



National Hygiene Promotion Strategy

For Water Supply and
Sanitation Sector in Bangladesh

(Revised and Updated Edition 2024)

Local Government Division

Ministry of Local Government, Rural Development and Co-operatives
Government of the People's Republic of Bangladesh
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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BARD	Bangladesh Academy for Rural Development
BCC	Behavioral Change Communication
BIWTA	Bangladesh Inland Water Transport Authority
BMDA	Barind Multipurpose Development Authority
BRTA	Bangladesh Road Transport Authority
CBO	Community-based Organization
CDC	Center for Disease Control and Prevention
CHT	Chattogram Hill Tracts
CLTS	Community-Led Total Sanitation
CSR	Corporate Social Responsibility
DDM	Department of Disaster Management
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DIFE	Department of Inspection of Factories and Establishment
DOE	Department of Environment
DOF	Department of Fisheries
DPE	Directorate of Primary Education
DPHE	Department of Public Health Engineering
DSHE	Directorate of Secondary and Higher Education
DTE	Directorate of Technical Education
ESP	Essential Service Package
FDMN	Forcibly Displaced Myanmar Nationals
FSM	Fecal Sludge Management
GDI	Global Delivery Initiative
GHD	Global Handwashing Day
GHP	Global Handwashing Partnership
GoB	Government of Bangladesh
GED	General Economic Division
HBC	Hygiene Behavioral Change
HH4A	Hand Hygiene for All
HIV	Human Immunodeficiency Virus
HPSP	Health and Population Sector Program
icddr,b	International Council of Diarrheal Disease and Research, Bangladesh
ICRC	International Committee for Red Cross
IEC	Information Education and Communication
IEM	Information, Education and Motivation
ILO	International Labour Organisation
IPC	Infection Prevention and Control
ITN	International Training Network
LGD	Local Government Division
LGED	Local Government Engineering Department
LGIs	Local Government Institutions
LWT	Low Water Table

MAR	Managed Aquifer Recharge
MDG	Millennium Development Goals
MHD	Menstrual Hygiene Day
MHM	Menstrual Hygiene Management
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MoDMR	Ministry of Disaster Management and Relief
MoE	Ministry of Education
MoF	Ministry of Food
MoHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoI&B	Ministry of Information and Broadcasting
MoPME	Ministry of Primary and Mass Education
MoRTB	Ministry of Road Transport and Bridges
MoRW	Ministry of Railways
MoS	Ministry of Shipping
NFWSS	National Forum for Water Supply and Sanitation
NGO	Non-Government Organisation
NHPS	National Hygiene Promotion Strategy
NILG	National Institute of Local Government
NIPSOM	National Institute of Preventive and Social Medicine
OR	ODS Ratio
ORS	Oral Rehydration Salt
OSH	Occupational Safety and Health
PPP	Public Private Partnership
PR	Prevalence Rate
PSB	Policy Support Branch
RDA	Rural Development Academy
RMG	Readymade Garments
RO	Reverse Osmosis
RTI	Reproductive Tract Infection
SBCC	Social and Behavioral Change Communication
SDG	Sustainable Development Goals
SDP	Sector Development Plan
SOP	Standard Operating Procedure
SSP	Sanitation Safety Plan
STD	Sexually Transmitted Diseases
ToT	Training of Trainers
UN	United Nations
WASA	Water Supply and Sewerage Authority
WHO	World Health Organisation
WSP	Water Safety plan
WTD	World Toilet Day
WWD	World Water Day

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1. BACKGROUND

1.1 WASH Sector Context

Hygiene is of immense importance in overall public health development. This is also one of the basic needs of people. Health care and hygiene practices are important to ensure basic health protection of people as an essential component of the universal health system.

Bangladesh has made significant progress in water supply, sanitation, and hygiene in the last two decades. However, hygiene practices, especially hand washing at critical times, are still lagging behind. It is to be mention that water and fecal-borne diseases such as Diarrhoea, Jaundice, Typhoid etc. and infection with worms and respiratory diseases are causing major health complications. Apart from this, ensuring essential hygiene practices (especially safe drinking water, sanitation, hand washing, menstrual hygiene management, etc.) during disasters remains a major challenge. Moreover, improving safe water, sanitation management and strengthening hygiene practices are crucial to combat the adverse effects of climate change. In recent times, hygiene practices are getting more importance as preventive measures to prevent deadly diseases caused by viruses and bacteria like 'Covid-19 (Corona virus)', 'Dengue' or 'Chikungunya'. Ensuring basic hygiene and cleanliness practices, including hand washing, can be effective in preventing life-threatening diseases.

According to the JMP 2021 report¹, 42 percent of people were covered by basic hygiene services such as washing hands with soap and water in 2015, which is the base year of the Sustainable Development Goals or SDGs but in 2020, this rate increased to 58 percent. However, it is estimated that this rate has varied widely across countries during the Covid period.

According to the National Hygiene Survey, 2018², personal hygiene, especially hand washing with soap and water, menstrual hygiene management for women and adolescents and hygiene practices in schools have improved in Bangladesh. This is evident in the comparative analysis of the National Hygiene Baseline Survey published for the first time in 2014³ with the latest Hygiene Survey published in 2020. For example, according to the National Hygiene Baseline Survey 2018, 61% of households in the country have adequate hand washing facilities with soap and water, compared to 40% in 2014. In 2014, two-thirds of households had hand washing facilities near the toilet, but in 2018, this rate increased to 84 percent. However, still one of the causes of child death in Bangladesh is water and fecal-borne diseases such as Diarrhea, Worms, Jaundice, Typhoid, etc. Inadequate WASH infrastructure/facilities along with lack of proper knowledge, attitudes and practices about water, sanitation, and hygiene (WASH) act as one of the barriers to hygiene development.

It is to be mentioned that due to the outbreak of the deadly corona virus (Covid-19) infection the World Health Organization has declared a global public health emergency. In the context of the spread of corona virus in Bangladesh, the challenges of public health, especially the safe water, sanitation, and hygiene (WASH) sector have increased manifold. Like all over the world, this issue is affecting the life of children, adolescents, and young women in various ways in our country. The government has taken various steps to improve the services and prevention of Corona virus related diseases and given 31-point instructions in this regard. As per the instruction public awareness has been given highest priority in improving hygiene practices as the most effective and preventive measures to reduce infection and mortality. Emphasis is placed on compliance with government guidelines to prevent infection. To face this challenge, the local, national, and international organizations and related stakeholders, including relevant ministries and

¹ Progress on Household Drinking Water, Sanitation and Hygiene 2000-2020, Joint Monitoring Program (JMP), 2021

² National Hygiene Survey, 2018, Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning (Published: December 2020)

³ Bangladesh National Hygiene Baseline Survey (Preliminary Report), June 2014, ICDDR-B, WaterAid Bangladesh and Policy Support Unit (now Policy Support Branch), Local Government Division.

departments of the government, especially Health, Information, Education, Communication, Disaster Management, Religious Affairs ministries and departments, are working together. In line with this, the Local Government Division of the Ministry of Local Government, Rural Development and Co-operatives has formulated the Bangladesh Strategy Paper 2020-2023⁴ on ensuring safe water and sanitation and maintaining hygiene to combat Covid-19. In accordance with the recommendations of the World Health Organization, the relevant departments are working tirelessly to deliver various types of hygiene messages to the public in a well-planned manner to ensure proper hygiene practices.

Despite the admirable success of health education/behavior change communication (BCC) in family planning, immunization and hygiene behavior development, there is still a lack of information dissemination at the service delivery or delivery points. It is assumed that there is also lack of coordination in disseminating the same health message in different areas. There is a lack of adoption of a holistic BCC strategy through the coordination the Bureau of Health Education under the Directorate General of Health Services (DGHS) and the Information, Education and Motivation (IEM) Unit under the Directorate General of Family Planning (DGFP). The Hygiene Promotion Strategy through expanding the health education/behaviour change communication programs can have a huge impact on hygiene behavior practices such as hand washing, hygiene, nutrition, safe motherhood, pollution, food safety etc. In view of this, it is important to continue the campaign through various channels with emphasis on social and behavioral change communication (SBCC) activities on health education. It is possible to change this situation by taking measures to disseminate information through various media, including national broadcasting media and social media.

In addition, in the context of increased incidence of water-borne (e.g., Diarrhoea, Dysentery) and germ-borne diseases (e.g., Malaria and Dengue) due to climate change, emphasis has been given on improved management for water pollution control and reduction of health risk through hygienic management of water supply, sanitation, fecal sludge and solid wastes.

Goal no 6 of the 17 Sustainable Development Goals sets specific targets for ensuring sustainable management of water, sanitation and hygiene for all. The SDG Working Committee under the Prime Minister's/Chief Advisor Office has taken the issue of ensuring safe drinking water, sanitation, and hygiene as a priority⁵. Bangladesh's National Priority Index (NPI) related to the SDGs also lays special emphasis on ensuring hygiene. In the health sector, has emphasized prevention and control of communicable diseases like COVID-19, Dengue, Chikungunya, Avian Flu, Swine Flu, Nipah Virus, Anthrax, occupational health and safety, medical waste management, behavioral change communication and improved nutrition by ensuring access to improved WASH services. The plan integrates hygiene behavior development with WASH and non-WASH components and prioritizes safe water, sanitation, and hygiene to prevent the spread of Covid-19 and overall improvement of public health including rapid recovery from Covid-19. The bottom line is that according to the SDG targets, the national target of 100% hand washing should be achieved by 2030 on hygiene practices, especially at critical times. In the overall development of the public health system, there is an urgent need to formulate and implement an integrated approach to promote national hygiene through the effective participation of all concerned at the individual, family, social, institutional, and national levels.

In the said context, there is a need to revise and update the National Hygiene Promotion Strategy developed in 2012. By ensuring the formulation and implementation of an integrated hygiene program following this updated strategy, it will be possible to reduce the incidence of water-borne and fecal-borne diseases and strengthen the WASH sector.

⁴ Response to Covid-19 Outbreak Through Water, Sanitation and Hygiene Interventions: Bangladesh Strategy Paper 2020-2023

⁵ Government of Bangladesh, SDG Tracker: https://www.sdg.gov.bd/page/thirty_nine_plus_one_indicator/0#1

1.2 Multisectoral approach to achieve SDG targets on hygiene promotion

Sustainable Development Goal 2 aims to achieve the goals of alleviating poor people's hunger, ending malnutrition especially among children, preventing stunting, wasting, poverty and related other issues. Hygienic practices increase nutrient availability, which helps prevent growth stunting, and impaired brain development in children. The Bangladesh Bureau of Statistics (BBS) has conducted the National Hygiene Survey 2018 (released in 2020) with financial and technical support from WaterAid Bangladesh and UNICEF. The survey helped to meet the data needs by measuring the progress on hygiene covered by SDG 6. According to the results of this survey, the understanding and practice of hygiene in households, schools, hospitals, restaurants, and street food vendors is not promising. Still, most of the caregivers in the home or family do not practice proper hygiene, especially hand washing while feeding infants and children. As a result, children under the age of five are suffering from chronic malnutrition with intestinal inflammation, iron deficiency and chronic inflammatory anemia, underweight, stunting, impaired brain development and disability.

Sustainable Development Goal 3 aims to ensure good health and well-being of people and SDG 3.9 calls for a significant reduction in deaths due to lack of hygiene, including poor sanitation and contaminated water, by 2030.

SDG 4.A.1 emphasizes on ensuring safe drinking water, sanitation and hand washing facilities with the necessary infrastructure and materials for creating a safe, peaceful, inclusive, and effective learning environment for all students, including children and the disabled.

Sustainable Development Goal 6 clearly states ensuring sustainable management of safe water and sanitation for all. Target 6.2 specifically places emphasis on ensuring access to hygienic lifestyles for all by 2030. Indicator 6.2.1.b calls for ensuring safely managed sanitation services, including hand washing facilities with soap and water, considering population proportions. Its underlying objective is to ensure minimum hand washing facilities in every household. In addition, to improve water quality, SDG target 6.3 targets to reduce water pollution by halving the proportion of waste disposal, hazardous chemical emissions, and untreated wastewater.

Therefore, it is necessary to ensure the implementation of a multi-sector or multisectoral approach through coordination of public and private stakeholders including all ministries and departments concerned with the achievement of other goals of the SDG without limiting the issue of hygiene promotion to the WASH sector only.

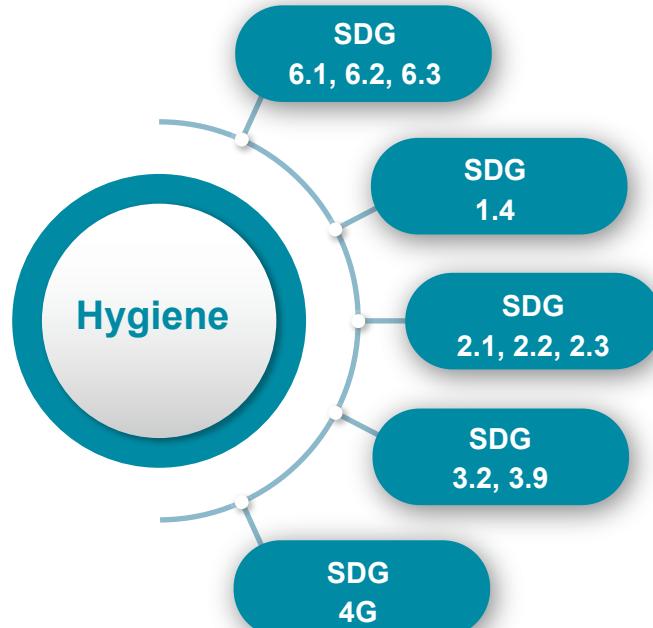


Figure 1: Hygiene related multi-sectoral SDG indicators

In 2015, UN-Water focused on ensuring accessible and equitable hygiene facilities by 2030 in SDG 6.2 target, with special attention to the needs of women, adolescents, and those in vulnerable situations. According to the normative definition of hygiene provided by UN-Water, hygiene is washing hands thoroughly with soap, menstrual hygiene management and practicing safe food habits. In addition to this, it is necessary to construct sanitation facilities suitable for use by men and women of all ages, including the disabled, and to conduct hygiene activities, keeping in mind the personal and social status of the women and adolescents to ensure hygiene services for all in the households or nearby. In this regard, attention must be paid to the needs of women and girls in high-risk settings such as educational institutions, workplaces, detention centers and healthcare facilities. In addition, hygiene practices should be emphasized, and necessary measures should be taken in special places, including temporary shelters, detention centers, public gatherings, and places of pilgrimage.

1.3 Rationale for updating the National Hygiene Promotion Strategy

The National Strategy for Hygiene Promotion formulated in 2012 is focused on the achievement of the Millennium Development Goals (MDG), so its updating is necessary to align with the current reality of achieving Sustainable Development Goals (SDGs). Moreover, to achieve Sustainable Development Goal 6 by 2030 with the slogan 'Leaving No One Behind, always for everyone', it is necessary to revise and update the strategy.

If the strategy is possible to revised and updated in the light of SDG-6, it can play a role to ensure safe and sustainably managed improved drinking water supply and sanitation infrastructure as mentioned in the SDGs, as well as help to reduce the incidence of water-borne and fecal-borne diseases through the promotion and implementation of an integrated hygiene programme.

New inclusion of essentials related to prevention of deadly viral and bacterial diseases like Covid-19, Dengue or Chikungunya is essential. It is necessary to revise and update the strategy as part of possible actions and guidelines for ensuring essential hygiene practices (especially safe drinking water, sanitation, menstrual hygiene management, etc.) during current and future epidemics and disasters.

1.4 Considerations for National Hygiene Promotion Strategy

'The National Hygiene Promotion Strategy 2012' mainly focused on achieving the Millennium Development Goals (MDGs). In the current transition from MDGs to SDGs and to meet the emerging challenges, especially in the face of epidemics or pandemics like Covid-19, it has become necessary to ensure hygiene practices. Ensuring good hygiene practices to reduce the incidence of water and fecal borne diseases is being considered as one of the priorities in this regard. Taking the overall issue into consideration, this strategy focuses on infrastructure development and sustainable management of safe water supply and sanitation services for the promotion of improved and integrated hygiene. With a view to provide a clear understanding of the proper hygiene practice and its scope, the strategy covers the water supply and sanitation (WSS) sector and other relevant sectors beyond of it.

The issues that the strategy is broadly covered in the update are as follows:

- Progress and challenges in safe water, sanitation, and hygiene (WASH) over the past ten years (2011-20);
- Detailed guidelines for aligning WASH and beyond WASH multisectoral hygiene promotion issues with SDG targets in the context of the transition from MDGs to SDGs;
- Specific guidelines for reflection of water, sanitation, hand washing, menstrual hygiene management including personal hygiene, food and environmental hygiene practices in various development activities;

- d) Strategies to ensure hygiene related to prevention of deadly viral and bacterial diseases such as Covid-19 (Corona virus), Dengue or Chikungunya, Avian Flu, Swine Flu, Nipha Virus or Anthrax and occupational health risks and safety, including issues to address the adverse effects of climate change;
- e) Multisectoral approach and institutional management for hygiene promotion; and
- f) Identifying best practices related to hygiene and promoting them effectively through adaptive social and behavior change communication (SBCC) processes.

1.5 Definition of hygiene and related matters

In the light of various existing documents on WASH, the definitions of hygiene and related matters are as follows:

Hygiene is a set of measures and practices related to public health that help protect health and prevent the spread of disease through hand washing, menstrual hygiene management, and food hygiene practices⁶. It helps isolate the involvement of disease transmission from source to human body and from person to person. Besides, a safe environment is also considered as one of the components of hygiene.

Hygienic practice or hygienic behavior is the manifestation of the proper maintenance of personal hygiene. It is a broad spectrum of action to prevent disease transmission related to water and sanitation. Through this, it is possible to protect people and their surrounding environment, cleanliness, increase social status, prevent disease transmission, reduce malnutrition, and maintain good health. The subject encourages overall hygienic practices.

Healthy behavior development refers to strategies that guide the development of indicators of personal, family, and environmental hygiene. This strategy considers the achievement of hygiene related development indicators in the drinking water supply and sanitation sector and other relevant sectors outside of it in the wider context of the SDGs.

1.6 Objectives of the National Hygiene Promotion Strategy

The National Hygiene Promotion Strategy aims to:

- 1.6.1 Development of strategies (methods) for the promotion of health care and hygiene practices as essential adjuncts to public health in the development of universal health systems;
- 1.6.2 Ensuring the availability and sustainable use of improved and safe water supply systems, development of sanitation and hand washing infrastructure and other hygiene practices;
- 1.6.3 Promote healthy behavior by creating and protecting an enabling environment for people and their surroundings to reduce the incidence of water and sanitation-related diseases, improve nutrition, cleanliness, improve social status, and prevent the spread of COVID-19 and other infectious diseases such as reducing the immediate impact of diseases such as Dengue, Chikungunya, and Bird Flu; and
- 1.6.4 Provide direction to develop comprehensive initiatives at national and local levels through strengthening multi-sectoral collaboration and coordination mechanisms for hygiene promotion and behavior development.

⁶ National Strategy for Water Supply and Sanitation Revised and Update Edition June 2021)

1.7 Scope of the National Hygiene Promotion Strategy

Public health management, practices and social norms are related to disease transmission. It is possible to ensure basic health protection of people along with overall public health development through proper hygiene practices. While the scope of hygiene is broad, considering the national context, this National Hygiene Promotion Strategy emphasizes on ensuring the promotion and practice of hygiene by considering the following five 'behavioural domains':

- 1.7.1 Safe Water:** Safeguarding water safety during collection, transportation, storage and use of water from sources including selection, maintenance, storage of safely managed drinking water sources, known as 'Water Safety Plan' (WSP);
- 1.7.2 Safe Sanitation:** Infrastructure development, operation, maintenance and safe disposal and management of sewage/fecal sludge, including safely managed sanitation practices;
- 1.7.3 Personal hygiene:** hygienic hand washing, menstrual hygiene management, sneeze-cough etiquette and personal hygiene and safe use of basic protective equipment (soap, sanitary napkins, masks, gloves) when necessary;
- 1.7.4 Food Hygiene:** Maintain proper food hygiene practices, especially practice of cleanliness during food preparation and serving;
- 1.7.5 Environmental Hygiene:** Proper management of all types of garbage and sewage everywhere, including households, public places, villages and cities to ensure environmental cleanliness.

Disease transmission should be prevented by practicing the mentioned hygiene practices in combination rather than by practicing any one of them in isolation. Keeping the above in mind, this strategy emphasizes on strengthening multi-sector cooperation and coordination mechanisms besides prioritizing safely managed drinking water supply and sanitation.

1.8 Transmission routes and barriers to the spread of excreta-associated pathogens

Interrelations exist between two levels of health risks to prevent transmission and spread of excreta-associated pathogens. The use of safe hygienic latrines and fecal sludge management are important to address these risks in the primary stage. In the secondary stage, prevention of surface and underground water pollution, drinking and using safe water, hygienic hand washing, following food hygiene and maintaining a clean environment are essential to prevent disease transmission and health risks.

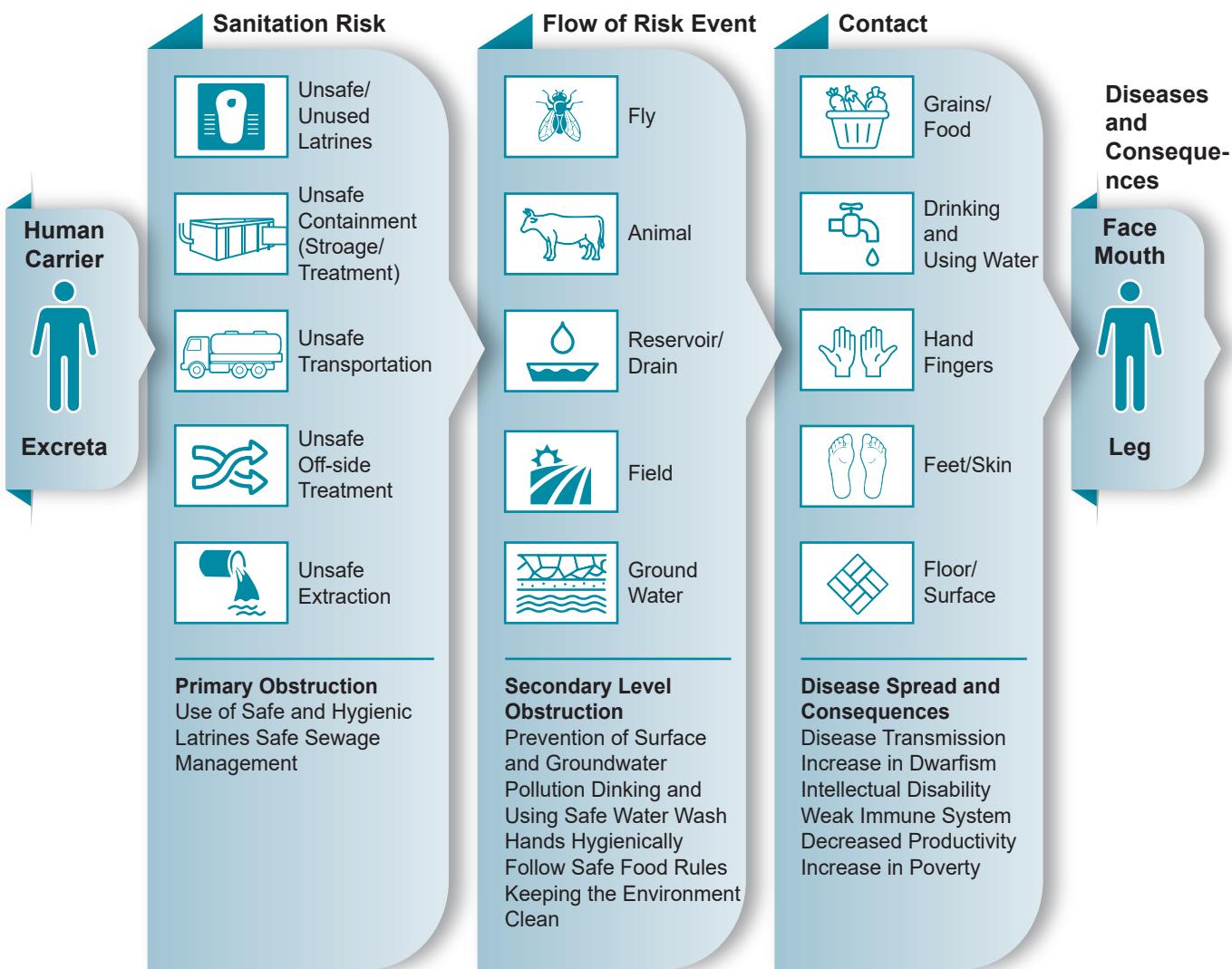


Figure 2: Transmission routes and barriers to spread of excreta-associated pathogens⁷

Figure 2 illustrates the interrelationship of the two levels of health risks and the concept of risk mitigation to prevent the transmission and spread of excreta-related pathogens. At primary stage emphasis given on the use of safe sanitary latrines and safe fecal sludge management to prevent unsafe sanitation risks. In the secondary stage risk prevention focuses on prevention of disease transmission and health risks through prevention of pollution of surface and ground water, drinking and use of safe water, hygienic hand washing, following and maintaining safe food hygiene and preservation of a clean environment.

⁷ Guidelines on Sanitation and Hygiene, World Health Organization, 2018 (<https://www.who.int/publications/i/item/9789241514705>)

1.9 Corona Transmission Routes and Barriers to Spread

Hand washing, maintaining physical distance and following the sneeze-cough etiquette are very important to prevent the spread of corona virus. In the past, when SARS and Swine Flu had spread, people tried to combat infection with these positive messages about hygiene. Similarly, it is possible to prevent the spread of Corona virus if effective barriers are created. Figure 3 shows the route of Corona infection transmission and the barriers to prevent its spread.

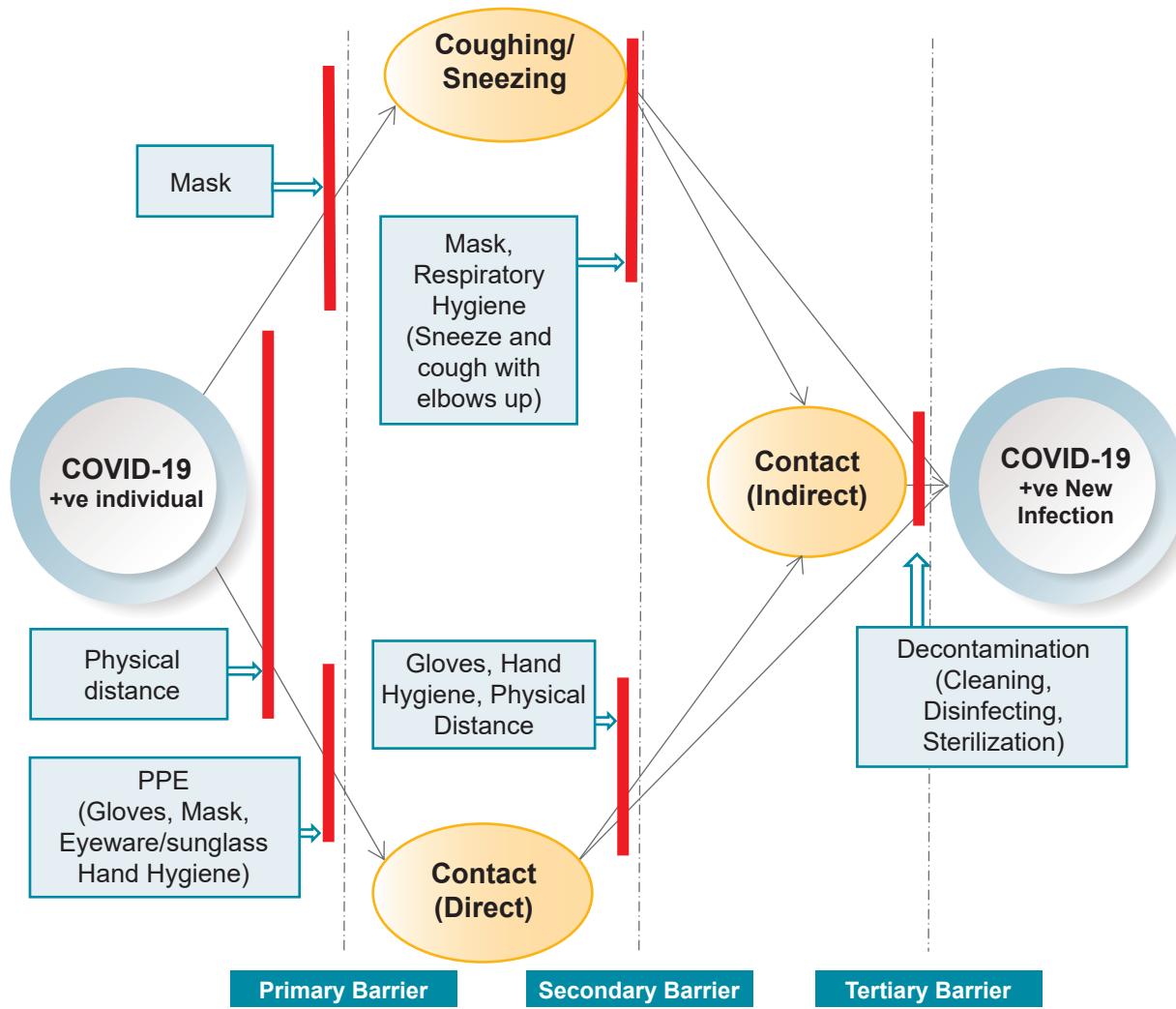


Fig-3: Corona transmission routes and barriers to spread⁸

⁸ Five-C diagram – Corona transmission routes and barriers to spread; Ranjan Raj Pandey, Rajeev Ghimire, Dr. Rajit Ojha, Prem Nadhi K.C.

1.10 Initiatives to promote hygiene in Bangladesh

Globally, the prevalence of infectious diseases is high, Bangladesh is not exception. However, according to the MDG progress information, control over these communicable diseases has been established because of multifaceted activities at the public and private levels. In 2003, Bangladesh achieved outstanding success in preventing communicable diseases because of the 'National Sanitation Campaign' conducted by the Local Government Division.

The National Health Policy formulated in 2011 has also emphasized on hygiene promotion to prevent and limit disease, including ensuring primary health care for all. Also, in 2012, a separate 'National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh' was prepared. The development partnership that national and international voluntary organizations working in the WASH sector have forged with the government to expand water supply, sanitation, and hygiene programs is truly commendable. Through this partnership, various activities for the promotion of hygiene have been implemented for a long time and have had a great impact on hygiene promotion in the country. In addition, important incidents at the regional level have added new dimensions to accelerate hygiene and basic sanitation practices. To promote water supply, sanitation and hygiene activities, various programs are being organized through the joint initiative of national, international, and non-governmental organizations, including celebrations of the following national and international days and months:

- World Water Day (WWD): 22 March
- Menstrual-Hygiene Day (MHD): 28 May
- National Sanitation Month: October
- Global Hand Washing Day (GHD): 15 October
- World Toilet Day (WTD): 19 November
- Hand Hygiene for All (HH4A)
- South Asian Conference on Sanitation (SACOSAN)

Details of the said days/months and events are attached as Annex 1.

2 STRATEGY UPDATE PROCESS

A National Working Committee was constituted by the Local Government Division under the Ministry of Local Government, Rural Development and Co-operatives in June 2020 to revise and update the National Hygiene Promotion Strategy. The revision and updating of the strategy accomplished under the supervision of Policy Support Branch, LGD. According to the decision of the said Working Committee, WaterAid Bangladesh is delegated with the responsibility of providing necessary financial and technical support for the smooth completion of the revision and updating of the strategy. Following this, WaterAid hired a Consulting Firm as part of the strategy's overall update process. WaterAid and the appointed Consulting Firm jointly completed the task of updating the strategy by following the steps below.

2.1 Document review

At this stage of the strategy updating process, the relevant documents, policies, strategies, national plans, and various documents related to SDGs, guidelines, domestic and foreign research articles, etc. are closely reviewed. In the light of documented data on hygienic behaviour, various hygiene issues and ways to address them have been included in this updated version of the hygiene strategy in consultation with sector stakeholders at the national and local levels.

2.2 Consultation with national and local level stakeholders

At this stage of the strategy update process, participatory and comprehensive discussions and consultations are organized with various stakeholders at the national and local levels, especially with relevant ministries, departments, relevant government officials, national and international organizations, research institutes, development partners, non-governmental development organizations, media, civil society, local communities, local government institutions and WASH program implementing organizations and stakeholders at the field level.

Similarly, through discussion/consultation meetings organized at the field level, guidelines regarding the effective practice and promotion of hygiene are taken from the local public, local leaders at various levels, representatives of NGOs and civil society, public and private organizations implementing WASH programs and members of local government institutions.

In addition, to updating the strategy stakeholders' views on promotion of hygiene behaviors were collected through Focus Group Discussion (FGD) and Key Informant Interview (KII) methods in Tea Garden, Haor and Coastal areas, which played an important role in updating this strategy for hygiene promotion.

Taking into consideration the views received from the discussions at various stages, the progress of the strategy updating work was being updated and informed on a regular basis in the meetings of the National Forum for Water Supply and Sanitation, Local Consultative Group consisting of Government and development partners and the National Working Committee and valuable views of the members were taken in this regard. The strategy has been refined and updated based on input from various stakeholders from the grassroots to the policy-making level involved in the process of strengthening multi-sectoral collaboration and coordination on hygiene.

2.3 Hygiene Promotion Framework

The National Hygiene Promotion Strategy has been prepared based on a framework (figure 4)⁹. The three key components of this framework are (a) Availability and accessibility of infrastructure, (b) Hygiene promotion activities and (c) Enabling environment. Successful implementation of the program in combination with these three components will ensure sustainable hygiene practices for all, which will contribute greatly to hygiene promotion.

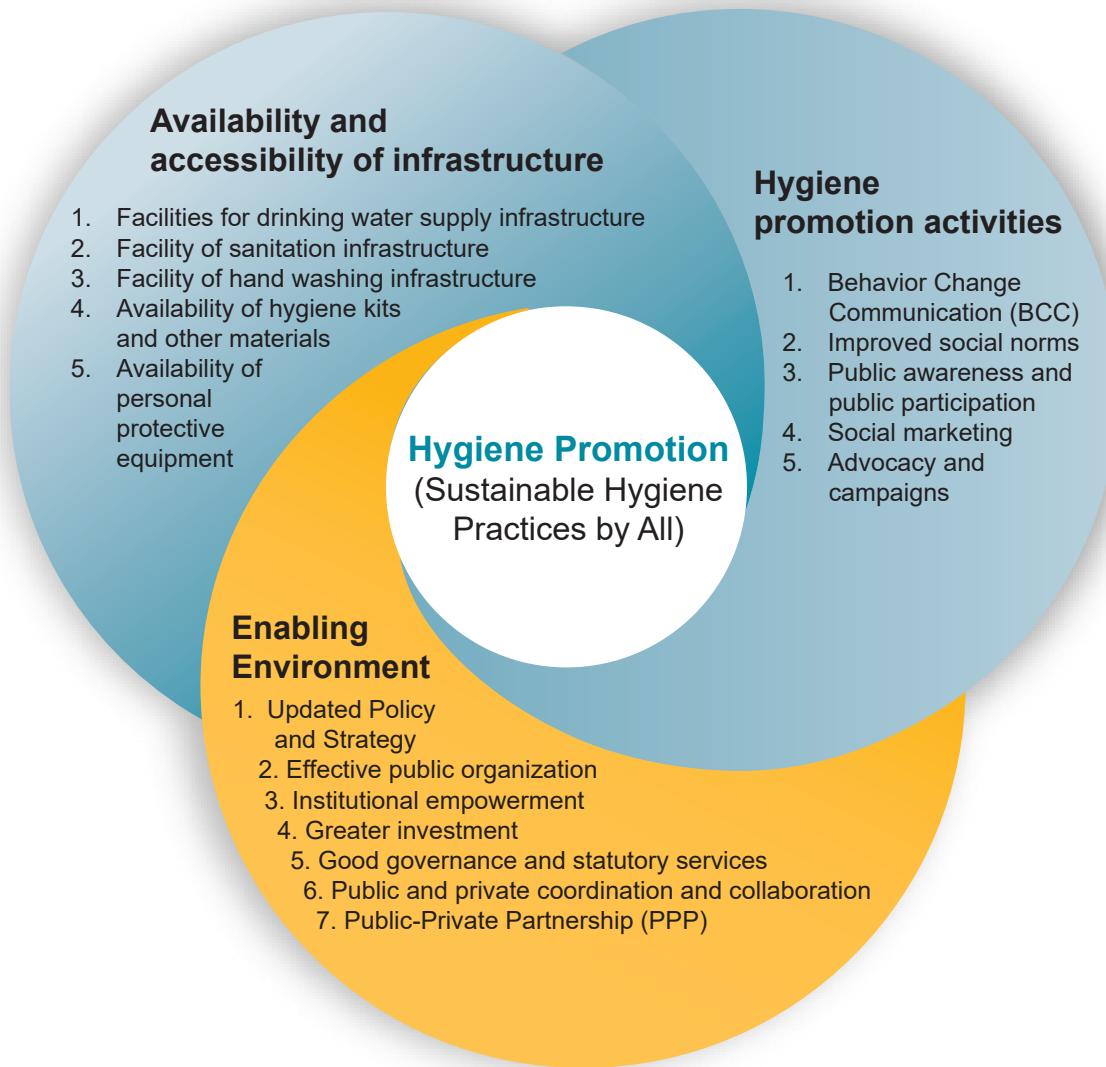


Figure-4: Hygiene Promotion Framework

⁹ The framework was developed with input from the USAID, Bureau of Global Health, Infectious Diseases Division, Environmental Health Team.

2.4 Guidelines on hygiene in the SDGs and related documents

Although various departments of the government and various related documents mention about hygiene and its strategic steps, but there is no mention of specific and coordinated instructions for their implementation. However, the promotion of holistic hygiene is not possible without greater emphasis on public-private coordination of strategic measures. Nevertheless, due to Covid-19, various steps have been taken by almost every government and private organization, including the issuance of various guidelines to maintain hygiene, the positive results of which are being observed.

It should be noted that in this revised and updated national strategy, hygiene promotion strategies have been specified considering the identified hygiene practices or scope of practices. The strategic steps to be taken in accordance with the various policies and documents have also been mentioned here. The SDG targets and specific guidelines for hygiene promotion have also been taken into consideration for this.

(The issues related to hygiene identified in the SDG documents¹⁰ are shown in Annex-2 and the issues related to hygiene identified in various policies and documents are shown in Annex-3).

2.5 Guiding Principles

The following basic guiding principles drawn up from the experience and best practices of different national and international hygiene programs will be followed at every stage of implementation of this strategy:

- 2.5.1 Consider hygiene as an integral part of drinking water and sanitation for disease prevention and healthy living;
- 2.5.2 Develop strategies in line with existing WASH policies, strategies and SDGs;
- 2.5.3 Formulation and implementation of local plans keeping the population at the center and considering their social, cultural characteristics and appropriate technologies;
- 2.5.4 Adopt a participatory, needs-based, and inclusive approach in line with the principle of 'leaving no one behind (LNOB)' at all stages of hygiene promotion activities;
- 2.5.5 Strengthening multi-sectoral cooperation and coordination mechanisms to undertake hygiene practices to prevent the Covid-19 pandemic and all other communicable diseases;
- 2.5.6 Enhancing the scope of sustainable hygiene promotion programs through mobilization of local resources including effective partnership and capacity building at the government, non-governmental, social organization and private levels;
- 2.5.7 Take necessary measures by identifying the specific needs of women, adolescents and children by following a gender sensitive approach to hygiene promotion;
- 2.5.8 Addressing the problems of men, women and children with disabilities by following disability-friendly approaches to hygiene promotion;
- 2.5.9 Ensuring active participation, including private sector investment, in hygiene promotion;
- 2.5.10 Prioritize backward communities including arsenic-affected, coastal salinity, degraded, flood-prone, inaccessible hilly areas and urban slums to ensure equity in hygiene promotion programmes;
- 2.5.11 Communicating social and behavioral change for effective hygiene promotion or introducing new concepts in SBCC systems;
- 2.5.12 Appropriate research and documentation of best practices in hygiene to be implemented elsewhere through horizontal learning activities.

¹⁰ Sustainable Development Goals: Bangladesh Progress Report 2020, General Economics Division, Planning Commission, Ministry of Planning, June 2020; Revised Mapping of Ministries/Divisions and Custodian/Partner Agencies for SDG Implementation in Bangladesh, General Economic Division (GED), Planning Commission, Ministry of Planning, January 2022; Revised Monitoring and Evaluation Framework of Sustainable Development Goals (SDGs): Bangladesh Perspective, General Economic Division (GED), Planning Commission, Ministry of Planning, January 2022.

3. KEY STRATEGIES FOR HYGIENE PROMOTION

The practice of proper hygiene is closely related to the socio-economic and cultural lifestyle of people. The holistic promotion of hygiene is possible through the integrated participation of all stakeholders concerned in the development of environmental hygiene including personal, family, and social levels. To ensure sustainable hygiene practices, it is important to create a conducive environment as well as keep hygiene promotion activities ongoing. Therefore, for the successful hygiene promotion, the message about the dos and benefits of hygiene should reach all the people of the country, regardless of class and occupation, through various channels.

To ensure proper hygiene practice of all the people in the country it is necessary to ensure the development, availability and accessibility of necessary innovative and relevant technologies, infrastructure, materials, etc., along with awareness and motivational activities everywhere, including families and institutions. Also, regular monitoring is essential to assess overall changes in hygiene practice.

If these issues are to be reflected in practice, it will be possible to achieve the desired targets of the SDGs related to hygiene within the stipulated time frame by adopting the following strategies:

- Strategy 1: Hygiene promotion and practice at national level
- Strategy 2: Hygiene promotion and practice in hard-to-reach areas
- Strategy 3: Hygiene promotion and practice within households and communities
- Strategy 4: Hygiene promotion and practice in educational institutions (Schools, Madrashas, Colleges, Universities, etc.)
- Strategy 5: Hygiene promotion and practice in Health Care Facilities (Community Clinics, Health and Family Welfare Centers, Diagnostic Centers, Hospitals, etc.)
- Strategy 6: Hygiene promotion and practice in Hotel, Restaurants and Street Food Vendors
- Strategy 7: Hygiene promotion and practice in public place (Parks, Bus Terminals, Railway Stations, River Terminals, Markets, Shopping Malls, Filling Stations and Tourist Centers, etc.)
- Strategy 8: Hygiene promotion and practice in public transport (Buses, Launches, Ships, Trains & Ferries, etc.)
- Strategy 9: Hygiene promotion and practice in workplaces and industries (Office, commercial place, factory, etc.)
- Strategy 10: Hygiene promotion and practice in Prisons and Correction Centers
- Strategy 11: Hygiene promotion and practice during emergency (Temporary and Miscellaneous Shelters, Flood Shelters, Cyclone Shelters, etc.)
- Strategy 12: Hygiene promotion and practice during pandemic (COVID-19, Dengue, Chikungunya, Bird Flu, etc.)
- Strategy 13: Social and Behavioral Change Communication (SBCC) strategy for hygiene promotion
- Strategy 14: Practice, explore and replicate successful hygiene promotion models
- Strategy 15: Ensure the potential use of the social and professional organizations
- Strategy 16: Hygiene promotion among socially excluded communities and groups

3.1 Strategy 1: Hygiene promotion and practice at national level

To ensure greater access to safe water, sanitation, and hygiene (WASH) facilities for the poor, marginalized, backward and distressed communities of the country, coordination among all including the relevant ministries, departments, agencies, directorates, educational and research institutions, non-governmental, voluntary and private organizations, individual entrepreneurs, is essential. Through which the promotion and practice of hygiene will be possible by providing WASH facilities to all in a sustainable and equitable manner. Local Government Division is responsible for ensuring WASH services at the national level. Therefore, the following strategies should be adopted under the leadership and management of Local Government Division to promote hygiene at the national level:

- 3.1.1 Creating interest and demand for hygiene practices by increasing awareness about wash and hygiene:** Interest and demand for hygiene practices should be created by initiating greater awareness among the public about the importance of hygiene. To create such awareness, the relevant ministries, departments, organizations of the government at the national level and government authorities at local level, local government institutions and private voluntary organizations will take appropriate steps to adopt and implement the plan;
- 3.1.2 Connecting Public-Private initiatives to meet the interest and demand for hygiene practice:** The government will take effective initiatives to connect with various technical institutions, NGOs and financial institutions to meet the interest and demand created in the public health practices through public awareness campaigns of public and private institutions. Various business organizations can also take initiatives to create public awareness through various means to sell their related products. The benefits of hygiene should be brought home to the people on a mass basis through electronic, print, and social media;
- 3.1.3 Integrating Drinking Water Supply and Sanitation Safety Plans into WASH Core Services:** Integrating Water Safety Plan (WSP) and Sanitation Safety Plan (SSP) into core activities of WASH services in all sectors, considering hygiene as a cross-cutting issue;
- 3.1.4 Use of information technology in hygiene promotion activities:** To maintain transparency and accountability in hygiene promotion activities, the use of information technology should be ensured, especially in the areas of WASH program management, resource allocation, utilization etc. Water supply and sanitation related activities, allocation and implementation monitoring should be coordinated with the National MIS. As a result, it will be possible to avoid duplication in initiatives undertaken in WASH activities;
- 3.1.5 Ensuring access of all including women, adolescents, children, and persons with disabilities to wash infrastructure facilities and hygiene promotion activities:** Ensuring adequate access of women, adolescents, children, and persons with disabilities to wash infrastructure facilities and hygiene promotion activities used at all levels including public places. Special importance to be given to women, children and disabled people friendly design and development in this regard;
- 3.1.6 Public-Private Coordination:** Coordination among different stakeholders including various public-private organizations related to the WASH sector, development partners, NGOs, private sector, CBOs, civil society, electronic and print media, activists are essential. According to the Sector Development Plan (SDP)¹¹, the SDP Thematic Group formed in this regard should provide integrated direction for the overall development of the sector, especially for hygiene promotion, through conducting regular progress reviews and discussions;
- 3.1.7 Inter-Ministerial coordination, cooperation and taking initiatives:** To ensure the spread of WASH services and hygiene at the national level, the Local Government Division should take the lead to undertake inter-ministerial coordination, cooperation and all initiatives in this regard. The LGD will take initiatives for inter-ministerial coordination and implementation of these activities to coordinate with other ministries, departments and organizations related to hygiene. Among these initiatives are provision of adequate wash facilities along with hygiene practices in health care centers, educational institutions, transportation, civil aviation, prisons and correction center, public places, shelters and refugee camps, commercial places, industrial establishments, etc., to maintain a healthy environment and provide adequate wash facilities along with hygiene practices, water resource management, solid waste management and human waste management issues may be included. Regular inter-ministerial coordination meetings should be held to adopt and implement a national plan for hygiene promotion;

¹¹ Sector Development Plan (Fiscal Year 2011-25) Water Supply and Sanitation Sector of Bangladesh (Original Version), Department of Local Government, Ministry of Local Government, Rural Development and Co-operatives.work of Sustainable Development Goals (SDGs): Bangladesh Perspective, General Economic Division (GED), Planning Commission, Ministry of Planning, January 2022.

- 3.1.8 **Promotion of private sector and undertaken joint collaborative initiatives:** Joint cooperative initiative must be undertaken with private sector for expansion of private sector to ensure that hygiene and hand washing materials such as soap, sanitary napkins, oral rehydration saline (ORS), water storage tanks, etc. are within the affordability and reach of the common people;
- 3.1.9 **Engaging and encouraging local WASH entrepreneurs in disseminating the message of hygiene:** Engaging and encouraging local WASH entrepreneurs to promote the message of proper hygiene practices and cleanliness while providing WASH services among local communities; and
- 3.1.10 **Effective use of media and collaboration in hygiene promotion:** Ensure effective use of media (electronic, print and community radio etc.) and collaboration as well as their participation in hygiene promotion at the national level to increase awareness for hygiene promotion.

3.2 Strategy 2: Hygiene promotion and practices in hard-to-reach areas

The hygiene promotion and practices in hard-to-reach areas is specially related to socio-economic (e.g., poverty level, educational status, socio-cultural structure, age, and gender, etc.), geo-natural (e.g., floodplains, wetlands, hilly areas, drought-prone, river island, haor, coastal region, urban slums, and tea garden, etc.) and geological (e. g. arsenic, salinity, and low ground water table, etc.) conditions. Proper hygiene practices are quite difficult in all these backward areas due to limited access of people to safe wash infrastructure.

Therefore, for the remote and backward hard-to-reach areas and people, the following strategies should be followed in hygiene promotion, considering the socio-economic, geo-natural and geological structure, water scarcity, inadequate sanitation system, natural disasters and communication system of these specific areas:

- 3.2.1 **Facilitation of access to safe water using appropriate technology according to the characteristics of the area:** Taking proper measures to facilitate access to safe water using appropriate technology according to the characteristics of the hard-to-reach areas so that it would be possible to ensure uninterrupted hygiene practices throughout the year;
- 3.2.2 **Establishment of supply chains to make hygiene kits and materials locally available and acceptable in remote and hard-to-reach areas:** Establishing supply chains in remote and hard-to-reach areas (e.g., isolated hilly areas, swamps, haors, coastal areas, river islands, tea gardens, etc.) to make hygiene kits and materials locally available and acceptable to the population;
- 3.2.3 **Involvement of local government representatives, social workers, religious leaders, volunteers, teachers, health workers and NGO workers in hygiene promotion:** Involvement of local government representatives, social workers, religious leaders, volunteers, teachers, health workers and NGO workers (e.g., hygiene promotion through headmen, karbaris, social leader, religious leaders in ethnic groups in case of hill tracts areas) in the area to promote hygiene among local people in remote and hard-to-reach areas and carrying out hygiene promotion activities by adopting community approach;
- 3.2.4 **Involvement of Community Based Organizations (CBOs) and NGOs in hygiene promotion in remote and hard-to-reach areas:** Since remote and hard-to-reach areas are mostly outside the mainstream of hygiene promotion activities, it is required to encourage involvement of Community Based Organizations (CBOs) and NGOs to play a key role to ensure proper hygiene practices in all these areas;
- 3.2.5 **Promotion of hygiene in slum areas with the help of CBOs and NGOs working:** To promote hygiene in the slums and to maintain a favorable healthy environment, hygiene promotion activities need to be continue in the slums with the help of local CBOs and NGOs working in the slums and regular follow-up has to be made. In addition, mechanical desludging system need to be introduced in the slums for garbage disposal and sewage management;

- 3.2.6 **Undertake hygiene promotion initiatives in slum areas by WASA, City Corporation and Municipal Authorities:** Ensure adequate drainage and sewage disposal facilities in slum areas in a participatory manner by WASA, City Corporation and Municipal authorities and implement hygiene promotion activities among slums dwellers;
- 3.2.7 **Conduct awareness campaigns on hygiene in all hard-to-reach areas:** Conduct nationwide awareness campaigns in all hard-to-reach areas across the country on access to hygienic hand washing, safe water supply, sanitation, waste management and other basic services with focus on clean environment and economic benefits;
- 3.2.8 **Encouraging awareness activities among tea garden workers with the help of NGOs or voluntary organizations by the Tea Garden Authority to promote hygiene with improved wash facilities:** To ensure a healthy living environment in tea garden by improving waste management and sewage facilities along with improved WASH facilities and encourage tea garden authorities to undertake awareness and hygiene promotion activities among tea garden workers with the help of NGOs or voluntary organizations; and
- 3.2.9 **Provision of protective equipment along with orientation and training to the relevant population including tea workers in hard-to-reach areas to avoid occupational health risks and accidents:** Organize necessary orientation and training for the population including tea workers in hard-to-reach areas to avoid or reduce occupational health risks and accidents. Also ensure that they are provided with health protection materials and have access to adequate WASH facilities.

3.3 Strategy 3: Hygiene promotion and practices within households and communities

Reducing health risks and achieving the highest public health goals can be achieved by ensuring effective use of water and sanitation facilities and prevention of disease transmission, including hygiene practices at the household and community level. However, the hygiene practices have not been much improved with improvement of WASH facilities as well and there is much gap between the knowledge level and practice of hygiene at household level. The traditional approach of awareness building, and message dissemination has not been found to have much impact on the hygiene practice level, because this approach often targets only the female household members who are not always the decision makers and not all household members are equally motivated to improve their hygiene practices. The present hygiene promotion approach focuses on providing people with information that they already know. Hence, no significant change can be observed in the application of conventional methods and procedures among the masses. Considering this, new approaches need to be explored that are effective in translating people's knowledge into practice.

Prevalence of stunting¹² is a major health concern among children under 5 years of age. Stunting reflects a failure to receive adequate nutrition over a long period of time and is worsened by recurrent and chronic illness. Chronic enteropathy¹³ is most common in children with frequent diarrhea because of poor quality and nutritional intake, along with unsafe water, sanitation, and hygiene (WASH) systems in families and communities.

A study conducted by icddr,b found that a seven-day cholera hospital based mobile WASH health program on diarrhea-affected households selected on a random cluster method in Dhaka between December 2016 and April 2018 significantly reduced the incidence of diarrhea among children under five years of age and its impact has been able to reduce stunting in children under two years of age¹⁴.

¹² height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards

¹³ A disorder of chronic intestinal inflammation

¹⁴ Christine Mary George, Sirajum Monira and others (2021). "Effect of a Water, Sanitation and Hygiene Mobile Health Program on Diarrhea and Child Health in Bangladesh: A Cluster-Randomized Controlled Trial of the Cholera Hospital Based Intervention for Seven Days Mobile Health Program" (Clinical Infectious Diseases, Volume 73, Issue 9, 1 November 2021, Pages e2560–e2568, <https://doi.org/10.1093/cid/ciaa754>).

In this context, the following strategies are to be adopted among households and communities:

- 3.3.1 Ensure effective hygiene practice:** Explore and implement effective methods for ensuring hygiene practices at the household level, which can encourage everyone to adopt sensible and improved hygiene practices to avoid the health risk of unhygienic practices and drive them towards improved hygiene practices;
- 3.3.2 Ensure access to WASH infrastructure facilities for all:** Creating safely managed water supply and sanitation facilities at the household level and ensuring adequate access to services for all, especially women, adolescents, children, and persons with disabilities. In this regard, households should be encouraged to connect to safely managed water supply and sanitation facilities, particularly with piped water supply systems, with proper hand washing and personal hygiene facilities, including piped water to kitchens, bathrooms, and latrines;
- 3.3.3 Ensure hand washing facilities with soap and running water:** Ensure installation of hand washing devices/station with soap and running water supply (installation of stations with equipment) in every household so that everyone can practice hand washing properly;
- 3.3.4 Waste Management:** To ensure environmental cleanliness and safe waste management, sewerage systems will be constructed in every household for waste water disposal and solid waste removal from kitchens and other places;
- 3.3.5 Use of BCC tools:** Development and use of appropriate BCC tools through field tests for hygiene promotion. Besides, with the help of public-private field workers especially health workers discuss individually or in groups with caregivers of children under five years of age on the importance of hygiene practices using appropriate BCC tools at regular intervals;
- 3.3.6 Linkage and communication with Health Service Management:** Establish a mechanism of educating caregivers of under five children about stunting, its effects on children physical and mental growth, association of poor WASH with stunting and preventing measures through linking and communicating with health service management;
- 3.3.7 Taking measures to ensure preparation and consumption of nutritious food:** Taking necessary measures to ensure preparation and consumption of quality nutritious food. Ensuring the consumption of safe and quality food, including preparing and storing food in a healthy manner, with emphasis on this issue that there is no adverse effect on children's nutrition. Nutrient-rich food provides strength to fight various infections (diarrhoea, pneumonia, environmental enteropathy), so nutrition sensitization activities at community and family level should be strengthened in this regard;
- 3.3.8 Adopting multiple communication methods to reach the hygiene message to all:** Multiple communication methods should be adopted to reach the message of hygiene to all, including participation of all households in hygiene promotion and behavior development activities. Dissemination of hygiene messages should be continued in all public places including education institutions, health centers, offices, religious institutions etc. School children, young/adolescent groups, teachers, doctors, religious leaders, community leaders and CBOs and local government institutions must be appropriately engaged in hygiene promotional activities;
- 3.3.9 Mass campaign on hand washing:** Undertake massive hand washing campaign program at household and community level linking the program with stunting and prevention of epidemics such as Covid-19; and
- 3.3.10 Establishment of supply chain between service providers and suppliers of materials and construction materials at local level:** Facilitate establishing service/supply chain between service providers and suppliers of materials and construction materials to ensure availability of all materials required to promote hygiene locally. Steps should be taken to improve the skills of women entrepreneurs in promoting hygiene at the local level. So that they can connect service providers and suppliers of materials and construction materials at the local level and help bring health services to the doorsteps of families in need.

3.4 Strategy 4: Hygiene promotion and practice in educational institutions

The role of clean, hygienic, and environment-friendly educational institutions is important in ensuring a quality educational environment. The promotion and practice of hygiene in educational institutions especially in schools, madrasas, colleges and universities enables students to learn and know about healthy behavior and make decisions about it. It is possible to ensure hygiene promotion better in the days to come by practicing personal hygiene of students, changing unhygienic health care practices, and learning about menstrual hygiene as well as cleaning the compounds of educational institutions and classrooms. In this regard, the role of students, their parents, guardians, teachers, educational institution authorities (SMC), local communities, teachers, students, local development workers, social philanthropists and other relevant stakeholders is particularly important.

Despite much improvement in WASH facilities in primary schools under the Third Primary Education Development Program (PEDP-3) and Fourth Primary Education Development Program (PEDP-4), there are still many deficiencies in the hygienic maintenance of WASH infrastructure and facilities. Most latrines in educational institutions often do not have enough water and soap for hand washing. Many educational institutions do not have separate latrines for female students with menstrual management facilities. In some cases, some educational institutions have menstrual management infrastructure facilities but often lack adequate menstrual hygiene management materials. Overall cleanliness and environmental hygiene situation of the educational institution premises still needs further improvement. According to the National Hygiene Survey, 2018 (published in December 2020) conducted by the Bangladesh Bureau of Statistics, while 92% schools have functional and safe water sources and 99% schools have functional improved latrines, only 39% schools have improved, accessible toilets with soap and water available to all students. On the other hand, only 59% schools have clean water sources, and 55% schools have proper garbage disposal facilities. Still, girls remain absent an average 2.5 days of school during each period cycle. Only 32% of schools have separate toilets for menstrual hygiene management with soap and water, but only 23% of schools have facilities for disposal of used cloth or sanitary pads and only 13% of schools have provision of sanitary (hygiene) kits or materials (dental, rags, cotton, soap, etc.) for use during menstruation.

It was noticed from the observation that hygiene promotion activities are carried out on an unplanned (ad hoc basis) basis in educational institutions which in most cases are supported by projects undertaken by various NGOs or donor agencies. The number of government-run hygiene promotion programs in educational institutions is relatively low, although the number has increased slightly during the Covid-19 period. As a result, the picture of hygiene practice or practice in educational institutions is not promising. In this context, the following strategies need to be adopted to improve the situation:

- 3.4.1 Provide specific guidelines on overall WASH management including hygiene in educational institutions:** Education and practice on hygiene and hygienic behavior should be continued in all primary and secondary educational institutions under the supervision of educational institution authorities. The concerned departments or directorates of the government especially the Directorate of Primary Education (DPE) and the Directorate of Secondary and Higher Education (DSHE) should provide specific guidelines on overall WASH management including hygiene in educational institutions. Regular school inspection checklists should include monitoring indicators of hygiene and overall WASH management and progress should be followed up on a regular basis;
- 3.4.2 Teaching, practicing, and following up on hygiene in the classroom, including the inclusion of hygiene in the education curriculum and classroom lessons:** Ensure inclusion of overall wash management issues along with hygiene in education curriculum and in class lesson considering the issues of all related educational institutions including primary and secondary schools, madrasas, vocational and technical institutes. Continue to teach and practice hygiene in the classroom and follow up on hygiene practices on a regular basis;

- 3.4.3 Formulation of educational institute-wise integrated plan for hygiene promotion:** An integrated and standardized plan should be formulated for promoting hygiene in educational institutions. Based on the type of educational institution and the number of students, provision of facilities for safe water, sanitation, hand washing and menstrual hygiene with soap and water (including provision of sanitary napkins with vending machines for female students if possible), regular cleaning, proper disposal of garbage facilities, fencing of school premises, teaching and practice of hygiene in classrooms, etc. should be included in this plan with specific responsibilities. Following UNICEF's three-star or WaterAid's five-star or similar educational institution-based successful WASH system, development of educational institution-based WASH facilities should be arranged in phases through the development of integrated and standardized plans at the national and local levels;
- 3.4.4 Access for all to gender-sensitive, quality and sustainable WASH facilities:** Ensure that overall WASH management including hygiene in educational institutions are adolescent, women, children and persons with disabilities (PWD)-friendly, gender-sensitive, qualitative, and sustainable. Ensure construction of separate WASH facilities for male and female students as well as ensuring equitable and adequate access to these facilities for all students;
- 3.4.5 Creating facilities for managing menstrual hygiene along with separate WASH system for students and adolescents:** Provide separate WASH facilities and sanitary (hygiene) kits or materials (dettol, rags, cotton, soap, etc.) in educational institutions for the management of menstrual hygiene for girls and adolescents;
- 3.4.6 Children's participation in hygiene education:** Consider hygiene education and practice as part of life-oriented knowledge and skills development of children and develop their adequate knowledge, attitudes and skills in this regard based on their active participation;
- 3.4.7 Development of comprehensive WASH management model including hygiene in educational institutions:** Develop and introduce a comprehensive WASH management model including hygiene promotion for educational institutions at the national and local levels specifying the roles of different stakeholders including parents, guardians, teachers, educational institution authorities (SMC), local communities, teachers, students, local development workers, social philanthropists, etc;
- 3.4.8 Allocation of government revenue budget for overall WASH management including hygiene in educational institutions:** Government revenue budget should be allocated for conducting WASH program along with hygiene rules in educational institutions. If necessary, funds or donations can be collected from any public-private organization including students, local people, local social philanthropists by forming separate funds through SMC and PTA for overall WASH management including hygiene;
- 3.4.9 Public-Private Partnerships:** Undertake Joint initiatives and partnerships with public and private stakeholders, including NGOs to enhance the capacity of teachers and improve the knowledge, attitudes, and skills of students to implement comprehensive WASH management programs including hygiene in educational institutions.
- 3.4.10 Organize and involve school brigades and students' cabinets in overall WASH management including hygiene:** School brigades and students' cabinets should be organized and managed to empower students as behavior change agents and vanguards in overall WASH management activities including hygiene in educational institutions and communities. Scouts, BNCC, School Brigade and Students Cabinet members of respective institutions should be organized and assigned specific responsibilities and should be involved in overall WASH management including hygiene; and
- 3.4.11 Conducting overall WASH program including hygiene as a group:** Undertake initiatives to conduct overall WASH program including hygiene as a group to build hygienic, environment friendly and clean educational institutions and to ensure personal hygiene practice of students. Ensure group participation in such activities including washing hands before consuming food and regular cleaning of latrines, classrooms and school premises which will support bridging the gap between acquiring hygiene knowledge and practicing hygiene. If necessary, adopt alternative measures of sustainable hygiene practices for the desired behavioral change among students.

3.5 Strategy 5: Hygiene promotion and practice in Health Care Facilities

Current Sustainable Development Goals (SDGs) consider WASH and hygiene activities in health care facilities as an integral part of quality services. For example, studies have shown that hand washing by birth attendants before delivery helps to reduce newborn deaths by 19%, while a 44% reduction in risk of death, if mothers washed their hands prior to handling their newborns¹⁵. For this reason, ensuring handwashing in households and Health Care Facilities is a pre-requisite for the prevention of newborn morbidity and mortality.

A report published by the World Health Organization in 2014 showed that an estimated 10-15% of maternal deaths in low-income settings are due to infections that are linked to poor hygiene practices. Women are discouraged from giving birth at health care centers due to poor quality WASH facilities or delays in accessing services. This is relevant for Bangladesh as the rate of delivery by skilled midwives in the country is still very disappointing. Improving WASH conditions could reduce infections within local health care centers and help build trust in health facilities, as well as encourage mothers to seek antenatal and postnatal care and delivery services at health care facilities.

According to the National Hygiene Survey 2018, while 82% of hospitals have improved water sources for drinking and general use in health facilities, only 34% of caregiver/patients have access to these sources. Again, while almost 100% of male and female wards have sanitation and hand washing facilities, in 17-29% of cases, those facilities were found unclean.

Hazardous waste management in health care facilities has been identified as one of the major concerns for Bangladesh in recent times. As a result, environmental problems are constantly created in health care centers. Hospital wastes cause extensive damage to the environment through the spread of pathogens and toxic pollutants.

The results of the survey show that, about 59% of hospitals in urban areas do not have a proper medical waste disposal system. About 23% of disposable hospital waste is hazardous waste. These include sharps, which have an 85% incidence rate of acute injuries during use and disposal. In most cases, the removal of infectious waste is done with bare hands, without wearing a face mask and without taking any preventive measures, which increases the potential for spreading infections.

In view of the problems described above, the promotion and practice of hygiene in health care centers requires adopting the following strategies:

- 3.5.1 Infrastructural Development of Health Care Centers:** Undertake structural improvement initiatives in all health care centers in Bangladesh to achieve at least basic and safely managed comprehensive WASH services as SDG targets;
- 3.5.2 Upgradation of waste disposal system in health care centers:** Formulation of guidelines for improving the quality of the waste disposal system of health care centers and launching of a national WASH program. Standardization of the waste disposal system of health care centers subject to the determination of standards for medical waste disposal management and ensuring the implementation of this system in all health care centers; and later launching a national WASH program with management and maintenance framework in the quality improvement guidelines of health care centers;
- 3.5.3 Formulation of strategy for evaluation of WASH activities in health care centers:** Ensure community engagement with WASH/IPC in health care facilities and establish a mechanism for continuous monitoring and assessment of WASH in HCFs based on specific indicators. In addition, WASH operation and maintenance needs to be integrated into routine HCF management and reflecting this in inspection reports;
- 3.5.4 Capacity building of health workers:** Build capacity of doctors, nurses, and cleaning staff of HCFs on IPC practices, medical waste management and maintenance of WASH facilities;

¹⁵ Victor Rhee; Luke C. Mullany; Subarna K. Khatry; Joanne Katz; Steven C. LeClerq; Gary L. Darmstadt; James M. Tielsch. Maternal and Birth Attendant Hand Washing and Neonatal Mortality in Southern Nepal. Arch Pediatr Adolesc Med., 2008;162(7):603-608

- 3.5.5 Provision for dedicated funds to meet the budget shortfall of health care centers:** Create provision of secured and dedicated funds for maintenance of WASH facilities to address inadequate funding/budget deficit for WASH in health care centers;
- 3.5.6 Adopting an integrated approach to collection and disposal of medical waste from health facilities following the National 3-R Strategy (reduce, reuse and recycle) for Waste Management:** Undertake coherent approach to ensure that all the players involved in medical waste management streamline collection and disposal practices according to guidelines and set standards in National Environmental Policy 2018 (Clause-3.6: Public Health and Health Services) and National 3R Strategy for Waste Management, 2010; and
- 3.5.7 Coordination strategies at national and local levels:** Establish an effective coordination mechanism including formation of a national and local level coordinating body to oversee the promotion of WASH in HCFs and ensure effective infection prevention and control (IPC) services.

3.6 Strategy 6: Hygiene promotion and practice in Hotel, Restaurants and Street Food Vendors

Lack of food hygiene knowledge among restaurants and food vendors is a major public health problem. Working people and floating people in cities often live in health hazards due to consuming food items sold in the hotels, restaurants and street food vendors. SDG 2.1 aims to ensure access by all people, in particular the newborn, poor and people in vulnerable situations, to safe, nutritious, and sufficient food all year round, which covers food prepared and served by restaurants and street food vendors.

According to the National Hygiene Survey 2018, the rate of hand washing with soap among service staff (i.e., food servers) and cooks is 63% and 68% respectively. The data show that hand washing by food service staff at least 3 critical times out of 10 is only 51%. In the case of food preparers or cooks, this rate is 53%. More specifically, only 8% of food service staff and 49% of cooks wash hand with soap before food preparation, while 36% of service staff and 15% of cooks wash their hands before serving food. The picture is even more unsafe in the case of street food vendors. While 53% of food vendors washed hands with soaps during their work, only 38% and 19% of food vendors specially washed hands before food preparation and serving food, respectively. According to the data of National Hygiene Survey 2018, covering food in clean containers is seen in 9-71% cases depending on the type of food items.

Most of the restaurants and food vendors of footpath (sidewalk) keep drinking water in open containers, as this water is used for food preparation or for washing dishes, utensils and washing hands, which can lead to increasing the incidence of enteritis after consuming this food.

Most of the hotels and restaurants in Bangladesh are run by unskilled, unprofessional, and illiterate employees who are not aware of food safety rules and regulations introduced by the Food Safety Authority. The routine checking or mobile court conducted by the concerned authority causes fines and other disciplinary actions, but most cases no corrective measures are undertaken. There is no functional mechanism and collaborative arrangement between Hotel Restaurants Owners Associations and the Food Safety Authority for adequate training and capacity building of staff, cooks, and management persons to ensure food safety and hygienic environments in hotels and restaurants. The street food vendors have no license and are not under any monitoring and surveillance system by the City Corporations or Paurashava or any authority.

In view of the above context, restaurants and street food vendors should take the following strategic steps to ensure hygienic practices:

- 3.6.1 Joint initiative of Hotel or Restaurant Owners Associations and Street Food Vendors along with concerned authorities to ensure food hygiene practices:** Undertake following interventions jointly by concerned authorities (e.g., City Corporation, Paurashava, Food Safety Authority, Department of Environment), Hotel or Restaurant Owners Association and Street Food Vendors to ensure food hygiene practices;

- 3.6.1.1 **Storage safe drinking water with water purification system:** Install improved water sources with adequate facilities for water treatment and filtration in all hotels, restaurants and street food stalls and install an improved water storage system which can be regularly maintained to prevent pollution contamination;
- 3.6.1.2 **Provision of clean separate toilets for men and women:** Provide separate toilets for men and women in all hotels and restaurants and keep them clean regularly;
- 3.6.1.3 **Provision of separate hand washing facilities for customers, food servers and cooks:** Create provision separate hand washing facilities for customers, food servers and cooks. In this case, install a hand washing station with soap/detergent and a running water system for cooks near the kitchen;
- 3.6.1.4 **Setting up safe food corners for sale/service by arranging food items:** Develop safe food corners equipped with safe water and sanitation and food waste disposal facilities in different parts of the city or towns for the street food vendors;
- 3.6.1.5 **Public awareness creation:** Raising awareness of effective hygiene practices and public health with a view to increasing demand for food hygiene and safe and healthy food among those involved in food management as well as consumers;
- 3.6.2 **Adopting Social and Behavioral Change Communication (SBCC) strategies:** Adopt an appropriate social and behavioral change communication strategy and implement public awareness activities to increase awareness among food handlers as well as customers about food hygiene and safe food;
- 3.6.3 **Waste management:** Find and establish options for adequate wastewater drainage and solid waste management systems in all hotels and restaurants;
- 3.6.4 **Maintain running water and avoid reuse of used water:** Maintaining safe running water in all hotels and restaurants and avoid reuse of water previously used for other purposes;
- 3.6.5 **Development of food quality guidelines:** Formulate guidelines specifying food standards in accordance with existing food laws and encourage hotel, restaurant and street food vendors to prepare and sell good quality food;
- 3.6.6 **Introduction and Implementation of Food Safety Management:** Introduce food safety management system and enforce prohibitions related to food safety management in all hotels and restaurants, food shops, catering services, food processing and manufacturing industries as per National Environmental Policy 2018 (Clause- 3.4: safe food and water), Food Safety Act 2013 and Food Safety (food hygiene) regulation 2018;
- 3.6.7 **Develop of Food Quality surveillance Protocol:** Develop food quality monitoring and surveillance protocol for restaurants, food shops and street food vendors (if not already done under the Food Safety Act, 2013 or under any existing laws);
- 3.6.8 **Licensing and registration of all types of food vendors including street vendors:** Issue licenses to all food processing industries, hotels and restaurants, eateries and street food vendors, through the city corporation, municipality or concerned authority under continuous surveillance and bring their associations under registration.
- 3.6.9 **Undertake comprehensive awareness and capacity building programs to ensure proper food safety management:** Undertake massive awareness and capacity building program for hotels, restaurants and food manufacturing industries by introducing appropriate food safety management system that comprises safe food standards and anti-food safety practices including contamination and adulteration of food; and
- 3.6.10 **Establish coordination and collaborative arrangement among stakeholders in effective food hygiene practices:** To establish coordination and cooperative management among concerned food vendors and authorities for education in effective food hygiene practices, enforcement of regulations and standardization of food service provided by all hotels, restaurants and street food vendors.

3.7 Strategy 7: Hygiene promotion and practice in public place

Maintaining cleanliness and hygiene practices in public places (e.g., parks, fairs, bus terminals, railway stations, river terminals, markets, shopping malls, filling stations, tourist centers, etc.) is one of the major public health issues. Because people come and stay for a significant time in these areas for various purposes (e.g., shopping, traveling, walking and socializing, refueling vehicles, etc.). During this time, if proper hygiene rules are not followed and safe physical and social distancing is not maintained, everyone present is exposed to health risks, which increase the tendency to catch and spread various types infectious diseases.

Poor quality WASH facilities in public places often hamper the practice of proper hygiene. Despite some good initiatives taken at the government and private levels especially by NGOs and concerned authorities, in most cases there is no monitoring system to maintain cleanliness and hygienic environment in public WASH facilities. In most cases, public toilets or latrines do not have hand washing facilities and cleaning materials (e.g., soap, soapy water, toilet cleaner, toilet paper, etc.). Although some latrines have running water, it is often not functional. A large section of people from various professions cannot use the WASH facilities hygienically due to lack of awareness about hygiene. Due to locational factors, privacy is hardly maintained in these facilities and peoples, particularly women feel uncomfortable to use these public facilities unless they feel emergency. The waste bin is rarely found in the public places and there is no functional system for waste cleaning, collection and disposal;

In view of the above contexts, the following strategies need to be adopted to ensure proper practice of hygiene in public places:

- 3.7.1 Implementation of plans to set up separate WASH infrastructure with standard and adequate facilities for men and women in public places:** Plan design and implement gender segregated standard and adequate WASH facilities (including hand washing and drinking water facility) in public places and ensure standard O&M services through service contract. Adopt a consultative process with the visitors, associations, management committees, LGIs and concerned authorities to make such plan of developing WASH facilities in the public places;
- 3.7.2 Introduction of effective waste management system:** Establish a functional waste management system (cleaning, collection, and disposal) in the public places either by engaging municipal sweepers or through service contract with private sector;
- 3.7.3 Initiatives to establish hygienic food corners at public places to ensure food hygiene:** Introduce a hygienic food corner well equipped with WASH facilities for the food vendors to ensure food hygiene at every public place and maintain hygienic environment;
- 3.7.4 Ensuring hygienic practices by introducing proper surveillance and monitoring systems in public places:** Introduce a kind of disciplining system based on surveillance/ monitoring in public places, maintain clean and hygienic environment in passenger/customer waiting places and ensure hygienic practices by all concerned in public places;
- 3.7.5 Taking steps to increase public awareness about hygiene through effective communication system:** Introduce a system of public awareness building on hygiene through effective communication media, i.e., by using loudspeaker or disseminating hygiene messages through digital billboard in suitable locations;
- 3.7.6 Redressal of public grievances to ensure healthy and decent environment:** Introduce opinion/ complain collection, review, and redressal system (e.g., putting complaint box, contact for complaint, complain/ help desk etc.) to redress public grievances particularly to ensure hygienic and decent environment in public places; and
- 3.7.7 Delegating responsibility to concerned authorities for maintenance and security of washing facilities in public places:** Assign responsibility to concerned authorities to ensure safety and optimal use of equipment for hygiene practices along with maintenance of public wash infrastructure and facilities.

3.8 Strategy 8: Hygiene promotion in public transport

At present, the use of public transport for people's daily needs has increased a lot, along with the problem. Most of the population moves daily on public transport to join their works, Social and cultural events in different places and are exposed to high risk of public health due to respiratory hygiene. Whatever is the mode of transport, public transportation breeds a lot of uncleanliness, filled with unimaginable grime and people who take the public transport are more likely to suffer from acute respiratory illnesses especially in COVID-19 pandemic situation. Moreover, the poor and unhygienic WASH facilities in the transports often limit the proper hygiene practice by the travelers.

The dirtiness and unhygienic conditions in the transports are not often cared by the service providers in the transport sector and there is no functional service regulation from the concerned authorities. No SOP has yet been introduced by any authorities to standardize services of the private sectors (e.g., Owners and Workers Association, outsourcing company, etc.) in transport to ensure quality services, cleanliness, and hygienic environment. In the COVID situation, the government guideline for transport sector is not enforced anyway, which is likely to results in increased spreading of the novel Corona virus.

In the above situation, the following strategies are to be adopted:

- 3.8.1 Issue of instruction regarding regular operation and maintenance of public WASH facilities:** Ensure regular operation and maintenance (e.g., cleaning, disinfection, etc.) of various WASH facilities installed in public transport i.e., buses, launches and trains. Provide guidance on construction and maintenance of WASH facilities in public transport if they do not exist;
- 3.8.2 Construction and management of separate sanitary facilities for public hand washing including WASH at public transport stations:** Regulate and/or provide guidance on the provision of public hand hygiene stations at all transport locations (bus stops, river terminals and railway stations, as well as on buses, boats, and trains);
- 3.8.3 Dissemination of information on hygiene practices in public transport:** Disseminate information through appropriate communication channel on maintaining hygiene in the transport including message on respiratory etiquette and use of personal safety gears in COVID pandemic situation;
- 3.8.4 Innovation of advanced technology and use of digital tools in the use of public transport:** Support technological innovation and digitalization tools to contribute to managing the need for improved hygiene around stations and ticketing (e.g., automated door opening and closing, online pre-booking systems for public transport to reduce queueing, on-demand app-based transport services, etc.);
- 3.8.5 Undertake and conduct awareness training programs for transport service providers:** Design intervention for the transport service providers to adhere to the requirements of the government on maintenance of hygienic conditions and use of personal safety gears by passengers in public transport vehicles for the benefit of infection source control.
- 3.8.6 Ensuring adequate WASH facilities including drinking water and hand washing facilities in public transport:** Ensuring adequate WASH facilities including safe drinking water and hand washing stations in public transport vehicles such as buses, launches, trains etc;
- 3.8.7 Building mutual coordination and cooperation among stakeholders in the transport sector:** Develop collaborative arrangement between the regulatory authority, service providing private transport owners, workers associations and outsourcing companies for enforcing government guidelines for hygiene promotion including guideline¹⁶ for preventing COVID-19 in transport sector; and
- 3.8.8 Introduce standard operating procedures and establish monitoring procedures subject to the determination of transport service standards:** Introduce SOP to standardize services and establish a service monitoring/ surveillance system by concerned authorities to identify service gaps in maintaining proper hygienic conditions in the transport sector and undertake corrective measures through the above collaborative arrangement.

¹⁶ Technical guideline on social and institutional prevention of COVID-19, DGHS, May 2020.

3.9 Strategy 9: Hygiene promotion in workplaces and industries

The National 3R Strategy for waste management reflects a precarious picture about industrial hygiene promotion. There is a lack of occupational safety and health management for the workers in the manufacturing sector. Exposure to occupational hazards increases the risk of morbidity and mortality of the workers. The most prevalent occupational practices that increase the risks of morbidity and mortality are: Lack of training in occupational health safety, lack of personal protective devices, inadequate training in the proper use of machinery and long hours of work. The situation is further compounded by overcrowding, unhygienic and substandard work environment, and lack of proper WASH facilities.

The hygienic working environment and safety is especially applicable in RMG industry. Majority workers of RMG sector are female for whom a decent hygiene environment is indispensable. Ensuring access to adequate WASH facilities including access to hygiene kits (related to menstrual hygiene) is a factory compliance issue. An empirical study¹⁷ on health, hygiene, and safety scenario in RMG reveals that. The factories are not following the Labor Law properly to maintaining health, hygiene and safety into the sector. Most of the firms are not conscious about the clean working environment, ventilation systems, safety committee performances and the logistical support regarding the safety issues. Another study¹⁸ says that internal hygiene and health care system is poor and there is no effective safety committee and most of the factories (54%) don't run training program regarding OSH. The maintenance of hygienic conditions in factories is irregular and mostly linked to Buyers visit to factories.

In the above context, the following strategies are to be adopted:

- 3.9.1 Ensuring safe drinking water supply for workers in industrial plants:** Ensure that all workers have access to safe drinking water supply with clean disinfected drinking stations and disposable water pots near workplace of the workers in factories;
- 3.9.2 Construction of toilets suitable for use by women, disabled and elderly persons:** Ensure that all workers, have access to adequate and safely managed toilet facilities such as a flush or pour-flush toilet and septic tank latrine with special consideration to women and adolescent girls, pregnant women, mother with new-born, people with disabilities and elderly workers. Ensure MHM facilities in women toilets;
- 3.9.3 Provision of running water in latrines and WASH blocks:** Ensure that all have access to adequate hand washing facilities in the WASH block with running water system, liquid soaps and mechanical dryer;
- 3.9.4 Establishment of Industrial Waste Management System:** Establish a hazardous waste management system in each industry by promoting 3R strategy for waste management i.e., by reducing generation of waste per unit of production, storing safely, and recycling/reusing the hazardous wastes or go for incineration;
- 3.9.5 Increase the awareness of workers on hygiene practices:** Undertake hygiene awareness/education program for the workers with use of appropriate SBCC tools to promote behavioral changes among the workers;
- 3.9.6 Implementation of WASH and Occupational Health Safety Management:** Establish a WASH/OSH management system in each factory and make it operational by developing management capacity of the factories;

¹⁷ Health, hygiene and safety scenario in garments industry: An empirical study on selected garments in Bangladesh conducted by M. Nahid Mia National University Gazipur and presented in Conference: ICBM-2019, at: BRAC University, Bangladesh, September 2019

¹⁸ An extensive analysis of the health hazards for RMG workers in apparel sector of Bangladesh, A Research Article, MedCrave 2020

3.9.7 Integrating WASH and Occupational Health Safety Inspection with Factory Inspection Procedures: Establishing internal WASH and Occupational Health Safety Inspection procedures for each industrial plant. Also integrating WASH and occupational health safety inspections with the inspection and monitoring system of factories by the government's Department of Inspection of Factories and Establishments (DIFE);

3.9.8 Ensuring implementation of relevant policies including Bangladesh Labor Law to promote hygiene in industries: Critical issues related to hygiene in industries (e.g. cleanliness, ventilation and temperature, dust and fumes, waste disposal, lighting, safe drinking water, latrines and washrooms, waste- (garbage and spittoons, etc.) and to implement the relevant sections of the Bangladesh Labor Act, 2006 (amended in 2013) and the Bangladesh Labor Regulations, 2015, subject to review, regarding health and hygiene practices in all industries, including garments, to ensure proper working environment and increase the productivity and welfare of workers. conduct a comprehensive program; and

3.9.9 Taking initiatives and programs related to addressing occupational hazards and promoting overall hygiene in industries: Formulate integrated initiatives and programs¹⁹ for safe industrial hygiene practices based on National Profile on Occupational Health and Safety, 2019²⁰ and occupational hazards. In this work, it is important to take joint initiative to work together with the Ministry of Labour and Employment as well as the Ministry of Industries, Ministry of Health and Family Welfare, Ministry of Environment, Forest and Climate Change, Local Government Division and other related ministries/departments/ organizations. It is also important to ensure the participation of Chamber of Commerce and Industries, BGMEA, BKMEA, BTMEA and representatives of labor unions/societies in this initiative.

3.10 Strategy 10: Hygiene promotion and practice in Prisons and Correction Centers

Prisons and correctional centers are places where prisoners serving long-term sentences are housed, and typically about half of a prison's inmates are serving long-term sentences. Bangladesh's 68 prisons and related correction centers have more than double the capacity of inmates, so ensuring their overall safety and health care through limited manpower and insufficient logistical support is considered a major challenge. Prisons and correction centers pose high health risks to inmates due to overcrowding, inadequate ventilation, poor quality and defective WASH and sanitation facilities, etc. The case study²¹ conducted by Global Delivery Initiatives (GDI) states that the massive overcrowding due to backlog of civil and criminal cases makes it impossible for prisons in Bangladesh to provide the United Nations – defined minimum standards of adequate light, air, decency, and privacy for the women detainees. A lack of clean water and proper sanitation further impairs the health of ill prisoners.

Providing an adequate supply of water for drinking, preparing meals, washing utensils, personal hygiene, sewage disposal (in water-based evacuation systems) and cleaning can be extremely challenging for prison authorities. Inadequate number of latrines for prison staff and inmates as well as ignorance of proper use of latrines, importance of regular and proper cleaning of latrines and limited knowledge about the spread of disease in prisons often act as a source of disease transmission. Lack of funds, faulty water supply and sanitation facilities create dangerous conditions.

¹⁹ 'Guide to Industrial Hygiene', One Source Safety and Health In. TRC. (<https://www.trccompanies.com/insights/guide-to-industrial-hygiene/>)

²⁰ National Profile on Occupational Health and Safety, 2019, Ministry of Labor and Employment, Bangladesh. (http://dife.portal.gov.bd/sites/default/files/files/dife.portal.gov.bd/page/a51db80d_ca8e_4cae_9579_5f6f089d5754/2021-09-15-05-58-20b6eeb7481056b939b691d2d26a4_01a.pdf)

²¹ Justice and Prison Reform for Promoting Human Rights and Preventing Corruption: Overcoming the Problem of Prison Overcrowding in Bangladesh, GIZ, October 2016.

However, the Jail code makes provision of all basic facilities in the prison including adequate WASH facilities and a supervisory system executed by the Medical Officer and Medical Assistant to ensure cleanliness and hygienic condition of the jail, inspect the food store and kitchen daily and ensure quality of the food. But due to poor management and budgetary resources these are often not properly maintained and cared to ensure improved health and hygienic condition of detainees in the prison.

Apart from this, the government has established safe housing (safe home) system to ensure safe accommodation for under-trial women, children, teenagers, and young women from the prison environment with good food and living arrangements. 6 centers have been established in 6 divisions of the country to provide sustenance, education, vocational training, health care, recreation, and rehabilitation support along with safe residential facilities to obtain justice for unaccompanied/insecure women, children and adolescents awaiting further direction from the court. However, overall hygiene practices including washing of those living in safe housing or safe homes are not promising.

Against the above background the following strategies should be adopted to ensure the promotion and practice of hygiene in prisons, correction centers and safe homes in consultation with the authorities concerned:

- 3.10.1 Undertake hygienic measures to ensure proper health care of mentally and physically ill prisoners including women, children, and adolescents:** Adopt specific hygiene measures to ensure priority provision of health care to prisoners suffering from mental and physical ailments, including women, children, and adolescents;
- 3.10.2 Ensure adequate water supply in prisons, correction centers and safe homes to ensure washing and hygiene practices:** Ensure adequate water supply for WASH and hygiene practices and ensure cleanliness of all inmates in prisons, correction centers and safe homes, including women, children, adolescents, elderly, and disabled inmates. Also ensure supply of drinking water and water for other ancillary use such as latrine use and cleaning, bathing, various washing tasks and menstrual hygiene management of women and adolescent girls;
- 3.10.3 Always ensure adequate washing and hygiene practice facilities for all inmates in prisons, correction centers and safe homes:** Wash and hygiene practice facilities such as potable water supply, latrines, hand washing facilities, etc. should be in such places that all inmates of prisons, prisons and safe homes can use them round the clock. In this regard, it is important to ensure regular maintenance and cleanliness, including keeping the infrastructure and facilities functional to ensure free access (24 hours uninterrupted use) to wash and hygiene practices facilities;
- 3.10.4 Ensure regular cleaning of latrines and other wash infrastructure and regular supply of hygiene materials with participation of prisoners:** Ensure the regular supply of health safety and cleaning materials with the distribution of responsibilities to keep the WASH infrastructure and facilities in prisons, correction centers and safe homes effective and suitable for use always with the participation of the prisoners to keep the latrines and other WASH infrastructures clean;
- 3.10.5 Provision of WASH services on a priority basis considering the special circumstances and conditions of the inmates:** Make provision of separate latrines and washrooms for male and female prisoners as well as cater to the special needs and requirements of pregnant women, lactating mothers and disabled persons staying in prisons, correction centers and safe homes. Also make provision of other hygiene materials and equipment, including sufficient soap and water for personal hygiene, to enable prisoners to maintain an acceptable level of cleanliness;
- 3.10.6 Educate inmates in prisons, reformatories, and safe homes on hygiene:** Ensure hygiene practices are considered as part of the program of proper education and guidance for inmates in prisons, correction centers and safe homes. In this regard, include education on basic hygiene practices, the relationship between disease transmission and living in a crowded environment, and train inmates by conducting sessions on related hygiene practices under the supervision of health workers;

- 3.10.7 Introduce and follow standard operating procedures for treatment, infection control and prevention of inmates:** Develop and adopt Standard Operating Procedures (SOPs) in the prisons both for primary medical response and compliance with infection control and prevention as well as hygiene promotion and develop capacity of key staff members to ensure that no detainee is infected by COVID-19;
- 3.10.8 Proper application of WASH rules mentioned in Jail code:** Enforce concerned rules regarding water supply and sanitation in Bangladesh Jail Code 2006 (revised) for ensuring basic WASH and hygienic environment in the prison; and
- 3.10.9 Follow International Committee of the Red Cross (ICRC) guidelines to ensure water supply, sanitation, and hygiene in prisons:** Adopt the guideline of the International Committee of the Red Cross (ICRC)²² for ensuring water supply, sanitation, and hygiene in prison.

3.11 Strategy 11: Hygiene promotion and practice during emergency

3.11 (a) Hygiene practices in emergencies due to natural calamities

Bangladesh is a natural disaster-prone area where floods, river erosions, cyclones, storms etc., keep happening. WASH management and promoting hygienic behavior in disaster situations is a major challenge, as WASH facilities are likely to be damaged, and disaster-affected people are displaced from their homes due to fear and are exposed to diseases and health risks due to the inability to practice good hygiene practices. In addition to natural disasters, human-made disasters, and calamities also increase the health risks of the population. Water and fecal-borne diseases can be prevented by ensuring good hygiene practices during emergencies caused by different types of disasters. It is important to take planned initiatives to ensure public and community participation in hygiene practices in emergency situations and take practical steps.

The following strategies need to be considered to ensure the promotion and practice of hygiene in emergencies caused by disasters:

- 3.11.1 Formulation of area-wise plans and measures following government and World Health Organization guidelines for emergencies caused by disasters:** Design emergency preparedness program with the inclusion of hygiene to reduce health risk during a disaster; Formulating appropriate area-wise plans and measures to ensure hygiene practices in emergencies following government and World Health Organization guidelines;
- 3.11.2 Provision of emergency food and hygiene kits to prevent the spread of water-borne diseases caused by disasters:** To prevent the spread of water-borne diseases including diarrhea and cholera caused by the disaster, ensure the supply of hygiene-kits as well as providing emergency food aid to the disaster-affected population in the areas where the existing infrastructure and systems including drinking water and sanitation have been damaged;
- 3.11.3 Hand washing and menstrual hygiene management during disasters:** Design washing facilities specifically to meet requirements for hand washing with soap and menstrual hygiene, along with other hygiene needs during disasters;
- 3.11.4 Provision of WASH facilities and hygiene kits in shelters as pre-disaster preparedness:** Provide adequate WASH facilities and hygiene kits in flood/cyclone shelters or all institutions where people take shelter during disasters as pre-disaster preparedness;

²² Water supply, sanitation, hygiene, and habitat in prison: Supplementary guidance, ICRC, April 2012

- 3.11.5 Disseminating hygiene messages in disasters and emergencies:** Undertake hygiene promotion activities with key messages during emergencies. Prioritize providing context-specific hygiene information to people affected by emergencies;
- 3.11.6 Establishing Voluntary Mechanisms to Respond to Disasters and Emergencies:** Assess WASH needs in response to disasters and emergencies, design WASH facilities, provide hygiene materials or hygiene kits, and ensure community participation through outreach programs and establish a voluntary system for the use and maintenance of facilities;
- 3.11.7 Conduct emergency hygiene activities under supervision by activating the Disaster Management Committee:** Ensure selection, distribution, and optimal use of hygiene items under the continuous supervision of disaster management committees formed at all levels. In this case, the Disaster Management Committee should be engaged to ensure the selection, distribution, and optimal use of hygiene items; and
- 3.11.8 Ensuring coordination and cooperation among stakeholders in adopting and implementing uniform hygiene promotion activities:** Ensure coordination and collaboration with WASH stakeholders through the disaster management committee to undertake a uniform hygiene intervention approach.

3.11 (b) Hygiene Practices in Emergencies of Displaced Populations Especially Citizens Living in Various Camps or Shelters

Displaced people live in various camps or shelters for various reasons. People living in camps or shelters are at risk due to overcrowding and living in unsanitary conditions. They suffer from water and fecal-borne diseases such as cholera, diarrhea, and many other infectious diseases and become ill or face the risk of death. Such diseases are strongly associated with inadequate sanitation and unsafe drinking water supply systems and poor hygiene practices. Comprehensive WASH programs and hygiene practices in camps need to be undertaken in concerted and coordinated efforts with various sectors concerned to reduce public health risks.

The following strategies should be adopted to ensure hygiene practices for the displaced population especially the citizens living in various camps or shelters in emergencies:

- 3.11.9 Conducting and maintaining regular WASH activities in shelter/camps:** Regular operation and maintenance of WASH programs are very important for the displaced population living in various camps or shelters. Ensure a safe, clean, healthy environment through reinforcing regular WASH O&M and construction work in camps, to prevent and/or mitigate the resurgence of other outbreaks. This includes ensuring enough water provision for drinking, hand washing and hand washing stations maintenance, chlorination, disinfection, and regular cleaning activities.
- 3.11.10 Construction of MHM-friendly latrines and hand washing facilities and dissemination of hygiene messages in camps or shelters for displaced population:** Along with other hygiene practices, ensure the provision of latrines and hand washing facilities with running water supply suitable for menstrual hygiene management. Also, ensure the provision of menstrual hygiene kits including soap in Latrines. Provide health-specific information in camps or shelters for displaced persons in emergencies as well as priority inclusion of the elderly, children, and persons with disabilities in health messages;
- 3.11.11 Community-based activities to ensure good hygiene practices:** Adopt an appropriate community-based activity to ensure hygiene practices (e.g., skill development of volunteers, training of various stakeholders, adaptation and testing of visual aids, preparation of radio shows, house-to-house visits, small group discussions with leaders of residents of camps or shelters, team building planning and awareness of distressed groups appropriate communication methods for growth);

3.11.12 Importance of prevention of communicable diseases: Prioritize hands-on demonstrations and interactive discussions based on effective education and hygiene practices to prevent the risk of infectious diseases such as covid-19 and similar viral and bacterial diseases such as dengue, chikungunya etc;

3.11.13 Community and other stakeholder engagement in public health risk reduction: Ensure community engagement and engagement of other stakeholders so that people affected by the crisis have more control over the response and its impact on them and reduce public health risks;

3.11.14 Assess the actual needs of displaced populations through research and determining appropriate hygiene promotion strategies: Adopt by all implementing agencies, a uniform and appropriate hygiene promotion approach with context-specific and gender-sensitive messages, based on actual need identification through formative research, given the different culture, language, and religious sentiment of the displaced community;

3.11.15 Establish standards for the practice of indigenous law and undertake cooperative initiatives following the guidelines of the Human Rights Charter: Undertake steps to ensure hygiene practices with accessibility to all, including hygiene practice materials and menstrual hygiene management following the guidelines mentioned in the Human Rights Charter and the minimum standards of humanitarian response²³. Undertake collaborative initiatives with NGOs, the private sector, and all concerned public and private sector workers to set standards of hygiene practices.

3.12 Strategy 12: Hygiene promotion and practice during the pandemic (COVID-19, Dengue, Chikungunya, Bird Flu, Monkeypox etc.)

The emergence of infectious diseases is now becoming a global public health concern. Practicing good hygiene is very important as a preventive measure against serious viral and bacterial infectious diseases like 'Covid-19' (corona virus), 'Dengue', 'Chikungunya' or 'Bird Flu' or 'Monkeypox'.

3.12.(a) COVID-19

In 2019, the spread of the deadly corona virus (Covid-19) infection in epidemic form has increased the challenges to global public health, especially the safe drinking water, sanitation, and hygiene (WASH) sector, including Bangladesh. The Covid-19 pandemic has emerged as a serious threat to people's lives. Many people died due to Covid all over the world including Bangladesh.

The promotion of safe drinking water, sanitation, hygiene practices and environmental cleanliness is essential to protect human health during all infectious disease outbreaks, including the outbreak of Covid-19. As advised by public health experts, the main measures to prevent the spread of Covid-19 are to practice good hygiene including hand washing, personal hygiene, and physical distancing. In alignment with the National strategy paper prepared by the Local Government Division on ensuring safe water and sanitation in response to the Covid-19²⁴, Technical guidelines for prevention and control of Covid-19 pandemic of the Integrated Covid-19 Control Center²⁵ of the Directorate General of Health Service and Prevention of the Covid-19 pandemic for health care providers in health care centers of the Directorate General of Health Services (DGHS)²⁶, the following strategies can be adopted.

²³ The Sphere Handbook, Sphere, 2018

²⁴ Bangladesh Strategy Paper 2020-23 on Ensuring Safe Water and Sanitation and Enhancing Hygiene in Response to Covid-19, Local Government Division.

²⁵ Technical Guidelines for the Prevention and Control of Social and Institutional Transmission of the Covid-19 Pandemic, Integrated Covid-19 Control Center, Directorate General of Health Service.

²⁶ National Guidelines for Healthcare Providers on Infection Prevention and Control of the Covid-19 Pandemic in Healthcare Settings, March 2020, Directorate General of Health Service.

- 3.12.1 Implementation of national programs to combat Covid-19 and ensure access to WASH services for all:** Prioritize community, public places, urban slums, educational institutes and health care facilities, and other identified vulnerable areas for WASH intervention for response to COVID-19 outbreak and ensure access to WASH services by all people including elderly, people with disabilities, women and girls, homeless people, and those living in precarious situations;
- 3.12.2 Development of public hand washing stations and wastewater disposal management model and preparation of guidelines:** Develop appropriate management models and guidelines for ensuring the sustainability of hand washing facilities and their regular supply of soap/ soapy water, sufficient running water with functioning taps, and adequate drainage installed in public places;
- 3.12.3 Integrating Covid-19 activities with hygiene programs:** Integrate COVID-19 intervention with regular school hygiene programs and ensure sufficient safeguarding in each educational institute against COVID-19 transmission among the students;
- 3.12.4 Establishment of hand washing as a social norm and status:** Establish hand hygiene as a social norm and dignity at all levels of society to prevent transmission of all infectious diseases including COVID-19 and accordingly design focused hand hygiene intervention;
- 3.12.5 Disinfection of personal protective equipment including healthcare facilities:** Undertake preventive measures in HCFs for preventing exposure to COVID-19. Ensure the use of PPEs for personal protection, decontamination of surfaces/rooms/equipment/items, and decontamination, management, and disposal of waste in all HCFs;
- 3.12.6 Encouraging everyone to get vaccinated and wear masks:** Encourage everyone to take the Covid-19 vaccine approved by the government and the Department of Health and wear masks;
- 3.12.7 Conducting hygiene campaigns:** Develop a multi-stakeholder national hygiene behaviour change campaign based on the HH4A²⁷ road map with a special focus on densely populated areas to minimize transmission of COVID-19;
- 3.12.8 Updating of important information regarding the Covid-19 pandemic:** Develop communication materials based on technical information and guideline provided by DGHS on COVID-19, use those materials for hygiene behavior change communication and ensure uniformity and updating of critical information in coordination with DGHS, IEDCR and other relevant departments involved with IPC of COVID-19 pandemic;
- 3.12.9 Collaborate and coordinate between interagency and related stakeholders:** Work in collaboration with all stakeholders whether public, private, donor, or civil society in a coordinated manner to optimize the use of limited resources for strengthening COVID-19-specific WASH services.

3.12.(b) Dengue and Chikungunya

Dengue is the most common mosquito-borne, viral disease in the world and is transmitted by the Aedes mosquito. This mosquito also transmits Chikungunya, Zika, and Yellow fever viruses. Dengue has been identified as the most prevalent and rapidly spreading disease in recent years and its transmission is well known in all countries. Deficient water management, improper water storage, stagnation of rainwater in containers lying outside houses, and practices leads to the proliferation in urban, semi-urban, and rural areas. With the huge outbreak of dengue in Bangladesh in 2000, it has established itself as an important health problem in Bangladesh.

Like Dengue, Chikungunya is also related to rainfall and temperature. In recent years, it has been observed that during the period of monsoon and post-monsoon, there is an upsurge in the cases because

²⁷ Strategic Paper: Hand Hygiene for all-A Roadmap to achieve universal hand hygiene in Bangladesh, LGD

the population of the vector fluctuates with rainfall and its life span is influenced by temperature and humidity. A high vector density in the post-monsoon season enhances virus transmission.

Aedes aegypti is the main vector of transmission of Chikungunya in Bangladesh. They are principally day biters. The prevention and control of Dengue and Chikungunya include among others the destruction of breeding ground of Aedes mosquito, which is related to environmental hygiene. Vector control is thus very important in controlling or preventing Dengue and Chikungunya transmission.

In alignment with the national guidelines²⁸ for the clinical management of Dengue syndrome and Chikungunya, the following strategies are to be adopted:

- 3.12.10 Public-private, private, and community joint initiatives to control germs:** Larval source reduction being the main tool for vector control, develop concerted efforts among the government agencies, NGOs, and communities to undertake preventive and control measures. The control measures should be implemented at personal, community, and institutional levels;
- 3.12.11 Collective action at institutional, community, and family level including awareness raising in germ control:** Undertake actions at the community and institutional levels including awareness raising and community participation in dengue and chikungunya prevention and control, in source reduction, cleaning, and covering water storage, cleaning of larval habitats like OHT, groundwater reservoir, air coolers, flower tubs etc., keeping surroundings clean, improving basic sanitation measures, promoting the use of insecticide-treated nets and curtains and mobilizing households to cooperate during spraying/fogging;
- 3.12.12 Intensification of mosquito control program:** Strengthen mosquito extermination program by City Corporation/Pourashava for the elimination of breeding site for vector control. Encourage preventive measures in this regard at the family level and take necessary measures including the mass campaign to ensure that water is not stored/accumulated in any container for more than 3 days; and
- 3.12.13 Campaign activities including strengthening public health infrastructure, inter-agency collaboration, and ensuring responsible healthcare practices:** Undertake actions including strengthening of the public health infrastructure, inter-sector collaboration and community participation, developing strong public advocacy, establishing a responsive healthcare system for appropriate care of the patients in hospitals and publicity and community awareness through mass media campaign as per national guidelines.

3.12.(c) Bird Flu

Bird flu is an infectious disease of birds caused by the Influenza 'A' (H5N1) virus. Since 2003, people are suffering from this disease continuously in Bangladesh. Mortality rates are often high due to high infection rates in humans. The widespread prevalence of the H5N1 virus in poultry and its continued transmission to humans has increased the risk of infection with this virus compared to any other novel viral pandemic.

The government has undertaken National Avian and Pandemic Influenza Preparedness and Response Plan to prevent and control avian and pandemic influenza.²⁹ The goal of the 2nd National Plan adopted during 2009-11 was to reduce morbidity & mortality in both poultry & human to minimize socioeconomic & environmental impact. In addition to this, the Avian Influenza Strategy and Guidelines³⁰ prepared by the Ministry of Fisheries and Livestock in 2008 have emphasized increasing the effectiveness of the disease control system to establish a rapid and effective control system for disease prevention.

The following strategies³¹ can be adopted to prevent bird flu transmission in line with the prevention and control strategies mentioned in the national plan and related strategy papers and guidelines:

²⁸ National Guideline for clinical management of dengue syndrome, 4th edition 2018 (revised 2020) and National Guideline for clinical management of Chikungunya Fever, May 2017. Directorate of Health Services

²⁹ 2nd National avian and Pandemic influenza preparedness plan 2009-2011, DGHS.

³⁰ Bangladesh Avian Influenza Compensation Strategy and Guidelines, 2008, Ministry of Fisheries and Livestock

³¹ 'Bird Flu and Bangladesh: Review and Update', Review Article, ASM Nu Ahmed, Research Gate, January 2008

3.12.14 Adoption of appropriate support activities in light of One Health Approach at the national level to prevent avian influenza transmission from poultry to humans: Undertake appropriate interventions at the national level to reduce the risk of transmission of avian influenza from poultry birds to humans including measures like Improvement of poultry husbandry system, poultry trade regulation and monitoring, live bird market and slaughter place improvement, biosecurity, waste management and stamping out of infected poultry;

3.12.15 Reducing the risk of contracting avian influenza: Undertake interventions to reduce the risk of transmission of avian influenza from human to human including measures like isolation, quarantine, and non-pharmaceutical interventions like social distancing, personal hygiene, and food hygiene;

3.12.16 Food hygiene practices to prevent avian influenza: To stay safe, practice personal and food hygiene (e.g., washing hands with soap and hot water before and after touching raw poultry and eggs, cooking poultry at high temperatures, etc.) undertake promotional activities; and

3.12.17 Building social movements by engaging people in bird flu risk and prevention: Develop a comprehensive, multi-sectoral mass communications strategy using communication (IEC, BCC) materials, mass media, IPC, announcements, advertisements to sensitize the people about the risk of Bird Flu and its prevention measures. Integrate a strong community mobilization component to create a social movement through enhanced participation and creative involvement of communities in addressing the problems by using standard messages, materials, and instructions.

3.12 (d) Monkeypox

Monkeypox is a viral zoonotic disease that can affect both humans and various animals. It was first identified in laboratory monkeys in Copenhagen in 1958. Monkeypox primarily occurs in Central and West Africa, but outbreaks have also been observed in Europe and North America.

Initial symptoms include headache, muscle aches, severe fever, and fatigue. The disease typically starts with rashes or pustules on the face and can spread to other parts of the body. In severe cases, it can be fatal. The disease can spread through pets such as rodents, squirrels, and rabbits and through close contact with infected individuals.

Monkeypox has two types: Central African and West African. However, its symptoms are milder compared to smallpox. Patients usually recover within 14 to 21 days. There have been no reported cases of this disease in Bangladesh so far.

Health experts indicate that the risk of transmission increases with close contact with an infected person. The virus can also enter the body through the respiratory tract, open wounds, nose, mouth, or eyes. Transmission can occur through contaminated clothing and other personal items the infected person uses. Preventive measures include avoiding contact with infected individuals or animals, practicing good hygiene, and vaccination.

Strategies for preventing monkeypox infection include:

3.12.18 Emergency Health Alert Issuance: According to the World Health Organization and government guidelines, as an urgent measure to mitigate and prevent the risk of the monkeypox virus, special alerts should be issued, a hotline established, and a special medical team formed. Arriving passengers from abroad should be tested for monkeypox. If necessary, they should be provided with treatment at designated hospitals.

3.12.19 Special Health Awareness on Monkeypox: When an outbreak of monkeypox occurs, the World Health Organization (WHO) generally issues a global health alert. Measures should be taken to create awareness among the public about the causes, symptoms, modes of transmission, potential complications of monkeypox, how to diagnose the disease, treatment methods, and preventive actions.

3.12.20 Implementation of Special Health Protocols for Monkeypox Prevention: Monkeypox is primarily a contagious disease; avoiding contact with infected or showing symptoms is essential. Infected individuals should remain isolated until they are fully recovered, and both the infected person and their caregivers should use masks. Regular handwashing with soap or alcohol-based hand sanitizers is important. Maintaining cleanliness and practicing proper coughing and sneezing etiquette, such as using tissues or handkerchiefs and avoiding spitting in public, are also necessary. Items used by the infected person should be disinfected with soap and disinfectant detergent. Avoid contact with personal items used by the infected individual, such as towels, handkerchiefs, pillows, and sheets. Additionally, maintain a safe distance from infected wildlife or rodents, such as squirrels and rabbits. Avoid contact with animal bites, scratches, saliva, or urine, and steer clear of any sick or deceased animals. Individuals should not travel to infected areas while ill, and those traveling to infected areas within 21 days should be required to seek medical attention.

3.13 Strategy 13: Social and Behavioral Change Communication (SBCC) strategy for hygiene promotion

Effective hygiene promotion usually includes, among others, a range of strategies primarily aiming to improve hygiene behavior and therefore, bring in positive changes in associated socio-cultural norms, so, as to make people conscious of their adverse behaviors and prevent the spread of water and sanitation related diseases. Generally, extensive use of interpersonal communication, use of mass media, community media such as interactive popular theatre and social media such as SMS and Facebook, use of social marketing approach, community participation, social mobilization, and national hygiene promotion campaigns are the major BCC strategies undertaken for hygiene promotion. However, as SDP implies, an integrated IEC guideline can be developed for the target population on behavior development through hygiene practices, proper operation and maintenance of school WASH programs, and proper implementation of water safety plans. Surveys can also be conducted on what kind of tools, media, or methods are being used to promote hygiene practices in development projects undertaken by various NGOs and governments. Given the importance of the following factors in determining an overall social and behavioral change communication (SBCC) strategy, the National Strategy Paper on Hygiene Promotion includes the following social and behavioral change communication (SBCC) strategies that are exemplary for all:

- 3.13.1 Promoting 'coordinated or cluster behavior':** Promote 'cluster behavior', which includes access to safe water and hygienic sanitation facilities, handwashing during critical times, social distancing, personal hygiene, water safety, household chlorination and sanitizing tube well handle before use, food hygiene and environmental hygiene at community and household level;
- 3.13.2 Creating an enabling environment for hygiene practices:** Adopt innovative hygiene promotion techniques and create the enabling environment to promote improved hygiene behavior in target groups and develop a social mechanism to maintain and sustain these behavioral practices;
- 3.13.3 Appropriate education of parents and caretakers/caregivers of children under five years of age on hygiene practices through health care providers:** Target parents/ caretakers of under five children for hygiene education and behavioral changes to reduce diarrhea and other waterborne diseases at the household level who are to be educated by health service providers/ community volunteers, religious and community leaders;
- 3.13.4 Promotion of hygiene by following child-to-child, child-to-parent, or woman-to-woman approaches:** Prioritize child-to-child approach in schools and child-to-parents and women-to-women approach in communities for message communication and strengthening interaction for hygiene promotion;
- 3.13.5 Promotion of hygiene with the involvement of teachers, community, and religious leaders:** Engage teachers, community leaders, and religious leaders in the hygiene promotion program;

- 3.13.6 Inter-ministerial initiatives for hygiene Promotion:** Undertake high-level advocacy by National Forum for Water Supply and Sanitation (NF-WSS) in association with various stakeholders including concerned ministries, line departments, and academic/research institutions. NGOs, development partners, civil society, and the private sector for developing inter-ministerial initiatives for ensuring hygiene promotion and practices;
- 3.13.7 Development of marketing and distribution systems with social awareness:** Develop of social marketing and distribution system for soap, sanitary pads, hand sanitizers, chlorination tablets, low-cost plastic basins, ORS etc. through various Social and Community-Based Organizations (CBOs) through one-to-one approach, leaflet distribution, group meetings, fairs, and demonstrations;
- 3.13.8 Development of Social and Behavioral Change Communication (SBCC) materials and nationwide hygiene Promotion campaigns through the National Forum for Water Supply and Sanitation (NFWSS) or Inter-Ministerial Coordination Group:** Develop issue/thematic and appropriate Social and Behavioral Change Communication (SBCC) materials for various media including print and electronic for countrywide hygiene campaigns under the guidance and supervision of National Forum for Water Supply and Sanitation or Inter-Ministerial Coordination Group. Also, ensure the use of these materials by officials of various sectors for hygiene practices in specific target groups;
- 3.13.9 Use of mass media and social media for hygiene promotion:** Use different communication media including print and electronic together or side by side to disseminate the message about hygiene practices among the public and increase awareness on related subjects. Also, prioritize the use of smartphone and social media (Facebook, Twitter, Massager, WhatsApp, YouTube channel, etc.) for dissemination of hygiene messages and awareness building among the mass people;
- 3.13.10 Strengthening Interpersonal Communication:** Prioritize interpersonal communication with the target groups on specific hygiene issues during important touch points to promote behavioral changes as per the communication framework outlined (Annex-4); and
- 3.13.11 Adopting a systematic approach to hygiene promotion:** Adopt a systematic approach for hygiene promotion by i) analyzing current risky behaviors of the target groups, ii) identifying barriers and motivational factors to change behaviours through formative research, iii) Disseminating hygiene messages through appropriate communication channels and reaching target groups based on identified motivational factors; and iv) evaluating the result and making necessary adjustment in the programmatic approach.

3.14 Strategy 14: Practice, explore and replicate successful hygiene promotion models

The success of social and behavioral change communication programs will depend largely on the socioeconomic and sociocultural characteristics of the targeted segments of the community people. Thus, formative research and in-depth studies on community perceptions and behavior change requirements, as well as systematic design of promotional interventions are to be undertaken to secure the desired public health impacts.

Several SBCC models are in practice by a few sector actors in different parts of the country to bring desired behavioral changes among the target communities, which have the potential to be replicated on the scale for hygiene promotion. A framework for the most appropriate approaches (e.g., RANAS model, FOAM, SaniFOAM, ABCDE, CLTS, etc.) for hygiene promotion is given in **Annex 5**. These models need to be further reviewed and adapted to the varying community contexts for hygiene promotion.

The following strategies are to be undertaken to adopt those models for ensuring hygiene practices:

- 3.14.1 Evaluating the effectiveness of various methods or models of hygiene promotion through piloting:** Select a pilot area, analyze the situation of the target communities or target groups, adopt the models to the extent feasible, assess results, and based on results, make the necessary adjustment in the models, and apply the revised model in a bigger area;
- 3.14.2 Selection of the most suitable method or model and undertake program by evaluating the effectiveness of different methods or models based on piloting results:** Adopt hygiene promotional programs based on the results of piloting, design hygiene promotion interventions and develop various social and behavioral change communication (SBCC) materials; and
- 3.14.3 Selection and application of a general social and behavioral change communication (SBCC) model of hygiene promotion and practice:** Select a general social and behavioral change communication (SBCC) model of hygiene promotion and practice, apply it, and develop different SBCC models adapted to local context considering the economic, social, and cultural characteristics of the population in the area.

3.15 Strategy 15: Ensure the potential use of the social and professional organizations

The most critical element of hygiene behavior and social change campaigns are to rightly identify the factors having an influence on personal beliefs, social orientation, and practices. Attempts are to be made to identify the appropriate use of the various local government systems, social organizations, professional organizations, educational institutions, and indigenous leadership from within the society for hygiene promotion.

The following strategies are to be adopted in this regard:

- 3.15.1 Ensuring the potential use of social organizations to ensure hygiene promotion and practice:** Ensure the potential use of the social organizations (i.e., religious/faith-based organization, community-based organizations, youth and women's organizations or groups and their national and local associations, social clubs if any), and educational institutions (i.e., schools) for hygiene promotion among the communities; and
- 3.15.2 Ensuring the potential use of professional organizations for hygiene promotion:** Ensure the potential use of professional organizations (i.e., Owners' Associations, Labour Welfare Association, Associations of different occupational groups etc.) for hygiene promotion in different sectors.

3.16 Strategy 16: Hygiene promotion among socially excluded communities and groups

Due to different cultures, religions, castes, and identities, many remain isolated from mainstream society. The geographically and socially excluded groups isolated and living in a confined area are often deprived of basic public facilities including WASH. Of these groups, sex workers, cleaners, transgender, nomadic river gypsies, ethnic minorities, etc. are the most vulnerable groups living in isolation in society.

Sex workers and cleaners are socially the most isolated in Bangladesh. They are also deprived of basic human rights including water, sanitation, and hygiene services. On the other hand, the cleaners (known as sweepers) although socially indispensable are extremely poor. Overall environmental health, water supply, sanitation, solid waste disposal and drainage system, personal hygiene behavior, and menstrual hygiene management scenario of the brothel and sweeper colonies are extremely bad. They live in congested & unhygienic living spaces. In addition to waterborne diseases and diseases due to unhygienic living conditions, they are also vulnerable to diseases like Reproductive Tract Infection (RTI) and Sexual Transmitted Diseases (STD), and HIV/AIDs. WASH services are inadequate in the brothel and sweeper colonies.

River gypsies are an ethnic group in Bangladesh. They are known as “gypsies” or “bedey” to local people. They have their own lifestyles and culture. They want their domestic culture, but the problem is they do not want to roam in the river and jungle because their traditional professions are losing demand. Most of the bedeys are illiterate and are living below the poverty line. One of the major problems faced by bedey community is safe drinking water and sanitation. They have no land and mostly they use only kacha unhygienic toilets by sharing or they defecate in canals and rivers. In most cases, they use the river water to clean, cook, bathe and drink and in some cases, they directly drink the river water by treating it with potassium aluminum sulphate. They pollute the river water and its surroundings by defecating in the open places both on land and in water which is another cause of water pollution. No development program has yet been launched for the socially excluded and stigmatized Bede Community.

Transgender Hijra is one of the most excluded and vulnerable groups in Bangladesh. They are discriminated against and excluded from their fundamental rights in every sphere of social life. They do not have smooth access to employment, education, health, public ceremony, and living with mainstream society. Their participation is very negligible in any kind of social, economic, or political sphere in society because of their gender identity although the state has already recognized them as the ‘Third gender’. This group also has limited access to public WASH facilities and is often excluded from any mainstream hygiene promotional activities.

The following strategies can be adopted to ensure hygiene promotion and practice among the above-mentioned socially excluded communities and groups:

- 3.16.1 Ensuring social inclusion, rehabilitation, and WASH facilities of marginalized communities:** Identify these groups, bring them under the social inclusion and rehabilitation program, and ensure all basic facilities including improved WASH facilities through the involvement of LGIs and the social service department of the government;
- 3.16.2 Special WASH program planning and delivery of inclusive services:** Design a special WASH program and provide inclusive WASH services based on their contextual need, culture, and social norm;
- 3.16.3 Adopt consistent and inclusive hygiene promotion and education programs to ensure decent social services and mainstream society:** Undertake inclusive hygiene education programs adapted to their contexts through the engagement of NGOs, transform their belief and occupational disgust into a dignified social service, improve their behavioral pattern and shift them gradually to the mainstream society;
- 3.16.4 Undertake capacity-building programs for community leaders and link up with appropriate departments including local government institutions:** Undertake capacity development program to develop community leaders in each group, develop CBOs and link these CBOs with Pourashava and other utility departments to demand basic services including WASH.

4. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS FOR HYGIENE PROMOTION

4.1 Focal Ministry, Division and Agencies

4.1.1 Local Government Division: According to the Rules of Business³² of the government, the Local Government Division (LGD) will perform the tasks related to WASH. These are (a) drinking water issues and (b) the development of water supply, sanitation, drainage, and sewage systems in rural and urban areas.

The Local Government Division as the lead agency will ensure the implementation of this National Strategy through coordination with other organizations in the sector. Apart from this, through the Standing/WATSAN Committee of local government institutions related to WASH, it will ensure the progress of hygiene promotion and practice activities at the village and city level and monitor the extent of success;

4.1.1.1 The National Forum for Water Supply and Sanitation: The National Forum for Water Supply and Sanitation (NFWSS) under the jurisdiction of the Local Government Division is a national forum composed of representatives of various government, non-governmental organizations, and development agencies including relevant ministries, organizations, and departments under the chairmanship of the secretary/senior secretary of the Local Government Division. The main responsibility of the National Water Supply and Sanitation Forum is to coordinate, guide, allocate resources, monitor, and evaluate all activities of the drinking water supply and sanitation sector. As the coordinator of this forum, the Local Government Division through its Policy Support Branch (PSB) will implement the Sector Development Plan (SDP) and formulate various policies and strategies, coordinate and monitor the activities of the sector.

There are two committees to assist the National Water Supply and Sanitation Forum in implementing Sector Development Plans (SDPs). These are, (a) Policy and Monitoring Support Committee chaired by the Additional Secretary (Water Supply) of the Local Government Division; The Policy Support Branch (PSB) serves as the committee's secretariat. and (b) Technical Support Committee chaired by the Chief Engineer, Department of Public Health Engineering (DPHE); DPHE serves as the secretariat of this committee. Among the 8 thematic groups formed to support the implementation of the Sector Development Plan (SDP) under the said two committees, the 'Hygiene, Gender and Disability' thematic group under the Policy and Monitoring Support Committee is responsible for coordination, direction, resource allocation, monitoring, and evaluation activities at the national level for promoting hygiene practices. As such, the Policy Support Branch (PSB) of the Local Government Division as the secretariat of the Policy and Monitoring Support Committee will provide all instructions including proper coordination and cooperation to ensure the support of those concerned in the promotion and practice of hygiene at the national level. This committee will also provide support to the National Water Supply and Sanitation Forum in monitoring the progress of hygiene practices at the village and city levels through the Standing/WATSAN Committee on WASH of the local government institutions at the local level;

4.1.1.2 Local Consultative Group (LCG): The Local Consultative Group (LCG) is a collective platform of Bangladesh's bilateral and multilateral development partners. The platform includes relevant public-private institutions, development partners, and NGOs, among other stakeholders. The purpose of this platform is to review experiences gained among themselves, various problems, and obstacles, as well as coordinate activities related to

³² Allocation of Business Among the Different Ministries and Divisions, 1996' (Revised up to April 2017)

water supply, sanitation, and hygiene promotion. In addition, Local Consultative Groups (LCGs) are constituted to assist the National Water Supply and Sanitation Forum in the implementation of Sector Development Plans (SDPs) and to facilitate coordination between (a) The Policy and Monitoring Support Committee, (b) The Technical Support Committee;

4.1.1.3 Department of Public Health Engineering (DPHE): The Department of Public Health Engineering (DPHE) is the lead technical agency for the water supply sanitation and hygiene (WASH) sector in Bangladesh. DPHE will manage the campaign as well as coordinate and implement activities related to hygiene promotion and practices within its jurisdiction;

4.1.1.4 All WASAs: WASAs established in Dhaka, Chattogram, Khulna, and Rajshahi are semi-autonomous bodies, whose management is vested in their respective boards. WASAs report directly to the Local Government Division under the Ministry of Local Government, Rural Development, and Co-operatives. Among WASAs, only Dhaka WASA covers water supply, stormwater drainage, and sewage management. Chattogram, Rajshahi, and Khulna WASA are currently only managing the water supply. Effective participation of WASAs in their respective jurisdictions should be ensured in promoting hygiene and improving overall hygiene practices by coordinating with the city corporations;

4.1.1.5 City Corporation: City Corporations have been formed in large cities of the country with many people. Currently, there are 12 city corporations in the country. The Local Government (City Corporations) Act, 2009, 3rd Schedule, provides for the collection, removal, and management of refuse, urinals, and latrines; drinking water supply and drainage; private sources of water supply; drainage schemes; bathing and ablution facilities, etc. There are several standing committees to supervise the smooth execution of these tasks, review the progress, and make recommendations on any other matters. The two Standing Committees on WASH in city corporations are the Standing Committee on Waste Management and Standing Committee on Water and Power;

4.1.1.6 Municipalities: Municipalities are made up of small urban areas in the country. There are 329 municipalities in Bangladesh. According to sub-section 50(2) of the Local Government (Municipalities) Act, 2009, the functions of municipalities in relation to WASH are (a) supply of water for residential, industrial, and commercial purposes; (b) water and sewage; and (c) waste management. According to the provisions of the Municipal Act, 2009, there is no direct standing committee on WASH. However, according to this law, if the municipality wants to, it can form additional standing committees on drinking water, sanitation, and waste disposal. Considering the importance of WASH, it is necessary to start discussions at various levels so that permanent committees can be formed in this regard in all municipalities. Overall, municipalities will coordinate, implement, and monitor water, sanitation, and hygiene promotion and practice-related activities (hardware and software) with WASH service providers and individuals as per the Act;

4.1.1.7 Upazila Parishad: The Upazila Parishad is one of the most important administrative units in the administrative decentralization of Bangladesh. At present, the number of Upazilas in the country is 493. The Upazila Parishad continues to play a very strong role in implementing the overall development activities of the country. The Upazila Parishad is governed by the Upazila Parishad Act, 2009.

According to the 2nd Schedule of this Act, Upazila Parishad's tasks related to WASH are to ensure public health, nutrition, and family planning services, improve sanitation and sewage system, and take measures to supply safe drinking water. The Upazila Parishad will continue to coordinate with the Union Parishad and other state institutions in its jurisdiction. Upazila Development Coordination Committee meetings should discuss the activities, plans, and progress of WASH on a regular basis. The relevant standing committees on public health, sanitation and clean water supply will

continue to coordinate and provide facilities for all development activities in their respective jurisdictions, including WASH;

4.1.1.8 Union Parishad: The Union Parishad is the lowest level of local government in rural areas. At present, there are 4579 unions in the country. WASH activities have been mentioned in detail in the proceedings of the Union Parishad. According to Section 45 of the Local Government (Union Council) Act, 2009, there is a provision to constitute 13 subject-specific Standing Committees for the proper execution of the functions of the Council. Among them, the Union Standing Committee on Sanitation, Water Supply, and Sewerage will conduct the implementation and monitoring of hygiene promotion activities, including WASH.

4.1.2 Ministry of Health and Family Welfare: The main task of the Ministry of Health and Family Welfare is to build a healthy population by ensuring affordable, quality health and family planning services for all through the development of health education, nutrition, and population sectors. The Ministry of Health and Family Welfare plays an important role in WASH activities. At the national level, the Ministry of Health and Family Welfare and its affiliated departments, offices, and organizations work in the promotion of public health, nutrition, sanitation, clean water supply, and hygiene. The said works are carried out through District and Upazila Health and Family Planning Officers at the district and Upazila level and Union Health and Family Welfare Assistants at the union level, who are also members of the Standing Committee on WASH. The Committee members shall record in their monthly report the activities related to the strengthening of their role in the Standing Committee on WASH for the purpose of hygiene promotion and practice-related activities within their jurisdiction. Besides, the Ministry of Health and Family Welfare will also take steps for the disposal of hazardous medical waste and safe management of industrial waste through health service providers;

4.1.3 Ministry of Education: The role of the Ministry of Education is particularly important in promoting hygiene practices and implementing programs, including WASH. At the national level, the Ministry of Education and its affiliated departments, offices, organizations, and educational institutions work to improve the overall quality of education in educational institutions, including public health, sanitation, clean water supply and hygiene. Moreover, according to the circular issued by the Ministry of Education on WASH, the steps taken to implement WASH and hygiene promotion programs are very relevant and effective. The subjects should also be included in the education curriculum. The said activities are conducted through the concerned education officers at the district and upazila levels, who are also members of the Standing Committee on WASH. In this way, the education officers will record the issues related to the activities in their monthly reports, including strengthening their role in the Standing Committee on WASH for the sake of hygiene promotion and practice related activities. The Ministry of Education will work to ensure the practice of hygiene by providing WASH facilities, including provision of running water supply, and hand washing with soap, menstrual health care, etc;

4.1.4 Ministry of Primary and Mass Education: The Ministry of Primary and Mass Education, through the Directorate of Primary Education will ensure the teaching of hygiene promotion in primary schools. Upazila and district-level primary schools will ensure the practice of hygiene by providing running water supply and WASH facilities with soap and hand washing facilities. The Ministry of Primary and Mass Education will also work to review and improve hygiene practices in the primary education program as needed;

4.1.5 Ministry of Environment, Forest and Climate Change: The main function of the Ministry of Environment, Forest and Climate Change is to ensure a sustainable and livable environment for the present and future population through the promotion and practice of environmental and neighborhood cleanliness, and the promotion and practice of good hygiene. Apart from this, this ministry will play a role in building a pollution-free, healthy, beautiful, and model Bangladesh through the Department of Environment and related divisions and departments. The Ministry of Environment, Forest and Climate Change will play a role in the proper implementation of environmental laws and regulations as well as increasing public awareness on environmental

issues. To ensure sustainable development, and the environment, health service providers will take the necessary steps to ensure proper disposal of hazardous medical and industrial waste. The Ministry of Environment, Forest and Climate Change will also work to clean abandoned and unused canals and water bodies, and ensure a healthy environment, and prevent pollution;

- 4.1.6 **Ministry of Food:** The main function of the Ministry of Food is to ensure food security for all citizens of the country through integrated food management. The Ministry of Food works to improve the country's food security, provide food assistance to poor people and ensure a safe and nutritious food supply. To ensure safe food and water supply, the Ministry of Food, jointly with the Ministry of Environment will play a role in overall hygiene promotion by ensuring the processing, import, production, marketing, and storage of food and beverages hygienically and banning all acts of adulteration of food and water considered harmful to human health;
- 4.1.7 **Ministry of Road Transport and Bridges:** The Ministry of Road Transport and Bridges shall ensure hygienic practices, and a clean environment in the transport sector for the safety of passengers. In particular, steps must be taken to ensure that the public toilets on the roads (highways) and other points where they need to be installed are of good quality and passenger friendly;
- 4.1.8 **Ministry of Shipping:** The Ministry of Shipping will ensure a hygienic and clean environment for the safety of passengers traveling by sea. The Ministry of Shipping will also take effective steps to ensure safe drinking water, latrines, and hand washing facilities in the boats and how to dispose of the excreta and urine of the passengers in a hygienic manner without throwing them into the river;
- 4.1.9 **Ministry of Railways:** The Ministry of Railways is responsible for ensuring a healthy and clean environment in railway stations and railway carriages, especially safe drinking water and latrine management, to ensure a high-quality and passenger-friendly environment for the safe health of railway passengers. Necessary measures should be taken on how to introduce a hygienic disposal system to ensure that railway passengers do not leave their faeces in the open. A good number of vehicles come and go outside every railway station. Moreover, due to the location of various small businesses and hawkers in the vicinity of the station, they need to have access to good sanitation facilities in the station. Therefore, at the initial stage, if not in all the railway stations, where there is a relatively a crowd of people, there is a need to take immediate steps to construct public toilets with modern facilities and that are user-friendly at convenient places outside the railway stations. Every railway station needs to be designed to be green, hygienic, clean, and passenger friendly;
- 4.1.10 **Ministry of Labour and Employment:** The Ministry of Labor and Employment has an important role in ensuring a proper and healthy, clean working environment for workers engaged in various industries for the increasing economic prosperity of the country. The Ministry of Labour and Employment will take appropriate steps to ensure proper and hygienic environment in all factories for the overall safety and security of the workers engaged in production work in industrial factories;
- 4.1.11 **Ministry of Home Affairs:** The Ministry of Home Affairs has an important role to play in ensuring a hygienic and clean environment in prisons and correction centers. In all the prisons in the country there are more prisoners than capacity. It is very important to create enough WASH facilities for them. It is therefore, necessary to take the necessary steps to ensure proper hygiene practices, including the construction of WASH infrastructure in every prison. To ensure a healthy and clean environment in prisons, it is important to allocate an adequate budget for the construction of these infrastructures as well as take steps for smooth operation and maintenance. If necessary, the help of competent voluntary organizations can be sought in conducting WASH activities in the prison or correction center;
- 4.1.12 **Ministry of Social Welfare:** The Ministry of Social Welfare has an important role in taking necessary measures to ensure that safe drinking water and sanitation systems are hygienic, user-friendly, and of high quality in various correction centers in the country. The Ministry of Social Welfare can play an important role to ensure safe menstrual health management for adolescents;

4.1.13 Ministry of Disaster Management and Relief: Bangladesh is in a very vulnerable condition due to disaster proneness and climate change. The Ministry of Disaster Management and Relief plays an important role in adopting effective and necessary hygiene practices in advance, during and after disasters. The Ministry of Disaster Management and Relief will take the necessary steps to ensure emergency WASH activities in cyclone/flood shelters and camps;

4.1.14 Ministry of Chittagong Hill Tracts Affairs: The role of the Ministry of Chittagong Hill Tracts Affairs is important to ensure a hygienic and clean environment in various public, private, and local government institutions located in remote hilly areas. This Ministry will take the initiative for the adoption and implementation of plans related to water, sanitation, and hygiene promotion activities through District hill councils and related parties in Chittagong Hill Tracts, the creation of effective partnerships with communities, and building effective cooperation with NGOs and CBOs, private sector, business entrepreneurs, and individuals to ensure universal hygiene promotion and practices;

4.1.15 Ministry of Civil Aviation and Tourism: The Ministry of Civil Aviation and Tourism will ensure a healthy and clean environment at domestic and international airports and tourist centers;

4.1.16 Ministry of Religion Affairs: The Ministry of Religion Affairs will play a role in promoting hygiene, conducting cleanliness activities, and ensuring a hygienic environment by involving religious leaders, including imams, muezzins, and priests, in various places of worship, including mosques, temples, churches, and pagodas. Through them, the Ministry of Religion will take steps to increase public awareness about WASH;

4.1.17 Ministry of Information and Broadcasting: The role of the Ministry of Information and Broadcasting is most important in creating mass public awareness about hygiene. The Ministry can play a major role by promoting nationwide publicity of hygiene messages in the mass media and disseminating related information through electronic and print media.

In addition to the mentioned ministries and departments, the Ministry of Public Administration, Ministry of Women and Children Affairs, Ministry of Youth and Sports, Ministry of Commerce, Ministry of Cultural Affairs, Ministry of Industries and its related departments can play a role in creating widespread public awareness about hygiene.

4.2 NGOs, the private sector and development partners

NGOs play an important role as partners of the government in providing supplementary services to the government for the welfare of backward communities. The National Forum for Water Supply and Sanitation (NFWSS) of the Local Government Division, in coordination with public and private institutions, the private sector, and NGOs involved in WASH and sanitation promotion activities in rural and urban areas, is implementing the WASH program in collaboration with the Standing Committee on WASH of Local Government Institutions-LGIs (Union Parishad, Municipalities, etc.). Various participatory tools and models developed by NGOs for hygiene promotion are being effectively used in various awareness and mobilization activities.

The private sector is already active in hygiene promotion as a mechanism for the expansion of their market through promotional activities for personal hygiene-related products (soaps, sanitary pads, ORS, water storage tanks, pipes, hand washing buckets, toilet papers, etc.). An effective public-private partnership (PPP) will be a win-win situation for both the public and private sectors. The public sector will gain expertise and resources under respective corporate social responsibility (CSR) initiatives with the private sector for promotional activities, while the private sector will gain from the expansion of their market. To promote overall hygiene, these activities should be systematically incorporated into the corporate social responsibility initiatives of the private sector. Proper incentive packages should be in place for the private sector to encourage their participation in hygiene promotion activities, particularly for expanding the WASH supply chain in remote and rural areas. Local government institutions and all concerned departments should involve the private sector in hygiene promotion activities in their respective sectors through PPP or collaborative arrangements.

Along with the government, non-governmental organizations, the private sector, and NGOs play an important role in the development of safe drinking water supply and sanitation systems by implementing various projects and programs. In this continuation, it will be possible to accelerate the implementation of hygiene strategies and hygiene practices as an integral part of various activities related to WASH with the coordinated support of all.

5. INSTITUTIONAL ARRANGEMENTS AND SECTOR COORDINATION MECHANISMS FOR HYGIENE PROMOTION

The responsibility of managing and coordinating the overall activities of the water supply and sanitation sectors is vested in the Local Government Division under the Ministry of Local Government, Rural Development, and Co-operatives. Hence, the Local Government Division provides leadership in the adoption and implementation of programs in the WASH sector and ensures the hygiene promotion and practice in the country. The Local Government Division ensures the implementation of hygiene promotion activities through local government institutions and subsidiary organizations.

In rural areas, Standing Committees on WASH at each level, including District, Upazila, and Union Parishads are responsible for planning and implementing development programs for ensuring hygiene promotion and practice, while the Department of Public Health Engineering (DPHE) provides technical support NGOs and other sector officials assist in implementation. In urban areas, especially city corporations and municipal ward committees are responsible for waste management including fecal sludge management (FSM) and sanitation. WASA supplies water through pipelines to all major cities and contributes to improving the hygiene practices of the residents there. In small towns or municipal areas, the municipality itself, or in some cases, DPHE, contributes to drinking water supply, sanitation and hygiene.

The highest policy-making forum under the Local Government Division is the 'National Water Supply and Sanitation Forum (NFWSS)'. Under the chairmanship of the Senior Secretary/Secretary of the Local Government Division, the forum is composed of representatives of various government agencies, non-governmental organizations, and development support organizations, including relevant ministries, organizations and departments. The main responsibility of the forum is to coordinate, guide, allocate resources, monitor and evaluate all activities of the sector concerned with the promotion of drinking water, sanitation and hygiene. This forum provides the necessary guidelines for the promotion of hygiene at the national level. As per the discussed sanitation promotion strategy, the 'National Forum for Water Supply and Sanitation' will play an inter-ministerial coordination role in implementing hygiene practices nationwide. The coordination role of the national forum will be extended to other relevant sectors, including education, health, environment, food, disaster management, transport, communication, and industry ministries. The Policy and Support Committee of the 'National Water Supply and Sanitation Forum' will assist the Forum in coordinating, guiding, and monitoring the advancement of hygiene practices in all sectors through liaison with other concerned ministries/departments. Aligned with the Hand Hygiene for All (HH4A) Bangladesh Roadmap, a separate hygiene, and behavioral change (HBC) unit will be established in all line departments of relevant ministries, including DPHE, LGED, DPE, DSHE, DDM, DTE, DGHS, DGFP, DoE, DoF, BRTA, BIWTA, DIFE and 12 city corporations. The Policy Support Branch (PSB) of LGD will provide sectorial support to the policy and support committee and will directly link with these HBC units of the different departments.

Other concerned departments will provide financial resources, including planning and conducting development activities to ensure the promotion and practice of sanitation as per the strategy and guidelines adopted by the 'National Forum for Water Supply and Sanitation'. Health Practice and Behavioral Change (HBC) units will monitor the progress of hygiene promotion and practice activities in their respective departments and report to the PSB every six months. Health Practices and Behavioral Change Units will coordinate inter-sectorally in joint policy promotion or practice activities to avoid duplication (institutional arrangements for hygiene promotion or practice and sector coordination mechanisms are shown in **Annexure 6**).

6. CAPACITY BUILDING, RESEARCH AND DEVELOPMENT IN HYGIENE PROMOTION AND PRACTICE

6.1 Capacity building of WSS sector institutions for hygiene promotion programs

Capacity building for hygiene promotion will aim at developing the capacity of the sector institutions involved in the promotion and practice of hygiene, reducing disease transmission, and achieving public health goals in alignment with the SDGs. It is important to build the capacity of sector institutions to plan and implement support programs and activities related to hygiene promotion and practices that are capable of bringing about sustainable behavioral change in the public. Accordingly, the training curriculum must be upgraded to focus on a broader view of hygiene across all sectors and be adapted to the needs of all relevant target groups.

Capacity-building to promote hygiene practices and healthy behaviors through hygiene promotion should be part of an integrated program rather than in isolation. Sectoral capacity-building strategies should be adopted to address the problems of water supply, sanitation and hygiene promotion by identifying them. Capacity-building initiatives must involve relevant target groups, including local government institutions (LGIs), community-based organizations (CBOs) and social and religious organizations.

The national agencies such as the National Institute for Local Government (NILG), Bangladesh Academy for Rural Development (BARD), Rural Development Academy (RDA), and International Training Network (ITN) of BUET, the National Institute of Preventive and Social Medicine (NIPSON), the Institute of Public Health Bangladesh (IPH) can be used for capacity building of the sector institutions and the institutions in other relevant sectors. Apart from this, the NAMIS of the Department of Public Health Engineering can be activated to collect and input data on hygiene.

Essential Service Package (ESP) is under the Health and Population Sector Program (HPSP) of the Government of Bangladesh. An important component of ESP is child health care. The Health and Population Sector Program (HPSP) has prioritized the use of communication (BCC) for behavior change. Capacity-building programs for hygiene promotion and practice can be helpful in this regard.

Training of trainers at various levels (national, district, Upazila, city corporation, municipality and union) should be undertaken for the promotion and practice of hygiene. A pool of trainers should be formed by appointing trainers from various institutions, which will help in the capacity building of WASH-related committees at various levels.

The hygiene promotion and practice at all levels, including the population and institutions, requires recruitment and capacity building of an adequate number of professional manpower to strengthen the activities of their respective Health Practice and Behavioral Change (HBC) units.

6.2 Capacity building of other sector institutions

To ensure nationwide hygiene promotion across all sectors, a comprehensive program has to be undertaken with the participation of all implementers, service providers, and stakeholders in relevant sectors other than WSS including health, education, food, environment, communication, transport, and industries. To implement this program, the capacity of the relevant sector institutions and stakeholders must be enhanced and need-based training program has to be organized for the different target groups.

The line departments under the other ministries will take their own initiative to plan and organize the training program on hygiene promotion for their organizational staff, workers and relevant personnel, both in GoB and private sectors in collaboration with WSS institutions. The inter-sectoral exchange program needs to be undertaken as part of a sectoral capacity building program, which may enhance sectoral knowledge, implementation skill and inter-sectoral coordination as well.

6.3 R&D Initiatives on Health and Hygiene issues

For demonstrating effect through appropriate behavior and social changes, it is important to undertake R&D initiatives on selected issues, for example:

- Hand Washing with soap and clean water before food handling and after defecation;
- Hand Washing with soap and clean water after cleaning the baby's bottom and defecation;
- Use of safe water for drinking, cooking and washing purposes;
- Use of sanitary latrines in a hygienic manner;
- Safe disposal of sludge (human and animal excreta) and household waste;
- Management of cleanliness and necessary equipment and infrastructure related to menstrual hygiene management; and
- Water quality monitoring.

Area-specific different demonstration models may be developed on the above hygiene practices. Besides, SBCC models as referred to in strategy- 14, may be adopted on a pilot basis in different areas and based on learning, innovation may be added to those models to make these models more effective for hygiene promotion in varying geographical contexts of Bangladesh. Research and Publications on 'Hygiene Promotion activities and their effectiveness' in different areas and particularly on innovative SBCC models should be shared among other actors and stakeholders.

7. MONITORING & EVALUATION OF THE HYGIENE PROMOTION PROGRAM

The National Hygiene Survey, 2018 was conducted for the first time by the Bangladesh Bureau of Statistics (BBS), WaterAid Bangladesh, and UNICEF as an initiative of the Local Government Division to measure the progress of hygiene practices in the light of the Sustainable Development Goals (SDGs) and the results of the survey were published in 2020. Bangladesh has been able to contribute to the achievement of the SDG targets by incorporating data from this survey on the progress of hygiene promotion and practice in the Eighth Five Year Plan and JMP 2020 report.

Moreover, the Bangladesh government has set 39+1 as National Priority (NPT)³³ out of 169 targets set under the 17 goals of the SDGs. Among these, two National Priorities (NPTs) identified under Goal 6 (Ensuring Sustainable Management and Availability of Safe Water and Sanitation for All) are:

NPT 17: 100% of people using safely managed drinking water services (SDG target 6.1 and indicator 6.1.1) and

NPT 18: 100% of the population using safely managed sanitation services (SDG target 6.2 and indicator 6.2.1)

The two sub-indicators included in NPT 18 are:

- 6.2.1 (a) Safely managed sanitation services
- 6.2.1 (b) Hand washing facilities with soap and water

As part of the overall monitoring and evaluation mentioned in the SDGs and the national priorities of the government, the Local Government Division and the BBS will take the initiative to conduct such a survey every three years in the direction of the mentioned survey to measure the progress of hygiene promotion and practices. Apart from this, the following two levels of hygiene monitoring activities are to be conducted:

- (1) Progress monitoring, under which the achievement of targets at various stages will be measured.
- (2) Impact monitoring, under which behavioral changes will be evaluated because of taking different types of measures i.e., hygiene practices.

Monitoring of hygiene practice activities will necessarily include qualitative and quantitative aspects, with particular attention to data on gender and social disparities (e.g., women, adolescents, children, persons with disabilities, etc.). Simple, time-bound indicators will be developed based on specific and objective needs, and verification methods will be identified to measure progress and effectiveness over time. In this case, SDG indicators and the issues mentioned in the national priorities of the government should be taken seriously into consideration in measuring the progress of hygiene and practice.

A mix of methods is to be used for monitoring and evaluation purposes. Monitoring should be done in partnership with the community as much as possible and monitoring results should be shared with the community. This will ensure that the community is obtaining feedback on their own efforts and consequently is able to make decisions regarding future actions. Wherever needed, the existing monitoring system is to be adapted to accommodate the requirements of the participatory monitoring of hygiene promotion activities.

The implementing agencies, at regular intervals and over a longer period, shall undertake the monitoring studies. These studies shall serve as evidence for the impact monitoring, thus supplementing the baseline survey. At the same time, the experience gained from these studies shall allow for better and more detailed adjustments of the activities and campaign approaches. The progress and impacts are to be monitored and evaluated through the periodic surveys and formative research, the result of which are to be compared to the baseline surveys.

³³ Government of Bangladesh, SDG Tracker: Prioritized Targets of SDGs for Bangladesh (<https://www.sdg.gov.bd/#1>)

At the national level, WHO-UNICEF conducts multiple indicator cluster surveys (MICS) under joint monitoring system and monitors hygiene progress based on a single proxy indicator of the existence of handwashing facilities with soap in households in alignment with SDG requirements. However, this indicator doesn't reflect real hygiene practices in households and it is difficult to measure hand-washing practices on a large scale. Again, self-reported information overestimates the practice level. The National Hygiene survey conducted by BBS gives a detailed picture of hygiene under 5 components (Household, school, restaurant, street food vendor, and health facility), but it again uses proxy indicators. These indicators measure hygienic facilities and enabling environment but fail to measure real hygiene practices by target groups. So, this hygiene promotion strategy suggests undertaking the followings:

- Identify observable or verifiable practice-level indicators and include those in the next national hygiene survey;
- Cover all strategic areas highlighted in section 2 of this strategy in the national hygiene survey;
- Develop a national management information system (MIS), including the major verifiable indicators and tools for hygiene promotion, and make it adopted by all sector actors.

8. OPERATIONAL GUIDELINES FOR MEASURING BEHAVIOR CHANGE IN HYGIENE PRACTICES

Individual departments, agencies, organizations, and authorities involved in the water supply, sanitation, and hygiene promotion programs are to be responsible for developing their own program operational guidelines and M&E frameworks, including methods and tools for measuring the desired behavior change. The number of indicators to be used in the MIS system of any agency would be depend on the program objectives, service components, and the organizational interests. Examples of WASH indicators, proxy systems, and methods (both qualitative and quantitative) are to be used in applicable cases. The operational guideline for the M&E framework are given in **Annex 7**.

9. ACTION PLAN FOR IMPLEMENTATION OF THE NATIONAL HYGIENE PROMOTION STRATEGY

9.1 Supporting Actions for strategy implementation

Implementation of the National Hygiene Promotion Strategy for Water Supply and Sanitation will require systematic approaches, tools, and guidelines. For putting those in place, the following key steps and actions are recommended:

- Preparing an integrated guideline for the implementation and coordination of the hygiene promotion programs;
- Arranging periodic training and orientation programs for the departmental staff and agencies on public health and hygiene issues;
- Developing Client-Service Providers accountability relationships.
- Undertaking an integrated monitoring system for measuring the progress of hygiene promotion interventions.

Other than the set of recommendations furnished above, the implementation of the strategy may require a periodic review of its segments and components, guidance, and institutional set-up, aiming to strengthen the efforts to secure improvements in public health. This must have implications for the achievement of national plans, policies, and strategies. It can help adopt and implement adaptation strategies to address emerging issues and risks.

9.2 Key Steps for Implementation

The key steps for implementation of the national hygiene promotion strategy are aligned with Bangladesh's roadmap for 100% hand hygiene for all in the short term (2024-25), medium term (2026-27), and long term (2028-30). It is expected that all stakeholder agencies and organizations will prepare their own action plans within the framework and guidelines provided in the NHPS.

The key steps for implementation are given in **Annex 8**.

9.3 Phased Outcomes of Hygiene Promotion

The adoption of a revised national hygiene promotion strategy-2024 and major hygiene interventions planned above are expected to result in phased outcomes in five hygiene domains and to be achieved in the short term (2024-25), medium term (2026-27), and long term (2028-30). The following diagram (Fig. 4) provides the phasing of the strategy with fixed priorities.



Figure 5: Phased outcome of hygiene promotion

³⁴ Water safety Framework (ESF) in Bangladesh, October 2011, PSU, LGD

10. ANNEXES

10.1 Annex-1: Initiatives to Promote Hygiene and Basic Sanitation Practices in Bangladesh

10.1.1 World Water Day: Since 1993, World Water Day has been celebrated every year on March 22 to raise awareness of the people who lack access to safe water. The initiative is ongoing as part of encouraging stakeholders to take collective action to address the global drinking water crisis. According to UN Water (i.e., United Nations), the main goal of the day is to help achieve safe water and sanitation for all by 2030 in accordance with the 'Sustainable Development Goals (SDG 6)'. Each year, the theme of World Water Day is different. Following the theme of World Water Day, Water Day is also celebrated in Bangladesh every year. Various programs are organized by public and private organizations and NGOs at the national and regional levels on World Water Day. Apart from this, the importance of safe water is highlighted by social media including electronic and print media, which help to increase public awareness and play a role in setting policies on proper management of water resources, including water source selection, collection, transportation, storage and protection of water quality during use;

10.1.2 Menstrual Hygiene Day: International Menstrual Hygiene Day is observed on May 28 every year. Various events are organized on this day, from the community level to the national and international levels, to raise awareness about safe menstrual hygiene management and its impact on women's lives. Poor menstrual hygiene due to a lack of issue-based education, persistent taboos and prejudices, limited access to hygienic menstrual products, and poor sanitation infrastructure undermines the education, health, and overall status of women and girls around the world. Menstrual Hygiene Day is a global advocacy platform that brings together the voices and actions of government and non-governmental organizations, individuals, the private sector, and the media to promote safe menstrual hygiene management for all women and adolescents. International Menstruation Day also helped to break the silence on menstruation among people from all walks of life, raised awareness, and helped to change the surrounding negative social norms. Through discussions and activities on Menstruation Day, it is possible to stimulate decision-making and political commitment at the global, national and local levels;

10.1.3 National Sanitation Month: October In 2003, at the first SACOSAN conference organized with the heads of state and governments of South Asia, the Bangladesh government announced to ensure sanitary latrines in every household in the country by 2010 to implement the MDG global commitment. To achieve this goal, the government implemented a comprehensive program called the 'National Sanitation Campaign'. With the aim of successful implementation of this program, the Local Government Division has formed a Sanitation Task Force at all levels of the country and provided 20% allocation from the Annual Development Program (ADP) to Union Parishad, Upazila Parishad, City Corporation and Municipalities to bring backward communities under improved sanitation. As a part of making sanitation a social movement, the month of October is observed as National Sanitation Month every year under the program 'National Sanitation Campaign'. During this month, the progress of the overall sanitation situation, including latrines as well as hygiene practices, is monitored and evaluated, and targets are set for the next year;

10.1.4 Global Handwashing Day: Global Handwashing Day (GHD) was started in 2008 under the Global Handwashing Partnership (GHP) to promote handwashing with soap worldwide. Global Handwashing Day is an international handwashing campaign that encourages and motivates people around the world to practice proper handwashing at critical times. Handwashing practices include washing hands both at critical times and effectively with soap and water.

Every year, October 15 is celebrated as Handwashing Day worldwide, including in Bangladesh. Global Handwashing Day is a global advocacy program to create awareness for low-cost disease prevention and save lives. World Handwashing Day is a creative initiative and an opportunity to design, test, and expand proper handwashing programs that encourage people to wash their hands with soap in times of emergency. As the COVID-19 pandemic spread globally, the issue of effective hand washing with soap came to the forefront. The World Health Organization identifies handwashing with soap as highly effective in preventing the COVID-19 pandemic. Not only this, but handwashing with soap should also be prioritized now and in the future to defeat other viruses, including COVID, and to protect good health apart from pandemics. Global Handwashing Day is an important program that can be used as part of an awareness-raising strategy for hygiene practices;

10.1.5 World Toilet Day: World Toilet Day (WTD) is an international day declared by the United Nations on November 19 to inspire action to address the global sanitation crisis. Celebrating World Toilet Day raises awareness of the people who lack access to safe sanitation. World Toilet Day plays a role in addressing the global sanitation crisis with the goal of ensuring safe water and sanitation for all by 2030 as per Sustainable Development Goal 6. Sanitation systems, especially toilet-to-septic tank, and septic tank-to-treatment plant management are under threat today due to climate change, floods, droughts, and rising sea levels.

For overall health protection, everyone must have access to safe water and handwashing, as well as sustainable sanitation, to prevent the spread of serious infectious diseases such as COVID-19, Diarrhoea, cholera and typhoid. Recycling sewage through sustainable sanitation facilities encourages use in agriculture and reduces green energy emissions. Therefore, World Toilet Day is an important event that is used as part of public awareness to promote hygiene;

10.1.6 Hand Hygiene for All: On June 26, 2020, the World Health Organization and UNICEF launched a global initiative called Hand Hygiene for All, which aims to implement global recommendations on hand hygiene and sustainable infrastructure to prevent and control the COVID-19 pandemic. The Global Initiative is structured around three phases: a) taking immediate pandemic action, b) ensuring infrastructure and services, and c) turning hand hygiene into a social movement. Each stage has three aspects. Creates an institutional and policy environment that facilitates progress. Sustaining hand hygiene encourages evidence-based behavior change by using hand sanitizer, hand washing with soap and water, and sustainable hand hygiene practices.

The global initiative will assist UN Member States in reviewing funding and investment opportunities, developing national hand hygiene policies and plans, strengthening legislative and regulatory frameworks, and encouraging assessment of gaps in hand hygiene policy, capacity and monitoring. The Hand Hygiene for All initiative helps drive the core objective of the Hygiene Development Strategy to promote handwashing with soap and water for long-lasting hygiene. Bangladesh has already developed a roadmap* to achieve 100% hand hygiene for all in conjunction with this international initiative, which aims to ensure the protection of human health by ensuring universal coverage of hand hygiene behaviour, and practice in communities, schools, health care centers, and other areas;

10.1.7 South Asian Sanitation Conference (SACOSAN): The South Asian Sanitation Conference, or SACOSAN, is the biennial South Asian advocacy and practice forum on water, sanitation, and hygiene, which is led by the governments of SAARC countries (Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka). The regional conference is a forum to express political will toward improved sanitation in the region. Accelerating progress in sanitation and hygiene promotion in South Asia; reiterating the political commitment of each country in the region to advance the sanitation agenda; and SACOSAN activities continue at

* Strategic Paper:Hand Hygiene for All-A roadmap to achieve universal hand hygiene in Bangladesh, Local Government Division.

the regional level with the objectives of learning and sharing experiences in sanitation and hygiene promotion.

Every two years, the main government officials of SAARC countries participate in this conference. Development partners, WASH networks, think tanks and representatives of civil society also attend the conference to assess the achievement of WASH goals. The conference also discussed the latest ideas on effective approaches to supporting SAARC countries in achieving the SDGs. At the end of each conference, nationally approved commitments on sanitation are signed by the government representatives of each country.

Bangladesh hosted the first SACOSAN in October 2003, and the last conference was held in Pakistan in 2018. Through this important conference at the regional level, a kind of coordinated initiative was developed between the government, non-governmental organizations, and donor organizations at the national level to achieve the goals of sanitation and hygiene promotion, which resulted in a strong urge to achieve the SDG goals of sanitation and hygiene development at the policy-making level of the government. This important event is also used as a hygiene strategy to raise public awareness and spread awareness.

10.2 Annex-2: Hygiene issues identified in SDGs

SDG target	Indicator	Identified hygiene issue	Sector
1.4	1.4.1 Proportion of population living in households with access to basic services	<ul style="list-style-type: none"> Equity in accessing basic hygienic WASH facilities at the household level 	Finance
2.1	2.1.1 Prevalence of undernourishment	<ul style="list-style-type: none"> Poor hand washing practice by caregivers Environmental enteropathy (chronic intestinal inflammation) 	Agriculture
2.2	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	<ul style="list-style-type: none"> Poor hand washing practice by caregivers Personal hygiene and cleanliness during food preparation and feeding infants and young children 	Health
3.2	3.2.1 Under-five mortality rate	<ul style="list-style-type: none"> Health care waste management 	Health
3.9	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and hygiene for All (WASH services))	<ul style="list-style-type: none"> Mortality due to exposure to unsafe water and sanitation 	Environment
4	4.a.1.pe Proportion of primary schools with access to basic drinking water; 4.a.1.pf Proportion of primary schools with access to single-sex basic sanitation facilities; and 4.a.1.pg Proportion of primary schools with access to basic hand washing facilities (as per the WASH indicator definitions)	<ul style="list-style-type: none"> Access to school WASH facilities including Hand Washing facility Cleanliness of the toilets Availability of soap for hand washing MHM facilities in girl's toilet Preservation and disposal of sanitary pads for emergency use 	Education
6.1	6.1.1 Proportion of the population using safely managed drinking water services	<ul style="list-style-type: none"> Safely managed water supply services Water safety (safe abstraction, collection, transportation, preservation and consumption) 	Water Supply Sanitation & Hygiene (WASH)
6.2	6.2.1 Proportion of population using safely managed sanitation services.	<ul style="list-style-type: none"> Hygienic latrine (water sealed off-set pit latrine) Safely managed sanitation services (Privately improved facility where fecal wastes are safely disposed of on-site or transported and treated off-site, i.e., FSM); A handwashing facility with soap and water 	Water Supply Sanitation & Hygiene (WASH)
6.3	6.3.1 Proportion of domestic and industrial wastewater flows safely treated	<ul style="list-style-type: none"> Domestic wastewater disposal Safe treatment and disposal of industrial wastewater 	Water Supply Sanitation & Hygiene

SDG target	Indicator	Identified hygiene issue	Sector
8.8	8.8.1 Frequency rates of fatal and occupational injuries, by sex and migrant status	<ul style="list-style-type: none"> Occupational hygiene (hygiene at workplace) 	Industry
11.1	11.1.1 Proportion of urban population living in slums	<ul style="list-style-type: none"> Hygiene in slums 	Housing and public Works
11.2	11.2.1 Proportion of the population that has convenient access to public transport, by sex, age and persons with disabilities	<ul style="list-style-type: none"> Hygienic WASH services in the Transport facilities 	Road Transport and Highway
11.5	11.5.1 Number of deaths, missing persons, and directly affected person attributed to disaster per 100,000 population	<ul style="list-style-type: none"> Hygiene in emergencies (disaster, Refugee camp, cyclone/ flood shelter) 	Disaster management and rehabilitation
11.6	11.6.1 Proportion of municipal solid waste collected and managed in controlled facilities out of total municipal waste generated by cities	<ul style="list-style-type: none"> Hygienic collection and disposal of municipal solid wastes Industrial hygiene for reuse and recycling of wastes 	Environment

10.3 Annex-3: Hygiene Issues Identified in Policy Documents

Sl.	Policy and reference documents	Hygiene issues or problems appeared in the document
1	National WSS strategy 2014; and Updated National Water Supply and Sanitation Strategy, 2021 (National WSS Strategy, 2021)	Water safety (safely managed water supply services), safe sanitation (safely managed sanitation services), hygiene promotion, gender-sensitive approach in promotional campaigns, private sector participation in promotional activities, emerging challenges like urbanization and increased water pollution due to industrialization, coping with disasters, adapting to climate change, and safeguarding environment, sector governance, the IEC guideline for hygiene promotion, and coordination mechanisms with MoH&FW and other related ministries for hygiene promotion
2	SDP (2011-25) Chapter 3.7 hygiene promotion	Hygiene promotion definition, hygiene promotion approach (CLTS, BRAC WASH program, SHEWA-B, school sanitation, Mina, life skill on hygiene), hygiene promotion in school, hygiene promotion action points
3	Pro-poor strategy for WASH, 2020 (Clause 4.b.5)	MHM facilities in WASH infrastructure; subsidy in safely managed WASH infrastructure
4	National Sanitation Strategy 2005 (Clause 8.1)	Concept of a hygienic latrine, link of hygiene with water supply and sanitation
5	National Strategy for WASH in Health Care Facilities 2019-2023 (Clauses 2.2, 2.4, 3.4, 4.2, and 4.5)	HP in Health Care Facilities: <ul style="list-style-type: none"> Inadequate inclusive WASH facilities, including handwashing materials; Unclean WASH facilities contribute to infection; Inadequate safety measures during delivery with pre-natal and post-natal services; Unhygienic handling of infectious medical wastes; Safe disposal of the hospital or clinical or surgical wastes.
6	IRF for FSM (Megacity Dhaka, City Corporation, Municipalities, and Rural Areas): Sub-sections 4.2.2, 4.2.3, and Section 4.5 IRF for FSM (City Corporation): Section 4.5 IRF for FSM (Rural): Section 4.2	Promote FSM services with particular attention to: <ul style="list-style-type: none"> Health risk of unhygienic pit emptying; Discharge of domestic sewage or wastewater in storm sewers or drain and disposal of disposal of refuge in open space or a street; Improper management of the FSM service chain, affecting public health and the environment.

Sl.	Policy and reference documents	Hygiene issues or problems appeared in the document	
7	Hygiene promotion in schools <ul style="list-style-type: none"> 3-star Approach: Unicef 5-star approach: WaterAid 	Hygiene Promotion (HP) in schools: Improved and sustainable access to and use of water source; daily supervised group hand washing with soap; daily supervised cleaning of toilets; and provision of soap and water, hygiene education; MHM; low-cost point-of-use water treatment; and daily supervised use of drinking-water bottles or personal cups	
8	Bangladesh Strategic Paper 20-22 for Response to the COVID-19 Outbreak through WASH Interventions	HP response in an emergency due to the COVID-19 pandemic	
9	WASH sector response to COVID-19, ISCG	HP response in an emergency due to the COVID-19 pandemic	
10	National Guideline for Health Care Providers on Infection Prevention and Control of the COVID-19 pandemic in the Healthcare Setting	HP response in an emergency due to the COVID-19 pandemic	
11	National Hygiene Survey 2018	<ul style="list-style-type: none"> HP at the household level covers the status of water sources, water management, food, and environmental hygiene HP at school covers handwashing facilities, hand cleanliness, and hand washing practices of students Access to school sanitation facilities, water sources, and environmental hygiene. Menstrual hygiene management at the school and household level Food hygiene at the restaurant and street food vendors HP in HCF covers water, sanitation, and environmental hygiene 	Designed a Bangladesh road map of hand hygiene for all in 3 phases: short (2021-22), medium (2023-25), long (2026-30) under 08 (eight) components (1) Political leadership, (2) Policies and strategies, (3) Institutional arrangement, (4) Financing, (5) Planning, monitoring and review, (6) Capacity building, (7) Supply of hand hygiene products and services, and (8) Hand hygiene behavior change.
12	Hand Hygiene for All (HH4A): Bangladesh Roadmap		

Sl.	Policy and reference documents	Hygiene issues or problems appeared in the document
Hygiene issues in the health sector		
13	National Guideline for Health Care Providers on Infection Prevention and Control of the COVID-19 Pandemic in Healthcare Settings, DGHS, page 5	Hand hygiene, respiratory hygiene, and environmental hygiene
14	National Guideline for Health Care Providers on Infection Prevention and Control of the COVID-19 Pandemic in Healthcare Settings, DGHS; Clause 2	Respiratory hygiene and cough etiquette (cover cough sneeze)
15	National Guideline for Health Care Providers on Infection Prevention and Control of the COVID-19 Pandemic in Healthcare Settings, DGHS, Clauses 2.1-2.6	HP measures for handling COVID-19 patients in a health care setting
16	COVID-19 technical instructions COVID-19 control cell, DGHS	HP measures during the COVID-19 pandemic (at home, workplace, institutions, industry, HCFs, prisons, public places) for the elderly, pregnant women, disabled people, and people involved with different occupational services
17	National guideline for clinical management of dengue syndrome, 4th edition 2018, revised (printed May 2020)	HP measures for dengue and chikungunya prevention
	National Guideline on Clinical Management of Chikungunya Fever, DGHS	
18	Bird Flu in Bangladesh: Review and Update: An Article by ASM NU AHMED	HP measures for bird flu prevention
19	2 nd national avian and pandemic influenza preparedness and response plan for Bangladesh 2009-2011	HP measures for bird flu prevention

Sl.	Policy and reference documents	Hygiene issues or problems appeared in the document
20	Summary Report on WASH in Health Care Facilities in Bangladesh: Policy Review, Stakeholder Mapping, and Baseline Census of Six Urban Centers (SNV, March 2020)	Hand hygiene and menstrual hygiene
21	Hospital waste management related to COVID-19 (Clause 4.2-4.7)	Environmental hygiene
22	National strategy for WASH in healthcare facilities, 2019	Hygiene for all, sanitation facility, menstrual hygiene
23	National nutrition policy, 2015	Undernourishment and stunting in under-5 children: food hygiene to prevent infection; nutrition-sensitive interventions including water and sanitation
24	Food Safety Act, 2013	Meaning of safe food, anti-food safety practices, adulterated food, food safety management systems and prohibitions
25	National Environmental Policy, 2018	Safe food and water, public health and health services
26	National 3R strategy for waste management, 2010	Meaning of 3R, Biomedical Waste Collection and Disposal, Environmental Management System (EMS) Practices in Several Industries, and strategies for Promotion of 3R.
27	Bangladesh Labour Act, 2006, amended 2013 (Ch-V)	Health and hygiene in factories (cleanliness, dust and fumes, disposal of waste and effluents, artificial humidification, overcrowding, potable water, toilets and washrooms, dustbins, and spittoons)
Hygiene promotion (SBCC) model		
28	Sustainable Sanitation and Hygiene for All Behavior Change Communication Guidelines: SNV WASH 2016.	The RANAS model (Risk, Attitudes, Norms, Abilities, and Self-regulation) for behavior change was developed by the Swiss Federal Institute of Aquatic Science and Technology (Eawag) and used by UNICEF Bangladesh in the Rohingya camp
29	Approaches to promoting behavior change around handwashing-with soap. Ms. Rehema Abdi (WaterAid Australia) and Dr. Om Prasad Gautam (WaterAid UK).	Focus on opportunity, ability and motivation (FOAM) behavioral frameworks were developed by the World Bank's Water and Sanitation Program and used by SNV to identify the behavioural determinants that either promote or constrain behaviour change particularly handwashing

Sl.	Policy and reference documents	Hygiene issues or problems appeared in the document
30	ABCDE: A Guide to Behaviour-Centred Design (LSHTM) ABCDE approach: Handbook and Tools- Solidarity International	ABCDE: (Assess, Build, Create, Develop and Evaluation) approach for behavioral-centered design, developed by LSHTM and used by WaterAid in the South Asian WASH result program in Bangladesh, SNV and Solidarity International
31	Handbook on CLTS: Kamal Kar with Robert Chamber, IDS_PLAN	CLTS (Community Led Total Sanitation), a widely used proven model to create disgust, is one of the most widely researched psychosocial determinants related to WASH, particularly in relation to hand washing with soap and open defecation. The model was developed by Robert Chamber and Kamal Kar and extensively used by WaterAid and Unicef.

10.4 Annex-4: Interpersonal communication framework for hygiene promotion through touchpoints across sectors

Critical behavioral messages or domains	Messenger	Target groups	Touch point
Safe water use, safe excreta disposal, hand washing hygiene practice, and food hygiene practice	Health workers and Doctors	Pregnant women	Pregnancy check-up
	Health workers and Doctors	Mothers giving childbirth	Delivery
	Health workers and Doctors	Lactating mothers	Breastfeeding check-ups routine immunization
	Health workers and Doctors	Young mothers and caregivers of U5 children	Check-ups, routine immunizations, and potty training
Safe water, hygienic latrine, hand hygiene, food hygiene practices	Teacher, Government and Non Government officials, journalist, public representatives and civil society	Students reading in School	Classroom teaching and mid-day meal
Menstrual hygiene	Designated teacher, parents, Government and Non Government officials, journalist, public representatives and civil society	Adolescent girls and boys	Menstruation

Critical behavioral messages or domains	Messenger	Target groups	Touch point
Safe water, a hygienic latrine, personal and hand hygiene practices, food hygiene practices, environmental hygiene practices	Teacher, health workers Community leaders, LG representatives	Household members Community groups	Household visit Courtyard session or community meeting
Hygienic maintenance of WASH facilities, hand washing facilities, MHM facilities, and Environmental hygiene practices	Education officer or inspector	SMCs, teachers and cleaners	Routine inspection of schools
Hygienic maintenance of WASH facilities, hand washing facilities, MHM facilities, environmental hygiene, use of PPEs, IPC measures and safe disposal of hospital waste	Health officers, inspectors and supervisors	Health workers, cleaners and patients	Routine inspection and surveillance of WASH facilities and hygienic conditions in HCFs
Food hygiene practices and environmental hygiene practices	Food inspector, health inspector or sanitary inspector	Hotel, Restaurant workers, food vendors and cooks	Routine inspection, and surveillance of hotels, restaurant, first food shops and street foods
Cleanliness of WASH facilities, food hygiene practices and environmental hygiene practices	Health inspectors, Medical Officers and Medical Assistants	Prisoners, detainees, cleaners and cooks	Routine inspection and surveillance of health and hygienic conditions
Cleanliness of WASH facilities and environmental hygiene practices	Conservancy inspectors of the City Corporation, Paurashava or City authorities	Management committees, caretakers and cleaners of public WASH facilities	Routine inspection/ surveillance of public WASH facilities
Cleanliness of WASH facilities, safe disposal of solid waste and fecal sludge, drainage and environmental hygiene	Conservancy inspectors of City Corporation/ Paurashava/CBO leaders	Slum dwellers/ cleaners	Routine inspection and surveillance of FSM and SWM activities in urban slums.
Cleanliness of WASH facilities, respiratory hygiene practices	BRTA/ BIWTA/BRW/Airport/ various station attendance/ supervisors	Owners/Transport managers/private service providers/workers/ passengers	Routine inspection and surveillance of WASH facilities health and hygienic conditions in transport.
Industrial hygiene practices	Factory Inspectors	Owners/Factory Managers and Workers	Routine inspection and surveillance of WASH facilities, health and hygienic conditions in factories.

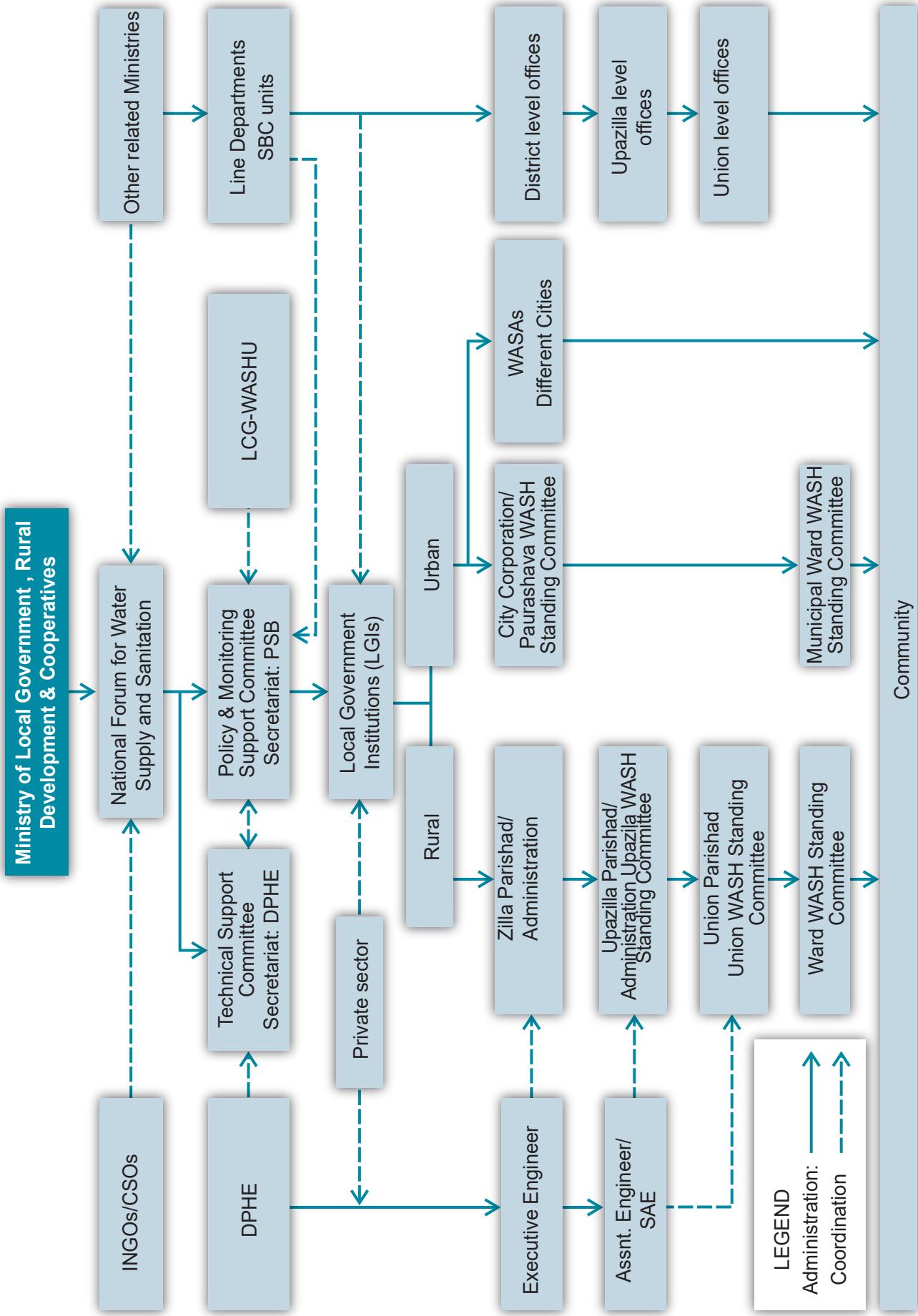
10.5 Annex 5: Framework of the Most Appropriate SBCC Approaches of to Hygiene Promotion

Approach	Developed and used by	Highlights with major implementation steps	Applicability and effectiveness of HP
'RANAS' model	The 'RANAS' model of behavior change was developed by the Swiss Federal Institute for Aquatic Science and Technology (EAWAG), a research institute based in Switzerland. The 'RANAS' model has been successfully used by UNICEF in their program to ensure hygiene practices in Rohingya camps in Bangladesh. There has also been great success using the 'RANAS' model in Mali (handwashing), Benin (handwashing and safe water transport and storage) and Mozambique (handwashing and toilet use).	<p>The RANAS model (Risk, Attitudes, Norms, Abilities, and Self-regulation) systematically changes behavior from a background in health psychology.</p> <p>The main 4 steps of implementing the 'RANAS' model are;</p> <p>Step 1: Identify potential behavioral causes and identify whose behavior needs to be changed;</p> <p>Step 2: Measure the identified potential causes and determine the drivers of behavior. Develop a questionnaire to measure behavior and potential behavioral components and a protocol to conduct observations of intended behaviors;</p> <p>Step 3: Selecting relevant BC Ts (Behavior Change Techniques) and developing appropriate behavior change strategies. These BC Ts are selected to implement change strategies that are intended to change the critical behavioral factors mentioned in the second step;</p> <p>Step 4: Implement and evaluate the behavior change strategies. The behavior and the potential behavioral factors are measured with a questionnaire and with observations both before (step 2) and after implementing the strategies.</p>	<p>The 'RANAS' model has been implemented by UNICEF in their programs in Rohingya camps in Bangladesh. By following this model, it has been possible to solve the problems related to the behavior change along with the preservation and purification of safe water of the family through the risk, attitude, norms, capacity, self-regulation system of the WASH sector. Apart from this, the 'Behavior Change Communication Guidelines for Sustainable Sanitation and Hygiene Practices for All' developed by SNV in 2016 provided insights into the 'RANAS' model.</p>
The 'ABCDE' model	<p>It is a widely used tool to determine behavior change.</p> <p>It is used by SNV Bangladesh, Solidarity International, WaterAid Bangladesh and</p>	<p>For details see: 'A Practical Guide to Systematic Behavior Change in Water, Sanitation, and Hygiene Using the RANAS (Risk, Attitudes, Norms, and Self-Regulation) Approach (https://www.rcrc-resilience-southeastasia.org/tag/ranas -approach/).</p>	<p>The 'ABCDE' approach to behavior change has emerged with five steps to design, implement and ensure sustainable behavior change. To design, implement and ensure sustainable behavior change, a five-step (ABCDE) approach has been developed:</p> <p>1. Assess: determine what is known and unknown about current and desired behaviour.</p>

Approach	Developed and used by	Highlights with major implementation steps	Applicability and effectiveness of HP
	Plan International Bangladesh in their programs.	<p>2. Build: fill in the knowledge gaps by collecting data through formative research.</p> <p>3. Create: via a creative, participatory process and using results from the formative research, design a hygiene promotion package that includes concepts, materials, tools, and activities that are attractive, surprising and engaging.</p> <p>4. Deliver: execute the intervention so the target population is sufficiently exposed (at least 4–6 times within a year) to the programme's activities.</p> <p>5. Evaluate, monitor, and adapt: determine whether the predicted environmental, psychological, and behavioural changes were achieved. Use lessons from the intervention to inform future hygiene behaviour change programme design and packages. The 'ABCDE' model ensures effective handwashing interventions by understanding specific behavioral determinants of handwashing and using them when designing a support program to promote healthy behaviour. It is a practical process for designing and evaluating activities.</p>	<p>WaterAid Bangladesh and Plan International have been able to successfully implement the model in their programs under the South Asian WASH Results program in Bangladesh.</p> <p>A continuous cycle of reflection, learning and adaptation underpins the ABCDE approach to improve future initiatives in health promotion. The process supports regional, national and global influence and advocacy efforts at the local level to bring about the transformative change required for sustained hygiene behaviour.</p> <p>Reference: <i>'ABCDE': A guide to behavioral centered design: Robert Aunger and Valerie Curtis, Hygiene Centre, London School of Hygiene and Tropical Medicine, April 2015; and The ABCDE approach: Handbook and Tools, Solidarity International.</i></p>

Approach	Developed and used by	Highlights with major implementation steps	Applicability and effectiveness of HP
Community Led Total Sanitation (CLTS)	Developed jointly by Robert Chamber and Kamal Kar in collaboration with VERC, WaterAid Bangladesh and used by Plan Bangladesh, CARE, WaterAid, UNICEF and partners	<p>Community-Led Total Sanitation (CLTS) is an approach that helps communities collectively identify and analyze the issues of open defecation. It encourages communities to recognize and address their sanitation and hygiene needs. The CLTS approach motivates people to take necessary actions to improve their overall sanitation situation by utilizing local knowledge, technology, and innovative capabilities.</p> <p>The first step is to analyze the situation. Various exercises have to be done in this analysis such as transect walks (mobile interviews), mapping of defecation sites and the various routes of disease spread, and calculation exercises aimed at drawing community members' attention to the number of faeces they are consuming.</p> <p>The sequences of CLTS steps are pre-triggering, triggering, post-triggering and expanding community participation.</p> <p>Ref: <i>Handbook on Community Led Total Sanitation: Kamal Kar with Robert Chambers, IDS-PLAN, March 2008</i></p>	<p>CLTS is used to ignite communities to commit to change and improve their sanitation and handwashing practices.</p> <p>CLTS pilot program started in rural areas of Bangladesh. It has had mixed results. It is therefore important that CLTS is implemented in line with local contexts. As with all participatory processes, skilled facilitators are essential in carrying out triggering exercises in communities.</p>

10.6 Annex-6: Institutional arrangement and coordination mechanism



10.7 Annex-7: Operational Guidelines for M&E Framework

Behavioral domains	Verifiable indicators (behavioral output level)	Proxies
10.8.1 Water Hygiene	<ul style="list-style-type: none"> Percent of population/ households safely collect, store, and use drinking water. Percent of the population or households wash raw fruits and vegetables with safe water before eating. Percent institutions, restaurant, food vendors, transport service, factories, and authorities facilitate the safe collection, storage, and use of safe drinking water. Percent of the population and households that safely manage domestic and institutional wastewater 	<ul style="list-style-type: none"> Percent decrease in diarrheal episodes and prevalence. Percent households with safely managed water sources and safe preservation. Percent households having water points and kitchen areas clean Percent households, institutions, public places, transport service, factories, shelters, and camps with safely managed and clean drinking water facilities
10.8.2 Sanitation Hygiene	<ul style="list-style-type: none"> Percent of the population, households, institutions, transport service, factories and authorities regularly use or facilitate use of sanitary latrines Percent of households, institutions, factories, and authorities regularly maintain the cleanliness of sanitary latrines Percent of households safely dispose of human (including children) and animal excreta 	<ul style="list-style-type: none"> Percent households, institutions, public places, transport service, factories, shelters, and camps with safely managed and clean latrines and washing facilities Percent open defecation decreased
10.8.3 Personal (including menstrual) hygiene	<ul style="list-style-type: none"> Percent of population use soap and clean water for handwashing before handling or taking meals or foods. Percent of population uses soap and clean water for handwashing after defecation (self). Percent of the population uses soap and clean water for handwashing after cleaning a baby's bottom. Percent of the population uses sandals during latrine use. Percent of women and adolescent use sanitary napkins or clean, dry rags during menstruation, and washing used rags with soap, drying in sunlight and store them in a clean and safe place for reuse 	<ul style="list-style-type: none"> Percent decrease in diarrheal episodes and prevalence Percent latrines and water points having hand washing and menstrual facilities (i.e., soap, and a napkin box nearby) Percent decrease in lower abdominal and urinary tract infections among girls and women

Behavioral domains	Verifiable indicators (behavioral output level)	Proxies
10.8.4 Food Hygiene	<ul style="list-style-type: none"> Percent of population or households consuming fresh cooked foods and drinks. Percent of the population, households, restaurants and food vendors keep food always covered (domestic and commercial). Percent of the population, households, restaurants, and food vendors use cleaned (with safe water) utensils for preserving and serving food and drinks. 	<ul style="list-style-type: none"> Percent decrease in diarrheal episodes and prevalence Percent decrease in stale or adulterated food service observed Percent increase in food covering observed Percent increase in serving and preserving foods with cleaned utensils observed
10.8.5 Environmental Hygiene	<ul style="list-style-type: none"> Percent of population, households, institutions, factories, and authorities use to keep their premise surroundings always clean and hygienic. Percent of decrease in open defecation or use of hanging latrines. Percent of population, households, institutions/ factories/ authorities safely manage solid and liquid wastes. 	<ul style="list-style-type: none"> Percent of household surroundings, public places, workplaces, transport services, factories/ shelters/ camps appeared clean, hygienic, and healthy. Percent increase in sanitary latrine use.

* According to SDG Indicators

10.8 Annex-8: Key steps for implementation

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long-term (2028-30)	Focal point	Executing Agency
1 Institutional arrangements for hygiene promotion						
1.1	Establish NFWSS as the national inter-ministerial coordinating body for hygiene promotion and establish linkages with all sector actors				Local Government Division	Policy Support Branch (PSB)
1.2	Strengthen the policy and support committee of NFWSS to coordinate, guide, and monitor progress in hygiene promotion in all sectors through restructuring				Local Government Division	Policy Support Branch (PSB)
1.3	Establish separate hygiene and behavioral change units in all line departments of relevant ministries and city corporations and strengthen their capacity to support and monitor hygiene promotion activities in their respective departments.				Local Government Division, Ministry of Planning, Ministry of Home Affairs, Ministry of Education, Ministry of Primary and Mass Education, Ministry of Health and Family Welfare, Ministry of Information, Ministry of Environment, Forests and Climate Change, Ministry of Food, Ministry of Road Transport and Bridges, Ministry of Shipping, Ministry of Railways, Ministry of Social Welfare,	DPHE, LGED, Directorate of Primary Education, Directorate of Secondary and Higher Education, Directorate of Madrasha Education , Directorate of Technical Education, Directorate General of Health Services, Directorate General of Family Planning, Department of Environment, Directorate General of Food, Bangladesh Food Safety Authority, Bangladesh Transport Authority, Bangladesh Inland Water Transport Authority (BIWTA), Bangladesh Railway,

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long- term (2028-30)	Focal point	Executing Agency
						<p>Ministry of Labour and Employment, Ministry of Chittagong Hill Tracts Affairs, Ministry of Civil Aviation and Tourism and Ministry of Religious Affairs</p>
1.4					<p>Local Government Division, Ministry of Planning, Ministry of Home Affairs, Ministry of Education, Ministry of Primary and Mass Education, Ministry of Health and Family Welfare, Ministry of Information and broadcasting, Ministry of Environment, Forests and Climate Change, Ministry of Food, Ministry of Road Transport and Bridges, Ministry of Shipping, Ministry of Railway, Ministry of Social Welfare, Ministry of Labour and Employment, Ministry of Chittagong Hill Tracts Affairs,</p>	<p>Department of Inspection for Factories and Establishments, Department of Prisons, Department of Social Services, Press Information Department (PID), Islamic Foundation, Chittagong Hill Tracts Regional Council, Hill Tracts District Council (all), Bangladesh Tourism Corporation, City Corporations and WASAs</p> <p>Department of Public Health Engineering, Local Government Engineering Department, Directorate of Primary Education, Directorate of Secondary and Higher Education, Directorate of Madrasa Education, Directorate of Technical Education, Directorate General of Health Services, Directorate General of Family Planning, Department of Environment, Directorate General of Food, Safe Food Authority, Bangladesh Road Transport Authority, Bangladesh Inland Water Transport Authority, Bangladesh Railway, Department of Inspection for Factories and Establishments, Department of Prisons,</p>

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long- term (2028-30)	Focal point	Executing Agency
2	<p>2.1 Hygiene interventions at the national level</p> <p>Design and launch a multi-sectoral national hygiene promotion campaign with the participation of all sector actors and the private sector</p>				Ministry of Civil Aviation and Tourism and Ministry of Religious Affairs	<p>Department of Social Services, Press Information Department (PID), Islamic Foundation, Chittagong Hill Tracts Regional Council, Hill Tracts District Council (all), Bangladesh Tourism Corporation, City Corporations and WASAs</p> <p>Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)</p>
						<p>Department of Public Health Engineering, Local Government Engineering Department, Directorate of Primary Education, Directorate of Secondary and Higher Education, Directorate of Madrasa Education, Directorate of Technical Education, Directorate General of Health Services, Directorate General of Family Planning, Department of Environment, Directorate General of Food, Safe Food Authority, Bangladesh Road Transport Authority, Bangladesh Railway, Department of Inspection for Factories and Establishments, Department of Social Services, Press Information Department (PID), Islamic Foundation,</p>

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long- term (2028-30)	Focal point	Executing Agency
						Bangladesh Tourism Corporation, Hill Tracts District Council (all), City Corporations, WASAS, Municipalities, Upazila Parishads, Union Parishads, Community Based Organisations, NGOs and Private Sector
2.2	Foster media partnerships on hygiene promotion for mass hygiene awareness building. Use social media to for communicate generic hygiene messages.			National Forum for Water Supply and Sanitation (NFWSS), Local Government Division	Ministry of information and broadcasting/ Press Information Department (PID)	
2.3	Implement social mobilization interventions for triggering and establishing hygiene practice as a social norm			Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Directorate General of Health Services, Directorate General of Family Planning, Department of Social Services, NGOs, Local Government Institutions and Community Based Organisations
2.4	Install and sustainably manage hand hygiene stations in public settings				Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Department of Public Health Engineering, LGIs, Educational institution, Private Sector, NGO
2.5	Install adequate WASH facilities and ensure continuity of safe water and sanitation services to facilitate hygiene practices in communities, institutions, public places, commercial centers, hotels, and restaurants, HCFs, prisons, transport services, factories, and and workplaces				Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Department of Public Health Engineering, Local Government Engineering Department, Directorate of Primary Education, Directorate of Secondary and Higher Education, Directorate of Madrasha Education, Directorate of

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long- term (2028-30)	Focal point	Executing Agency
	2.6 Ensure a clean and hygienic environment by establishing a safe waste disposal system and enforcing hygiene practices in all public places, commercial centers, hotels, and restaurants, HCFs, prison, transport services, factories, and workplaces.					National Forum for Water Supply and Sanitation (NFWSS), Local Government Division
						Department of Public Health Engineering, Local Government, Directorate of Primary Education, Directorate of Secondary and Higher Education, Directorate of Madrasha Education, Directorate of Technical Education, Directorate General of Health Services,

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long-term (2028-30)	Focal point	Executing Agency
3	Hygiene intervention in HCFs					
3.1	Ensure health care workers have continuous access to high-quality hand hygiene and IPC supplies				Ministry of Health and Family Welfare	Directorate General of Health Services, Directorate General of Family Planning
3.2	Establish safe medical waste disposal system including IPC supplies used for COVID-19 patients.				Ministry of Health and Family Welfare	Directorate General of Health Services
3.3	Integrate hand hygiene into the at infection prevention and control (IPC) framework				Ministry of Health and Family Welfare	Directorate General of Health Services

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long-term (2028-30)	Focal point	Executing Agency
4	Hygiene intervention in educational institutions					
4.1	Provide functional hand washing and MHM facilities with soap, sufficient water with taps and adequate drainage at schools and other educational institutions				Ministry of Primary and Mass Education, Ministry of Education	Department of Public Health Engineering, Local Government Engineering Department, Education Engineering Department
4.2	Establish hygiene in the primary education curriculum and establish hygiene campaigns as co-curricular activities in all primary and secondary schools.				Ministry of Education, Ministry of Primary and Mass Education	Directorate of Secondary and Higher Education, Directorate of Primary Education, NCTB.
5	Private sector promotion					
5.1	Establish the engagement of private sector in the national hygiene promotion campaign				Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Private sector
5.2	Support the private sector to improve their supply chain to make quality hygiene products and services available and accessible to hard-to-reach people.				Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Private sector
6	Financial provision for hygiene promotion					
6.1	Make a financial provision by establishing separate budget line for water, sanitation, and hygiene and allocating funds under ADP from the Ministry to LGIs and concerned line departments for hygiene interventions, including capacity building.				Ministry of Finance	Local Government Division, Ministry of Planning, Ministry of Home Affairs, Ministry of Education, Ministry of Primary and Mass Education, Ministry of Health and Family Welfare,

Sl.	Key steps	Short-term (2024-25) Med-term (2026-27) Long-term (2028-30)	Focal point	Executing Agency
				Ministry of Information and broadcasting, Ministry of Environment, Forest and Climate Change, Ministry of Food, Ministry of Road Transport and Bridges, Ministry of Shipping, Ministry of Railway, Ministry of Social Welfare, Ministry of Labour and Employment, Ministry of Chittagong Hill Tracts Affairs, Ministry of Civil Aviation and Tourism, Ministry of Religious Affairs.
7	Capacity building	7.1 Develop a resource pool for capacity building and training on hygiene promotion by applying the common SBCC model and making them fully engaged with training services to the Standing Committees for WASH, CBOs, institutions and authorities	Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	National Institute of Local Government (NILG), BARD, BAPARD, ITN, RDA, DPHE, NGOs
8	R&D intervention for hygiene promotion	8.1 Develop a common and adaptive SBCC model for hygiene promotion based on good practices and apply the model through all sector actors	Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Bureau of Health Education under Medical and Health Education Division, Department of Public Health Engineering, UNICEF, ITN, ICDDR'B and NGOs

Sl.	Key steps	Short-term (2024-25)	Med-term (2026-27)	Long-term (2028-30)	Focal point	Executing Agency
9	Hygiene progress monitoring					
9.1	Plan and implement a national hygiene survey, 2022, 2025, and 2030 to assess the progress of hygiene practices in all relevant sectors.				Ministry of Planning	Local Government, Bangladesh Bureau of Statistics, NGOs, UNICEF
9.2	Develop a national MIS on WASH, including the major verifiable indicators and tools for hygiene promotion and make it adopted by all sector actors.				Local Government Division, National Forum for Water Supply and Sanitation (NFWSS)	Policy Support Branch (PSB), Department of Public Health Engineering