



Local Government Engineering Department
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Study - 8

**Feasibility Study about Rural Activities for Cleanliness at the
Individual and Social Level to Ensure Safe Sanitation**

under

Feasibility and Review Study on Rural Water and Sanitation



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Study-8

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1. Introduction

1.1 Preamble

In Bangladesh, many people suffer from various diseases every year due to lack of safe water and sanitation system. Good hygiene practices are integral to keeping people clean and healthy, and to stop the spread of various diseases. Expenditure on sanitation and health protection in Bangladesh is inadequate. Again, rural people do not want to accept these to a large extent. One of the reasons is ignorance. In rural areas, more people use toilets now than before, but there is a reluctance to practice safe hygiene measures such as hygienic hand washing after leaving the toilet, washing hands before and after meals, washing hands while taking care of children, not entering the toilet with bare feet, etc. In this aspect, various NGOs and INGOs have taken various activities to change the health habits of the people in Bangladesh. These programs include 5 times hand washing, no open toilet, and use of safe water. These programs are largely successful and people seem to revert to their old habits after a while. Information, education and communication (IEC) and Behaviour Change Communication (BCC) Materials are integral part to make people aware. However, Bangladesh has got achievement whereas NGOs (e.g. BRAC, NGO Forum, etc.) and INGOs (e.g. Unicef, WaterAid Bangladesh, etc.) have taken initiatives in developing IEC and BCC materials to make people aware and change habits on the hygiene practices.

The Information Education and Communication (IEC) and Behavioural Change Communication (BCC) materials have the expression to carry messages that cannot be explained with even a thousand words. Development communication has already been recognized one of the most important and central issue of the development process. The IEC and BCC materials provide information, creating awareness and to motivate in practicing a new habit and help enhancing the skill thus being positive changes in the Hygiene practices among the community people. Therefore, innovative and long term planning is required in developing IEC and BCC materials to develop some communication system to change people's habit in an orderly manner.

The objective of the hygiene report is to understand existing hygiene practice in the study area and explore the existing IEC and BCC materials developed by Govt. and NGOs on safe sanitation and hygiene practice. Besides, this report provides some ideas in which better IEC and BCC materials (i.e. posters, banners, advertisement, etc.) would be developed.

2. Literature Review

2.1 Existing Sanitation and Hygiene related Policies and Programs

National Policy on Safe Water Supply and Sanitation- 1998

Safe water and sanitation are essential for improving public health. The Government aims to ensure safe water and sanitation services for all people at an affordable cost. The National Policy on Safe Water Supply and Sanitation- 1998 was adopted to achieve and ensure this goal to ensure sustainable safe water and hygienic sanitation in an equitable manner. The Objectives of the National Policy on Safe Water Supply and Sanitation -1998 are to:

a) Facilitate participation of all citizens in basic level services of water supply and sanitation;
b) Bring about behavioural changes regarding the use of water and sanitation;
c) Reduce the incidence of waterborne diseases;
d) Build the capacity of local governments and communities to deal effectively with problems;
e) Promote sustainable water and sanitation services;
f) Ensure proper conservation, management and use of surface water;
(g) Take necessary measures for the conservation and utilization of rain water.

In the light of this policy, DPHE has taken several steps. In particular, this policy emphasizes behavioural changes regarding the water and sanitation use and the promotion of sustainable water and sanitation services. This gives a long-term change indication to take more activities for sustainable water and sanitation and hygiene.

National Strategy for Water Supply and Sanitation – 2014

Government considers support of water supply and sanitation as important for sustainable national development. Ensuring safe and sustainable sanitation, hygiene and potable water supply was one of the goals of the post-2015 UN report submitted by the government to the Sustainable Development Goals (2030). To achieve these goals, the Government of Bangladesh formulated the National Strategy for Water Supply and Sanitation-2014. The aim and objective of this National Strategy is to provide a common strategic direction to all sector stakeholders, including government, through which all are able to play a unified role in achieving water and related goals. To this end, several principles are adopted in this policy which serve as the basic foundation of this strategy. These principles are:

1. Treating water supply and sanitation as a human right;
2. Treating water as a public good that has economic and social value;
3. Ensuring drinking water security through integrated water resource management;
4. Adopting an integrated approach to promote water supply, sanitation and hygiene components for all WASH developments;
5. Adopting a participatory, demand driven and inclusive approach at all stages of WASH services;
6. Emphasizing gender equality in all WASH activities;
7. Ensuring equity in services by prioritizing arsenic affected areas, hard to reach areas;
8. Protecting human health and water supply and sanitation facilities from the adverse effects of wetlands and vulnerable populations;

9. Utilization of potential resources from solid and liquid wastes;

10. Conducting innovative campaigns to address technological and societal needs;
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11. Ensuring transparency and accountability at all stages of service delivery;

12. Adopting a gradual approach to improve quality and service standards; and

13. Continue to promote and campaign for increased participation of the private sector.

3. Baseline of Hygiene Practices

3.1 Baseline Situation of Hygiene Practices

Access to safe water and sanitation are basic determinants of better health. Limited access to safe drinking water and sanitation facilities are associated with poor hygiene and ill health of people. But practicing of hygiene behaviours is mostly related to personal wish and desire shaped by knowledge, attitude and the overall environment the individuals live in.

The study sets out the key hygiene standards by behavioral domains and behavioral output level with a set of verifiable indicators to grasp the hygiene baseline situation prevailing in the study villages. The range of hygiene behaviors to be focused in this report can be broadly classified into four clusters and these are as follows:

- Water hygiene
- Sanitation hygiene
- Personal hygiene
- Domestic and environmental hygiene.

The prevailing hygiene standards/statuses in the study villages are presented at a glance below in tabular form. Besides, the descriptive interpretation of study findings by indicators is also presented below sequentially.

Behavioral domains	Output indicators	Hygiene status	
		HHs in Pilot villages (%)	HHs in Sample villages (%)
Water hygiene	Safe water sources (tube well) using for drinking	90.88	88.74
	Arsenic free safe water drinking	81.07	82.47
	Purification of drinking water	5.81	3.69
Sanitation hygiene	Use of sanitary latrine by households	42.15	32.55
	Always keeping the latrine clean	41.38	37.84
	Keeping sufficient water in the latrine for personal cleaning	33.8	36.8
	Making soap available in the latrine for personal cleaning	29.19	31.13
Personal hygiene	Washing both hands with soap after defecation by all members of the households	97.56	96.55
	Keeping trash bin with lid in the latrine for MHM	3.15	1.42
	Washing of both hands with soap before preparing food	26.72	26.36
	Washing of both hands with soap by everybody before taking/ eating food	47.53	44.59
	Washing of both hands with soap before feeding the baby	14.65	15.11
Domestic and environmental hygiene	Keeping homestead area clean by brooming daily	78.67	77.14
	Availability of latrine containment in the houses	65.24	69.31
	Disposal of sludge in the dug holes	69.36	85.71

HHs = Households

Source: Field Survey, 2022

3.1.1 Water Hygiene

Safe Drinking Water

In the study area 14,284 households were interviewed of which 12684 (88.80%) and 1600 (11.20%) live in pilot and sample villages, respectively. From among them about 90.88% and 88.74% of households use tube well either non-motorized or motorized in the pilot and sample villages, respectively. Most of the tube wells are personal and rest of the tube wells are belonged to/provided by the community (including neighbours), government and NGOs (**Table 3.1**). The other sources are piped water, pond, river, spring and rainwater. A few of the households (3.37% and 5.38% in the pilot and sample villages, respectively) purchase bottled water for drinking.

Tube well, however, is considered as the safe water source and most of the households have access to safe drinking water. The tube wells are mostly arsenic free, as only 9.81% and 6.27% households in the pilot and sample villages, respectively have arsenic contamination in their tube well water. Thus 81.07% (90.88%-9.81%) and 82.47% (88.74%-6.27%) drink arsenic free safe water in the pilot and sample villages, respectively.

Table 3.1: Distribution of households by sources of drinking water and ownership

Sources	Pilot villages (%) by ownership					Sample villages (%) by ownership				
	Personal	C/G/N*	Khas	Others	Total	Personal	C/G/N*	Khas	Others	Total
Tube-well (non-motorized & motorized)	52.22	38.66			90.88	63.27	25.47			88.74
Piped water	0.65	2.26			2.91	0.31	1.56			1.88
Pond	0.11				0.11	0.00				0.00
Pond/River, Spring			1.13		1.13			0.00		0.00
Rainwater				1.47	1.47				4.01	4.01
Others (purchased bottled)	3.37				3.37	5.38				5.38
Total	56.35	40.91	1.13	1.47	99.86	68.96	27.03	0.00	4.01	100.00

*C/G/N = Community/Government/Neighbour

Source: Field Survey, 2022

Purification of Drinking Water

Although a few households collect drinking water from unsafe sources like pond, river, etc. (**Table 3.1**); but **almost all of them** (5.81% and 3.69% in the pilot and sample villages, respectively) purify water for drinking. Other than these households who collect drinking water from safe sources also purify water. The techniques of water purification are filtering, sedimentation, boiling, using of potash alum, chlorination, etc.

3.1.2 Sanitation Hygiene

Use of Sanitary Latrine

More than three fourth of the households i.e., 75.34% and 83.25% in the pilot and sample villages, respectively have latrines in their houses. The remaining households own no latrines (**Table 3.2**). From among the remaining households, 17.94% and 10.96% households in the pilot and sample villages, respectively use latrines of other households who have.

Table 3.2: Distribution of households owned latrines by the study villages

Sl. N.	Owned latrines	Pilot villages (%)	Sample villages (%)
1	Yes	75.34	83.25
2	No	24.66	16.75
3	Total	100	100

Source: Field Survey, 2022

The households, however, possess either sanitary latrines or non-sanitary unhygienic latrines. The sanitary latrines include VIP latrine, flash latrine and septic tank latrines, which range from 10.90% to 19.52% in pilot villages, and 7.75% to 13.61% in sample villages (**Table 3.3**). In total 42.15% and 32.55% households use sanitary latrines in pilot and sample villages, respectively. The non-sanitary unhygienic latrines are single pit, double pit, open, and hanging. Most of the households (57.85% and 67.45%, respectively in pilot and sample villages) use non-sanitary unhygienic latrines.

Table 3.3: Distribution of households by type of latrines owned and the study villages

Sl. N.	Type of latrines	Pilot villages (%)	Sample villages (%)
1	Pit latrine	55.36	66.06
2	Double pit latrine	1.64	0.88
3	VIP latrine	19.52	13.61
4	Flash latrine	11.73	11.19
5	Septic tank latrine	10.90	7.75
6	Open latrine	0.61	0.44
7	Hanging	0.07	0.00
8	Others	0.17	0.07
	Total	100	100

Source: Field Survey, 2022

Cleaning and Physical Status of Latrines

A clean latrine is a safe latrine. Latrine cleanliness is very important for the human beings, as it is the place where germs and bacteria start their attacks on the human body. Maintaining the cleanliness of the latrines regularly would lessen the attacks of the disease-causing germs and bacteria. In the pilot and sample villages 41.38% and 37.84% latrines are found clean. Almost all of the remaining latrines are dirty; out of these dirty latrines 12.18% and 10.96% are not only dirty but are unusable also (**Table 3.4**). Even though these latrines are being used. The reason of this may be unaffordability of the households.

Table 3.4: Cleaning and physical status of latrines

Sl. N.	Status of latrines	Pilot villages (%)	Sample villages (%)
1	Clean	41.38	37.84
2	Dirty but usable	45.96	50.45
3	Dirty, unusable, but are being used	12.18	10.96
4	Abandoned	0.48	0.75
	Total	100	100

Source: Field Survey, 2022

Facilities Kept in Latrines

People were asked whether they kept materials in latrines for personal cleaning such as soap, tissue, water, etc. for personal cleaning. A little less than one third (1/3) and about one fourth (1/4) of the households have soap and arrangement for hand washing in the latrines, respectively (**Table 3.5**). Table 5 reveals poor hygiene practices in the households. Besides, more or less 16% of the households have no such facilities that ensure hygienic practices.

Table 3.5: Facilities kept in latrines for personal cleaning

Sl. N.	Facilities kept in latrines	Pilot villages (%)	Sample villages (%)
1	Soap	29.19	31.13
2	Tissue	17.52	13.72
3	Arrangement for hand washing	24.07	29.23
4	Running water for hand wash	9.73	7.57
5	Trash bin with lid for MHM	3.15	1.42
6	Special facilities for the disabled	0.19	0.19
7	No facility	16.15	16.75
	Total	100	100

Source: Field Survey, 2022

3.1.3 Personal Hygiene

Personal hygiene helps to stay clean. It is one of the best ways to protect human being from infestation of infectious diseases and lowers risk for illnesses commonly spread through viruses and bacteria. Thus many diseases and conditions can be prevented or controlled through appropriate personal hygiene. The study, therefore, attempts to delineate the personal hygiene practices status in the study area by the indicators of personal hygiene such as practice of washing hands with soap after defecation and urination, MHM, etc.

Practice of Washing Hands in the Households

People are aware of hand washing. The vast majority of the people wash both hands together whenever they feel necessary to wash hands; but 19.06% and 21.31% do not wash both hands together, respectively in the pilot and sample villages, they are habituated to wash only one hand if feel necessary.

Table 3.6: Distribution of households by habit of washing both hands

Sl. N.	Habituated	Pilot villages (%)	Sample villages (%)
1	Yes	80.94	78.69
2	No	19.06	21.31
	Total	100	100

Source: Field Survey, 2022

Place of Hand Wash with Soap after Defecation

In the study area the personal hygiene scenario is more or less similar, as the variation in percentage points of responses in the pilot and sample villages is minimal; for instance, 73.82% households in the pilot villages 76.54% households in the sample villages wash hands in anyplace in the house outside

the toilet. Only 15.97% and 13.52% of households wash hands in cubicle of toilet (**Table 3.7**). A few of the households do not wash their hands with soap after defecation.

Table 3.7: Distribution of household members who wash hands with soap after defecation by place of washing hands at home

Sl. N.	Place of washing	Pilot villages (%)	Sample villages (%)
1	In cubicle of toilet	15.97	13.52
2	Outside of toilet cubicle but inside of toilet block	6.42	5.27
3	Inside of room	1.36	1.23
4	Anywhere else outside the toilet	73.82	76.54
5	Not used to washing hands	2.44	3.45
	Total	100	100

Source: Field Survey, 2022

Washing Hands before Taking Food

They (almost 90% in the pilot and sample villages) also have knowledge when washing of hands with soap becomes essential. But practically in daily practice nearly a half of them (47.53% and 44.59% of the households, respectively in the pilot and sample villages) are used to washing hands with soap regularly before taking meals; while the members of 46.80% and 48.61% households respectively in the pilot and sample villages wash hands with soap sometimes before taking meals. A few people in 5.67% and 6.80% households never wash hands with soap before taking meals (**Table 3.8**).

Table 3.8: Distribution of households by use of soap for washing hands before taking food by all household members

Sl. N.	Use of soap	Pilot villages (%)	Sample villages (%)
1	Regularly	47.53	44.59
2	Sometimes	46.80	48.61
3	Never	5.67	6.80
	Total	100	100

Source: Field Survey, 2022

People, however, are used to wash hands for different other purposes than defecation and urination such as before and after cooking (26.72% & 26.36% in the pilot and sample villages, respectively), after completion of work outside of home (24.89% & 24.63%), before feeding children (14.65% & 15.11%), etc. (**Table 3.9**).

Table 3.9: Distribution of households by habit of washing hands for different other purposes than defecation and urination

Sl. N.	Other purposes of washing hands	Pilot villages (%)	Sample villages (%)
1	Before and after cooking	26.72	26.36
2	After completion of work outside of home	24.89	24.63
3	Before feeding children	14.65	15.11
4	Others	33.76	33.90
	Total	100	100

Source: Field Survey, 2022

Storing of Water

A little less than 50% of the households in the pilot villages and a little more than 50% of the households in the sample villages do not store water for washing hands; they do not need to store water, as they own source of water in their houses. From among those households who store water, 36.61% & 31.83% households do not cover the storing water container while only 6.66% & 6.73% cover the storing water container with lid in the pilot and sample villages, respectively.

Table 3.10: Distribution of households by way of storing water for washing hands

Sl. N.	Way of storing water	Pilot villages (%)	Sample villages (%)
1	In an open container/bucket	36.62	31.83
2	In a container/bucket covered with a lid	6.66	6.73
3	Water tank for tap	8.51	4.39
4	No storing of water	48.20	57.05
	Total	100	100

Source: Field Survey, 2022

Menstrual Hygiene Management

The study focuses on trash bin use for menstrual hygiene management (MHM) for keeping the environment clean and healthy. Only 3.15% and 1.42% of the households in the pilot and sample villages use trash bin for disposal of non-reusable materials used for menstruation. Usually women and girls aged 15-49 who menstruated use reusable materials during menstruation. They have private place in their house to wash and dry the reusable materials for further use.

3.2 Domestic and Environmental Hygiene*Keeping Homestead Area Clean*

People used to clean their houses and its surroundings with broom mostly once or twice daily. More or less 20% of the households clean by wiping once or twice or once in a week. Besides, a few of the households wipe floors, yards with watery mud coating. The modalities using in the households in cleaning the homestead area are seen more or less similar in the pilot and sample villages (**Table 3.11**). A little more than three fourth of the households in both villages clean the floor and surfaces of the homestead with broom.

Table 3.11: Households by way of keeping home and its surrounding clean

Sl. N.	Ways	Pilot villages (%)	Sample villages (%)
1	Brooming once or twice daily	78.67	77.14
2	Mopping once or twice daily or once in a week	19.91	21.31
3	Cleaning surface with mud coating	1.42	1.55
	Total	100	100

Source: Field Survey, 2022

Sludge Disposal Practices

Keeping the domestic and community environment safe and healthy sludge management in terms of containment use and safe disposal of fecal sludge is important. Improper disposal of fecal sludge creates severe environmental pollution and the polluted environment becomes hazardous to human

health. The study, therefore, focuses on the availability of containment and sludge disposal practices prevailing in the study area.

In the pilot and sample villages, 65.24% and 69.31% of the households, respectively have latrine containment in their houses. About 69.36% and 85.71% households in the pilot and sample villages, respectively dispose sludge in the dug holes. The remaining households (30.50% and 14.29%) dispose sludge in water bodies, open field and drain (**Table 3.12**) which is unhygienic, unsafe and detrimental to the environment and public health.

Table 3.12: Distribution of households by sludge disposal practices

Sl. N.	Disposal practices	Pilot villages (%)	Sample villages (%)
1	Transport to treatment plant	0.04	0
2	Carry with desludger	0.10	0
3	In the dug hole	69.36	85.71
4	In the drain	0.72	0.35
5	In nearby water bodies	27.45	10.63
6	In open field	2.33	3.31
	Total	100	100

Source: Field Survey, 2022

3.3 Awareness about Hygiene and Sanitation

People in the study area perceive the reasons for disadvantages/limitations associated with poor sanitation and hygiene practices in the locality. About 39.41% and 38.71% people in the pilot and sample villages, respectively are not aware of importance of proper sanitation and hygiene practices. On the other hand, 35.90% and 33.53% people are aware of importance of proper sanitation and hygiene practices but they ignore to practice. About 20.88% and 24.77% people think that most of the people cannot afford proper sanitation and hygiene practices due to their poverty (**Table 3.13**).

Table 3.13: Distribution of households by perceived disadvantages/limitations associated with poor sanitation and hygiene practices in the locality

Perceived disadvantages/limitations	Pilot villages (%)	Sample villages (%)
People are not aware of importance of proper sanitation and hygiene practices.	39.41	38.71
People are aware of importance of proper sanitation and hygiene practices but they ignore.	35.90	33.53
Most of the people cannot afford proper sanitation and hygiene practices.	20.88	24.77
Indifference of municipalities in keeping the town clean	3.43	2.78
Others (no knowledge, lack of money, etc.)	0.38	0.22
Total	100	100

Source: Field Survey, 2022

3.4 Primary Barriers in Changing Hygiene and Sanitation Practices

There are some perceived barriers in changing behavioral practices of hygiene and sanitation. The barriers are (i) people's reluctance to know the techniques of practices; (ii) people are not serious in changing behavioral practices; and (iii) lack of knowledge. About one third of the households (32.81%

and 31.57% in the pilot and sample villages, respectively) think that people actually are not interested to know techniques of proper sanitation and hygiene practices. People are not serious in changing behavior for maintaining proper sanitation and hygiene practices, in accordance with the perception of a little more than one third of the respondents (39.18% and 38.47% in the pilot and sample villages, respectively). Almost all of the respondents think that financial matter is not a barrier for changing the behavioral practices of hygiene and sanitation (**Table 3.14**).

Table 3.14: Distribution of households by perceived primary barriers in changing hygiene and sanitation practices

Perceived primary barriers	Pilot villages (%)	Sample villages (%)
People are not interested to know techniques of proper sanitation and hygiene practices.	32.81	31.57
People are not serious in changing behavior for maintaining proper sanitation and hygiene practices.	39.18	38.47
People do not know advantages of proper sanitation and hygiene practices.	27.12	29.23
Financial problem	0.90	0.74
Total	100	100

Source: Field Survey, 2022

3.5 Occurrence of Awareness Programs in the Locality

Different types of awareness programs like vaccination, sanitation month, world toilet day, etc. are being held in the study area in accordance with the opinion of 75.41% and 60.61% of the households in the pilot and sample villages, respectively (**Table 3.15**).

Table 3.15: Distribution of households by awareness programs (vaccination, corona, cyclone, strike, World Water Day, World Handwashing Day, World Environment Day, Sanitation Month, World Toilet Day) being occurred in the locality

Sl. N.	Programs being occurred	Pilot villages (%)	Sample villages (%)
1	Yes	75.41	60.61
2	No	24.59	39.39
	Total	100	100

Source: Field Survey, 2022

Different types of communication media are used for holding the public awareness building programs such as mike, poster, TV/radio, meeting/procession, NGO programs, etc. **Table 3.16** shows that in most of the cases miking technique is used as communication media (67.94% and 57.98% of responses in the pilot and sample villages, respectively). The intensity of use of communication media (based on the responses) is presented in **Table 3.16**. A few people come to know from the mass media like television (TV), as most of the households do not have TV (83.42% and 81.36% in the pilot and sample villages, respectively).

Table 3.16: Distribution of households by type of communication media used for holding the public awareness building programs

Sl. N.	Type of communication media	Pilot villages (%)	Sample villages (%)
1	Miking	67.94	57.98
2	Poster	5.72	7.18
3	TV/Radio	2.62	3.93
4	Meeting/procession	10.68	12.45
5	NGO programs	10.34	16.26
6	Others (information passing through people)	2.69	2.21
	Total	100	100

Source: Field Survey, 2022

3.6 Organizers of Public Awareness Building Programs

Public awareness building programs are organized by the union parishad, mosjid committee, and NGOs mainly (about 60%). The names of other organizers are presented in **Table 3.17**.

Table 3.17: Distribution of households by leading organizations who conduct public awareness building programs

Sl. N.	Leading organizations	Pilot villages (%)	Sample villages (%)
1	Union Parishad	59.59	61.31
2	NGO	13.38	22.63
3	Mosjid committee	25.32	13.39
4	Community club	1.25	2.08
5	Others (no knowledge)	0.46	0.59
	Total	100	100

Source: Field Survey, 2022

4. Conventional Programs of Hygiene

4.1 Conventional Programs with BCC and IEC Materials

Preparing communication materials supporting 1,000 public hand washing stations through BRAC

BRAC built 1,000 hand washing stations in Bangladesh to increase access and practice of handwashing facilities in public hotspots, high-frequency gatherings such as outside schools, mosques, markets and bus terminals.



Instructional posters were created to encourage the practice of hand washing. It also introduced posters, and a novel "radio" design, drama, announcement program through making.



Lifebuoy and BRAC launched a program of hand washing techniques to teach 3.5 lakh students

Lifebuoy in partnership with BRAC launched the week-long 'H for Handwashing' campaign to teach effective handwashing techniques over 3.5 lakh students across 700 schools in Bangladesh. Every year, Lifebuoy as the number one hygiene soap brand celebrates Global Hand washing Day on October 15 to promote hand washing habits across the globe.



Safe water and hygienic latrines instruction poster by BRAC and Watson



The above poster is a joint initiative of BRAC and Watson. The main aim of this poster is to provide instruction how to maintain hygiene before and after going to the field, hand washing and hygiene during cooking, washing and collecting water. The poster also provides tips on safe water use and hygienic toilet use.

Meena was a very popular cartoon during the 90s. Meena was accompanied by Raju and Mithu. This cartoon played a significant role in solving many social problems, creating awareness and solving those problems through some dialogue animation. This cartoon animation series was produced by UNICEF. The series played an inimitable role in spreading information and creating public awareness about hand washing and sanitation.



4.2 Challenges of Sustainable Communication Activities

Adopting a holistic health system is very important to increase access, develop hand washing habits, and hygienic toilet practice. However, several BCC and IEC materials have been developed in Bangladesh through various programs and projects. The contribution of which is undoubtedly undeniable. But there are many challenges to prepare this kind of materials to make changes people habits sustainably. Therefore, it is required to overcome these challenges to make a healthy nation.

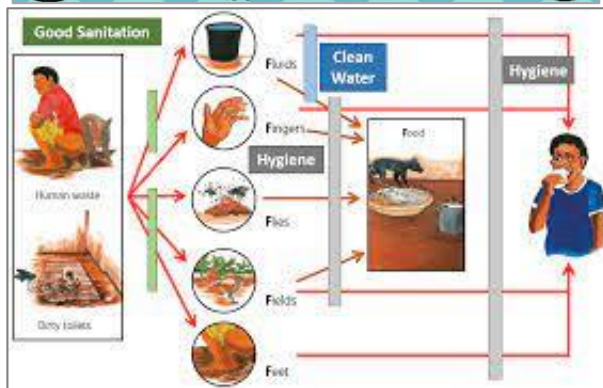
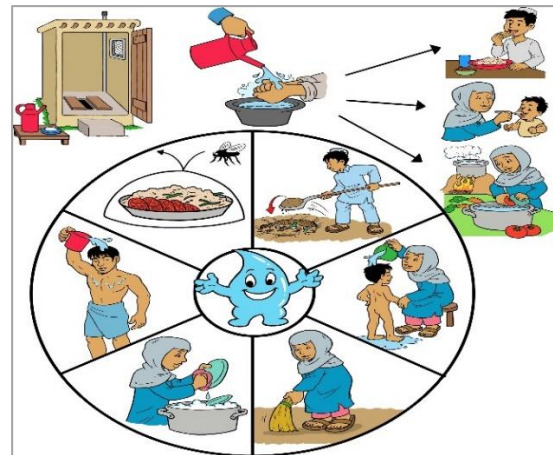
Following challenges are needed to be solved:



- | |
|---|
| 1. There is a lack in community engagement; |
| 2. Lack of innovation and strategic preparedness; |
| 3. Not enough research, it is very much required for generating new concepts and ideas; |
| 4. Community specific design for IEC and BCC materials is required. |

5. IEC and BCCE Materials

5.1 Sample of IEC and BCC Materials



6. Hygiene Framework

6.1 Hygiene Framework for Effective and Sustainable Sanitation

Hygiene is frequently neglected in the water and sanitation sector and become a serious public health concern. There is some sort of difficulties to change people's behavior. Besides, there are personal and private nature of hygiene behavior and the fact is that hygiene can be neglected because of habits and cultural orientation. Additionally, women hygiene could not find in good position because of construction and practice prevails at the community level especially in rural areas. In this aspect, public health has posed in problematic situation because of people's behavior and negligence. People have to suffer from health problems, including water borne diseases. This scenario found common in rural villages. Most of the people have livelihoods which are based on agro-economics and the majority of them are farmers.

Despite considerable progress, sanitation advancements would not be sustained without adopting effective hygiene framework to ensure efficient governance and building awareness among the stakeholders. Therefore, it is very much required to settle this issue considering people's behavior whereas a hygiene framework can be very effective to make a change in people practice and orientation.

6.1.1 *Development of Communication Materials: Ensuring Public Awareness*

Information Education and Communication (IEC) and Behavioral Change Communication (BCC) required making people aware. The sample of IEC and BCC materials is attached in **Appendix I**. The main aspect of development communication is communication for development and through message at the community level. In consideration, the main objective of the IEC and BCC materials are to provide information, creating awareness and to motivate in practicing a new habit and help enhancing the skill thus being positive changes in the traditional practices among the people. It is stated that a picture has thousand words. With pictorial presentation, it is easier to deliver message on a particular issue. Considering this aspect, in public awareness program, IEC and BCC materials can play important role to make a change. As hygiene practice is closely linked to people's behavior whereas these materials are very effective providing messages that how clean hygiene practice required getting a healthy life. The IEC and BCC materials help facilitators/trainers who work with non-governmental organizations (NGOs) to implement plan and activities to achieve goals and objectives of projects or programs. It instructs the facilitator on how to train participants on the basic components of a BCC intervention. It also advises how to adopt these components for a particular hygiene related projects delivering messages to develop community awareness. A training manual will be very effective to train people who will implement the projects. To help the community leaders and selected caretakers through training will be very helpful ensuring construction & maintenance of the sanitation facilities and hygiene behavior. Manual on Proper Installation and Maintenance of User-friendly Latrine in Hard-to-Reach areas and IEC and BCC materials need to be developed for better understanding. Besides, a Water Technology Operation/Caretakers' Manual was developed targeting community leaders, Caretakers & Partner NGOs who will provide for providing guidelines on use of latrine and hygiene behavior. Adequate number of copies of the manuals will be required for distribution among the respective audiences to ensure the proper installation and maintenance by the Caretakers and community beneficiaries at rural level.

6.1.2 *Piloting through a workshop: Understanding the effective IEC and BCC Materials*

Planning the Training/Workshop

Workshop will be designed with careful planning. Planning should begin several days or weeks prior to the start of the training. As you prepare, identify ideal participants as:

- Project staffs from one or more organizations that will be responsible to implement and monitor WASH projects including the project manager and/or field staff that would be responsible for the development and implementation of BCC activities.
- Key personnel from the project's stakeholders and partners who will assist with and/or implement BCC activities.
- Individuals from organizations that plan to implement WASH related or relevant projects having with available funds.

Make the logistical arrangements

- Decide on the workshop date and venue. These should accommodate participants' and facilitator(s)' needs in terms of travel time and potential time off from existing job responsibilities.
- Determine the per-participant costs for food, lodging, transportation to and from the training, workshop materials (see preparation notes for each module), and the field pre-test.
- Identify the training facilitator(s), assistant(s) and other resource person(s). Know their availability, their knowledge on BCC /IEC, and their ability to facilitate large groups.
- If there is a need for external resource person(s) such as an artist or graphic design staff, narrow the list of possibilities based on their availability, eagerness to provide technical assistance, fees, etc.
- At least two weeks prior to the start of the workshop, inform the resource person(s) personally or via letter of invitation of the goals and objectives of the training.
- Confirm participation of resource person(s).
- Determine the cost per resource person, facilitator and assistant for food, lodging and transportation.
- Determine the cost of supplies and materials needed by the resource person(s) and facilitator(s).
- Develop a budget for the training.

Review training guide and prepare training materials

- If appropriate, it is required to adapt activities and support materials linked to IEC/BCC materials;
- Read all the modules several days before the training and prepare the flipcharts, Power Points, etc. for each module. Some modules have lists to prepare beforehand. Try to prepare these before the training begins;
- Collect all needed materials beforehand. This includes but is not necessarily limited to flipchart paper (newsprint), flipchart stands, marker pens, projectors, screens, electrical

cords, nametags, notebooks, ballpoint pens, pencils and various other supplies as noted in the preparation section of each module.

- Gather sample relevant IEC and BCC materials from related organizations.
- If possible, gather any of the project's baseline and/or qualitative data and results from focus group discussions or other audience research on the knowledge for the target group/ audiences that the BCC activities seek to influence.

Orientation with IEC and BCC materials

First of all, it is very much required to have a presentation about the IEC and BCC materials and how these help to change people's behavior. After that, trainer should have to present sample IEC and BCC materials for their understanding and feedback. During the session, trainer should remind participants that individuals are influenced by the community and society in which they live. Therefore, behavior change should always include a supportive environment. When there is information, one-on-one interpersonal communication and a supportive environment, desirable and sustainable behavior change the target group(s) is more likely.

Take Feedback and Incorporation of Comments

The workshop and training should provide a field test whereas more community people can be engaged and provide feedback. IEC and BCC materials should incorporate feedbacks from workshop and field, and change the materials if required.

6.2 Monitoring and Evaluation

Monitoring and evaluation (M&E) of WASH program targeting the hygiene practice will be effective tool to review and adopt new programs and plan. For developing better communication materials, the M&E process helps to support media campaign, radio drama series, leaflets, booklets and posters. Besides, it makes judgments about the performance, effects and impact of a campaign, drama series or a mix of communication materials and provides decisions about future IEC projects.

M&E events in the project cycle

In a typical project cycle, M&E events can take place at various stages, from planning stage (needs assessment) until project completion (review workshop). Below you will find various M&E activities occurring at different project milestones:

- Needs assessment — focus group discussions, scoping studies, key informant interview;
- Project design and pre-implementation — stakeholders' workshop, baseline survey, pretesting;
- Project implementation — site visits, key informant interviews;
- Monitoring of ongoing project — management monitoring survey, field visits;
- Evaluation of completed project — review workshop, field day.

Communication research methods

In monitoring and evaluation of IEC and BCC materials, an array of communication research methods can be used. The matrix below presents various methods and the purpose of each.

Method	Purpose
Audience analysis	To characterize audience (demographics, communication environment) to develop content of materials, set campaign targets.
Baseline survey	To assess knowledge, beliefs and behavior – to document current scenario.
Pretesting of prototype materials	To determine appeal, understandability of materials (radio drama, campaign materials).
Management monitoring survey	To track implementation plans and make adjustments as needed.
Content analysis	To analyze the content of audience feedback.
Post-test survey	To determine whether the project has achieved its objectives.

7. Recommendations

Following recommendations can be adopted for proper management and implementation of sustainable communication activities:

Thematic Areas	Recommendations
Policy and strategy development	<ul style="list-style-type: none"> • Support government to address policy gaps related to the rural poor. For example, service delivery to informal areas, arrangements for remote area helping authorities defining the boundaries of service areas; • Seek to strengthen areas of regulation which impact poorer people. For example, technology standards for on-site sanitation and FSM, oversight of public toilets, and strengthening poor-inclusive key performance indicators on hygiene issues; • Ensure the SDG WASH agenda ('universal access' to basic / safely managed services) are mainstreamed into policy goals and national strategies, and are reflected in investments; • Ensure that WASH service provision for vulnerable populations; • Advocacy to development banks and bilateral donors for inclusive WASH projects targeting rural poor and vulnerable communities
Institutional arrangement & co-ordination	<ul style="list-style-type: none"> • Participate in and support existing WASH co-ordination efforts for better sanitation and hygiene. For example, explore options for engaging in rural WASH co-ordination mechanisms as an entry point for more targeted advocacy and influencing WASH stakeholders. • Support regulation and co-ordination. For example, support the design and implementation of appropriate, poor-inclusive by-laws for sanitation - including technology selection and legal enforcement. • Support stronger inter-sectoral collaboration and linkages with other relevant sector co-ordination platforms (e.g. health etc.), for more effective and coordinated public health responses to ensure better service from the institutional level;
Sector financing	<ul style="list-style-type: none"> • Analyze the WASH sub-sector financing, focusing the financial sources, quantity, equity and 'gaps'. • Evidence-based advocacy for mobilizing investments and funding for improved WASH services for poor, both in development and humanitarian settings. • Provide support for the development of innovative financing mechanisms to ensure better hygiene practice in rural settings;
Capacity development	<ul style="list-style-type: none"> • Provide technical support for the development, implementation and co-ordination of a sector capacity building plan for WASH program for effective implementation and management; • Provide training for developing responsive communication materials; • Support sector capacity development in the areas of human rights approach to WASH; gender-sensitive, accessible and inclusive WASH in rural contexts. • Advocate to reform, strengthen the capacities of utilities for poor-inclusive WASH delivery and gender sensitive hygiene materials; • Support institutional and system strengthening for humanitarian preparedness and response on hygiene issues in the disaster prone areas;

Thematic Areas	Recommendations
Communication Materials	<ul style="list-style-type: none"> • It is required to prepare some samples of IEC and BCC materials for validation through pilot programs • It is required to give emphasize on the observations and opinions from the community for better engagement • Focusing on creating new posters, leaflets, skits and advertising • Do adequate research and evaluation before creating anything and update these communication tools • Proper monitoring and evaluation for assessing the impacts at the grass root level is required for lesson learned and future prospects; • The IEC and BCC materials should be relevant and related to the national policy, mission, vision and plans; • Adequate training for implementing agencies is required to develop and implement IEC and BCC materials on hygiene practices; • Adequate budget and adoption of specific policies to implement awareness programs is required highly;
Planning, monitoring and review	<ul style="list-style-type: none"> • Collaboration with NGOs and INGOs and relevant stakeholders to better integrate WASH into rural planning and development initiatives; • Design and institutionalize national and local WASH monitoring indicators for both development and humanitarian interventions to ensure better wash and hygiene service in rural areas and marginalized population; • Advocate and support government to institutionalize WASH sector review for monitoring SDG goals, Government future targets and plans; • Review and update Communication materials in line with locations, target group, national targets, missions and visions on hygiene perspective;

Appendix I

Sample of IEC and BCC Materials