Country Snapshot

Bangladesh

Bangladesh Hand Hygiene Snapshot

JMP 2020 data: household, school and HCF overview



58.4%

Household

of households have basic hand hygiene facilities, which in urban areas is 65.8% and rural 53.8%

One quarter of the population live in households lacking water and soap, and handwashing was very infrequent prepandemic (National Hygiene Survey, 2018;



50.7% of schools have basic hygiene facilities



Health Care Facility (HCF)

37.6% of health centers (hospitals) have basic hygiene services, which in urban areas is 51.8% and rural areas is 32.7%



Enabling environment

Í.	Policies	 2012, National Hygiene Promotion Strategy for Water Supply and Sanitation in Bangladesh 2011, National Standards for Water, Sanitation and Hygiene for Schools in Bangladesh The National Standards for WASH in Schools includes a standard for convenient hand washing facilities close by (soap and running water available all the time). 2020, National WASH Sector Strategic Paper 2020-22 in Response to Covid-19 Outbreak through Water, Sanitation and Hygiene Interventions
()	Financing	FY 2019-20 The WASH budget was US\$ 1.26 billion: water and sanitation got larger share whereas hygiene receives a small amount i.e., less than 5% of the total WASH budget.
	Coordination	Hygiene sector coordination is provided by the LCG thematic group for Hygiene, Gender and Disability
	Monitoring	The National Hygiene Survey has been done in 2014 and 2018. Other nationally commissioned surveys such as the Demographic and Health Survey and the Multiple Indicator Cluster Survey (MICS) collect data on hand hygiene.
	Capacity	Field staff of the Ministry of Health and Family Welfare (especially sanitary inspectors, health assistants, health supervisors, assistant health supervisors), staff of implementing partners and relevant stakeholders have been trained on a (three day) Basic Training Module on Hygiene Promotion. At community level training has been provided to the adolescents girls (Natural Leaders as a change agent) and Local Latrine Producers on how to make easy, simple and low cost hand washing devices.

Hand hygiene behaviour change approaches

Hand hygiene is promoted in different ways in Bangladesh, including in Community Led Total Sanitation (CLTS) triggering, community-wide awareness sessions, promotional activities and reinforcing messages by natural leaders, imams, Local Government Institutions and implementing agencies. Hygiene promoters have conducted hygiene promotion sessions through courtyard meeting at the community level in the participation of women by using hygiene promotion tools such as the Paut Show, which is an interpersonal story telling tool that uses graphics to show good and bad behaviour. This tool is used during courtyard session with mothers, adolescent and male groups for participatory action learning. Group hand-washing with soap sessions are conducted in schools once a day by older students or school student council/brigade members. Mobile Health (mHealth) messages also facilitate handwashing with soap behaviour change. WaterAid have also used a healthy home approach. Teachers provided hygiene education for students on proper handwashing behaviour and child to child and child to parent education approaches have been used. Hand hygiene is also promoted for children through drawing competition, song and dance performances, schoolyard games and activities, demonstrations of good handwashing, and handwashing chants

Bangladesh

An evaluation of the Sanitation, Hygiene Education, and Water Supply in Bangladesh (SHEWA-B) programme implemented by the government of Bangladesh and UNICEF found that the mass media campaign was more effective in improving both knowledge and practice than the earlier interpersonal communication approach (through household visits, courtyard sessions, tea stall sessions, fairs, and interactive popular theatres). Mass media could reach more people at lower cost

New applications of habit science, such as nudge-based interventions can improve handwashing behaviours after toilet use among primary school-aged children in rural Bangladesh. Pledging ceremonies have also been used to promote handwashing at all key occasions.

A range of hand hygiene devices are available including basic facilities such as Tippy Tap handwashing stations and group handwashing facilities in schools. Innovations in technology have also been piloted including the Sato Tap. The Easy WASH handwashing device has been tested in 40 schools in Bangladesh. This device can monitor functionality of handwashing facility, the handwashing behaviours of students independently, and provide an evidence base for further, targeted, behaviour-change activities. Local latrine producers have been trained to make easy, simple and low cost hand washing device like a water tap fixed with the plastic bucket, sealed with thread tape and placed on an elevated place which may be made with wood/bamboo, mud etc

National and international brands of soap includes bar soap and liquid soap. Detergents are also used for bathing and handwashing as well as clothes washing. A survey by WaterAid (2020) found that 98% of respondents in rural areas use bar soap, 89% of slum dwellers and social media users (76%). A higher portion of social media users seem to prefer liquid soap over bar soap. Liquid soap is also used by 20% of slum dwellers and 21% rural inhabitants. Washing powder was used by 33% of the slum respondents which is found to be used by less than one fifth of the rural respondents and social media users (16% for both cases). Using sanitizer gel for hand hygiene is seen among 66% of the social media users.

Hand hygiene technologies and products

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Hand hygiene response to COVID-19 pandemic	 secondary schools with hardware and software interventions, WASH in Schools guidelines, and capacity building on the 'three-star approach'. Handwashing devices were installed, including 101 pedal-operated devices in religious schools, early childhood development para centres and health care facilities. UNICEF supported soap distribution. UNICEF has also supported the development of a foot-operated handwashing station in health facilities to reduce the risk of contamination and spread of infection. Hygiene promotion training reached 600 front-line health workers. Various different innovative and low cost designs were developed by WaterAid Bangladesh and others during the COVID-19 outbreak – including barrels, metal frames, paddles for operating the taps, mass handwashing stations, wall mounted sinks, and so forth.
References	 An easy-to-use technological and context-based handwashing stations manual: https://drive.google.com/file/d/1_ e39h_0BfYdMq5QeNMybm-R9hoCEOiUs/view?usp=drivesdk Low cost hand hygiene devices. A step by step guidebookl: https://drive.google.com/file/d/1fW7xfuDdYIAWOhdnW7jcLyg2OI38EEXD/view?usp=drivesdk WaterAid Bangladesh COVID-19 webpage. https://www.wateraid.org/bd/covid19 Hygiene Messaging and Practice during COVID-19 Rapid Assessment on Effectiveness and Sustainability July 2020

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