেট কম্পার্টমেন্ট/কামরা পর্যবেক্ষণ বাকি আছে?	*Yes=1, No=2*	হ্যাঁ=1 না=2	1 ⇨C1 2 ⇨D1

SECTION D: CONTAINMENT OF FECAL WASTE (মল বর্জ্য কন্টেনমেন্ট)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
D1	Are there Toilet Septic Tank(s)/ Pit(s) within the HCF premises?	স্বাস্থ্যসেবা প্রতিষ্ঠানের সীমানার মধ্যে কি টয়লেট সেপটিক ট্যাংক/পিট আছে?	*Yes=1, No=2*	হ্যাঁ=1 না=2	2 ⇨D7
D2	Have the toilets/latrines' septic tanks/pits ever been emptied?	টয়লেট/ল্যাট্রিনের সেপটিক ট্যাংক বা পিট কখনও খালি/পরিষ্কার করা হয়েছে কি?	**Yes, Emptied** Within the last 5 years = 1 More than 5 years ago = 2 No, Never Emptied = 3 Don't Know = 4	**হ্যাঁ, করা হয়েছে-** 1-গত পাঁচ বছরের মধ্যে 2- পাঁচ বছরেরও আগে 3- না, কখনও না 9-জানি না	[3/9 ⇨D5]
D3	The last time it was emptied, who emptied the pit(s)/tank(s)?	শেষবার যখন সেপটিক ট্যাংক বা পিট খালি বা পরিষ্কার করা হয়, তখন কাকে দিয়ে করা হয়েছে?	Service provider (Outsourcing) = 1 Health facility workers = 2 Other (specify) = 6 Don't know = 9	1-এ সংক্রান্ত সেবাদানকারী (পরিচ্ছন্ন কর্মী, ইত্যাদি) 2-হাসপাতাল স্টাফ/স্থানীয় লোকজন 6-অন্যান্য (উল্লেখ করুন) 9-জানি না	
D4	The last time it was emptied, where were the contents emptied to?	শেষবার যখন সেপটিক ট্যাংক বা পিট খালি বা পরিষ্কার করা হয়, তখন বর্জ্য কোথায় ফেলা হয়েছে?	Removed off-site to a treatment facility = 1; Removed to a waterbody, open ground, field or elsewhere = 2; Buried in a covered pit at or near household (in-situ) = 3; Buried in a covered pit/trench elsewhere (off-site) = 4; Emptied into an uncovered pit = 5 Removed off-site to unknown location = 6; Other (*specify*) = 7; Don't know = 8	1- বর্জ্য শোধনাগারে নিয়ে যাওয়া হয়েছিল 2-জলাশয়, খোলা জায়গা, মাঠ বা অন্য কোথাও ফেলা হয়েছিল 3-বসতবাড়ির কাছে বা কাছাকাছি একটি গর্তে ফেলে ঢেকে ফেলা হয়েছিল 4-অন্য কোথাও একটি গর্তে/ময়লার ভাগাড়ে ফেলে ঢেকে ফেলা হয়েছিল 5-একটি উন্মুক্ত খোলা গর্তে ফেলা হয়েছিল 6-দূরে কোথাও অজানা স্থানে ফেলা হয়েছিল 7-অন্যান্য (উল্লেখ করুন) 8-জানি না	
D5	Does the septic tank/pit have an outlet pipe for liquid waste?	সেপটিক ট্যাংক হতে তরল বর্জ্য নির্গমনের জন্য আউটলেট পাইপ আছে কি?	**Yes** (*the tank or pit containing wastes has a pipe which discharges liquid wastes)* = 1; **No** (*there is infiltration underground from the base or sides of the tank or pit)* = 2; Don't Know = 3	1-হ্যাঁ (বর্জ্য ধারণকারী ট্যাংক বা গর্তে একটি পাইপ থাকে যা তরল বর্জ্য নিষ্কাশন করে) 2-না, ট্যাংক বা পিটের নিচে বা পাশে থাকা ছিদ্র ভূগর্ভে প্রবেশ করেছে) 3-জানি না	2, 3 ⇨ D7
D6	Where does this pipe go?	আউটলেট পাইপটি কোথায়	To a leach field or soak pit = 1; To a sewer/closed drain that leads to a wastewater treatment plant = 2;	1-সোক ট্যাংক/সোক ওয়েল 2-সুয়েরেজ লাইনে/ঢাকনাযুক্ত ড্রেনে, যেটি শেষ পর্যন্ত বর্জ্য-	3,4,5,6, 7 ⇨ D8

<table>
<tr><th>Q/N</th><th>Question (English)</th><th>প্রশ্ন (বাংলা)</th><th>Option</th><th>উত্তরের বিকল্প</th><th>Skip</th></tr>
<tr><td></td><td></td><td>পড়েছে বা সংযুক্ত হয়েছে?</td><td>To a sewer/closed drain that is not connected to a wastewater treatment plant = 3;
To an open drain = 4;
To a water body/surface = 5;
Don’t know where = 6;
Other (specify) = 7</td><td>পানি শোধনাগারে সংযুক্ত হয়েছে
3-সুয়েরেজ লাইনে/ঢাকনাযুক্ত ড্রেনে, যেটি শেষ পর্যন্ত বর্জ্য-পানি শোধনাগারে সংযুক্ত হয় নি

4-উন্মুক্ত ড্রেনে
5-কোনো জলাশয়/ভূপৃষ্ঠে
8- কোথায় জানি না
9-অন্যান্য (নির্দিষ্ট করুন)</td><td></td></tr>
<tr><td>D7</td><td>In the last 12 months, has wastewater/excreta from your toilet/latrine system been released to the surface and surroundings due to any of the following events?</td><td>গত ১২ মাসে, আপনার টয়লেট/ল্যাট্রিন সিস্টেম থেকে বর্জ্য জল/মলমূত্র নিম্নবর্ণিত কোনো ঘটনার কারণে ভূপৃষ্ঠে/মাটিতে এবং তার আশেপাশে ছড়িয়ে পড়েছিলো কি?</td><td><table><tr><th>Event</th><th>Yes</th><th>No</th><th>DK</th></tr><tr><td>Overflowed</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Flooded</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Containment Collapsed</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Other Event</td><td>1</td><td>2</td><td>8</td></tr><tr><td>(specify)</td><td colspan="3"></td></tr></table></td><td><table><tr><th>ঘটনা</th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr><tr><td>উপচে পড়েছিল</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ধারণ ট্যাংক ভেঙে পড়েছিল</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ভূপৃষ্ঠ/মাটি এবং আশেপাশে মলমূত্র ছড়িয়ে পড়েছিল</td><td>1</td><td>2</td><td>8</td></tr><tr><td>অন্য ঘটনা</td><td>1</td><td>2</td><td>8</td></tr><tr><td>উল্লেখ করুন</td><td colspan="3"></td></tr></table></td><td></td></tr>
<tr><td>D8</td><td>In the past 12 months have you experienced any of these natural hazards/events?</td><td>গত ১২ মাসে কি এ স্বাস্থ্যসেবা প্রতিষ্ঠানটি নিম্নবর্ণিত কোনো প্রাকৃতিক বিপর্যয়/ঘটনার অভিজ্ঞতার মুখোমুখি হয়েছে?</td><td><table><tr><th>Event</th><th>Yes</th><th>No</th><th>DK</th></tr><tr><td>Flood</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Windstorm/ Cyclone</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Tidal Surge</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Landslide</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Other events</td><td>1</td><td>2</td><td>8</td></tr><tr><td>(specify)</td><td colspan="3"></td></tr></table></td><td><table><tr><th>ঘটনা</th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr><tr><td>বন্যা</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ঝড়/ঘূর্ণিঝড়</td><td>1</td><td>2</td><td>8</td></tr><tr><td>জলোচ্ছ্বাস</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ভূমিধ্বস</td><td>1</td><td>2</td><td>8</td></tr><tr><td>অন্যান্য দুর্যোগ/দুর্ঘটনা</td><td>1</td><td>2</td><td>8</td></tr><tr><td>(specify)</td><td colspan="3"></td></tr></table></td><td>[2/8⇨ D11]</td></tr>
<tr><td>D9</td><td>Were any of your toilet facilities affected by any of the natural</td><td>উপরে উল্লিখিত কোন প্রাকৃতিক বিপর্যয়/ঘটনা দ্বারা</td><td><table><tr><th>Event</th><th>Yes</th><th>No</th><th>DK</th></tr><tr><td>Flood</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Windstorm/ Cyclone</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Tidal Surge</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Landslide</td><td>1</td><td>2</td><td>8</td></tr></table></td><td><table><tr><th>ঘটনা</th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr><tr><td>বন্যা</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ঝড়/ঘূর্ণি ঝড়</td><td>1</td><td>2</td><td>8</td></tr></table></td><td>[2/8⇨ D11]</td></tr>
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Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	hazards/events mentioned above?	আপনার টয়লেট সুবিধা কি প্রভাবিত হয়েছিল?	Other events 1 2 8 (*specify*)	জলোচ্ছ্বাস 1 2 8 ভূমিধ্বস 1 2 8 অন্যান্য দুর্যোগ/দুর্ঘটনা 1 2 8 (*specify*)	
D10	If yes, were you able to continue using the toilet facility?	যদি হ্যাঁ হয়, সে অবস্থায় আপনারা কি টয়লেট/ল্যাট্রিন সুবিধা ব্যবহার চালু রাখতে পেরেছিলেন?	YES, CONTINUED TO USE TOILET FACILITY …. 1 NO, TOILET FACILITY NO LONGER USABLE ….. 2	হ্যাঁ, টয়লেট সুবিধা ব্যবহার করা অব্যাহত ছিল= 1 না, টয়লেট সুবিধা আর ব্যবহারযোগ্য ছিল না= 2	
D11	Do you know of measures that can be taken to protect your toilet/latrine from natural hazards like flood, windstorm, cyclone, landslide, etc.	প্রাকৃতিক দুর্যোগ যেমন- বন্যা, ঝড়, ঘূর্ণিঝড়, ভূমিধ্বস ইত্যাদি থেকে স্বাস্থ্যসেবা প্রতিষ্ঠানটির টয়লেট/ল্যাট্রিনকে রক্ষা করতে কী ধরনের ব্যবস্থা নেয়া যেতে পারে, সেটি কি আপনি জানেন?	YES …… 1 NO …… 2 DK …… 3	হ্যাঁ= 1 না= 2 জানি না= 3	[2/3⇨ E1]
D12	What measures do you know can be taken to protect your toilet/latrine from natural hazards?	প্রাকৃতিক দুর্যোগ যেমন- বন্যা, ঝড়, ঘূর্ণিঝড়, ভূমিধ্বস ইত্যাদি থেকে স্বাস্থ্যসেবা প্রতিষ্ঠানটির টয়লেট/ল্যাট্রিনকে রক্ষা করতে কী ধরনের ব্যবস্থা নেয়া যেতে পারে?	RAISING OF THE PLATFORM … 1 USE OF PROTECTIVE PARAPET ON THE ROOF... 2 USE OF WATERTIGHT PITS/SEPTIC TANKS…… 3 USE OF ADAPTIVE TECHNOLOGIES ……. 4 CONSTRUCTION OF DURABLE TOILET ……..…. 5 PROVIDING OF ALTERNATE LATRINE …… 6 OTHERS (SPECIFY) …… 7 DK …… 8	প্ল্যাটফর্ম/পাটাতন উঁচু করা = 1 ছাদে প্রতিরক্ষামূলক প্যারাপেটের ব্যবহার= 2 জলরোধী পিট/সেপটিক ট্যাংকের ব্যবহার=3 অভিযোজিত প্রযুক্তির ব্যবহার = 4 মজবুত টয়লেট নির্মাণ= 5 বিকল্প ল্যাট্রিন সরবরাহ করা = 6 অন্যান্য (নির্দিষ্ট করুন) = 7 জানি না = 8	2/3⇨E1]

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
D13	Has anything been done to protect your toilet/latrine from natural hazards?	এ স্বাস্থ্যসেবা প্রতিষ্ঠানটির টয়লেট/ল্যাট্রিনকে প্রাকৃতিক দুর্যোগ থেকে রক্ষা করার জন্য কি কিছু করা হয়েছে?	YES..... 1 NO ..... 2 DK 3	হ্যাঁ= 1 না= 2 জানি না= 3	[2/3⇨E1]
D14	What was done to protect your toilet/latrine from natural hazards?	প্রাকৃতিক বিপর্যয় থেকে আপনার টয়লেট/ল্যাট্রিনকে রক্ষা করার জন্য কী করা হয়েছিল?	RAISING OF THE PLATFORM ……1 USE OF PROTECTIVE PARAPET ON THE ROOF... 2 USE OF WATERTIGHT PITS/SEPTIC TANKS 3 USE OF ADAPTIVE TECHNOLOGIES …. 4 CONSTRUCTION OF DURABLE TOILET 5 PROVIDING OF ALTERNATE LATRINE … 6 OTHERS (SPECIFY) ……7 DK …… 8	প্ল্যাটফর্ম উঁচু করা =1 ছাদে প্রতিরক্ষামূলক প্যারাপেটের ব্যবহার= 2 জলরোধী পিট/সেপটিক ট্যাঙ্কের ব্যবহার= 3 অভিযোজিত প্রযুক্তির ব্যবহার = 4 মজবুত টয়লেট নির্মাণ = 5 বিকল্প ল্যাট্রিন সরবরাহ করা = 6 অন্যরা (নির্দিষ্ট করুন) =. 7 জানি না = 8	

SECTION E: HYGIENE AND ENVIRONMENTAL CLEANING (স্বাস্থ্যবিধি এবং পরিবেশগত পরিচ্ছন্নতা)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
E1	Is a functional shower room/ bath space for women that provides privacy and lockable available in the labour room and delivery area? **Note:** Functional shower room is an enclosed, secured and private space for bathing. Choose not applicable, for HCFs that do not take delivery.	লেবার বা ডেলিভারি রুমে মহিলাদের জন্য কি কোনো ব্যবহৃত হচ্ছে এমন গোসলখানা/ স্নানঘর আছে যেটিতে গোপনীয়তা রক্ষার সুবিধা রয়েছে? **বি. দ্র.:** ব্যবহৃত স্নানঘর বলতে গোসলের জন্য একটি আবদ্ধ, সুরক্ষিত এবং ব্যক্তিগত স্থানের স্থান। যেসব স্বাস্থ্যসেবা প্রতিষ্ঠানে ডেলিভারি সেবা প্রদান করা হয় না, সেগুলোর জন্য 'প্রযোজ্য নয়' নির্বাচন করুন।	*Yes = 1; No = 2;* *Not applicable = 3*	হ্যাঁ = 1 না = 2 প্রযোজ্য নয় = 3	

Q/ N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
E2	Are floors and surfaces of all consulting areas cleaned with water and detergent/ **disinfectant** (e.g. bleach)?	সকল কন্সাল্টিং রুমের মেঝে কি পানি এবং ডিটারজেন্ট/ জীবাণুনাশক (যেমন ব্লিচিং পাউডার) দিয়ে পরিষ্কার করা হয়?	*Yes=1; No=2*	হ্যাঁ=1 না=2	
E3	Are there protocols/guidelines/SOPs for the cleaning of the HCF? **Note that the protocols should include:** - step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids, etc. - a cleaning roster or schedule specifying responsibility for cleaning tasks and the frequency at which they should be performed. Where possible, protocols should be observed by the enumerator.	স্বাস্থ্যসেবা প্রতিষ্ঠান পরিষ্কারের জন্য কি প্রোটোকল/নির্দেশিকা/ এসওপি আছে? **খেয়াল রাখুন প্রোটোকলে যা থাকা উচিত:** - নির্দিষ্ট কাজের জন্য ধাপে ধাপে কৌশল, যেমন মেঝে পরিষ্কার করা, সিংক পরিষ্কার করা, রক্ত বা শরীরের তরল পদার্থ পরিষ্কার করা ইত্যাদি। - পরিচ্ছন্নতার কাজের জন্য একটি রোস্টার বা সময়সূচি থাকবে; যেখানে পরিষ্কারের কাজে নিয়োজিত সকলের দায়িত্ব এবং কত বিরতিতে পরিষ্কার করতে হবে সেসব নির্দেশনা দেয়া থাকবে। যেখানে সম্ভব, প্রোটোকলসমূহ গণনাকারীর কর্তৃক পর্যবেক্ষণ করতে হবে।	*Yes = 1; No = 2*	হ্যাঁ=1 না=2	
E4	Have all staff responsible for cleaning received training?	নিয়োজিত সকল পরিচ্ছন্নতাকর্মী কি পরিচ্ছন্নতার	*Yes = 1; No = 2*	হ্যাঁ=1 না=2	2 ⇨*E6*

Q/ N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	Note: "Staff responsible for cleaning" refers to non-healthcare providers such as cleaners, orderlies or auxiliary staff, as well as health care providers who, in addition to their clinical and patient care duties, perform cleaning tasks as part of their role. Training refers to structured training plans or programs led by a trainer or appropriately qualified supervisor.	বিষয়ে প্রশিক্ষণ পেয়েছেন? **বিঃদ্রঃ:** পরিচ্ছন্নতার জন্য নিয়োজিত কর্মী" বলতে স্বাস্থ্যসেবার সাথে নিয়োজিত নয় এমন কর্মীকে বোঝায়। যেমন- ক্লিনার, অর্ডারলি বা সহায়ক কর্মী, সেই সাথে স্বাস্থ্যসেবা প্রদানকারী যারা তাদের ক্লিনিকাল এবং রোগীর যত্নের দায়িত্ব ছাড়াও, তাদের কাজের অংশ হিসাবে পরিষ্কারের কাজগুসমূহ করে থাকে। . প্রশিক্ষণ বলতে একজন প্রশিক্ষক বা উপযুক্ত যোগ্য সুপারভাইজার দ্বারা পরিচালিত কাঠামোগত প্রশিক্ষণ পরিকল্পনা বা প্রোগ্রামসমূহকে বোঝাবে।			
E5	If Yes, when was this training done?	যদি হ্যাঁ হয়, এ প্রশিক্ষণ সর্বশেষ কবে দেয়া হয়েছিল?	*Within the last one Year = 1;* *More than a year ago = 2*	গত এক বছরের মধ্যে = 1 এক বছরেরও বেশি আগে = 2	[1/2⇨ E7]
E6	If No, why?	যদি না হয়, কেনো?	*Some, but not all have been trained = 1;* *There are no staff responsible for cleaning = 2;* *There is no fund for training = 3;* *They do not require training = 4;* *Don't know = 5*	কিছু, কিন্তু সবাই প্রশিক্ষিত হয়নি = 1 পরিচ্ছন্নতার জন্য নিয়োজিত কোনো কর্মী নেই = 2 প্রশিক্ষণের জন্য কোনো ফান্ড বা তহবিল নেই = 3 তাদের প্রশিক্ষণের প্রয়োজন নেই = 4 জানি না = 5	
E7	Does the facility have infection prevention and	স্বাস্থ্যসেবা প্রতিষ্ঠানে কি সংক্রমণ প্রতিরোধ ও	Yes = 1; No = 2	হ্যাঁ=1 না=2	

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<tr><td></td><td>control (IPC) guidelines/ SOPs?</td><td>নিয়ন্ত্রণ (IPC) নির্দেশিকা/এসওপি আছে?</td><td></td><td></td><td></td></tr>
<tr><td>E8</td><td>Has there been any IPC training offered to HCF?</td><td>স্বাস্থ্যসেবা প্রতিষ্ঠানটিতে কি কোনো আইপিসি প্রশিক্ষণ দেয়া হয়েছে?</td><td>Yes, = 1; No = 2</td><td>হ্যাঁ=1
না=2</td><td>[2 ⇨ E10]</td></tr>
<tr><td>E9</td><td>If yes, when was this training offered?</td><td>যদি হ্যাঁ হয়, কবে প্রশিক্ষণটি দেয়া হয়েছিলো?</td><td>Within the past one year = 1; Over a year ago = 2</td><td>গত এক বছরের মধ্যে = 1
এক বছরেরও বেশি আগে = 2</td><td></td></tr>
<tr><td>E10</td><td>Are functional hand hygiene facilities (with running water and soap or alcohol-based hand rub) available at the time of the survey?

Note:
A functional hand hygiene facility is any device that enables staff, patients and visitors to clean their hands effectively. It may consist of soap and water with a basin/pan for washing hands, or alcohol-based hand rub (ABHR). If ABHR is used, health care staff may carry a dispenser between points of care.</td><td>জরিপের সময় কার্যকরী হাতধোয়ার ব্যবস্থা (পানি এবং সাবান বা অ্যালকোহল-ভিত্তিক হ্যান্ডরাব) ছিল কি?

বিঃদ্রঃ
কার্যকরী হ্যান্ড হাইজিন সুবিধা হল যে কোনও ডিভাইস যা কর্মী, রোগী এবং দর্শনার্থীদের কার্যকরভাবে তাদের হাত পরিষ্কার করতে পারে। এতে হাত ধোয়ার জন্য বেসিন/প্যানসহ সাবান এবং পানি বা অ্যালকোহল-ভিত্তিক হ্যান্ড রাব (ABHR) থাকতে পারে। যদি ABHR ব্যবহার করা হয়, স্বাস্থ্যসেবা কর্মীরা যত্নের পয়েন্টগুলিতে একটি ডিসপেনসার রাখতে পারে।</td><td>
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<tr><th></th><th>Yes</th><th>No</th><th>NA</th></tr>
<tr><td>Reception/Waiting area</td><td>1</td><td>2</td><td>3</td></tr>
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<tr><td>In all inpatients Wards</td><td>1</td><td>2</td><td>3</td></tr>
<tr><td></td><td></td><td>⇩ E15</td><td>⇩ E15</td></tr>
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<tr><th></th><th>Yes</th><th>No</th><th>NA</th></tr>
<tr><td>অভ্যর্থনা / অপেক্ষমান এলাকা</td><td>1</td><td>2</td><td>3</td></tr>
<tr><td>বহির্বিভাগ</td><td>1</td><td>2</td><td>3</td></tr>
<tr><td>ডেলিভারি রুম</td><td>1</td><td>2</td><td>3</td></tr>
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</td><td>[2/3⇨ E15]</td></tr>
<tr><td>E11</td><td>If Yes, what is available?</td><td>যদি হ্যাঁ হয়, কোনটি ছিল?</td><td>
<table>
<tr><th></th><th>Running Water & Soap</th><th>ABHR</th></tr>
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<tr><th>স্থান</th><th>সাবান ও পানি</th><th>হ্যান্ড স্যানিটাইজার</th></tr>
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<tr><td>E12</td><td>Are handwashing Facilities available to who?</td><td>হাতধোয়ার ব্যবস্থা কাদের জন্য রয়েছে?</td><td>
<table>
<tr><td></td><td>Staff</td><td>Patients</td></tr>
<tr><td>Reception/Waiting area</td><td></td><td></td></tr>
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</td><td></td></tr>
<tr><td>E13</td><td>Are the hand hygiene facilities accessible to those with limited mobility or vision (with disability)?</td><td>হাত ধোয়ার ব্যবস্থাগুলো কি চলাফেরায় এবং দৃষ্টিশক্তিতে সীমাবদ্ধতা সম্পন্ন মানুষের জন্য সহজগম্য(যাদের শারীরিক প্রতিবন্ধীতা রয়েছে) ?</td><td>
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<tr>
<td>E14</td>
<td>Is there evidence of the use of the Hand hygiene facility? (N AND RECORD)</td>
<td>সেখানে হাত ধোয়ার সুবিধা ব্যবহারের কোনো প্রমাণ আছে কি? (পরিদর্শন করুন এবং প্রদত্ত সঠিক অপশন নির্বাচন করুন)</td>
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<tr>
<td>E15</td>
<td>Are hand hygiene promotional materials (posters, Figures, etc.) displayed and clearly visible in all hand hygiene stations, patient waiting areas, wards and treatment areas? (N AND RECORD)</td>
<td>হ্যান্ড হাইজিন প্রচারমূলক সামগ্রী (পোস্টার, চার্ট, ইত্যাদি) কি সকল হ্যান্ড হাইজিন স্টেশন, রোগীদের অপেক্ষার জায়গা (ওয়েটিং এরিয়া), ওয়ার্ড এবং চিকিৎসা প্রদানকৃত এলাকায় প্রদর্শন করা আছে এবং যা স্পষ্টভাবে দৃশ্যমান? (পরিদর্শন করুন এবং প্রদত্ত সঠিক অপশন নির্বাচন করুন)</td>
<td>Yes=1, No=2</td>
<td>হ্যাঁ=1
না=</td>
<td></td>
</tr>
</table>

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
E16	Are there disposal mechanisms (allow for the disposal of used materials without being seen) for menstrual hygiene waste at the facility? **Note:** Disposal mechanisms can include incineration or another safe method on-site, or safe storage and transportation via a municipal waste management system, as appropriate.	*স্বাস্থ্যসেবা প্রতিষ্ঠান*তে কি মাসিকের স্বাস্থ্যবিধিতে ব্যবহৃত বর্জ্য নিষ্পত্তি করার ব্যবস্থা আছে (ব্যবহৃত সামগ্রী না দেখা ছাড়াই নিষ্পত্তি করার মত)? **বিঃদ্রঃ:**নিষ্পত্তি পদ্ধতির মাঝে পোড়ানো বা অন্য নিরাপদ পদ্ধতি অন্তর্ভুক্ত থাকতে পারে, বা পৌরসভার বর্জ্য ব্যবস্থাপনা সিস্টেমের মাধ্যমে নিরাপদ সংরক্ষণ এবং পরিবহন, যা যথাযত উপযুক্ত হবে।	*Yes = 1; No = 2*	হ্যাঁ=1 না=2	
E17	Is waste safely segregated into the correct coloured bins at the point of care? Non-infectious (general) waste in black bin, infectious waste in yellow bin, sharps in red bin? (👁 AND RECORD) **Note:** For facilities with multiple consultation rooms, select one at random and observe whether sharps waste, infectious waste and non-infectious general waste are segregated into three different bins. The bins should be	পরিচর্যার সময় বর্জ্য পদার্থ কি নিরাপদভাবে সঠিক রঙিন বিনে ফেলা হয়? কালো বিনে অ-সংক্রামক (সাধারণ) বর্জ্য, হলুদ বিনে সংক্রামক বর্জ্য, লাল বিনে ধারালো? (পরিদর্শন করুন এবং প্রদত্ত সঠিক অপশন নির্বাচন করুন) **বিঃদ্রঃ:** একাধিক কন্সাল্টেন্ট রুম সম্পন্ন স্বাস্থ্যসেবা প্রতিষ্ঠানর জন্য, যেকোনো একটি রুম নির্বাচন করুন এবং ধারালো বর্জ্য, সংক্রামক বর্জ্য এবং অ-	Yes=1, No=2; Not observed = 3	হ্যাঁ=1 না=2 পর্যবেক্ষণ করা হয়নি = 3	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	colour-coded and/or clearly labelled, no more than three quarters (75%) full, and each bin should not contain waste other than that corresponding to its label. Bins should be appropriate to the type of waste they are to contain; sharps containers should be puncture-proof and others should be leak-proof. Bins for sharps waste and infectious waste should have lids.	সংক্রামক সাধারণ বর্জ্য তিনটি ভিন্ন বিনে বিভক্ত করা হয়েছে কিনা তা পর্যবেক্ষণ করুন। বিনগুলি কালার-কোডেড এবং/অথবা স্পষ্টভাবে লেবেলযুক্ত হওয়া উচিত, তিন চতুর্থাংশের বেশি (৭৫%) পূর্ণ হওয়া উচিত নয় এবং প্রতিটি বিনে তার লেবেলের সাথে সম্পর্কিত বর্জ্য ব্যতীত অন্য বর্জ্য থাকা উচিত নয়। বিনগুলি যে ধরণের বর্জ্য ধারণ করবে তার জন্য উপযুক্ত হওয়া উচিত; ধারালো পাত্র পাংচার-প্রুফ এবং অন্যগুলো লিক-প্রুফ হওয়া উচিত। ধারালো বর্জ্য এবং সংক্রামক বর্জ্যের বিনগুলিতে ঢাকনা থাকা উচিত।			
E18	Is there a dedicated waste storage area available, where sharps, infectious and non-infectious waste are stored separately for collection for off-site disposal or onsite treatment?	সেখানে কি বর্জ্য পদার্থ ফেলার জন্য নিবেদিত কোনো জায়গা আছে যেখানে অফ-সাইট বা অনসাইট ট্রিটমেন্টের লক্ষ্যে সংগ্রহের জন্য ধারালো, সংক্রামক ও অ-সংক্রামক বর্জ্য আলাদাভাবে সংরক্ষণ করা হয়?	Yes=1, No=2; Not observed = 3	হ্যাঁ=1 না=2 পর্যবেক্ষণ করা হয়নি = 3	2,3 ⇨*E20*
E19	If yes, is this storage area fenced	যদি হ্যাঁ হয়, এ স্টোরেজ	Yes=1, No=2	হ্যাঁ=1 না=2	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	and secure and of sufficient capacity?	এলাকাটি কি বেড়া দিয়ে ঘেরা, সুরক্ষিত এবং যথেষ্ট জায়গা সম্পন্ন?			
E20	How does this facility treat and/or dispose of sharps waste? (CHOOSE ONE MOST USED OPTION)	এই স্বাস্থ্যসেবা প্রতিষ্ঠানটি কীভাবে তীক্ষ্ণ বা ধারালো বর্জ্য ট্রিট্রেন্ট এবং/অথবা নিষ্পত্তি করে?	Autoclaved = 1; Incinerated (two chamber, 850-1000C incinerator) = 2; Incinerated (brick incinerator) = 3; Open burning = 4; Burning in a protected pit 5; Open dumping without treatment = 6; Chemical disinfection with hypochlorite = 7; Not treated, but buried in lined, protected pit = 8; Not treated and added to general waste = 9; Not treated but collected for medical waste disposal = 10; Other (specify) = 11	অটোক্লেভড = 1 জ্বালিয়ে দেওয়া (দুটি চেম্বার, ৮৫০-১০০০C ইনসিনারেটর) = 2 জ্বালিয়ে দেওয়া (ইট পোড়ানোর যন্ত্র) = 3 খোলামেলাভাবে পুড়ানো হয় = 4 একটি সুরক্ষিত গর্তে পুড়ানো হয়=5 ট্রিটমেন্ট ছাড়া খোলামেলাভাবে রেখে দেয়া হয়= 6 হাইপোক্লোরাইট দিয়ে রাসায়নিক নির্বীজন = 7 ট্রিটমেন্ট করা হয় না, কিন্তু সুরক্ষিত একটি গর্তে পুঁতে ফেলা হয় = 8 ট্রিটমেন্ট করা হয় না এবং সাধারণ বর্জ্যের সাথে ফেলা হয় = 9 ট্রিটমেন্ট করা হয় না কিন্তু মেডিকাল বর্জের সাথে নিষ্পত্তির জন্য সংগ্রহ করা হয় = 10 অন্যান্য (নির্দিষ্ট করুন) = 11	
E21	How does this facility treat and/or dispose of infectious waste? (CHOOSE ONE MOST USED OPTION)	এই স্বাস্থ্যসেবা প্রতিষ্ঠানটি কীভাবে সংক্রামক বর্জ্য পরিশোধন ও নিষ্কাষণ করে? (সর্বাধিক ব্যবহৃত অপশনটি নির্বাচন করুন)	Autoclaved = 1; Incinerated (two chamber, 850-1000C incinerator) = 2; Incinerated (brick incinerator) = 3; Open burning = 4; Burning in a protected pit 5; Open dumping without treatment = 6; Chemical disinfection with hypochlorite = 7; Not treated, but buried in lined, protected pit = 8; Not treated and added to general waste = 9; Not treated but collected for medical waste disposal = 10; Other (specify) = 11	অটোক্লেভড = 1 জ্বালিয়ে দেওয়া (দুটি চেম্বার, ৮৫০-১০০০C ইনসিনারেটর) = 2 জ্বালিয়ে দেওয়া (ইট পোড়ানোর যন্ত্র) = 3 খোলামেলাভাবে পুড়ানো হয় = 4 একটি সুরক্ষিত গর্তে পুড়ানো হয়=5 ট্রিটমেন্ট ছাড়া খোলামেলাভাবে রেখে দেয়া হয়= 6 হাইপোক্লোরাইট দিয়ে রাসায়নিক নির্বীজন = 7 ট্রিটমেন্ট করা হয় না, কিন্তু সুরক্ষিত একটি গর্তে পুঁতে ফেলা হয় = 8 ট্রিটমেন্ট করা হয় না এবং সাধারণ বর্জ্যের সাথে ফেলা হয় = 9 ট্রিটমেন্ট করা হয় না কিন্তু মেডিকেল বর্জ্যের সাথে নিষ্পত্তির জন্য সংগ্রহ করা হয় = 10 অন্যান্য (নির্দিষ্ট করুন) = 11	
E22	How is solid waste (garbage) from the health facility disposed of? (MULTIPLE RESPONSE)	কিভাবে স্বাস্থ্যসেবা প্রতিষ্ঠান থেকে কঠিন বর্জ্য (আবর্জনা) নিষ্পত্তি করা হয়?	Collected by municipal waste system = 1; Incinerated (brick incinerator) = 2; Burned on Premises = 3; Buried and covered on premises = 4; Openly dumped on premises = 5	পৌরসভা বর্জ্য ব্যবস্থাপনা সিস্টেম দ্বারা সংগৃহীত = 1 জ্বালিয়ে দেওয়া হয় (ইট পোড়ানোর যন্ত্র) = 2 প্রাঙ্গণের ভেতর পুড়িয়ে ফেলা হয় = 3 প্রাঙ্গণে পুড়িয়ে মাটি চাপা দেওয়া হয় = 4	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
		(একাধিক উত্তর হতে পারে)		প্রাঙ্গণে খোলামেলা ভাবে রেখে দেয়া হয় = 5	

SECTION F: WATER SUPPLY (পানি সরবরাহ)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
F1	What is the main source of water for the health facility? (N THE FACILITY MOST COMMONLY USED AND RECORD)	স্বাস্থ্যসেবা প্রতিষ্ঠানটিতে পানির প্রধান উৎস কি? (সবচেয়ে বেশি ব্যবহৃত স্বাস্থ্যসেবা প্রতিষ্ঠান পর্যবেক্ষণ করুন এবং রেকর্ড করুন)	Piped water supply = 1 Shallow Tube well / Borehole = 2 Deep Tube well / Borehole = 3 Protected Dug Well = 4 Unprotected Dug Well = 5 Protected Spring = 6 Unprotected Spring = 7 Rainwater collection = 8 Tanker-truck or cart = 9 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) = 10 Packaged bottle or sachet water = 11; Others (Specify) = 12; No Water source = 13	1-ট্যাপ/পাইপ (সাপ্লাই) 2-টিউবওয়েল (গভীর) 3- টিউবওয়েল (অগভীর) 4-সুরক্ষিত কূপ/কুয়া 5-অরক্ষিত কূপ/কুয়া 6-পুকুর/নদী/ খাল/লেক 7-ঝরনা/ছড়া/ঝিরি 8-বৃষ্টির পানি 9-ট্যাংকার-ট্রাক 10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ 11-বোতলজাত পানি/জারের পানি 12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 13-অন্যান্য (নির্দিষ্ট করুন) 14-কোনো উৎস নেই	10⇨F6 13⇨F26
F2	Where is that water source located?	সেই পানির উৎস কোথায় অবস্থিত?	Connected to the building = 1; Within the compound = 2; Elsewhere, within 500m = 3; Elsewhere, more than 500m = 4	ভবনের সাথে সংযুক্ত = 1; কম্পাউন্ডের মধ্যে = 2; অন্যত্র, 500m এর মধ্যে = 3; অন্যত্র, 500m এর বাইরে= 4	
F3	Is this water available for both Staff, patients and their families to use? (N AND RECORD)	এই পানি কি স্টাফ, রোগী এবং তাদের পরিবার সকলের জন্যই ব্যবহার করা যায়? (পর্যবেক্ষণ এবং রেকর্ড করুন)	Yes, both Staff and patients = 1; No, for Staff only = 2	হ্যাঁ, স্টাফ এবং রোগী উভয়ই = 1; না, শুধুমাত্র স্টাফদের জন্য = 2	
F4a	Is water available from the main source at the time of the survey? (N AND RECORD)	জরিপের সময় কি মূল উৎস থেকে পানি পাওয়া যাচ্ছে? (পর্যবেক্ষণ এবং রেকর্ড করুন)	Yes, observed = 1 Yes, reported but not observed = 2 No = 3	হ্যাঁ, পর্যবেক্ষণ করা হয়েছে = 1 হ্যাঁ, রিপোর্ট করা হয়েছে কিন্তু পর্যবেক্ষণ করা হয়নি = 2 না= 3	
F4b	Does water from the main source dry up at any time of the year?	মূল উৎসের পানি কি বছরের যে কোন সময় শুকিয়ে যায়?	Yes = 1; No = 2; Don't Know = 3	হ্যাঁ=1 না=2 জানি না=3	
F5	Are there alternative Sources of	স্বাস্থ্যসেবা প্রতিষ্ঠানে পানির অন্য কোনো বিকল্প উৎস আছে কি?	Yes=1, No=2	হ্যাঁ=1 না=2	2 ⇨F7

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	water in the HCF?				
F6	What are the alternative sources used by the HCF? MULTIPLE OPTIONS (Observe and record and select as applicable)	স্বাস্থ্যসেবা প্রতিষ্ঠানে ব্যবহৃত বিকল্প উৎসটি কি? একাধিক বিকল্প (পর্যবেক্ষণ করে রেকর্ড করুন এবং প্রযোজ্য হিসাবে নির্বাচন করুন)	Piped water supply = 1 Shallow Tube well / Borehole = 2 Deep Tube well / Borehole = 3 Protected Dug Well = 4 Unprotected Dug Well = 5 Protected Spring = 6 Unprotected Spring = 7 Rainwater collection = 8 Tanker-truck or cart = 9 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) = 10 Packaged bottle or sachet water = 11; Others (Specify) = 12;	1-ট্যাপ/পাইপ (সাপ্লাই) 2-টিউবওয়েল (গভীর) 3- টিউবওয়েল (অগভীর) 4-সুরক্ষিত কূপ/কুয়া 5-অরক্ষিত কূপ/কুয়া 6-পুকুর/নদী/ খাল/লেক 7-ঝরনা/ছড়া/ঝিরি 8-বৃষ্টির পানি 9-ট্যাংকার-ট্রাক 10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ 11-বোতলজাত পানি/জারের পানি 12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 13-অন্যান্য (নির্দিষ্ট করুন) 14-কোনো উৎস নেই	
F7	Is the main source in F1 above used for drinking purposes	উপরের F1-এর মূল উৎসটি কি খাবার পানীয়ের উদ্দেশ্যে ব্যবহৃত হয়?	Yes=1, No=2	হ্যাঁ=1, না=2	1 ⇨F9
F8	If not, what source(s) are used for drinking purposes? MULTIPLE OPTIONS (Observe and record and select as applicable)	যদি না হয়, কোন উৎসগুলোর পানি পান করার উদ্দেশ্যে ব্যবহার করা হয়? একাধিক বিকল্প (পর্যবেক্ষণ করে রেকর্ড করুন এবং প্রযোজ্য হিসাবে নির্বাচন করুন)	Piped water supply = 1 Shallow Tube well / Borehole = 2 Deep Tube well / Borehole = 3 Protected Dug Well = 4 Unprotected Dug Well = 5 Protected Spring = 6 Unprotected Spring = 7 Rainwater collection = 8 Tanker-truck or cart = 9 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) = 10 Packaged bottle or sachet water = 11; Others (Specify) = 12;	1-ট্যাপ/পাইপ (সাপ্লাই) 2-টিউবওয়েল (গভীর) 3- টিউবওয়েল (অগভীর) 4-সুরক্ষিত কূপ/কুয়া 5-অরক্ষিত কূপ/কুয়া 6-পুকুর/নদী/ খাল/লেক 7-ঝরনা/ছড়া/ঝিরি 8-বৃষ্টির পানি 9-ট্যাংকার-ট্রাক 10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ 11-বোতলজাত পানি/জারের পানি 12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 13-অন্যান্য (নির্দিষ্ট করুন) 14-কোনো উৎস নেই	
F9	In the last two weeks, was water from the main source (in F1) ever unavailable?	গত দুই সপ্তাহে, মূল উৎস (F1-এ) থেকে কি কখনও পানি পাননি, এমন কি হয়েছে?	Yes=1, No=2	হ্যাঁ=1 না=2	
F10	In the past 12 months have you experienced any of these	গত ১২ মাসে আপনি কি নিম্নবর্ণিত এই প্রাকৃতিক বিপত্তি/ঘটনাগুলোর কোনটির অভিজ্ঞতা পেয়েছেন?	Event: YES / NO / DK FLOOD: 1 / 2 / 8	ঘটনা: হ্যাঁ / না / জানি না বন্যা: 1 / 2 / 8 খরা: 1 / 2 / 8	

<table>
<tr><th>Q/N</th><th>Question (English)</th><th>প্রশ্ন (বাংলা)</th><th>Option</th><th>উত্তরের বিকল্প</th><th>Skip</th></tr>
<tr><td></td><td>natural hazards/events?</td><td></td><td>
<table>
<tr><td>DROUGHT</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>WINDSTORM/CYCLONE</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>TIDAL SURGE</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>LANDSLIDE</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>OTHER EVENT</td><td>1</td><td>2 ⇘ F17</td><td>8 ⇘ F17</td></tr>
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<tr><td>ঝড়/ঘূর্ণি ঝড়</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>জলোচ্ছ্বাস</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>ভূমিধ্বস</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>অন্যান্য দুর্যোগ</td><td>1</td><td>2 ⇘ F17</td><td>8 ⇘ F17</td></tr>
<tr><td>উল্লেখ করুন</td><td colspan="3"></td></tr>
</table>
</td><td></td></tr>
<tr><td>F11</td><td>Was your main water source affected by the above hazards/events?</td><td>আপনার প্রধান পানির উৎসটি কি উপরোক্ত বিপদ/ঘটনা দ্বারা প্রভাবিত হয়েছিল?</td><td>
<table>
<tr><th>Event</th><th>YES</th><th>NO</th><th>DK</th></tr>
<tr><td>FLOOD</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>DROUGHT</td><td>1</td><td>2</td><td>8</td></tr>
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<table>
<tr><th>ঘটনা</th><th>হ্যাঁ</th><th>না</th><th>জানি না</th></tr>
<tr><td>বন্যা</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>খরা</td><td>1</td><td>2</td><td>8</td></tr>
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<tr><td>উল্লেখ করুন</td><td colspan="3"></td></tr>
</table>
</td><td></td></tr>
<tr><td>F12</td><td>If yes, were you able to continue using your main water source water during the hazard/event (s)?</td><td>যদি হ্যাঁ হয়, আপনি কি বিপদ/ঘটনা চলাকালীন আপনার প্রধান পানির উৎসের পানি ব্যবহার করতে পেরেছিলেন?</td><td>YES 1
NO 2
DK 8</td><td>হ্যাঁ=1
না=2
জানি না=8</td><td>1⇨F14
8⇨ F14</td></tr>
</table>

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
F13	If no, what was your alternate source of water during the hazard(s) period?	যদি না হয়, বিপদের সময় আপনার পানির বিকল্প উৎস কী ছিল?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD / PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC TAP / STANDPIPE 14 TUBE WELL / BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER-TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81 PACKAGED WATER BOTTLED WATER 91 SACHET WATER 92 LARGE BOTTLE / DISPENSER REFILL 93 OTHER (*SPECIFY*) 96	1-ট্যাপ/পাইপ (সাপ্লাই) 2-টিউবওয়েল (গভীর/অগভীর) 3-বোতলজাত পানি/পানির জার 4-সুরক্ষিত কূপ/কুয়া 5-অরক্ষিত কূপ/কুয়া 6-পুকুর/নদী/ খাল/লেক 7-ঝরনা/ছড়া/ঝিরি 8-বৃষ্টির পানি 9-ট্যাংকার-ট্রাক 10-রিভার্স ওসমোসিস প্ল্যান্ট/ পিএসএফ 11-বোতলজাত পানি/জারের পানি 12-ওয়াটার এটিএম বুথ (ড্রিংকওয়েল) 13-অন্যান্য (নির্দিষ্ট করুন) 14-কোনো উৎস নেই	
F14	Do you know of measures that can be taken to protect your main source of water from natural hazards/events like flood, cyclone, drought, landslide, tidal surge, etc.	বন্যা, ঘূর্ণিঝড়, খরা, ভূমিধস, জলোচ্ছ্বাস ইত্যাদির মতো প্রাকৃতিক বিপত্তি/ঘটনা থেকে আপনার পানির প্রধান উৎসকে রক্ষা করার জন্য যে ব্যবস্থা নেওয়া যেতে পারে, সে সম্পর্কে কি আপনি জানেন?	YES ····· 1 NO ····· 2 DK ····· 8	হ্যাঁ=1, না=2, জানি না=8	*2⇨F18* *8⇨F18*
F15	What measures for protecting your main source of water do you know? (MULTIPLE RESPONSE)	আপনার পানির প্রধান উৎস রক্ষার জন্য কি কি ব্যবস্থার কথা আপনি জানেন? (একাধিক প্রতিক্রিয়া)	RAISING OF THE PLATFORM ····· 1 FENCING OF THE WATER SOURCE ···. 2 CONSERVATION OF WATER ····· 3 PROTECTION OF CATCHMENT AREA 4 TRAINING OF LOCAL ARTISANS ···. 5 PROVIDING OF ALTERNATE SOURCE ····· 6 OTHERS (SPECIFY) ·····.. 7 DK ····· 8	প্ল্যাটফর্ম উঁচু করা=**1,** পানির উৎসের বেড়া= **2** পানি সংরক্ষণ= **3** ক্যাচমেন্ট এলাকার সুরক্ষা=**4** স্থানীয় কারিগরদের প্রশিক্ষণ= **5** বিকল্প উৎস প্রদান করা = **6** অন্যরা (নির্দিষ্ট করুন)=**7** জানি না=**8**	
F16	Has anything been done to protect your main source of water supply from natural hazards?	প্রাকৃতিক বিপদ থেকে আপনার পানি সরবরাহের প্রধান উৎস রক্ষা করার জন্য কি কিছু করা হয়েছে?	YES 1 NO 2 DK 8	হ্যাঁ=1, না=2, জানি না=8	*2⇨F18* *8⇨F18*
F17	What measures	প্রাকৃতিক দুর্যোগ থেকে আপনার প্রধান পানি	RAISING OF THE PLATFORM ····· 1 FENCING OF THE WATER SOURCE ····· 2	প্ল্যাটফর্ম উত্থাপন=1, পানির উৎসের বেড়া= 2	F17

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	have been taken to protect your main water supply source from natural hazards/disaster?	সরবরাহের উৎসকে রক্ষা করার জন্য কী ব্যবস্থা নেওয়া হয়েছে?	CONSERVATION OF WATER ..... 3 PROTECTION OF CATCHMENT AREA ..... 4 TRAINING OF LOCAL ARTISANS ..... 5 PROVIDING OF ALTERNATE SOURCE ..... 6 OTHERS (SPECIFY) ..... 7 DK 8	পানি সংরক্ষণ= 3 ক্যাচমেন্ট এলাকার সুরক্ষা=4 স্থানীয় কারিগরদের প্রশিক্ষণ= 5 বিকল্প উৎস প্রদান করা = 6 অন্যরা (নির্দিষ্ট করুন)=7 জানি না=8	
F18	Does the HCF have water storage reservoirs for use in case of disruption to the regular supply, that are sufficient to meet the needs of the facility for 2 days?	নিয়মিত সরবরাহে ব্যাঘাত ঘটলে ব্যবহারের জন্য HCF-এর কি পানির স্টোরেজ রয়েছে যা 2 দিনের জন্য স্বাস্থ্যসেবা প্রতিষ্ঠানটির চাহিদা মেটাতে যথেষ্ট?	Yes=1, No=2	হ্যাঁ=1 না=2	
F19	Is the main water source accessible to those with limited mobility or vision (with disability)?	নানান প্রতিবন্ধকতা সম্পন্ন মানুষের কাছে কি প্রধান পানির উৎসটি প্রবেশযোগ্য?	Yes=1, No=2	হ্যাঁ=1 না=2	
F20	Was the Health facility's main water source tested for E. coli in the past 6 months?	স্বাস্থ্যসেবা প্রতিষ্ঠানটির প্রধান পানির উৎসটি কি গত 6 মাসে ই. কোলির জন্য পরীক্ষা করা হয়েছিল?	Yes=1, No=2	হ্যাঁ=1, না=2	2⇨F22
F21	If yes, is it compliant with national standards for E. coli?	যদি হ্যাঁ হয়, এটা কি E. coli-এর জাতীয় মানদণ্ডের সাথে সঙ্গতিপূর্ণ?	Yes=1, No=2	হ্যাঁ=1 না=2	
F22	Was the Health facility's main water source tested for Arsenic in the past 12 months?	গত ১২ মাসে স্বাস্থ্যসেবা প্রতিষ্ঠানটির প্রধান পানির উৎসটি কি আর্সেনিকের জন্য পরীক্ষা করা হয়েছিল?	Yes=1, No=2	হ্যাঁ=1 না=2	2⇨F24
F23	If yes, is it compliant	যদি করা হয়ে থাকে, তবে এটা জাতীয় মানদণ্ড (<=**50**	Yes=1, No=2	হ্যাঁ=1 না=2	

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
	with national standards for Arsenic?	**ppb)** অনুযায়ী আর্সেনিক ঝুঁকিমুক্ত কি**?**			
F24	Does the health facility do anything to improve the quality of water from the main source?	পানি পরিশোধনের জন্য কোনো ধরনের পদ্ধতি ব্যবহার করা হয় কি**?**	Yes=1, No=2	হ্যাঁ=1 না=2	2⇨F26
F25	If yes, what treatment method is used?	যদি হ্যাঁ হয়,তবে কোন ধরনের পরিশোধন পদ্ধতি ব্যবহার করা হয়**?**	Boiling = 1; Add bleach /Chlorine/ Water Guard = 2; Strain it through a cloth = 3; Use water filter {RO, ceramic, sand, clay composite, membrane, etc.} = 4; Solar disinfection = 5; Let it Stand and settle = 6; Add alum = 7; Add water tablet/liquid = 8; Uses a water treatment plant = 10; Other-Specify = 11;	1-ফুটানো 2-ব্লিচিং/ক্লোরিন/রাসায়নিক ব্যবহার 3-কাপড় দিয়ে ছেঁকে নেওয়া 4-পানির ফিল্টার ব্যবহার করে 5-সৌর পরিশোধন 6-থিতানো 7-ফিটকিরি মিশিয়ে 8-পরিশোধন বড়ি মিশিয়ে 9-ওয়াটার ট্রিটমেন্ট প্ল্যান্ট ব্যবহার করে 10-অন্যান্য (উল্লেখ করুন)	
F26	Is there a dedicated / on-budget fund for cleaning and maintaining the WASH facilities?	স্বাস্থ্যসেবা প্রতিষ্ঠান পরিষ্কার এবং রক্ষণাবেক্ষণের জন্য কি একটি ডেডিকেটেড/অন-বাজেট তহবিল আছে?	Yes=1, No=2, NA=3	হ্যাঁ=1 না=2, প্রযোজ্য নয় = 3	

SECTION G: ENERGY (শক্তি)

Q/N	Question (English)	প্রশ্ন (বাংলা)	Option	উত্তরের বিকল্প	Skip
G1	Does the facility have energy/electricity source (e.g. electricity grid, solar)?	স্বাস্থ্যসেবা প্রতিষ্ঠানতে কি বিদ্যুৎ বা কোনো বৈদ্যুতিক শক্তি আছে?	Yes=1, No=2	হ্যাঁ=1 না=2	2⇨H1
G2	What is the health facility's main source of energy/electricity?	স্বাস্থ্যসেবা প্রতিষ্ঠানটির প্রধান বৈদ্যুতিক শক্তির উৎস কি?	National/community grid = 1; Generator = 2; Solar panels = 3; Other, specify = 4	জাতীয়/কমিউনিটি গ্রিড = 1 জেনারেটর = 2 সৌর প্যানেল = 3 অন্যান্য (উল্লেখ করুন) = 4	
G3	Is this main source of electricity functioning at the time of survey?	প্রধান বৈদ্যুতিক শক্তির উৎসটি কি জরিপ করার সময় কাজ করছিলো?	Yes=1, No=2	হ্যাঁ=1 না=2	

G4	Is the energy sufficient for all electrical needs of the facility, including for lighting and stand-alone devices/ equipment?	শক্তির উৎসটি কি স্বাস্থ্যসেবা প্রতিষ্ঠানের আলো এবং স্বতন্ত্র ডিভাইস/সরঞ্জাম সহ সকল কাজের জন্য উপযুক্ত?	Yes=1, No=2	হ্যাঁ=1 না=2	
G5	Other than the main source, does the facility have a functional secondary or backup source of electricity?	মূল উৎস ব্যতীত, স্বাস্থ্যসেবা প্রতিষ্ঠানটির কি বিদ্যুতের একটি কার্যকরী সেকেন্ডারি বা ব্যাকআপ উৎস আছে?	Yes=1, No=2	হ্যাঁ=1 না=2	2⇨H1
G6	What is the backup source of electricity/energy? JLTIPLE RESPONSE)	বিদ্যুৎ/শক্তির ব্যাকআপ উৎস কী? (একাধিক প্রতিক্রিয়া)	National/community grid= 1; Generator = 2; Solar panels = 3; Batteries = 4; Other, specify = 5	জাতীয়/কমিউনিটি গ্রিড = 1 জেনারেটর = 2 সৌর প্যানেল = 3 অন্যান্য (উল্লেখ করুন) = 4	

SECTION H: CAPTURES (ক্যাপচার)

প্রশ্ন নং	Description	বর্ণনা	Information			উত্তর		
H1	Coordinates at the Center of the Health Facility (Smartphone)	স্বাস্থ্যসেবা প্রতিষ্ঠানের জিপিএস পুনরায় নিন।	Latitude:	Longitude:	Alt:	অক্ষাংশ	দ্রাঘিমাংশ	উচ্চতা
H2	Picture of the health facility (Capture the best view that exposes all the buildings with signpost)	স্বাস্থ্যসেবা প্রতিষ্ঠানের ছবি (সাইনপোস্ট সহ সমস্ত বিল্ডিং নিয়ে সেরা দৃশ্যটি ক্যাপচার করুন)						
H3	Picture of the health facility latrine/water point if available or any other important feature	স্বাস্থ্যসেবা প্রতিষ্ঠানের ল্যাট্রিন/ওয়াটার পয়েন্টের ছবি (যদি অন্য কোনো গুরুত্বপূর্ণ বৈশিষ্ট্য পাওয়া যায়)						
H4	Picture of the health facility's handwashing locations (if available – at point of care or around the latrine blocks) or any other important features	স্বাস্থ্যসেবা প্রতিষ্ঠানের হাত ধোয়ার স্থানের ছবি (যদি যত্নের স্থানে বা ল্যাট্রিন ব্লকের আশেপাশে পাওয়া যায়) বা অন্য কোনো গুরুত্বপূর্ণ বৈশিষ্ট্য						

উত্তরদাতা কর্তৃপক্ষকে ধন্যবাদ জানিয়ে তথ্য সংগ্রহ শেষ করুন।

ANNEX-3: CONCEPTS AND DEFINITIONS

Accessibility of WASH Facilities

The extent to which water points, toilets, and hygiene stations can be safely and independently accessed by all users, including persons with disabilities, older persons, and individuals with limited mobility.

Adjusted Proportion / Weighted Estimate

A statistical measure that accounts for sampling weights to ensure findings represent the national population distribution of Educational and Healthcare Facilities.

Basic Handwashing Service (Schools)

At least one handwashing station with both water and soap available at the time of the survey.

Basic Hand Hygiene Service (HCFs)

Functional hand hygiene facilities (sink with running water and soap or an alcohol-based hand rub) available at all points of care and at toilets.

Basic Sanitation Service (Schools)

Improved toilet facilities that are: single-sex, usable, private, and accessible to students during school hours.

Basic Water Service (Schools)

An improved source of drinking water that is available **on the premises** at the time of the survey.

Basic Water Service (HCFs)

An improved water source located **on the premises**, functioning, and available to staff, patients, and visitors.

Climate-Resilient WASH Facility

A water or sanitation system designed or improved to withstand climate-related hazards such as floods, cyclones, seasonal droughts, tidal surges, and landslides.

Climate-Proofing Measures

Infrastructure and management actions taken to strengthen WASH systems against climate risks (e.g., raising tubewell platforms, protecting electrical pumps, reinforcing drainage).

Cleanliness of Facilities

A facility is considered clean if toilets, handwashing stations, and surrounding areas show no visible faeces, litter, sludge, or foul odour, and are cleaned at least once daily.

Disaggregated Data

Data broken down by key categories such as locality (urban/rural), school level, HCF type, managing authority, sex, or division.

Emergency Preparedness for WASH

Measures taken by schools or HCFs to ensure continued access to safe WASH services during and after natural hazards.

Faecal Sludge Management (FSM)

The process of safely containing, desludging, transporting, treating, and disposing of sludge from pit latrines, septic tanks, or other onsite sanitation systems.

Functionality of Toilets

A toilet is considered functional if it is: physically usable, not broken or blocked, has a working door with a latch, and has an operational pan and drainage system.

Handwashing Facility

A designated station with water and soap for handwashing. In HCFs, this includes sinks at points of care, in delivery rooms, waiting areas, and toilets.

Hazard / Natural Hazard

A climate-related or natural event such as flood, cyclone/windstorm, tidal surge, landslide, or other events affecting WASH infrastructure.

Improved Toilet Facility

A toilet that hygienically separates users from human excreta, including flush toilets, pit latrines with slabs, ventilated improved pit (VIP) latrines, and composting toilets.

Improved Water Source

Includes piped water, tubewells, protected springs, boreholes, and rainwater harvesting systems that are protected from contamination.

Infection Prevention and Control (IPC)

A set of practices used in healthcare settings to reduce the risk of infections, which requires adequate WASH facilities including water, sanitation, waste management, and hand hygiene.

Limited Handwashing Service

A handwashing station is present, but water or soap was **not available**.

Limited Sanitation Service

Improved toilets exist but are: not sex-separated, not private, or not functional for all students.

Limited Water Service

An improved source exists **but is not located on premises** or water is not available at the time of the survey.

Managing Authority

The organization responsible for running a school or healthcare facility, such as Government, Private, NGO, or MPO/Aided institutions.

Menstrual Hygiene Management (MHM)

Facilities and services that support menstruating girls or women, including: private changing areas, water and soap, disposal systems for menstrual waste, emergency menstrual materials.

No Service (Water, Sanitation, or Hygiene)

The facility lacks improved WASH infrastructure, supplies, or access.

Operation and Maintenance (O&M)

Routine tasks required to keep WASH facilities functional, including cleaning, repairs, water quality monitoring, and sludge removal.

Point of Care (HCFs)

Any location where clinical care is provided, such as consultation rooms, delivery rooms, inpatient wards, emergency rooms, or treatment stations.

Private Space for MHM

A room separate from toilets, designated for girls/women to manage menstruation privately.

Resilience of WASH Facilities

The ability of water and sanitation infrastructure to continue functioning during and after natural hazards.

Rural vs Urban Classification

Administrative classification of facility location, used to stratify sampling and analysis.

Safe Disposal of Waste (HCFs)

Medical waste that is segregated, treated, and disposed of through approved methods such as incineration, autoclaving, deep burial pits, or municipal systems.

Safe Sludge Disposal

Sludge that is emptied by trained workers and transported to an approved treatment site or managed onsite safely.

Seasonality of Water Supply

Whether an improved water source supplies sufficient water year-round or becomes unavailable in certain seasons (commonly during dry season).

Sex-Separated Toilets (Schools)

Toilets assigned separately for boys and girls, ensuring privacy and dignity.

Solid Waste Management

Practices related to collection, storage, segregation, and disposal of general waste such as paper, food leftovers, and packaging.

Toilet Usability

A toilet is considered usable when it is unlocked, functional, clean, and safe for use by students or staff.

Tubewell Platform Protection

A climate protection measure where the pump platform is raised to prevent floodwater contamination.

Unimproved Water Source

Unsafe water sources such as unprotected wells, unprotected springs, surface water, or tanker water without quality control.

Usable Toilet Ratio (Schools)

The student-to-toilet ratio measured against the national standard (≤50 students per improved toilet compartment).

Waste Segregation (HCFs)

Sorting waste at the point of generation into specific color-coded bins (infectious, sharps, general waste).

Water Quality Testing

Testing of water for microbial or chemical safety, often not performed consistently across facilities.

Water Storage Capacity

Ability of the facility to store water for at least 1–2 days in case of supply disruption.

ANNEX-4: FORMATION OF TECHNICAL COMMITTEE

Sl. No.	Name, Designation and Office (Not According to Seniority)	Position in the Committee
01	Mr. Mohammed Mizanur Rahman, Director General, BBS	Chairperson
02	Mr. Mohammad Masud Rana Chowdhury, Additional Secretary, SID	Member
03	Mr. Mohammad Obaidul Islam, Deputy Director General, BBS	Member
04	Mr. Md. Mir Hossain, Joint Secretary (Development), SID	Member
05	Mr. Alauddin Al Azad, Director, Agriculture Wing, BBS	Member
06	Mr. Kabir Uddin Ahmed, Director, Computer Wing, BBS	Member
07	Mr. Md. Emdadul Haque, Director, Demography and Health Wing, BBS	Member
08	Mr. Md. Ziauddin Ahmed, Director, Statistical Staff Training Institute (SSTI), BBS	Member
09	Mr. Md. Mahmuduzzaman, Director, Census Wing, BBS	Member
10	Mr. Muhammad Atikul Kabir, Director, Industry and Labor Wing, BBS	Member
11	Mr. H. M. Firoz, Director (i.c.), FA & MIS Wing, BBS	Member
12	Mr. Md. Rafiqul Islam, Director (i. c.), National Accounting Wing, BBS	Member
13	Mr. Md. Mahabur Rahman Sheikh, Deputy Secretary, SDG Cell, SID	Member
14	Dr. Syed Shahadat Hossain, Professor, ISRT, University of Dhaka	Member
15	Representative, Department of Statistics, University of Dhaka	Member
16	Representative, Department of Public Health Engineering, Dhaka	Member
17	Representative, Dhaka WASA	Member
18	Representative, National Institute of Population Research and Training (NIPORT)	Member
19	Representative, Directorate of Primary Education (DPE)	Member
20	Representative, Bangladesh Bureau of Educational Information & Statistics (BANBEIS)	Member
21	Representative, Directorate General of Health services (DGHS)	Member
22	Representative, Directorate General of Family Planning (DGFP)	Member
23	Representative, SPEAR Section, UNICEF Bangladesh	Member
24	Representative, WASH Program, UNICEF Bangladesh	Member
25	Representative, WHO Bangladesh	Member
26	Representative, Bangladesh Institute of Development Studies (BIDS)	Member
27	Mr. Surangit Kumar Ghose, Focal Point, ECDS Cell, BBS	Member
28	Mr. Mohiuddin Ahmed, Focal Point, Poverty and Livelihood Statistics (PLS) Cell, BBS	Member
29	Ms. Asma Akter, Focal Point, Gender Statistics Cell, BBS	Member
30	Ms. Aklima Khatun, Focal Point, Research and Development (R&D) Cell, BBS	Member
31	Ms. Naima Akther, Deputy Director, SDG Cell, BBS	Member
32	Mr. Md. Alamgir Hossen, Focal Point, SDG Cell, BBS	Member-Secretary

ANNEX-5: REPORT SCRUTINY COMMITTEE

Sl. No.	Name, Designation and Office (Not According to the seniority)	Position in the Committee
01	Joint Secretary, Informatics Wing, Statistics and Informatics Division	Chairperson
02	Joint Secretary, Budget, Finance and Audit Branch, Statistics and Informatics Division	Member
03	Joint Secretary, Informatics Branch, Statistics and Informatics Division	Member
04	Joint Secretary, Development-1 Branch, Statistics and Informatics Division	Member
05	Joint Secretary, Development-2 Branch, Statistics and Informatics Division	Member
06	Joint Secretary, Administration-2 Branch, Statistics and Informatics Division	Member
07	Deputy Secretary, Development-1 Section, Statistics and Informatics Division	Member
08	Deputy Secretary, Informatics-1 Section, Statistics and Informatics Division	Member
09	Deputy Secretary, Informatics-3 Section, Statistics and Informatics Division	Member
10	Deputy Secretary, Development-2 Section, Statistics and Informatics Division	Member
11	Deputy Secretary, Administration-4 Section, Statistics and Informatics Division	Member
12	Deputy Secretary, Planning Section, Statistics and Informatics Division	Member
13	Focal Point, SDG Cell, Bangladesh Bureau of Statistics	Member
14	Accounts Officer and DDO, Statistics and Informatics Division	Member
15	Deputy Secretary, Informatics-2, Statistics and Informatics Division	Member-Secretary

ANNEX-6: SAMPLING DESIGN COMMITTEE

Sl. No.	Name, Designation and Office (Not According to Seniority)	Position in the Committee
01	Mr. Md. Emdadul Haque, Director, Demography and Health Wing, BBS	Chairperson
02	Dr. Syed Shahadat Hossain, Professor, ISRT, University of Dhaka	Expert Member
03	Dr. Dipankar Roy, Joint Secretary, SID	Member
04	Mr. Kabir Uddin Ahmed, Director, Computer Wing, BBS	Member
05	Mr. Raphael Nwozor, UNICEF Bangladesh	Member
06	Mr. Md. Alamgir Hossain, Focal Point Officer, SDG Cell, BBS	Member
07	Ms. Nayma Rahman, Deputy Director, Demography and Health Wing, BBS	Member
08	Ms. Tajmoon Nahar Khair, Statistical Officer, SDG Cell, BBS	Member
09	Ms. Naima Akther, Deputy Director, SDG Cell, BBS	Member-Secretary

ANNEX-7: EDITORS' FORUM

Sl. No.	Name, Designation and Office (Not According to Seniority)	Position in the Committee
01	Mr. Mohammad Obaidul Islam, Deputy Director General, BBS	Chairperson
02	Mr. Alauddin Al Azad, Director, Agriculture Wing, BBS	Member
03	Mr. Kabir Uddin Ahmed, Director, Computer Wing, BBS	Member
04	Mr. Md. Emdadul Haque, Director, Demography and Health Wing, BBS	Member
05	Mr. Md. Mahmuduzzaman, Director, Census Wing, BBS	Member
06	Mr. Muhammad Atikul Kabir, Director, Industry and Labor Wing, BBS	Member
07	Mr. H. M. Firoz, Director (i.c.), FA & MIS Wing, BBS	Member
08	Mr. Md. Rafiqul Islam, Director (i.c.), National Accounting Wing, BBS	Member
09	Mr. Md. Alamgir Hossen, Focal Point, SDG Cell, BBS	Member
10	Mr. Md. Nazmul Haque , Project Director, BPLS Project, BBS	Member
11	Mr. Md. Ziauddin Ahmed, Director, Statistical Staff Training Institute (SSTI) BBS	Member-Secretary

ANNEX-8: FORMATION OF WORKING TEAM

Sl. No.	Name, Designation and Office (Not According to seniority)	Position in the Committee
01	Mr. Md. Alamgir Hossen, Focal Point Officer, SDG Cell, BBS	Chairperson
02	Mr. Iftekhairul Karim, Deputy Director, Demography and Health Wing, BBS	Member
03	Mr. Mohammad Saifur Rahman, Deputy Director, Industry and Labour Wing, BBS	Member
04	Ms. Naima Rahman, Deputy Director, Demography and Health Wing, BBS	Member
05	Ms. Tajmoon Nahar Khair, Statistical Officer, Agriculture Wing BBS	Member
06	Mr. Md. Saydur Rahman, Statistical Officer, Demography and Health Wing, BBS	Member
07	Mr. Md. Mahabur Rahman Sheikh, Deputy Secretary, SDG Cell, SID	Member
08	Mr. Md. Saifur Rahman, Executive Engineer, Department of Public Health Engineering	Member
09	Ms. Tazrina Habib Ananya, National WASH Specialist, UNICEF Bangladesh	Member
10	Mr. Raphael Nwozor, National WASH Specialist, UNICEF Bangladesh	Member
11	Ms. Naima Akther, Deputy Director, SDG Cell, BBS	Member-Secretary

ANNEX-9: REPORT WRITING, REVIEW AND DATA ANALYSIS TEAM

Sl. No.	Name, Designation and Office (Not According to seniority)	Position in the Team
01	Mr. Md. Alamgir Hossen, Focal Point, SDG Cell, BBS	Team Leader
02	Ms. Asma Akhter, Deputy Director, Demography and Health Wing, BBS	Member
03	Ms. Aklima Khatun, Focal Point, Research and Development (R&D) Cell, BBS	Member
04	Ms. Naima Akther, Deputy Director, SDG Cell, BBS	Member
05	Ms. Nayma Rahman, Deputy Director, Demography and Health Wing, BBS	Member
06	Ms. Tajmoon Nahar Khair, Statistical Officer, SDG Cell, BBS	Member
07	Mr. Md. Saydur Rahman, Statistical Officer, Demography and Health Wing, BBS	Member
08	Mr. Husain Ahmed, Statistical Officer, SDG Cell, BBS	Member
09	Mr. Sabbir Ahmed, Statistical Officer, Demography and Health Wing, BBS	Member
10	Mr. Md. Ariful Islam, CAPI Consultant, SDG Cell, BBS	Member
11	Ms. Tazrina Habib Ananya, National WASH Specialist, UNICEF Bangladesh	Member
12	Mr. Raphael Nwozor, National WASH Specialist, UNICEF Bangladesh	Member