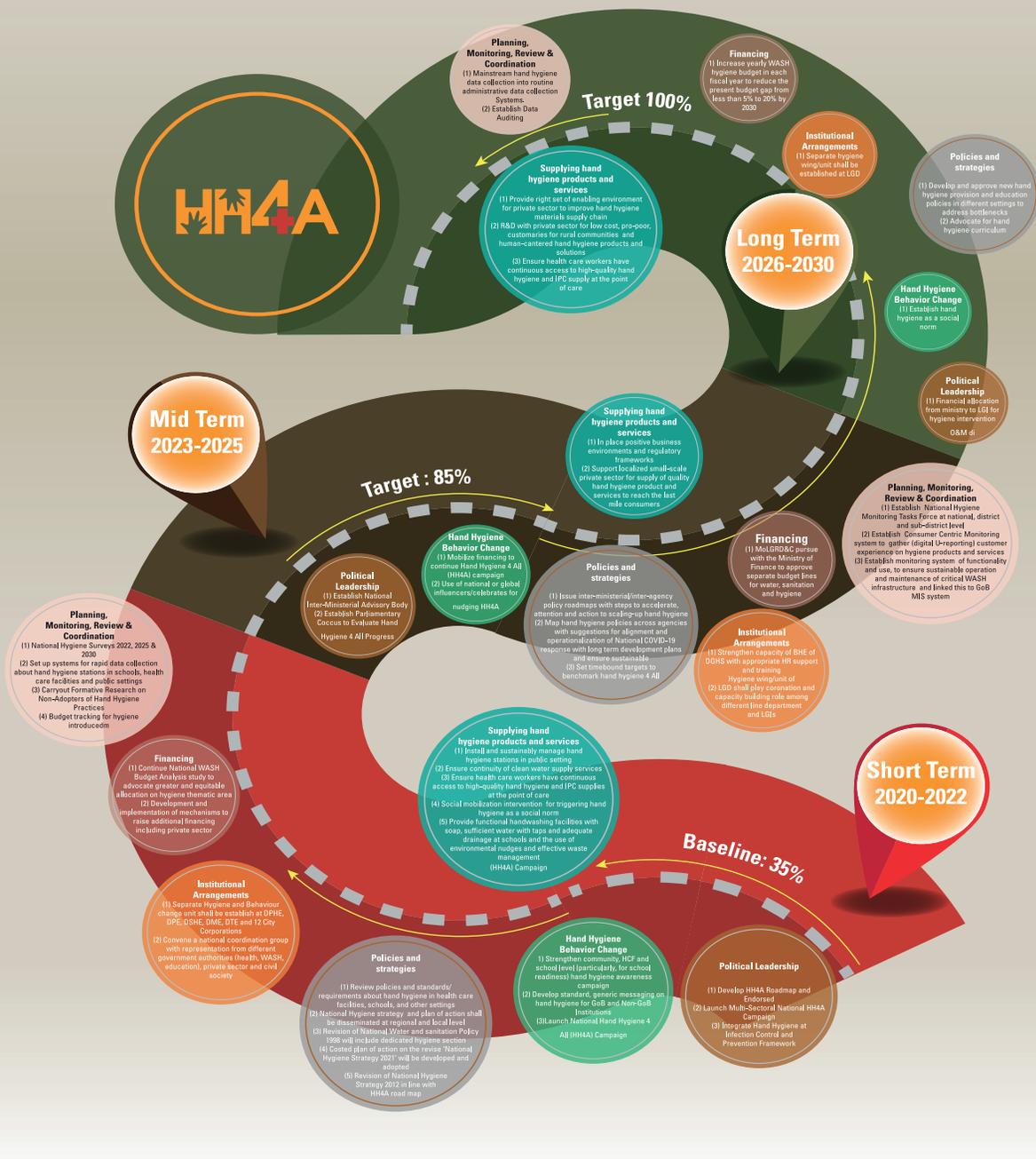




Strategic Paper

Hand Hygiene for All

A roadmap to achieve universal hand hygiene in Bangladesh





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Bangladesh



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Acronyms

BBS	Bangladesh Bureau of Statistics
BHE	Bureau of Health Education
BUET	Bangladesh University of Engineering and Technology
CBO	Community based organization
CSO	Civil Society Organisation
DGHS	Directorate General of Health Services
DME	Directorate of Madrasah Education
DP	Development partners
DPE	Directorate of Primary Education
DPHE	Department of Public Health Engineering
DSHE	Directorate of Secondary and Higher Education
DTE	Directorate of Technical Education
GED	General Economics Division, Bangladesh Planning Commission
GoB	Government of Bangladesh
HCF	Health Care Facilities
HH4A	Hand Hygiene for All Initiative
HHCTF	National Hand Hygiene Campaign Taskforce
HR	Human resources
HtR	Hard to Reach
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IPC	Infection prevention and control
IFI	International financial institution
JMP	Joint Monitoring Programme
LCG	Local Consultative Groups
LDC	Least Developed Countries
LGD	Local Government Division
LGED	Local Government Engineering Department
LGI	Local Government Institutions
LNOB	Leave no one behind
LSHTM	London School of Hygiene and Tropical Medicine
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MoE	Ministry of Education
MoF	Ministry of Finance
MoH&FW	Ministry of Health and Family Welfare
MoLGRD&C	Ministry of Local Government, Rural Development and Co-operatives
MoP&ME	Ministry of Primary and Mass Education
MoPA	Ministry of Public Administration
MoWCA	Ministry of Women and Children Affairs
MP	Members of Parliament
NFWSS	National Forum for Water Supply and Sanitation
NGO	Non-government organization
O&M	Operation and maintenance
PPRC	Power and Participation Research Centre
PSB	Policy Support Branch
R&D	Research and Development
SBCC	Social and behavior change campaign
SDGs	Sustainable Development Goals
SDP	Sector Development Plan
UNICEF	United Nations Children's Fund
USD	United States dollar
WASA	Water Supply and Sewerage Authority
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Foreword

I am writing this foreword in the year of the 50th anniversary of Bangladesh Independence. Since then, as a nation, we have seen extraordinary progress in many areas including access to improved water, sanitation and hygiene (WASH). Open defecation is at 0%, a tremendous achievement when a third of the country practised open defecation in 1990. In 2015, Bangladesh met the Millennium Development Goal (MDG) target of halving the proportion of population without access to improved water supply, now 98% of the population have access to drinking water. We are currently striving to achieve Sustainable Development Goal 6, through efforts to increase access to safely managed drinking water, sanitation and hygiene services together with strengthening WASH systems.

At the time of writing, we have had 1.57 million cases of COVID-19 in Bangladesh and tragically 27,953 people have lost their lives to the disease (DGHS MIS, 2021). The waves of the pandemic have also caused untold hardship to many people. To combat the coronavirus pandemic, the government has undertaken various steps, including WASH sector actions, for preventing the spread of COVID-19. We are also working hard to ensure the progress made in recent decades on improved access to water, sanitation and hygiene are not reversed. The COVID-19 pandemic has highlighted the urgent need for hand hygiene for all. We are determined to accelerate our efforts for hand hygiene to meet the target of COVID-19.

The roadmap sets out the vision for how this can be achieved, governed, financed, and monitored. This roadmap has been developed to coordinate, align, and increase investments in hand hygiene. The roadmap elevates the national priorities defined by Government of Bangladesh and creates a common agenda for integrating and accelerating progress in hand hygiene to promote public health. I would like to express my appreciation to all who participated in the process of its development.

Furthermore, I ask all partners, governmental and non-governmental organizations, funding agencies and other stakeholders to use this roadmap as the basis for their strategic planning and engagement. It is critical that all stakeholders remain aligned to achieve this vision to meet the needs of Bangladesh's population. The roadmap will be periodically reviewed to reflect the changing socio-economic, epidemiological, and demographic landscape in Bangladesh and the relevance and appropriateness of its implementation strategies. We will keep this roadmap as a 'living document' within which specific actions will be regularly updated and monitored.

Achieving hand hygiene for all is one of the most essential engagements we will take on in the years ahead. I and my ministry look forward to a continued collaborative engagement with all our partners as we take on this very important work.

As a nation our future remains in our hands.



Acknowledgements

Several organisations and individuals have shaped the development of this roadmap. We are grateful to everyone who has taken the time to share their thoughts on what the roadmap should include, whether through attending meetings or on-line events, or engaging through reviewing the draft. Their expertise and insights have been integral to the development of the roadmap.

Our thanks are extended to UNICEF and WaterAid for their technical and financial support to develop the roadmap and to Mr Syed Adnan Ibna Hakim and Mr Faysal Abbas for coordinating the process, along with Dr Sue Cavil and Mr Md. Zahirul Islam. Thanks are also extended to key members from the following agencies.

- Ministry of Local Government, Rural Development and Co-operatives
- Water Supply Wing, Local Government Division, Ministry of Local Government, Rural Development and Co-operatives
- Policy Support Branch, Local Government Division
- Planning & Development Wing, Ministry of Education
- UNICEF ROSA & Bangladesh Country Office
- WaterAid

Executive Summary

Bangladesh aims to ensure universal access to hand hygiene by 2030. The importance of hand hygiene is three dimensional: saving lives, saving money and preventing infectious diseases (WHO and UNICEF, 2020). Hand hygiene is important in all settings: homes, health care facilities, schools, and other public places. Evidence for Bangladesh indicates that basic hand hygiene facilities are available in different settings and awareness of the importance of the need is high. However, further work is required to build a culture of hand hygiene as a social norm.

The purpose of this Hand Hygiene for All roadmap is to embed the practice of hand hygiene. This roadmap identifies the strategic goals and opportunities for investments to improve hand hygiene and guide actions across the three pillars (1) political leadership (2) enabling environment and (3) supply and demand of hand hygiene products and services. The eight inter-related strategic objectives are:

1. **Political Leadership:** Strong political leadership and commitment is needed to make hand hygiene a national priority across government ministries, sectors and communities. Multi-sectoral leadership will be enhanced for the optimal implementation of the roadmap.
2. **Policies and strategies:** Existing policies will be updated to reflect the roadmap. A new Hand Hygiene Policy is planned for 2030.
3. **Institutional arrangements:** Governance structures and well-designed mechanisms for collaboration will be put in place. Partnerships with relevant stakeholders will be fostered to align efforts.
4. **Financing:** In addition to increasing government spending, additional sources of financing will be leveraged to cover the cost of hand hygiene for all, particularly during the early phase of the roadmap. Hygiene will have its own earmarked budgets at all levels.
5. **Planning, monitoring, review:** Data on hygiene will be collected through National Hygiene Survey, institutional surveys, spot checks, programme monitoring and will be integrated under the national MIS.
6. **Capacity building:** Intensive capacity building efforts are envisaged to build the capacity of front line staff (such as community health workers) to promote hand hygiene.
7. **Supplying hand hygiene products and services:** Options for durable improved, affordable and desirable products and services will be tested and scaled up.
8. **Hand hygiene behaviour change:** Hygiene behaviour change methods will be enhanced to ensure their effectiveness in influencing all segments of the population and further contextualized for vulnerable groups, urban settings and people in hard to reach places.

An initial budget of USD **1.052 billion** must be mobilized to implement the HH4A country roadmap to respond to the COVID-19 pandemic; to reach the Sustainable Development Goal 6.2 target by 2030 and expand access to hand hygiene products and services. The budget breaks down as follows:

1. Controlling the COVID-19 outbreak (2020-2022) will require USD **248 million**
2. Building back better (2023-2026) will require USD **423 million** and
3. Sustaining a culture of hand hygiene (2026-2030) will require USD **381 million**

Implementing this HH4A country roadmap is expected to develop an enabling environment which will bring behavioural change to establish the practice and culture of hand hygiene in the society.

Background

Bangladesh is one of the most densely populated country in the world with a population of 168 million in an area of 147,570 sq. kilometres. Although Bangladesh is a relatively small country, it has a diverse geography including hard-to-reach regions such as the hilly areas of the south-east, hoar (wetlands) in the north-east, and a long coastal area with chars (river islands) in the south. Over two thirds of its population live in rural areas, although the urban population is increasing at a very high rate. Bangladesh is situated in the world's largest delta and is particularly exposed to impacts of climate change including sea-level rise and increasingly frequent hazards such as cyclones. Bangladesh is ranked as one of the most environmentally vulnerable countries in the world. Other challenges include high rural-urban migration rates, particularly to slums, lack of services for hard-to-reach areas, and arsenic contamination of groundwater.

Despite these challenges, Bangladesh has made significant progress in poverty reduction since independence, when 90% of the population lived below the poverty line. In 2019, 20.5% of the population were living below the national poverty line (ADB, 2021). Life expectancy, literacy and per capita food intake have also improved considerably. Infant mortality rate decreased to 34 from 46 between 2012 and 2019 (BBS and UNICEF, 2019). Moreover, Bangladesh is one of the fastest growing economies worldwide. Over the last decade, the economy has grown at nearly 6% per year. In 2020, Bangladesh had a Gross Domestic Product per capita of USD 1,961, compared to USD 94 in 1972 (World Bank, 2022). In 2021 it was recommended that Bangladesh graduate from the UN's Least Developed Countries (LDC) list in 2026, which made the golden jubilee celebration of independence even more meaningful.

Since 1990, Bangladesh has significantly increased access to water, sanitation and hygiene (WASH) services. According to the Joint Monitoring Programme (JMP, 2021), 98% of the population now have access to drinking water (39% have a basic water supply and 59% have a safely managed water supply) and the country is considered open defecation free. Moreover, 58% of people have access to basic hand hygiene facilities at home (handwashing facility with soap and water available) and 36% have access to limited hand hygiene facilities at home (handwashing facility lacking soap and/or water). These accomplishments are largely a result of the leadership of the Government of Bangladesh, which considers WASH to be a 'thrust sector', a sector given a higher priority than others. The national vision as articulated in the 8th 5-year plan and the Perspective Plan of Bangladesh 2021-2041 makes a commitment to further accelerate progress to achieve the Sustainable Development Goal (SDG) 6 targets by 2030. Bangladesh aims to achieve 100% coverage with safely managed water supply, 80% coverage with safely managed sanitation and universal hand hygiene by 2030.

Introduction

WASH-related diseases remain an important problem in Bangladesh. Despite impressive reductions in diarrhoea-related childhood mortality in recent years, diarrhoeal diseases remain among the main contributors to under five years child mortality at around 6.0 per 1000 live births (Billah et al, 2019). Respiratory infections are the second leading cause of overall mortality in Bangladesh. Pathogens that cause diarrhoea and respiratory infections can be transmitted through contaminated hands (Global Handwashing Partnership, 2021). Handwashing with soap prevents about 30–47% of child diarrhoea and 23% of respiratory infections (Curtis and Cairncross, 2003). Measures like hand hygiene at key times can also interrupt transmission of COVID-19 and other pathogens. The importance of hand hygiene is three dimensional: saving lives, saving money, and preparing for the future against the infectious diseases (WHO and UNICEF, 2021).

Although the benefits of hand hygiene are clear, encouraging people to adopt a habit of hand hygiene has proven difficult. While, knowledge of key hygiene messages is high in Bangladesh, the National Hygiene Survey shows that the practice of regular hand hygiene at all times remains low (Bangladesh Bureau of Statistics, WaterAid and UNICEF Bangladesh, 2018). No matter how much a person knows about hand hygiene or how motivated they might be to practice it, if the infrastructure and products are not available then the behaviour can't be performed easily. In Bangladesh, only three quarters of the population live in households where water and soap are present at the point of handwashing (UNICEF, 2020). There are further differences between rural and urban areas: urban households (87%) are more likely to have water and soap compared to the rural population (71%).

Hand hygiene is important for all the settings including at home, health care facilities (HCFs), schools, workplaces and public places. According to the JMP, whilst 99% of schools have a hand hygiene facility, only 48% have water and soap. The JMP also reports that in HCFs, 78% have hand hygiene facilities with water and soap (basic and limited), less than 1% of HCF have no hand hygiene facilities at points of care or within 5 metres of toilets (no service).

In addition to a convenient location for hand hygiene, other challenges to achieving universal hand hygiene in Bangladesh include the lack of the sustainable practice across the whole population, which can be traced back to a lack of effective behaviour change approaches, a weak supply chain of affordable hygiene technologies or products and poor monitoring of the functionality of hand hygiene facilities.

Existing policy framework

To date, several policy and planning frameworks have provided the enabling environment for the progress in access to WASH as indicated in the Box below.

Box 1: Government of Bangladesh WASH policy, strategies and planning framework

- National Policy for Safe Water Supply and Sanitation (NPSWSS) (GoB, 1998)
- Sector Development Plan for Water Supply and Sanitation in Bangladesh (2011-2025) (SDP)
- National Strategy for Water and Sanitation in Hard-to- Reach Areas (GoB, 2011a)
- National Standards for Water, Sanitation and Hygiene for Schools in Bangladesh (GoB, 2011b)
- The Perspective Plan of Bangladesh 2010-2021: Making Vision 2021 a reality (GoB, 2012a)
- National Hygiene Promotion Strategy for Water Supply and Sanitation in Bangladesh (GoB, 2012b)
- National Cost Sharing Strategy for WSS in Bangladesh (GoB, 2012c)
- National Hygiene Survey (BBS, WaterAid Bangladesh and UNICEF 2018)
- National Strategy for Water Supply and Sanitation (GoB, 2014; GoB Revised and Updated Edition 2021)
- Pro-poor strategy in Water and Sanitation Sector in Bangladesh (GoB, 2020; revision and update to 2005b strategy document)
- 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).
- National WASH Sector Strategic Paper 2020-22 in Response to Covid-19 Outbreak through Water, Sanitation and Hygiene Interventions (GoB, 2020)

The National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh (2012b) provides guidance on hygiene promotion in the WASH sector with reference to access to hardware, hygiene promotion and the enabling environment (GoB 2012b, p. 5). The role of women in household level hygiene promotion is highlighted and dedicated approaches for people with disabilities are also included in the guiding principles (GoB 2012b, p.14). The strategy emphasizes the important role of the health and education sectors to work in close collaboration with WASH.

Institutional framework

At the national level, the responsibility for hygiene primarily lies with the Local Government Division (LGD) under the Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC) and Local Government Institutions (LGIs) through the Ministry of Primary and Mass Education (MoP&ME), Ministry of Education (MoE) and Ministry of Health and Family Welfare (MoH&FW).

The Department of Public Health Engineering (DPHE), the national agency for water sanitation and hygiene initiatives, functions under the MoLGRDC, providing both hygiene hardware as well as social mobilization and hygiene behaviour training.

Water Supply and Sewerage Authority (WASA), Dhaka, Chattagram, Khulna and Rajshahi city, other City Corporations, 328 Pourashava are also providing WASH services in their jurisdictions.

Directorate of Primary Education (DPE), Directorate of Secondary and Higher Education (DSHE), Department of Madrasah Education (DME), Department of Technical Education (DTE) Director General of Health Service (DGHS) are also extending WASH services in primary and secondary schools, madrasah, technical institutions and HCFs.

To ensure that efforts are coordinated as well as to review and strengthen the capacity and skill of those institutions, the hygiene sector coordination is provided by the LCG thematic group for Hygiene, Gender and Disability.

The 2018 Monitoring and Evaluation Framework for the SDGs in Bangladesh sets out the data available for monitoring the SDG indicators. The Sector Development Plan (GoB, 2011) proposes key indicators to monitor and inform the water and sanitation sector, although hygiene is not included in these indicators. Other WASH monitoring initiatives or surveys include the National Hygiene Survey, nationally commissioned surveys such as the Demographic Health Survey and the Multiple Indicator Cluster Survey (MICS).

Bangladesh has strong hand hygiene research capacity with an outstanding track record of evidence and knowledge generation with stakeholders including the International Training Network (ITN-BUET) and icddr,b amongst others.

Leave no one behind

Bangladesh has responded to the 'leave no one behind agenda' by establishing policies to reach populations living in vulnerable situations with WASH services. The SDP establishes that vulnerable groups include women, children, and people with disability, indigenous communities, disadvantaged and extremely poor persons, and floating populations (GoB, 2011c, p.74). The 2014 National Strategy for Water Supply and Sanitation (revised and updated edition, 2021) and the National Strategy for Water and Sanitation in Hard-to-Reach Areas (GoB, 2011c) recognises that vulnerable groups and hard-to-reach (HtR) areas are particularly important to reach if WASH coverage targets are to be achieved. The Pro-Poor Strategy (GoB, 2020) outlines the criteria for identifying the hard-core poor and support mechanisms in the form of subsidies to ensure they receive safe water and sanitation services. These strategies require updating to include hand hygiene. While 97% of the people in the richest wealth quintile live in households where soap and water are present on the premises, the same is true for less than half of the population in the lowest wealth quintile (BBS and UNICEF, 2019). Innovation is needed in approaches to hygiene behaviour change and durable products or services for challenging contexts such as the hoar, chars, tea gardens, water scarce and high arsenic areas as well as those areas prone to waterlogging, cyclones, and drought in addition to saline coastal areas.

The need for a Hand Hygiene for All Roadmap

Hand hygiene is high on the agenda of the Government of Bangladesh, national stakeholders and development partners. Nevertheless, as noted in the previous section, the policy and institutional environment for WASH remains primarily focused on improving access to safe water and sanitation. Following the launch of the UNICEF and WHO Hand Hygiene for All (HH4A) global initiative, the Government of Bangladesh initiated the development of the HH4A country roadmap to achieve its national vision of Hand Hygiene for All in all settings in collaboration with international partners, public and private sectors, and civil societies.

Roadmap vision and objectives

Bangladesh intends to achieve Hand Hygiene for All by 2030. To achieve this goal, the Government of Bangladesh has called for a roadmap to achieve eight strategic objectives in order to reimagine hand hygiene. The roadmap is guided by the principles of Leaving No One behind (LNOB), gender equality and women's empowerment, climate resilience, sustainability, and accountability. This roadmap intends to promote and sustain hand hygiene as a new social norm and a healthy habit in Bangladesh during the COVID-19 pandemic and beyond. The vision, objective and outcome of the roadmap are shown below:

Vision	Achieve hand hygiene for all by 2030 by making hand hygiene everyone's business
Objective	Universal coverage of inclusive hand hygiene facilities at homes, schools, health care facilities and other public settings to ensure public health and wellbeing.
Outcome	Committed political leadership, enabling environment for hand hygiene, available, affordable and appropriate hand hygiene products and services.

The eight inter-related strategic objectives are shown below:

Strategic objective	Results
1. Political Leadership: Strong political leadership and commitment to make hand hygiene a national priority across government ministries, sectors and communities now and in the future. Multi-sectoral leadership will be enhanced for the successful implementation of the roadmap.	Political leadership
2. Policies and strategies: Existing policies will be updated to align with the roadmap. A new national Hand Hygiene Policy is planned for 2030.	
3. Institutional arrangements: Governance structures and mechanisms for collaboration between sectors will be put in place. Partnerships with relevant stakeholders will be fostered to align efforts.	Strengthening the enabling environment
4. Financing: In addition to increasing government spending, additional sources of financing will be leveraged to cover the cost of hand hygiene for all, particularly during the early phase of the roadmap. Hygiene will have its own earmarked budgets at all levels.	
5. Planning, monitoring, review: Data on hygiene will be collected through National Hygiene Survey, institutional surveys, spot checks and will be integrated to ensure adequate data sharing under the national MIS.	
5. Planning, monitoring, review: Data on hygiene will be collected through National Hygiene Survey, institutional surveys, spot checks and will be integrated to ensure adequate data sharing under the national MIS.	
6. Capacity building: Intensive capacity building efforts are envisaged will build capacity of front line staff (such as community health workers) to build awareness and knowledge on hand hygiene.	Increase demand and supply
7. Availability of hand hygiene products and services: Options for improved/new products and services will be tested and scaled up.	
8. Hand hygiene behaviour change: Hygiene behaviour change methods will be adapted where necessary and scaled up to ensure their effectiveness in influencing all segments of the population and contextualized for the hard-core poor, vulnerable groups, urban settings, and people in hard-to-reach places. Approaches will be aligned with changes in the needs of communities.	

Developing the roadmap

Led by MoLGRD&C, the process of developing the roadmap relied on national multi-stakeholder consultations, input from senior officials and staff in the LCG thematic group for Hygiene, Gender and Disability, together with review by other development partners.

Audience for the roadmap

The roadmap is written to guide planning of interventions and strategies at the national level to enable government and partners to make the right investments to achieve Hand Hygiene for All by 2030 in various settings, such as households, HCF (including primary health centres, and community clinics), schools (primary and secondary schools, Madrasah, technical institutions), workplaces, transport hubs and other public places.

The primary audiences for the roadmap are government departments - LGD, DPHE, and WASAs under the MoLGRD&C, as well as other government stakeholders including DPE (Ministry of Primary and Mass Education), DSHE, DME and DTE (Ministry of Education), DGHS (Ministry of Health & Family Welfare), and the Ministry of Women and Children's Affairs (MoWCA). Other stakeholders include United Nations agencies, multilateral partners, bilateral donors, IFI/Regional and other Banks, international and national non-governmental organizations, academic/training institutions, community-based organizations (CBOs), women's organizations and the private sector.



Hand Hygiene for All (HH4A): Strategy

For sustained hand hygiene at homes, public places and in institutions, the government seeks to achieve three outputs i.e. (1) securing political leadership to embed a culture of hand hygiene, (2) strengthening the institutional and policy environment to drive progress, and (3) ensuring the availability of hand hygiene facilities, soap, and water where they are needed and drawing on evidence-based behaviour change approaches to encourage sustained hand hygiene practices. The government will adopt the following approach.

	Respond to the immediate pandemic (2020-2022)	Rebuild infrastructure and services (2023-2025)	Reimagine hand hygiene in society (2026-2030)
Political leadership	Champion hand hygiene	Increased intervention and preparedness	Making hand hygiene everyone's business
Enabling environment	Assess gaps in current hand hygiene enabling environment	Increased investment and multi-sector partnerships	Reforms, policy updates as well as multi-stakeholder platform engagement.
Supply and demand	Rapid behaviour change activities accompanying set of hand hygiene facilities in public settings	Evidence based behaviour change activities to form social norms and habits jointly with a focus on innovation and market strengthening.	Maintain habits and norms and O&M of facilities in public places with strengthened monitoring approaches

Overall strategic intervention approach

The overall strategic intervention is outlined below:

Response - Short Term:

Controlling the Outbreak (2020-2022)

In the response phase, the aim is to focus on controlling the COVID-19 outbreak, with an emphasis on hand hygiene in households, schools and HCF settings.

A. Increased political leadership for hand hygiene

As the mandated ministry, the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C) will steer the implementation of the roadmap and is the body accountable for its implementation. The Honourable Minister of the MoLGRD&C will galvanise the political will and commitment of the Government of Bangladesh towards the implementation of the HH4A roadmap.

B. Strengthened enabling environment for hand hygiene

Policies and strategies: LGD will map hand hygiene policies across different agencies and convene the major stakeholders to review the existing strategies, policies and guidelines to identify the gaps, suggest solutions and scale up hand hygiene practices in all public settings.

Institutional arrangements: The Policy Support Branch (PSB), under the water supply wing of LGD, is responsible for the implementation of the HH4A roadmap and will identify Hygiene Wings/Units in the relevant departments of MoLGRD&C, MoH&FW, MOP&ME and MoE. National, district and sub-district level multi-sectoral co-ordination and implementation committees will also be formed. MoLGRD&C will coordinate the concerned ministries (including health, education, social welfare, and information) and bring on board LGIs, Members of Parliament (MPs), private sector, civil society, NGOs, development partners, the media, religious and community leaders and academia to duly implement the roadmap on the ground. Local Consultative Groups (LCG) and relevant hygiene thematic groups under the LGD of MoLGRD&C will be activated to assist in steering and coordinating the process. WATSAN committees will be strengthened to support implementation of the roadmap at District, Upazila, Pourashava and Union level. A National Hand Hygiene Campaign Taskforce (HHCTF) will be formed across national, district and sub-district levels.

Financing: MoLGRD&C will work with the Ministry of Finance to approve separate budget lines for water, sanitation and hygiene by 2022. Budget will be made available for hand hygiene

facilities in public spaces and HCF to ensure that health care workers have regular access to hand hygiene facilities and supplies at the point of care to help stop the transmission of COVID-19 and other diseases. Emergency funding will be provided to reach the most vulnerable populations and those living with disabilities. WASH budget tracking will continue to be used to assess the hygiene finance situation.

Planning, monitoring, review: LGD will develop a rapid data collection system on hand hygiene practices to identify the barriers and drivers for hard-core poor and vulnerable groups, who are least likely to be able to practice hand hygiene, capture good practices and disseminate the evidence across the sector. Formative research will be carried out with non-adopters of hand hygiene practice with support from UNICEF, WaterAid Bangladesh, icddr, b and others to fill knowledge gaps. The effectiveness and theory of change for evidence-based behaviour change approaches will be assessed through aligned monitoring and evaluation activities.

Capacity Building: The capacity gaps and training needs of health care workers, sanitary workers of LGIs, schoolteachers, NGO workers and community leaders will be identified, and a training programme/material will be developed for these different stakeholders.

C. Increased demand and supply for hand hygiene

Availability of hand hygiene products and services: Having a hand hygiene facility is the strongest determinant to influence practice. Within households, hand hygiene supplies should be conveniently placed in kitchens, toilets and so forth. Engaging the private sector is a critical strategy to ensure households move from no handwashing facility on premises to a basic hand hygiene facility (a handwashing facility with soap and water at home). The Government of Bangladesh, development partners and private sector will strengthen markets and services to make gender responsive, climate resilient and durable hand hygiene products and services that are accessible, affordable, and desirable to the hard-core poor, last mile communities and other vulnerable groups. The government will focus on installing and managing hand hygiene facilities in public settings, ensuring continuous supply of water and soap.

Hand hygiene behaviour change: The importance of hand hygiene is already widely understood in Bangladesh. most people know how, why and when to wash their hands. Going forward, more systematic behaviour change interventions are necessary, based on evidence to make them more effective and bring about sustainable change.

Under the leadership and guidance of the Honourable Minister of MoLGRD&C evidence-based behaviour change campaigns and programmes will be developed to achieve the HH4A roadmap objectives, to halt the outbreak of COVID-19 (and other diseases) and ensure hand hygiene becomes a routine practice and healthy habit. Campaigns and programmes will be designed to associate hand hygiene with motives like comfort, affiliation, nurture, and status as well as to directly address the behavioural barriers or enablers identified through formative research.

Since effective behaviour change campaigns and programmes are designed to reach populations on more than one occasion, HH4A campaigns and programmes will use multiple different delivery channels (including social media). Local and national influencers and other context-adapted measures will help ensure HH4A awareness campaigns access the hard-to-reach segments of communities. The government will standardize and rapidly disseminate effective behaviour change approaches and tools across programmes and partners; technical guidance will be provided on all aspects of hand hygiene in different settings.

HH4A will adopt interventions on infection prevention and control (IPC); train health care professionals and support with IPC supplies and promote a continuous safe water supply, safely managed sanitation, soap, and hand hygiene facilities in HCF.

Hand hygiene is equally crucial for hotel, restaurants including due emphasis on food hygiene. Awareness at all levels engaging private sector, small enterprises in private settings will enable and facilitate the aspiration of the Hand Hygiene for All. Also, stakeholders both from government and private sector including civil societies, local NGOs and all parties involved and interested, should be invited to join this mammoth movement. As part of monitoring, this living document will be revisited every two years in line to nationally accepted evidence base like National Hygiene Survey 2018, MICS and Census 2022.

Rebuilding -Medium Term: Building Back Better (2023-2025)

The rebuild phase of the roadmap requires attention to planning for the necessary institutional and governance reforms policies, capacities, resourcing, and monitoring as well as ensuring supply and demand for Hand Hygiene for All.

A. Increased political leadership

A national advisory committee, chaired by the Minister of MoLGRD&C, will be established with representatives of the concerned ministries and relevant stakeholders to direct, monitor and evaluate the implementation of the roadmap. Elected public representatives of the LGIs and the parliament members of the relevant constituencies will play a leading role to promote and integrate the hand hygiene in their respective jurisdictions.

B. Strengthened enabling environment for hand hygiene

Policies and strategies: Existing national strategies and policies will be revised in line with the HH4A roadmap, including the Sector Development Plan for Water Supply and Sanitation

Sector in Bangladesh (FY 2011-25), National Policy for Safe Water Supply & Sanitation (1998), National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012, as well as those policies, standards and requirements related to hand hygiene in HCFs, schools and other public settings (i.e. transport hubs (bus, train, ferry) stations, markets and so forth). The LGD will integrate the HH4A country roadmap with the GoB (2020) “Response to COVID-19 outbreak through water, sanitation and hygiene (WASH) interventions- Bangladesh Strategy Paper, 2020-2022” to guide the WASH sector.

MoP&ME and MoE will revise the WASH content of the curricula of primary and secondary schools as well as Madrasah and technical institutions, integrating hand hygiene. Furthermore, the Government of Bangladesh will develop inter-ministerial/inter-agency policy roadmaps with steps to accelerate the scale-up of hand hygiene in public settings.

Institutional arrangements: MoLGRD&C will coordinate with MoH&FW, MoE and MoP&ME to ensure their institutional readiness and capacity to provide WASH services; specifically, hand hygiene at HCFs and schools. An institutional coordination mechanism will be developed at national, district and sub-district level among different line departments and LGIs. MoLGRD&C will also establish a monitoring and reporting centre.

Financing: Options will be investigated to ensure that the most vulnerable can access hand hygiene such as a lower water tariffs for slum dwellers. Mechanisms to raise additional financing, including from the private sector, will be pursued.

Planning, monitoring, review: MoLGRD&C will establish a consumer-centric monitoring system to gather data on the experiences of the population with hand hygiene products and services using the digital U-report method. Hand hygiene data will be captured in a central database as well as the respective Management Information Systems (MIS). Additional high-quality evidence will be generated with a focus on effective behaviour change. The LGD will continue to build the necessary technical capacity to generate and effectively use evidence and engage with the relevant levels of government. Research and evidence will further raise the visibility of the benefits of hand hygiene.

Capacity Building: Capacity of the new Hygiene Wings/Units of all concerned departments, as well as the BHE of DGHS, will be strengthened with appropriate human resource support and training. Training programmes and capacity building will be provided for both the public sector hygiene workers, small private entrepreneurs, and youth.

C. Increased demand and supply for hand hygiene

Availability of hand hygiene products and services: Coverage with basic hand hygiene facilities will be expanded in schools, HCFs, public places and institutions (such as private/public workplaces). The government will closely collaborate with private sector actors

to identify gaps, bottlenecks, and inefficiencies in the supply chain for hand hygiene products and services. The private sector will be encouraged and incentivized to develop timely, acceptable, affordable, and sustainable products and services for all, with a special focus on vulnerable people and places.

Hand hygiene behaviour change: Ongoing promotion, with multi-sector involvement, will be necessary to maintain appropriate and healthy hand hygiene behaviours. Adaptation of behaviour change related activities is necessary as the roadmap pivots away from the response phase and into the rebuild phase. The initial campaigns to promote hand hygiene behaviour will be regularly adapted to ensure that the campaigns continue to grab the population's attention such that they remain engaged with the messages and activities. In this way behaviour change approaches will maintain their effectiveness and are more likely to lead to lasting behavioural change.

Reimagine - Long Term:

Sustaining a Culture of Hand Hygiene (2026-2030):

The reimagine phase is intended to sustain a culture of hand hygiene through enhancing the institutional, regulatory, and legal environment for hygiene as well as continuing to raise awareness in all settings, including schools and HCF.

A. Ensure political leaderships:

To achieve the goal of the roadmap, the LGD will sustain the engagement and commitment of political leadership, to maintain the strong enabling environment for hand hygiene built in previous phases. The ministry will take the lead to mobilize communities and other key players as well as actively engage policy makers and public representatives to make hand hygiene everyone's business and embed hand hygiene as a routine practice and social norm in society.

B. Strengthened enabling environment for hand hygiene

Policies and strategies: MoLGRD&C will develop the National Hygiene Policy and implement the necessary finance, institutional reforms, and legal frameworks to realise the vision and objective of the HH4A roadmap. Standard operating procedures will be established for schools and HCFs. Hand hygiene will be included in the curricula of schools with a mandatory provision of learning and examination including in the Madrasah curriculum.

Institutional arrangements: A functional WASH section/unit will be maintained in all departments.

Financing: Budget allocations to hand hygiene programmes and monitoring will be increased. Plans for hand hygiene in different settings will have costed and financed targets. Preparedness plans for public health emergencies will include a budget for hand hygiene.

Planning, monitoring, review: Hand hygiene will be included as a key priority area in the Sector Development Plans for WASH, education, and health. The National Hygiene Survey will continue to be conducted every 4 years, over the life of the roadmap it will be performed in 2022, 2025 and 2030. Survey findings will be used to identify and assess hand hygiene facilities and behaviours across multiple settings as well as to track the rate of progress towards universal hand hygiene in Bangladesh. In addition, an annual Public Perception Survey on hand hygiene is planned. Hand hygiene data will be included in the government’s MIS system so that a system of regular review and follow up can be established.

Capacity building: Capacity efforts will continue to target stakeholders such as DPHE, WASAs, LGIs, NGOs, school teachers and students as well as health workers. Hand hygiene capacity building activities will eventually be integrated into the regular activities of the LGIs.

C. Increased demand and supply for hand hygiene

Availability hand hygiene products and services: The aim is to achieve universal hand hygiene coverage in households, schools, HCF, public places and in the workplace. Research and development with the private sector will support the continued discovery of pro-poor and human centred hand hygiene products and solutions. In particular, the small-scale private sector and supply chains will continue to be strengthened to meet demand in rural and hard-to-reach communities and support households to move from limited to basic hand hygiene facilities.

Hand hygiene behaviour change: Campaigns and behaviour change approaches will continue to adapt in the transition from the rebuild phase towards a focus on sustained behavioural adherence over the longer term. Eventually, it is envisioned that the HH4A roadmap will be integrated into the “My Village, My Town” programme to support sustained behaviour change.

Financing the roadmap

The National Cost Sharing Strategy for Water Supply and Sanitation in Bangladesh (2012c) supports financing mechanisms for water and sanitation. In FY 2017-18, the budget allocated to the WASH sector was USD 563 million, this grew to USD 1.44 billion in 2018-19. There was a dip in 2019-20, when the budget fell to USD 1.26 billion, and the allocated budget dropped again to USD 140 million in FY 2020-21. Thus, there is a shortfall in WASH financing, given the estimated additional requirement for SDG 6.1 and 6.2 of USD 550 million in 20-21. According to UNICEF, PPRC and WaterAid (2021), hygiene represents less than 5% of the total WASH budget.

An initial budget of USD 1.052 billion must be mobilized to implement the roadmap which will serve to address the COVID-19 pandemic, embed a culture of hand hygiene as well as assist in reaching universal hand hygiene by 2030. This breaks down as follows:

In the short term (2021-2022), **USD 248 million** is required for controlling COVID-19 outbreak

In the mid-term (2023-2026), **USD 423 million** is required to build back better

In the long term (2026-2030) **USD 381 million** is required to sustain a culture of hand hygiene

The table below provides the preliminary costings for the different phases of the roadmap, the detailed plan can be found in the annex. To note not all activities are costed in this preliminary estimate, for instance those associated with reaching the whole population with a national campaign as well as institutional system strengthening: these will be added to future iterations of the costed plan.

Unit reached		Cost per phase of the roadmap in USD			Comments
		2021-2022	2023-2025	2026-2030	
Household	Approx, 4 million households (or 16 million people)	217,695,148	239,464,621	292,434,293	<ul style="list-style-type: none"> • Cost of serving 10% of the unserved population • Household costs calculated using the WHO/UNICEF costing tool • In addition, budget must be planned to maintain the hand hygiene practice for the remaining 90% of the population. Such costs should be planned to reach all the population
Schools	14,000 schools (12,000 primary & 2,000 secondary schools)	2,500,000	27,000,000	5,500,000	<ul style="list-style-type: none"> • Targeting 8.54% of unserved schools • Total number of primary, secondary schools and Madrasha is (133,901+20,660 + 9278) = 163,839 • 8.54% of which is 14,000 • At a cost of USD 2,500 per school • Costs have been calculated to ensure the coverage from no service to basic
	1,050 primary health				<ul style="list-style-type: none"> • Targeting 6.6 % unserved HCFs • Total number of primary health centers and community clinics is

Unit reached		Cost per phase of the roadmap in USD			Comments
		2021-2022	2023-2025	2026-2030	
Public settings	100,000 facilities	25,000,000	150,000,000	75,000,000	At a cost of USD 2,500 per hand hygiene facility
National and Sub-national Monitoring & Evaluation		2,000,000	3,000,000	5,000,000	Costs of other the elements of system strengthening such as political leadership, policy and strategy development as well as institutional arrangements are to be added
Capacity Building for government Institutes on HH4A service delivery and monitoring		1,000,000	1,500,000	2,500,000	
Sector advocay and policy Support for HH4A			500,000	500,000	Total budget for 5 years is 1 million USD
Total		248,365,148	422,654,621	381,359,293	

Implementation of the roadmap will require additional resource mobilization at all levels. The roadmap envisages that the budget for hygiene is increased in the short and medium term, but that longer term spending will become more efficient and generates more equitably distributed benefits for vulnerable populations and children in particular. The case for increasing budget for hygiene will be made using data, evidence and analysis. Steps will be taken to mobilize and deploy additional resources from a large variety of sources, using innovative approaches as necessary. Partnerships with the private sector as well as international and regional development partners will be used to leverage resources. This costed action plan for the roadmap is aligned with the financial plan and budget set out in the MoLGRD&C (GoB, 2020) “Response to COVID-19 outbreak Through Water, Sanitation and Hygiene Interventions: Bangladesh Strategy paper 2020-2023” as well as the “SDG Financing Strategy” (GoB, 2017) of the General Economics Division, Planning Commission that sets out the financing required to achieve the SDG 6 goal by 2030.

Monitoring the roadmap

Monitoring seeks to improve accountability for delivering on the roadmap priorities and communicating with stakeholders on progress. The rollout of the interventions proposed in the roadmap will require periodic review, and alignment. It is envisioned that the roadmap will be reviewed every two years. The LGD, under the MoLGRD&C, as the mandated ministry, will lead a consultative process where reviews are conducted and decided upon at the ministry level. The roadmap will be adapted in response to lessons learned and contextual changes. In addition, data and evidence will inform modifications to the roadmap and course correction. To the extent possible, monitoring will make use of data already being collected by LGD, DPHE and others (such as the National Hygiene Survey, sectoral MIS and programme monitoring data) to minimize additional reporting burdens.

Conclusion

Bangladesh aims to ensure universal access to hand hygiene by 2030. The importance of hand hygiene is three dimensional: saving lives, saving money, and preventing infectious diseases (WHO and UNICEF, 2020). Hand hygiene is important in all settings: homes, HCF, schools, and public places. Evidence for Bangladesh indicates that basic hand hygiene facilities are available in different settings and awareness of their importance is high. However, further work is required to build the culture of hand hygiene as a social norm. The purpose of this Hand Hygiene for All roadmap is to further embed the practice of hand hygiene. This roadmap identifies the strategic goals and opportunities for investments to improve hand hygiene and guide actions across the three pillars (1) political leadership (2) enabling environment (policy and institutional reforms, co-ordination mechanisms as well as the funding) and (3) supply and demand of hand hygiene products and services.

Recommendations

This roadmap is expected to help develop an enabling environment, which will bring behavioural change to embed the practice of hand hygiene in Bangladesh. In summary, the following recommendations are made for the key stakeholder groups addressed in this roadmap:

Government: The responsibilities of the various ministries include:

- MoLGRD&C to guide and chair the implementation and monitoring of the roadmap for hand hygiene for all.
- Ministry of Finance to approve a separate budget code for hygiene by 2022 and mobilize resources to fund implementation of the roadmap.
- Respective ministries to promote hygiene awareness and make hand hygiene products and services accessible and affordable including to schools, HCF, public places and hard-core poor and other vulnerable groups.

Households and community: Manage household hand hygiene, including the construction of hand hygiene facilities, supply of consumables and adoption of good hand hygiene practices.

Private sector: Research and innovation of technology options to ensure affordable and quality hygiene products and services for all settings including vulnerable households.

Development partners: Provide technical and financial support for the implementation of the roadmap.



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ANNEXES



Annex A:

Strategic objectives and activities

Strategic objective 1: Political Leadership		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> A multi-sectoral National HH4A Campaign formally inaugurated in the presence of sectoral ministers (WASH, Education, Health, Information, Disaster Management and Religious Affairs) Political will secured for the integration of hand hygiene into the health, education, and local government sectors amongst others The Honorable Prime Minister leads the process, with the support of MoLGRD&C 	<ul style="list-style-type: none"> All MPs and public representatives of the LGIs engaged to lead the implementation of the HH4A roadmap in their jurisdictions A Parliamentary Committee established to monitor progress against milestones 	<ul style="list-style-type: none"> Political commitment secured for finance, institutional reform, and a legal framework for business to create an enabling environment for HH4A Political commitment at all levels secured to implement existing strategies and sustain HH4A at national, district and sub-district levels

Strategic objective 2: Policies and strategies		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> The National Water and Sanitation Policy (1998), Sector Development Plan (2011-2025) and National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh (2012) revised in line with the HH4A roadmap The revised strategy and plan of action disseminated at regional and local levels A dedicated chapter on hygiene included in the forthcoming revision of the SDP Hand hygiene established as a key part of public health and preparedness strategies 	<ul style="list-style-type: none"> Initiate and develop a National Hand Hygiene Policy for Bangladesh to scale-up hand hygiene in public settings Develop/adopt a costed plan of action for the revised 'National Hand Hygiene Policy' Develop and approve new hand hygiene provision in education policies Include Hand Hygiene for All in primary and secondary school curricula 	<ul style="list-style-type: none"> Approve and monitor the Hand Hygiene Policy for Bangladesh. Ensure a mandatory chapter on hand hygiene is included in school textbooks

Strategic objective 3: Institutional arrangements		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> • Support coordination among different line departments and LGIs • Establish a dedicated Hygiene Section/unit/ and a Special Hygiene Thematic Group under Local Government Division under PSB with defined roles and responsibilities and budget • Establish a Hygiene and Behaviour Change Unit in the DPHE, DPE, DSHE, DME, DTE and in 12 City Corporations and all A category Pourashava • Activate Local Consultative Groups • Form national, district and sub-district inter- sectoral coordination and response committees for Hand Hygiene for All • Establish and enforce protocols for critical tasks on hand hygiene at HCFs • Establish a Hygiene Cell at PSB of LGD 	<ul style="list-style-type: none"> • Establish a National Ministerial Advisory Body under the Leadership of Hon. Minister MoLGRD&C with representation from different government authorities (WASH, Health and Education), private sector and civil society • Develop mechanisms for working with the private sector • Establish a mechanism for co-ordination among all stakeholders • Undertake institutional reforms as needed for schools, Madrasah, Technical Institutions, HCFs and communitie 	<ul style="list-style-type: none"> • Maintain a functional and capable national HH4A agency • Approve and/or implement new or strengthened policies or regulations regarding hand hygiene O&M in different settings • Implement WHO hand hygiene multimodal improvement strategies across all levels of the health system • Maintain functional WASH section/unit in all departments

Strategic objective 4: Financing		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> • Allocate budget for critical supplies for hand hygiene in public, school and health care settings • Approve separate budget lines for water, sanitation, and hygiene by 2022 • Mobilise additional funding through high-level event(s) to promote increased external support for hand hygiene • Continue national WASH budget analysis to advocate for greater and equitable allocation on hygiene 	<ul style="list-style-type: none"> • Progressively increase budget allocations to hand hygiene programmes aiming for 20% by 2030 • Include budget for hand hygiene in preparedness plans for public health emergencies • Develop and implement mechanisms to raise additional financing, including from private sector 	<ul style="list-style-type: none"> • Maintain and annual WASH hygiene budget • Ensure targets for hand hygiene are costed in national plans, loans, and grants

Strategic objective 4: Financing		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Continue national WASH budget analysis to advocate for greater and equitable allocation on hygiene Target financing to reach the poorest people (such as the hard-core poor, slum dwellers and people with disabilities) including contingency funds, supplementary budgets Work with the private sector to develop a robust business case for financing hand hygiene and affordable hand hygiene products 	<ul style="list-style-type: none"> Support to vulnerable populations who still lack hand hygiene at home 	

Strategic objective 5: Planning, monitoring, review		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Conduct the National Hygiene Baseline Survey (2022) Set up systems for rapid data collection on hand hygiene facilities in schools, HCF and public settings WASH sector to carry out formative research on non-adopters of hand hygiene practice Identify vulnerable populations who are most at risk and least likely to be able to practice hand hygiene measures Perform WASH budget tracking to monitor hand hygiene related expenditure Capture and disseminate good practices and examples across the sector 	<ul style="list-style-type: none"> Establish a National HH4A Monitoring and Reporting Cell linked to the central government MIS/GIS system Proposed National Monitoring & Reporting cell to establish a formal planning and monitoring mechanism involving LGIs, Upazila and District authority Conduct National Hygiene Survey (2025) and establish a system of spot checks Establish a consumer-centric monitoring system for customer experience on hygiene products and services, linked to Local Consultative Groups (LCG) Mainstream hand hygiene in surveys of households, schools and HCFs 	<ul style="list-style-type: none"> Conduct National Hygiene Survey 2030 Initiate an annual public perception survey on HH4A Include hand hygiene as a key priority area in the sector development plans (WASH, Education and health) Ensure that hand hygiene features in regular sector reviews

Strategic objective 5: Planning, monitoring, review		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
	<ul style="list-style-type: none"> Establish a Research Hub and undertake a study on the effectiveness of hand hygiene message dissemination (both content and process) 	

Strategic objective 6: Capacity building		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Identify capacity gaps and training needs for public health workers, sanitary workers of LGIs, school/Madrasah teachers, NGO workers, youth, and community leaders Develop training materials, Training of Trainers and roll out training for different stakeholders Train local entrepreneurs to develop their capacity to market affordable, high-quality products and services 	<ul style="list-style-type: none"> Strengthen the training programme for public hygiene workers, entrepreneurs, and youth Strengthen the capacity of the Hygiene Wing/Unit of all concerned departments with appropriate HR support and training Strengthen capacity of BHE of DGHS with appropriate HR support and training 	<ul style="list-style-type: none"> Integrate the hand hygiene capacity building programme into the regular training modules of LGIs and relevant departments of the government

Strategic objective 7: Supplying hand hygiene products and services		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Update the National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh to include technical guidance on all aspects of hand hygiene in different settings 	<ul style="list-style-type: none"> Engage the private sector to identify supply chain bottlenecks and inefficiencies including for reaching different vulnerable groups and last miles communities 	<ul style="list-style-type: none"> Enact legal frameworks and create an enabling environment to ensure sustained universal hand hygiene facility and supply coverage at schools, HCF, public places and in all institutions (private/public workplace) to ensure a

Strategic objective 7: Supplying hand hygiene products and services		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Ensure operation and maintenance of hand hygiene facilities in public places, HCF and schools, as well as for the most vulnerable populations, with a special focus on ensuring the continuity of safe water supply services and soap Prepare a plan for making hand hygiene accessible to last mile communities 	<ul style="list-style-type: none"> R&D with private sector for affordable consumables for rural communities as well as human-centered hand hygiene products and solutions Develop accessible and affordable hand hygiene products and services for vulnerable people and last mile communities Ensure at least basic hand hygiene facility coverage at schools, HCFs (and IPC supply at the point of care), in public places and in all institutions as well as private/public workplaces 	<p>supportive business environment for the private sector aiming to meet local demand for affordable, durable and high-quality hand hygiene products and sustainable services</p>

Strategic objective 8: Hand hygiene behaviour change		
Response - Short Term: Controlling the Outbreak (2020-2022)	Rebuilding - Medium Term: Building Back Better (2023-2025)	Reimagine - Long Term: Sustaining a Culture of Hand Hygiene (2026-2030)
<ul style="list-style-type: none"> Establish a National Hygiene Campaign Task Force at national, district and sub-district level Map hand hygiene stakeholders (GoB, development partners and private sector as well as local, national, or global influencers/ celebrities) Prepare technical guidance on evidence- based behavioural change strategies, approaches, and messages Launch a National Hand Hygiene Campaign for triggering hand hygiene as a social norm involving all stakeholders incl. engaging local, national, and global influencers/celebrity 	<ul style="list-style-type: none"> Continue to strengthen hygiene awareness in communities, HCF and schools (through multi-sector involvement and national or global celebrities) Continue to mobilize financing for behavior change related activities Adapt behaviour change interventions to the evolving context and identify remaining gaps including last mile communities 	<ul style="list-style-type: none"> Link up with the “My Village My Town” programme to maintain a culture of hand hygiene in schools and HCF and encourage/maintain hygiene behaviour change invillages and towns

Annex B:

Initial costed action plan for the different phases of the roadmap

1. Response: Controlling the outbreak (2021-2022) with a total of USD 248 million

Sl. No	Action	Unit cost in USD	Quantity	Tentative Costing (USD)	Remarks	
1.	Household					
1.1	Capital Expenditure	Formative research and creative design			99,511	<ul style="list-style-type: none"> Targeting 10% of the unserved population Total population = 166,196,301 10% unserved population = 16,619,630 Average household size 4.2 (BSVS 2018) 10% unserved household= 3,957,055 Costs of reaching the whole population are to be added
1.2		Hand hygiene facility	16.8	3,957,055	66,478,524	
1.3		Promotion	17.4	3,957,055	68,852,757	
		Capital Exp. Total			135,430,792	
1.4	Recurrent Expenditure	Top-up promotion			5,893,194	
1.5		Soap	17.3	3,957,055	68,457,052	
1.6		Water	2	3,957,055	7,914,110	
		Recurrent Exp. Total			82,264,356	
2.	School					
		1,000 schools (800 primary schools and 200 secondary schools)	2,500	1,000	2,500,000	<ul style="list-style-type: none"> Targeting 8.54% unserved schools Cost of HWF per school in GOB-UNICEF ASWA II project = USD 2500/ school Installation cost of USD 2000/ school for and USD 500/ school for recurrent cost
3.	Health Care Facilities					
		100 HCFs	1,700	100	170,000	<ul style="list-style-type: none"> Target of 6.6 % unserved HCFs Cost of HWF per HCF in GOB-UNICEF ASWA II project experience= USD 1700/HCF Installation cost of USD 1400/ HCF and USD 300/ HCF for recurrent cost

Sl. No	Action	Unit cost in USD	Quantity	Tentative Costing (USD)	Remarks
4.	Public settings				
	10,000 facilities	2,500	10,000	25,000,000	<ul style="list-style-type: none"> Cost per facility as per DPHE rate schedule. USD 2,500/facility USD 2,000/ facility installation cost and USD 500/ facility for recurrent cost
5.	National and sub-national Monitoring & Evaluation			2,000,000	Costs of other the elements of system strengthening such as political leadership, policy and strategy development as well as institutional arrangements are to be added
6.	Capacity building for government Institutes on HH4A service delivery and monitoring			1,000,000	
Total costs				248,365,148	

2. Rebuild: Building back better (2023-2025) with a total of USD 423 million

Sl. No	Action	Unit cost in USD	Quantity	Tentative Costing (USD)	Remarks	
1.	Household					
1.1	Capital Expenditure	Formative research and creative design			<ul style="list-style-type: none"> Total Population = 170,800,260 10% unserved population = 17,080,026 Average household size 4.2 (BSVS 2018) Cost of serving 10% of the unserved population Cost per household is same as Note 1 for all items = 4,066,673 Costs of reaching the whole population are to be added 	
1.2		Hand hygiene facility	16.8	4,066,673		68,320,106
1.3		Promotion	17.4	4,066,673		70,760,110
		Capital Exp. Total				139,080,216
1.4	Recurrent Expenditure	Top-up promotion				21,897,617
1.5		Soap	17.3	4,066,673		70,353,442
1.6		Water	2.00	4,066,673		8,133,346
		Recurrent Exp. Total			100,384,405	

Sl. No	Action		Unit cost in USD	Quantity	Tentative Costing (USD)	Remarks
2.	School					
		10,000 primary schools & 800 secondary schools	2,500	10,800	27,000,000	<ul style="list-style-type: none"> Targeting 8.54% unserved schools USD 2,500/ school USD 2,000/ school for installation cost and USD 500/ school for recurrent cost
3.	HCF					
		700 HCFs	1,700	700	1,190,000	<ul style="list-style-type: none"> Targeting 6.6% of unserved HCFs USD 1700/HCF USD 1400/ HCF for installation cost and USD 300/ HCF for recurrent cost
4.	Public settings					
		60,000 facility	2,500	60,000	150,000,000	<ul style="list-style-type: none"> USD 2500 per facility USD 2000 facility for installation cost and USD 500/facility for recurrent cost
5.	National and sub-national Monitoring & Evaluation				3,000,000	Costs of other the elements of system strengthening such as political leadership, policy and strategy development as well as institutional arrangements are to be added
6.	Capacity building for government Institutes on HH4A service delivery and monitoring				1,500,000	
7.	Sector advocacy and policy Support for HH4A				500,000	
Total costs					422,654,621	

3. Reimagine: Sustaining a Culture of Hand Hygiene (2026-2030) with a total of USD 381 million

Sl. No	Action	Unit cost in USD	Quantity	Tentative Costing (USD)	Remarks	
1. Household						
1.1	Capital Expenditure	Formative research and creative design			<ul style="list-style-type: none"> Total population = 166,196,301; 10% unserved population = 16,619,630; Average household size 4.2 (BSVS 2018); 10% unserved household= 3,957,055 Cost per household of a purpose-built HWF as per global data in USD = 16.80 Cost per household of promotion as per global data in USD =17.4 Costs of reaching the whole population are to be added 	
1.2		Hand hygiene facility	16.8	4,256,159		71,503,474
1.3		Promotion	17.4	4,256,159		74,057,169
		Capital Exp. Total				145,560,643
1.4	Recurrent Expenditure	Top-up promotion				64,729,779
1.5		Soap	17.3	4,256,159		73,631,553
1.6		Water	2	4,256,159	8,512,318	
		Recurrent Exp. Total			146,873,650	
2. School						
		1,200 primary schools & 1000 secondary schools	2,500	2,200	5,500,000	<ul style="list-style-type: none"> Targeting 6.72% unserved schools USD 2500/ school USD 2000/school for installation cost and USD 500/school for recurrent cost
3. HCF						
		250 HCFs	1,700	250	425,000	<ul style="list-style-type: none"> Targeting 3.77% unserved HCFs USD 1700/HCF USD 1400/ HCF for installation cost and USD 300/ HCF for recurrent cost
4. Public settings						
		30,000 facilities	2,500	30,000	75,000,000	<ul style="list-style-type: none"> USD 2500 / facility USD 2000/facility for installation cost and USD 500/facility for recurrent cost

Sl. No	Action	Tentative Costing (USD)	Remarks
5.	National and sub-national Monitoring & Evaluation	5,000,000	Costs of other the elements of system strengthening such as political leadership, policy and strategy development as well as institutional arrangements are to be added
6.	Capacity building for government Institutes on HH4A service delivery and monitoring	2,500,000	
7.	Sector advocacy and policy Support for HH4A	500,000	
Total costs		381,359,293	

Annex C:

Indicative roles and responsibilities for a selection of illustrative activities in the roadmap

Strategic objective	Action/ Activity	Implementing Agency	Support agency
Strategic objective: Political Leadership	Secure political commitment and appraise the Honourable Prime Minister to lead the implementation of the HH4A roadmap	LGD, MoLGRD&C	PM Office, MoP&ME, MoE, MoH&FW, MoF
	Engage all MPs and public representatives of the LGIs in their jurisdictions	LGD, MoLGRD&C	Bangladesh National Parliament
Strategic objective 2: Policies and strategies	Revise / update the relevant policies and strategies in line with the HH4A roadmap	LGD, MoLGRD&C, DPHE	UNICEF, WaterAid
	Establish hand hygiene as a key part of public health and preparedness strategies	DGHS MoH&FW	UNICEF, WHO
	Develop and approve new hand hygiene provision in education policies	MoE, MoP&ME, DSHE, DME, DTE & DPE	UNICEF, LGD
	Include / revise HH4A in the curricula of primary and secondary schools as well as Madrasah and technical institutions	MoE, MoP&ME, DSHE, DME, DTE & DPE	UNICEF, LGD

Strategic objective	Action/ Activity	Implementing Agency	Support agency
	Develop and approve a Hand Hygiene Policy for Bangladesh	LGD, MoLGRD&C, DPHE	UNICEF, WaterAid, MoE, MoP&ME, DSHE, DME, DTE & DPE, MoH&FW, DGHS
Strategic objective 3: Institutional arrangements	Establish a dedicated hygiene unit/section under PSB	LGD, MoLGRD&C	MoPA, MoF
	Establish a Hygiene and Behaviour Change Unit in relevant departments, City Corporations and Pourashava	DPHE, DGHS, DPE, DSHE, DME, DTE, City Corporation Pourashava	MoLGRD&C, MoH&FW, MoE, MoP&ME, MoPA, MoF
	Activate Local Consultative Groups and special hygiene thematic group	LGD, UNICEF	WaterAid, DPHE
	Establish a National Ministerial Advisory Body	LGD, UNICEF	Different Govt. authorities, PS, NGOs, private sector, CSOs
	Establish national, district and sub district inter-sectoral co-ordination and response committees	LGD	DPHE, City Corporation, Pourashava, District Administration, Upazila Parishad, NGOs, CSOs, DPs, media
	Establish and enforce protocols for critical tasks	DGHS, MoH&FW	WHO
	Develop a mechanism for working with private sector	DPHE, LGD	UNICEF, private sector
	Establish a mechanism for co-ordination among all stakeholders to undertake institutional reforms as needed for schools, HCFs and communities	LGD, MoH&FW, MoE, MoP&ME,	LGIs, UNICEF
Strategic objective 4: Financing	Progressively increase budget allocations to hand hygiene	DPHE, LGD, LGIs	MoF, DPs, households
	Approve a separate budget line for hygiene	DPHE, LGD MoF,	UNICEF, WaterAid
	Include budget for hygiene in preparedness plans for public health emergencies	DGHS, MoH&FW	WHO, UNICEF, LGD
	Continue WASH budget analysis to advocate for equitable allocation on hygiene	WaterAid, UNICEF	DPHE, LGD,
	Develop mechanisms to raise additional financing including through the private sector	DPHE, LGD	UNICEF, DPs, private sector, Planning Commission, MoF

Strategic objective	Action/ Activity	Implementing Agency	Support agency
Strategic objective 5: Planning, monitoring, review	Conduct a National Hygiene Survey, 2022 (to serve as a baseline for the roadmap)	BBS, LGD	UNICEF, DPHE, DPE, DSHE, DME, DTE & DGHS
	Set up systems for rapid data collection on hand hygiene facilities in schools, Madrasah, technical institutions, HCFs, public settings	LGD, DPHE	DPE, DSHE, DGHS, DPs, LGIs, LGD
	Conduct National Hygiene Survey in 2025 and 2030	BBS, LGD	UNICEF, DPHE, DPE, DSHE, DME, DTE & DGHS
	Ensure hand hygiene is included in regular sector reviews	DPHE, LGD	UNICEF, LGIs,
Strategic objective 6: Capacity building	Identify capacity gaps and training needs for public health workers, sanitary workers of LGIs, school teachers, NGO workers, youth and community leaders	WaterAid, UNICEF, DPHE	LGD, DPE, DSHE, DME, DTE, DGHS
	Develop training materials, ToT, and roll out training for different stakeholders	WaterAid, UNICEF	LGD, DPHE, DPE, DSHE, DME, DTE, DGHS
	Train local entrepreneurs to develop their capacity to market affordable, high-quality products and services	Private sector, LGD, DPHE	UNICEF, LGIs, WaterAid
Strategic objective 7: Availability of hand hygiene products and services	Engage the private sector to review the product/system design and identify supply chain bottlenecks and inefficiencies including those for reaching different vulnerable groups and last miles communities	LGD, DPHE, private sector	UNICEF, LGIs
	Develop durable, affordable and desirable hand hygiene products and services for vulnerable people and groups	DPHE, private sector	UNICEF, BUET
	Create an enabling environment to ensure universal hand hygiene facility coverage at schools, Madrasah, HCFs, public places and institutions	DPHE, LGIs, DPE, DSHE, DME, DGHS	LGD, UNICEF, WaterAid, private sector, NGOs, CSOs, media
Strategic objective 8: Hand hygiene behaviour change	Establish a Hygiene Campaign Taskforce at national, district and sub district level and launch a national campaign with programmes across the country involving all stakeholders.	LGD, DPHE, LGIs	UNICEF, WaterAid and other NGOs, CSOs, private sector, media, district administration
	Link up with the “My Village My Town” programme to sustain a culture of hand hygiene in schools, HCFs in villages and towns.	LGED, DPHE	LGD, MoLGRD&C

Strategic objective	Action/ Activity	Implementing Agency	Support agency
Implementation-related objectives	Implement Hand Hygiene for All in household settings	DPHE, LGIs, WASA, household	LGD, private sector, DPs
	Implementation of Hand Hygiene for All in schools, Madrasah & technical institutions	DPE, DSHE, DME & DTE	DPHE, MoP&ME, MoE
	Implementation of Hand Hygiene for All in HCFs	DGHS	DPHE, MoH&FW, WHO
	Implementation of Hand Hygiene for All in public settings	DPHE, LGIs	LGD, UNICEF, Local authorities

Partners

SDP Hygiene thematic group, Bangladesh.

Ministry of Local Government, Rural Development and Co-operatives (**MoLGRD&C**)-the lead Ministry | Ministry of Primary and Mass Education (**MoPME**) | Ministry of Education (**MoE**) | Ministry of Health & Family Welfare (**MoH&FW**) | Ministry of Information (**MoI**) | Ministry of Religious Affairs (**RoRA**) | Policy Support Branch (**PSB**) | Local Government Division (**LGD**) | Hygiene, Gender and Inclusion SOP Thematic Group | Department of Public Health Engineering (**DPHE**) | Directorate of Primary Education (**DPE**) | Directorate of Secondary and Higher Education (**DSHE**) | Directorate of Technical Education (**DTE**) | Directorate of Madrasha Education (**DME**) | Directorate General of Health Services (**DGHS**) | Sustainable Social Services-**CHT** | United Nations Children's Fund (**UNICEF**) | World Health Organization (**WHO**) | WaterAid | International Centre for Diarrhoeal Disease Research, Bangladesh (**icddr,b**) | International Training Centre (**ITN**) BUET | London School of Hygiene and Tropical Medicine (**LSHTM**) | International Development Enterprises (**IDE**) | Brac | Plan International | Dushtha Shasthya Kendra (**DSK**) | Simavi | Uniliver | Square Group | Cosco | ACI | Godrej