



**BANGLADESH ROHINGYA
RESPONSE**

HYGIENE PROMOTION STRATEGY

JULY 2018

ACKNOWLEDGEMENTS

Considering extreme WASH vulnerabilities and the public health risks in the Rohingya camps, this Hygiene Promotion Strategy is outcome of joint initiative of RedR UK, Christian Aid Bangladesh and RedR India. The strategy is derived from the consultations with WASH cluster partners, Community mobilisers working in Camp 15, community member and Christian Aid staff.

We acknowledge, technical inputs and coordination by the lead consultant Mr. Mandar Vaidya (RedR India) for steering the consultations and designing the strategy. We also acknowledge cooperation and participation of Christian Aid team at Cox's, WASH cluster Partners and Community mobilisers and community members.

RedR India Team

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ACRONYMS AND ABBREVIATIONS

BDC	Block Development Committee
CHRISTIAN AID	Christian Aid
CCDB	Christian Commission for Development in Bangladesh
CVM	Community Volunteer Mobilizer
DCA	Dan Church Aid
DSK	Dushtha Shasthya Kendra
GUK	Gana Unnayan Kendra
IEC	Information Education and Communication
MSNA	Multi-sectoral Needs Assessment
NFI	Non-Food Item
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
RNA	Rapid Needs Assessment
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

The *violence* in Rakhine State, Myanmar, which began on 25 August 2017, has driven an estimated 646,000 people to seek sanctuary in Cox's Bazar, Bangladesh – the fastest growing forced displacement crisis in the world. The speed and scale of the influx has resulted in a critical humanitarian emergency.

Basic services that were available prior to the influx are under severe strain due to the massive increase in people in the area (WASH Sector Strategy for Rohingya's Influx 2018). Christian Aid is working in Jamtoli (Camp 15) as Camp Management Agency, along with its partners, responding to the needs of 51,866 Rohingyas through multi-sectoral interventions which include site management, WASH, Shelter/NFI, Health care and protection.

Considering extreme WASH vulnerabilities and the public health risks in the Rohingya camps, this Hygiene Promotion Strategy is outcome of joint initiative of RedR UK, Christian Aid Bangladesh and RedR India. The strategy is derived from the consultations with WASH cluster partners, Community mobilisers working in Camp 15, community member and Christian Aid staff.

The strategy is based on systematic analysis of existing WASH Vulnerabilities and key considerations for Hygiene Promotion in Camp 15. Section two of this Hygiene Promotion Strategy explains WASH vulnerabilities associated with 1) Water supply 2) Excreta disposal 3) Solid and Liquid waste management 4) Hand washing at critical times and 5) WASH NFI availability and usage. Each of the component of WASH vulnerability is analysed through the lens of hygiene behaviour and community participation. All together this strategy enlists 14 Key considerations for Hygiene Promotion programming.

In the purview of 14 Key considerations for Hygiene Promotion programming and ongoing hygiene promotion interventions in camp 15 (Explained in section 3), the Hygiene Promotion Approach is explained in section 4. The approach for Hygiene Promotion is also guided by principles of Hygiene Promotion provided in WASH Sector Strategy for Rohingya's Influx 2018 as well as Hygiene Promotion Standard 1 of Sphere Handbook. The approach primarily emphasises on enhanced community participation through targeted hygiene promotion interventions with the use of interactive methods. The approach also emphasises on specific interventions for specific target groups like women, children, community leaders. One of the key characteristics of this approach is continual on-site capacity building process for community mobilisers, volunteers and WASH committees.

Section 5 of the strategy document explains the action planning which aims at enhanced community action for the prevention of WASH diseases through an organised intervention at camp level. There are five verticals of actions to achieve the aim of the strategy

- 1) Targeted intervention for Hygiene promotion and NFI distribution.
- 2) Promotion of community management for appropriate use and maintenance of WASH facilities.
- 3) Information management ensuring post distribution follow up and monitoring of effectiveness of the intervention.
- 4) Onsite capacity building for community mobilisers, volunteers and community leaders.
- 5) Enhanced camp coordination for organized and targeted hygiene promotion with government as well as humanitarian stakeholders.

Sub section 5.3 provides Specific Objectives and Activity Matrix for each of the vertical mentioned above. This matrix provides detailed action plan for 12 months with expected outcomes.

Sub-section 5.4 explains proposed implementation modalities and organogram. The implementation modality proposes one hygiene promoter needs to be employed in each block. It is also recommended that 50% of hygiene promoters should be women. Other two hygiene promoters will have specific responsibilities of on-site capacity building and campaign management respectively.

Last section of the strategy document is on way forward which proposes consultative process with WASH partners for adaptation of this strategy for the further detailing of the activity planning.

1. BACKGROUND

Starting 25th August 2017 more than 671,500 Rohingya have been forcibly displaced from their homes in

Rakhine State of Myanmar to Cox's Bazaar in Bangladesh. The massive inflow of Rohingya population has triggered a large scale humanitarian response to cater to the needs of the affected population residing in camps set up by the Bangladesh Government. CHRISTIAN AID is working in Jamtoli (Camp 15) as Camp Management Agency, along with its partners, responding to the needs of 51,866 Rohingyas through multi-sectoral interventions which include site management, WASH, Shelter/NFI, Health care and protection.

1.1 Camp 15 Governance

Camp 15 is organized in 8 blocks (A-H), with the blocks further divided into a number of sub-blocks, depending on size and population. Each block is assigned a Mazhi (Rohingya leader). Each block has its own Block Development Committee (BDC), which acts as a platform for refugees to let their voices be heard and to increase CHRISTIAN AID's coordination with communities. BDCs consist of two members of every sub-block, with equal participation from male and female. BDC members are selected by community members. There are women Mazhi's selected as well.

1.2 WASH Cluster Activities in Camp 15

The WASH cluster actions are coordinated by World Vision as WASH lead. There are almost 19 WASH cluster partners working in Camp 15. Key Activities conducted by these partners are:

- Distribution of WASH kits
- Health & hygiene sessions for women & adolescent girls
- Door-to-door visits for health & hygiene promotion
- Installation of latrines and bathing spaces
- Improvisation of latrines
- Installation of dustbins
- Deep tube wells

Each partner organisation is working in specific block and sub block of the camp. Community Volunteer Mobilizer (CVM) is local field staff deployed in each block. CVMs deliver information, raise awareness, and act as focal points for complaints and feedback, regarding all the sectoral interventions and services. These frontline workers working at community level mostly come from host community. These frontline workers are looking after distributions, site management, women and child friendly spaces, health points and community kitchens and WASH services.

2. OVERVIEW OF WASH VULNERABILITIES AND KEY CONSIDERATIONS FOR HYGIENE PROMOTION IN CAMP 15

2.1 Water Supply

Tube-wells/hand pumps are the primary source of water. During camp visits and interaction with households and community workers it was found that it is widely perceived that the water from tube well is safe and not contaminated. However, the Bangladesh Humanitarian Situation report (Rohingya Influx) No. 32 of 20th May 2018, narrates that initial findings from the water quality testing programme confirms that the major source of contamination is at the household level, with at least 70 per cent of water stored in the households being contaminated. It is significant to note that few households from B, D and F Blocks are also using open / dug well as primary water source, indicating risk of contamination.

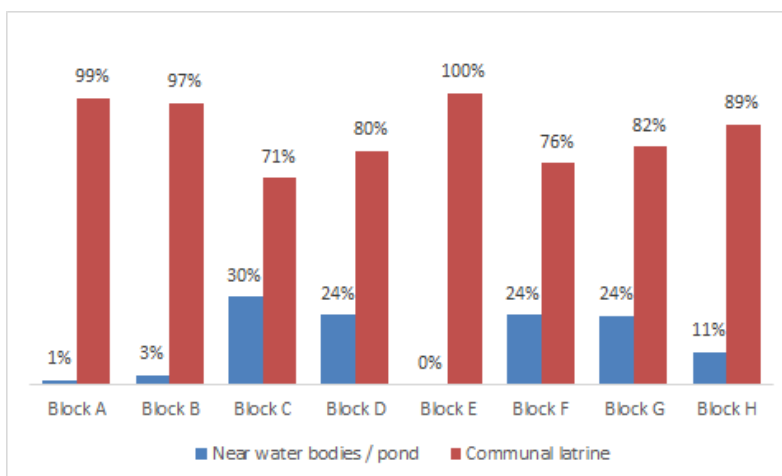
CHRISTIAN AID MSNA report indicates that on an average 31.5% of the surveyed households get less than 15 litre water/person/day. Only one third of households (on average) across the different blocks have water source located at less than 500 m from their shelter. This indicates greater risk of contamination during collection, transportation and storage. The KAP survey conducted by DCA indicates that 28% out of the total sampled HH water containers were not found covered. 52% of the respondents answered that they do not have any kind of knowledge on water purification. While 63% of the respondents in Camp 15 do not practice any kind of water purification methods.

Key Considerations for Hygiene Promotion:

1. In order to prevent Public Health Risk, **water handling behaviour** from point of source to point of use becomes most important consideration for Hygiene Promotion programming.
2. Promoting practice of **Household level water treatment** is another key consideration in order to prevent contamination.

2.2 Excreta Disposal

The MSNA report indicates that communal latrines seem to be the most common practice of defecation across the blocks. However, the open defecation practice is significantly prevalent in Block C (30%), Block D, F and G (24%). Most children defecate adjacent to homes after sundown. DCA report on risk assessment explains that the latrines are not cleaned after being used and due to shortage of water the latrines remain unhygienic. There are latrines without doors, no locking system, no security lights at night. This indicates a behavioural risk of community members falling back to open defecation. It was found in the field observation that water and soap is not available for handwashing outside latrine.



MSNA findings about open defecation (958 respondents)

Key considerations for Hygiene Promotion:

1. **Community Management of Sanitation Facilities** is essential. Such community management mechanisms, through users' groups will enable communities to ensure availability of water, soap and cleanliness of the toilets in coordination with relief agencies.
2. **Targeted Hygiene Promotion Intervention** regarding appropriate use of latrines is another key consideration for preventing existing open defecation practices and the risk of falling back of communities to the open defecation.

2.3 Solid and Liquid Waste Management

Following the discussions with various stakeholders during meetings and camp visits it was found that there is high risk of vector borne diseases especially Malaria, Dengue and Chicken Guinea during monsoon. Water stagnation at various places, open drainages and lack of appropriate systems for solid waste disposal puts camp population at the risk of these diseases. Solid waste is visibly accumulating over a period of time and will pose a significant environment risk and threat in the coming months.



Key considerations for Hygiene Promotion:

1. Considering possibility of increased public health risk due to stagnant water, **Community Management** becomes essential. Such community management mechanisms, in coordination with relief agency will enable community members to identify stagnant water, breeding places and mitigate public health risks through
 - Regular environmental cleanliness campaigns
 - Management of waste water drainages
 - Spreading of disinfectants and promotion of vector control measures.
 - Appropriate solid waste disposal
2. The **Campaign Approach for Clean Environment** with the participation of community leaders and all other key stakeholders including frontline workers from education centres, Health centres, Women and Child friendly spaces, Community kitchens will be effective in disseminating messages and enabling communities to take actions.

2.4 Hand Washing at Critical times

CHRISTIAN AID MSNA report states “While looking at prevalence of hand wash practice at critical times (after toilet use, before eating and before cooking), it is highly striking that none of the respondents are practicing hand wash after toilet use. The numbers are also fairly low for hand wash before eating with none in block B, only 3% in block A, 12% in block C.” During the camp visits, it was observed that most of the hand washing stations were dysfunctional.

During interaction with children of education center, it was found that children were happy to demonstrate steps of hand washing and almost every child has knowledge about importance of hand washing.

Key considerations for Hygiene Promotion:

Handwashing at critical times is a perilous gap area and needs immediate and urgent prioritization in hygiene promotion programming, through

1. **Disseminating visual messages** on the spaces like toilets, entrances of community kitchens, water collection points, health center etc.
2. **Rewarding events** appreciating men, women and children following the hand washing practices.
3. **Targeted intervention** at group level for enabling communities to promote hand washing practices.
4. **Children as Ambassadors of Hand Washing** will be a useful method, where children will motivate their parents for hand washing during critical times.

2.5 WASH NFI Availability:

The recent Rapid Needs Assessment (RNA) report indicates that 71%, of respondents from Camp 15 feel that about 50% of people have jerry cans or buckets with lids for water storage, which indicates huge gap of availability of appropriate containers. Same reports also indicate that around 47% of the respondents in Camp 15 mentioned use disinfection techniques like Aqua tabs, PUR, Tab10s, etc.

The MSNA report clearly mentions that “*All the respondents expressed that they did not have any hand washing facility and availability of soap or sanitizers at the site of defecation.*” The RNA report also mentions that almost 55% of the respondents in Camp 15 expressed that soap is either not available or it is expensive.

The MSNA report also indicates the need for other hygiene items for personal and family hygiene.

Guidance on Hygiene kits: WASH sector strategy for Rohingya influx – 2018

Hygiene Kits for new arrivals				Replenishment kits for 3 months			
Description	Detail	#	Unit	Description	Detail	#	Unit
Bathing Soap	100 gr	39	Pcs	Bathing Soap	100 gr	39	Pcs
Laundry Soap	130gr	21	Pcs	Laundry Soap	130gr	21	Pcs
Nylon rope	10 mts	1	Pcs	Toothbrush		5	Pcs
Nail Cutter		1	Pcs	Toothpaste	100gr	3	Pcs
Non-Disposable Nappy		6	Pcs	Gamcha/Towel		2	Pcs
Plastic Badna	1-1.5 lts	1	Pcs	Sandals (Child)		2	Pairs
Potty		1	Pcs	Sandals(Adult)		2	Pairs
Plastic Bucket with lids	12 lts	1	Pcs				
Aluminium Pitcher	15-18 lts	2	Pcs				
Jug, plastic	2-3 lts	1	Pcs				
Mugs		5	Pcs				
Safety Pin Clips		6	Pcs				

Key considerations for Hygiene Promotion:

- Considering WASH vulnerabilities and key considerations mentioned from point number 2.1 to 2.4 above availability of 1) adequate and appropriate containers for water storage, 2) soaps, 3) water purifying agents and 4) toilet cleaning material become essential NFIs for effective implementation of hygiene promotion strategy.
- There are almost 35 organisations actively responding to the situation in Camp 15. As there was huge influx of people in the camp, blanket NFI distribution was adapted. However, now in the new phase it is important to adapt a coordinated and targeted NFI distribution.
- As recommended in RNA report
 1. Post distribution monitoring system for NFIs is necessary. This should be complemented with user feedback and usage promotion outreach actions.
 2. A targeted WASH NFI survey must be undertaken to identify specific WASH NFI needs and its usage among the Rohingyas.
- It is also important to provide WASH NFIs for cleaning toilets to the user groups.

3. ONGOING HYGIENE PROMOTION INTERVENTION IN CAMP 15

WASH partners are continuously involved in disseminating hygiene promotion messages in community. Existing hygiene promotion interventions are mostly house to house visits, awareness meetings and block wise outreach sessions. Partners have also organised WASH committees and user groups in some places. However, the effectiveness and functionality of these committees still needs to emerge. Partners also organise campaigns on hand washing, pitcher cleaning and water chlorination. Hygiene promotion sessions are also organised in the women and child friendly spaces as well as health centres. Most of the activities are focussing on hand washing, water safety and reproductive health care.

Partners expressed that women participation in community meetings is a critical challenge. Many a times women are discouraged to participate in open meetings by men. Another key challenge explained by partners is to ensure appropriate use of facilities and community ownership. Language is one more challenge and becomes communication barrier since community members are comfortable with their own local dialect. It was also expressed that there are too many messages regarding hygiene promotion being spread in community, which becomes a constrain for facilitating organised intervention at community level.

It was observed that there is hardly any IEC material being used in Camp 15. Agencies are involved in developing IEC material at cluster level. It was found that NGO Forum in partnership with UNHCR, working in Teknaf Rohingya Camp, has already developed IEC material on hygiene promotion. A quick review of this IEC material indicates:

- The material is in Bangla as well as in Rohingya language.
- The messages in the IEC material are crisp, easy to understand and practicable.
- The IEC material is displayed widely in the public places catching attention.



Bilingual IEC material developed by NGO Forum and UNHCR

4. APPROACH TO HYGIENE PROMOTION

This hygiene promotion strategy, for Camp 15 at Jamtoli sheltering 51388 people and 11491 households spread in 8 blocks, is based on the above analysis of WASH vulnerabilities; key considerations for hygiene promotion and existing interventions. This strategy is developed with special reference to the WASH Sector Strategy for Rohingyas Influx 2018 by WASH cluster and also adheres to the principles explained in the same, which are listed below:

- Hygiene Promotion is everybody's responsibility, regardless of age, sex, or religion.
- Targeting participatory methodologies/activities based on the target groups is paramount for the effective uptake of safe practices.
- Targeting appropriate audience is key to address public and protection risks.

This Hygiene Promotion strategy translates Hygiene Promotion Standard 1 of Sphere Handbook into an action plan with special reference to

- Systematic provision of information on hygiene-related risks and preventive actions.
- Use interactive hygiene communication methods wherever feasible in order to ensure ongoing dialogue and discussions with those affected.
- In partnership with the affected community, regularly monitor key hygiene practices and the use of facilities provided.

Sphere Handbook in its chapter on Water supply, Sanitation and Hygiene promotion (WASH) and in the section of Hygiene Promotion emphasizes on hygiene promotion as a planned, systematic approach to enable people to take action to prevent and/or mitigate water, sanitation and hygiene-related diseases. Hygiene promotion involves ensuring that people make the best use of the water, sanitation and hygiene-enabling facilities and services provided and includes the effective operation and maintenance of the facilities. This hygiene promotion strategy is primarily guided by Hygiene Promotion Standard 1 of Sphere handbook and emphasizes on:

1. Utilization of all possible community spaces for hygiene promotion.
2. Application of interactive methods for delivering hygiene messages.
3. Strengthening of users' groups for appropriate use, operation and maintenance of facilities
4. On site capacity building of the stakeholders.

4.1 Interactive Methods

The community speaks Rohingya dialect. Many of the community members are able to understand and speak this language. However, developing IEC material in Rohingya script is a challenge. Considering this reality, this strategy emphasizes more on group media approach underlining that the role of facilitator is important in the discussion and facilitation of reflection in the community members is essential and IEC material helps in the process.

Group Media Approach

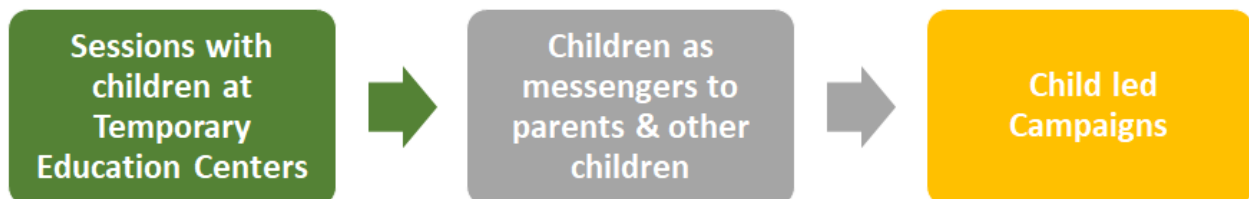
- Group media approach plays significant role in knowledge sharing, reflection and decision making in all aspects of community mobilization.
- In all activities of communicating with communities, animators (facilitators) are essentially supported by simple media material; however, the discussion and facilitation of reflection in the community members is more important than the media material.
- Such simple media material like stories, skits, dramas, puppet shows etc. can be developed through participation of the community members and also needs to be pre-tested before any application.
- The media material needs to be context and culture specific, and also should have open-ended messages. This is to enable community members to relate to it such that they are able to express the message after visualizing it.
- The facilitator bears significant responsibility of helping community members to express themselves during and after screening of IEC material.

4.2 Facilitating Women's Participation

Women's participation in community meetings is stated as critical challenge by the community mobilisers. To overcome this challenge this strategy recommends specific activities for involving women in hygiene promotion. It is also important that these activities are organized at women friendly spaces and are facilitated by women hygiene promoters. It is also important that the method utilized for these activities are enjoyable and associated with some motivation for behavior change. Two such significant activities proposed in this strategy are:

1. **Woman Hand Washing messengers:** One of the activity is engaging women as volunteers as Hand Washing Messengers at the entrance of community kitchen. These volunteers will perform single task of ensuring that every woman entering in community kitchen washes her hands with soap following the hand washing steps.
2. **Women's Monthly Gathering:** Another activity is monthly women's gathering at women and child friendly spaces. These gatherings will be facilitated utilizing various enjoyable hygiene promotion activities. It will be further emphasized that all the women participants become messengers for hygiene promotion for wider community.

4.3 Child Participation



It was observed that children attending temporary education centers have knowledge and skills of handwashing. They are also happy to demonstrate the hand washing steps. All these children become important stakeholders for hygiene promotion process. The strategy proposes activities to involve children for communicating hygiene promotion messages to their parents and other children. These activities will be primarily implemented in campaign mode, where children will lead the activities at community level providing significant visibility to hygiene promotion messages. Implementation of this activity will need close coordination with agencies who are managing temporary education centers.

4.4 Three Steps of Organizing and Strengthening of User Groups

This hygiene promotion strategy will primarily involve block development committee members, Mazhis and Sub-Mazhis, Woman Mazhis as the key stakeholders in the process of organizing and strengthening user groups utilizing three steps for six months. It is also suggested that one WASH committee should be organized at every block.



- **Step one - On site capacity building:** The process of strengthening of user groups will first target capacity building of these stakeholders on cleanliness of toilets, environmental cleanliness and vector control. The capacity building process will be facilitated utilizing short duration (one or four hours) training modules with participatory methods and an WASH NFI incentive (like toilet cleaning material).
- **Step two – Post training follow up:** Hygiene promoter and community volunteers will further follow up with participants through one to one visits and group meetings to formalize the groups and the support group activities of managing cleanliness of toilets, environmental cleanliness and vector control.
- **Step three – Campaign mode:** The third step will enable user groups to plan and organize community campaigns on hygiene promotion. These campaigns will be mix of activities and will ensure wider reach for dissemination and discussion of hygiene promotion and public health.

4.5 Onsite Capacity Building Service

The initial interaction with community mobilisers and community volunteers indicates capacity needs of knowledge, skills and perspectives regarding basics of hygiene promotion in emergencies. It is proposed to initiate continuous on-site capacity building service available at site management office. On-site capacity building service will be equipped with short duration training modules (1 to 4 hours) and necessary learning material. The training courses will be rolled out for all the frontline workers engaged in hygiene promotion with various agencies involved in WASH coordination at camp level.

4.6 Targeted and Coordinated WASH NFI Distribution

Since there are many organisations working in Camp 15 and are also involved in relief distribution it is important to adapt to a targeted and coordinated WASH NFI distribution to ensure that each family has availability of WASH NFIs and duplication is avoided.

As recommended in Rapid Needs Assessment report, the process of WASH NFI distribution can be managed through a targeted WASH NFI survey to identify specific WASH NFI needs and its usage among the Rohingyas.

The coordinated WASH NFI distribution also should ensure single water purifying agent for household level water treatment for the purpose of easy promotion of usage. Coordination with UNICEF and WASH cluster may help in this regard.

As an integration of actions mentioned in 4.2, 4.3, and 4.4 with appropriate usage of WASH NFIs, additional hygiene items should be available for distribution during hygiene promotion activities as incentives and motivation for behaviour change.

5. HYGIENE PROMOTION STRATEGY

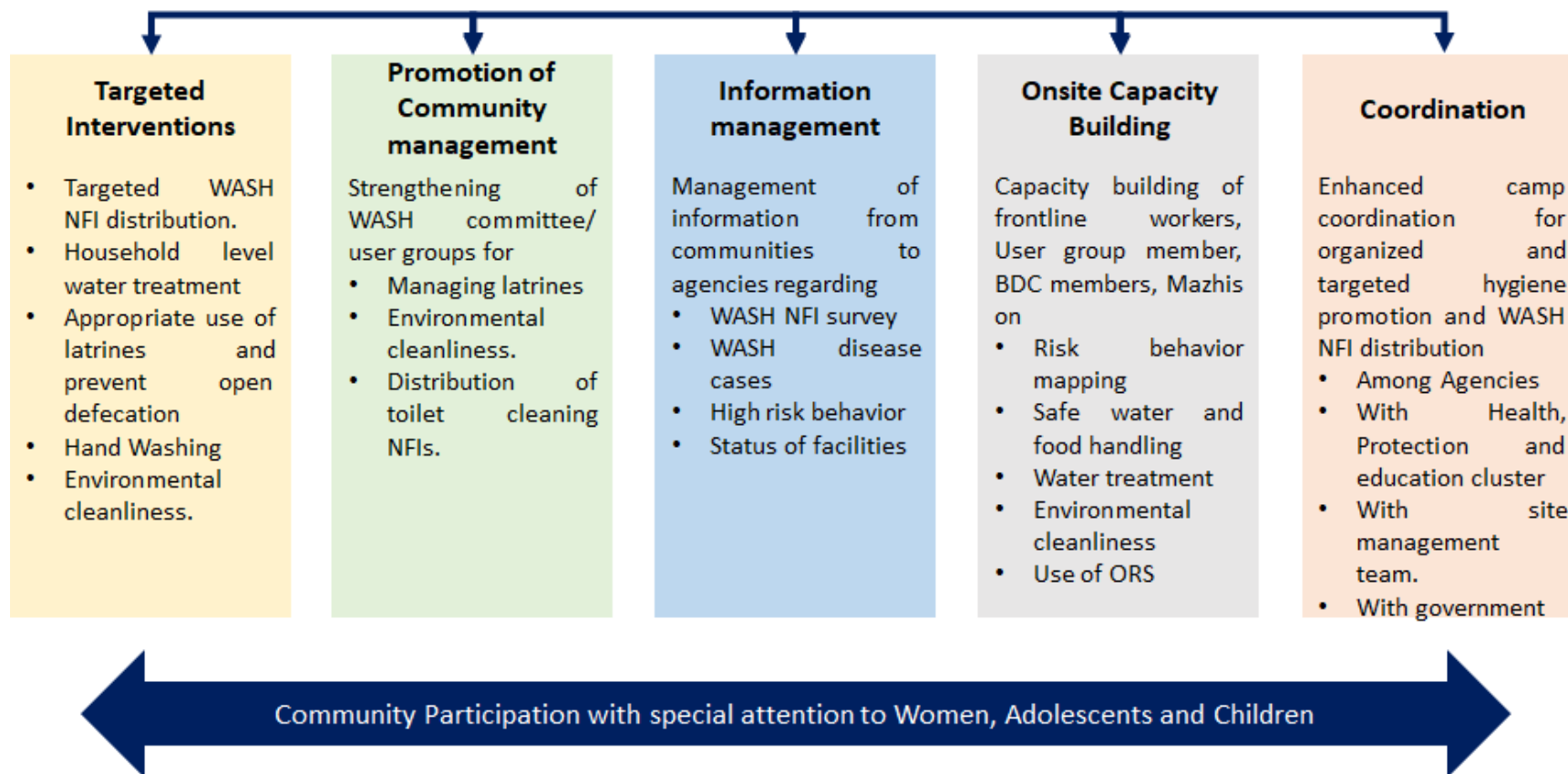
5.1 Goal

Enhanced community action for the prevention of WASH diseases through an organised intervention at camp level to ensure that:

- Communities have availability of adequate handwashing soaps, water containers and household level water treatment agent.
- Communities are aware about the public health risks with reference to hygiene risk behaviour.
- Communities adapt to good hygiene behaviour.
- Community groups are organised to take care of facilities and environment.
- Communities are engaged in risk behaviour mapping and monitoring of WASH disease cases.

5.2 Hygiene Promotion Strategy at a Glance

Hygiene Promotion transformation from didactic message dissemination to approaches based on dialogue and interaction with affected populations.



In order to systematise hygiene promotion processes, the strategy proposes five interrelated areas and simultaneous interventions. As guided in the WASH sector strategy 2018, it will systematically promote dialogical processes with affected population and will also seek community participation in managing WASH facilities, awareness generation and information management. On-site capacity building and coordination are essential functions which will constantly steer the process in order to achieve the goal.

5.3 Specific Objectives and Activity Matrix

Area of intervention	Specific Objective	Indicative Activities	Key outcome in 12 months
Targeted interventions	<p>To facilitate dialogue with specific target audience, utilising all possible spaces of interaction and with specific messages to enable community members to adapt good hygiene behaviour with special reference to</p> <ul style="list-style-type: none"> • Household level water handling, treatment and consumption • Appropriate use of latrines • Prevention of open defecation • Environmental cleanliness 	<p>1. Identification of specific target audience, messages and design interactive activities with various groups</p>	<ul style="list-style-type: none"> • Mapping of risk behaviour and target audience • E-bank of activity plans and relevant material
		<p>2. Events for community mobilisation:</p> <ol style="list-style-type: none"> a. Handwashing station at community kitchen b. Monthly gathering of women at Women and Child Friendly spaces c. Fortnightly sessions with children at temporary education centre d. Bi-monthly Child led campaigns e. Neighbourhood meetings- two meetings/week/block f. Large scale flex banners in Public places g. Large scale campaigns for clean environment 	<ul style="list-style-type: none"> • Eight hand washing centres managed by women hand washing messenger. • 12 women's gathering creating at least 600 women messengers. • At least 24 sessions with children X number of temporary education centres • Six child led campaigns • At least 192 neighbourhood meetings • At least three large scale campaigns for clean environment • Dissemination of at least 10 flex banners
	<p>To ensure availability and use of essential WASH NFIs at household level including water containers with lid, hand washing soaps, water purifying agents</p>	<ol style="list-style-type: none"> 3. NFI Distribution as per the need of the families emerging from the WASH NFI survey and coordination with other WASH agencies 4. Post distribution follow up. 	<ul style="list-style-type: none"> • Targeted NFI distribution of essential WASH NFIs regularly on monthly basis. • Post distribution follow up with families regarding

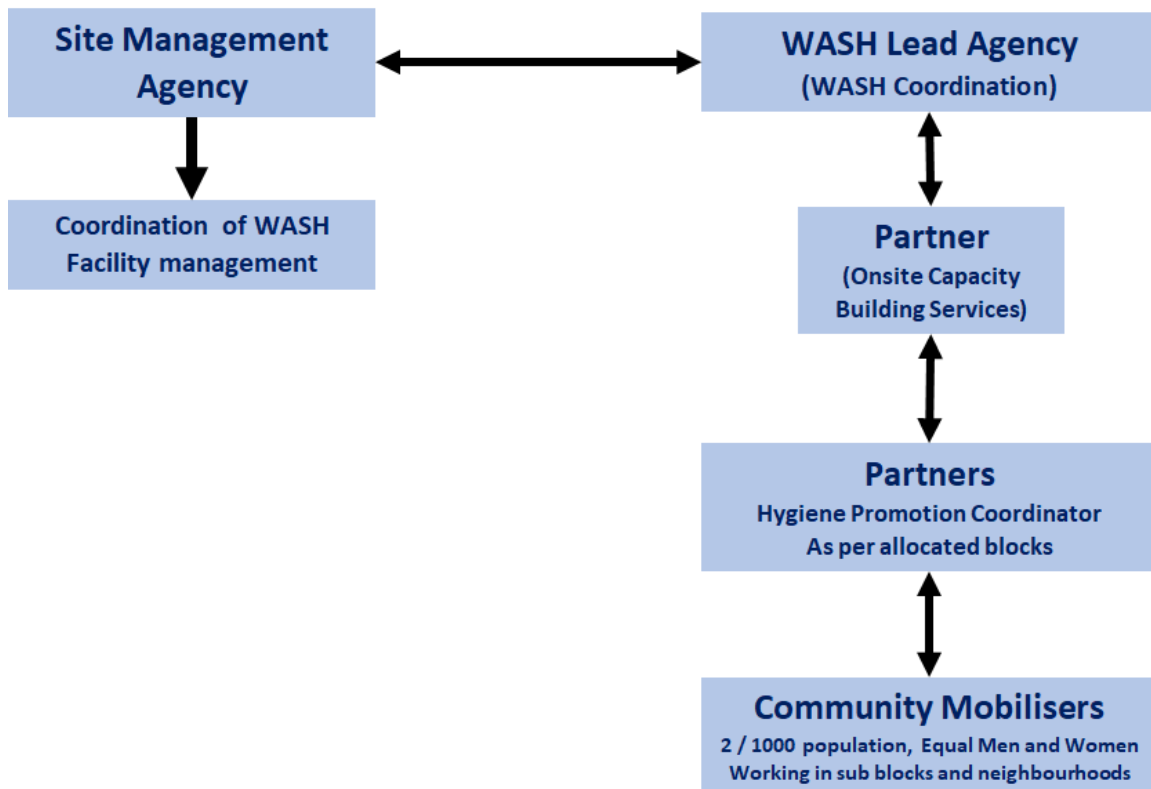
	and other items essential for personal hygiene		use of WASH NFIs during the neighbourhood meetings
Promotion of Community Management	<p>To organise and strengthen WASH committees at neighbourhood level for enabling communities to take action and monitor</p> <ul style="list-style-type: none"> • Appropriate use of community latrines • Appropriate solid and liquid waste management 	<ol style="list-style-type: none"> 1. On-site capacity building of BDCs, Mazhis. 2. Post training follow up and formation of user groups / WASH committees 3. Regular meetings of WASH committees and action planning 4. Block level campaigns for clean environment led by WASH committees 	<ul style="list-style-type: none"> • At least three training events/block = 24 training events • Monthly meetings of WASH committees/block = 96 meetings • At least two block level campaigns/block = 16 campaigns
Information management	<p>To initiate and manage process of information collection from communities for monitoring of</p> <ul style="list-style-type: none"> • WASH NFI needs • Hygiene risk behaviour • WASH disease cases • Status of facilities and use 	<ol style="list-style-type: none"> 1. Design framework for information collection, analysis and tools for information collection 2. Orientation of hygiene promoters 3. Quarterly report explaining <ul style="list-style-type: none"> • WASH NFI needs and usage • Effects of hygiene promotion interventions • New public health risks emerging • Specific areas with risk behaviour • Status of facilities and need for repair 4. Sharing of information with WASH team and other stakeholders for appropriate actions 	<ul style="list-style-type: none"> • WASH NFI needs and usage survey • Four quarterly reports • Presentation of reports to WASH cluster • Enhanced coordination with site management team for timely repair of facilities

		5. Identification area specific needs and need for new messages and plan for the same	
Onsite Capacity Building	To enhance capacities of key stakeholders at camp level ensuring adequate knowledge, skills and perspectives to prevent public health risks associated with WASH utilising short duration training modules	<ol style="list-style-type: none"> 1. Develop short duration training modules (4hr. max) for the training of frontline workers, User group member, BDC members, Mazhis on <ul style="list-style-type: none"> • Risk behavior mapping • Safe water and food handling • Water treatment • Environmental cleanliness • Use of ORS 2. Training of trainers for identified partner staff for hygiene promotion 3. Conduct series of onsite training courses throughout the year 	<ul style="list-style-type: none"> • E-Bank of training modules with learning material • At least 2 short duration training courses for frontline workers per month = 24 training courses • At least three training events/block = 24 training events (Please refer to the outcome of community management)
Coordination	To enhance coordination of hygiene promotion team at camp level with key stakeholders to ensure timely actions for mitigating public health risks	<ol style="list-style-type: none"> 1. Regular participation in meetings for information exchange and leveraging resources <ul style="list-style-type: none"> • Among Agencies • With Health, Protection and education cluster • With site management team • With government 	<ul style="list-style-type: none"> • Enhanced coordination among stakeholder and exchange • Coordinated WASH NFI distribution

5.4 Proposed Implementation Modalities and Organogram

It is assumed that this hygiene promotion strategy will be implemented in coordinated manner by the camp level WASH cluster mechanisms. As per sphere guidance two community mobilisers should be deployed for the population of 1000.

These community mobilisers will work closely with all other frontline workers and WASH committees. There is also a possibility of engaging members as community volunteers in the process on the daily wage basis for specific activities.



6. WAY FORWARD

The scenario of Rohingya camps today indicates massive public health risks to the affected population. Agencies on one hand are involved in relief distribution and providing essential WASH facilities, however hilly terrain, availability of water resources and overcrowding has been critical challenges for providing services to people. As mentioned in the WASH sector strategy for Rohingya influx 2018, with more settled population it becomes extremely important to enhance community engagement in WASH response especially for hygiene behaviour and appropriate maintenance of WASH facilities.

During the process of interaction with various stake holders for designing this strategy, it was observed that WASH cluster partners meet regularly for discussing on the WASH response. This strategy provides avenues to strengthen this coordination for hygiene promotion actions.

Seeking guidance from WASH sector strategy for Rohingya influx – 2018 and Sphere, this strategy emphasises on community participatory approach and targeted interventions. It will be vital for all the WASH partners to:

- 1) Identify blocks for targeted hygiene promotion intervention.
- 2) Coordinated and targeted system of WASH NFI distribution.
- 3) Coordinated hygiene promotion campaigns at camp and block level.
- 4) Coordinated process of onsite capacity building for community mobilisers, volunteers and WASH committees.

A consultation with all the partners will help to decide concrete action points for the implementation of this hygiene promotion strategy.



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