



## Water and Sanitation Program

An international partnership to help the poor gain sustained access to improved water supply and sanitation services

# Learning the Fundamentals of Hygiene Promotion

## A Review of Three Large-Scale Projects in India

### South Asia Region

#### SUMMARY

Taking a back seat to water supply, hygiene promotion had not kept pace with the new sector thrust towards a demand-driven approach, but is now catching up in the new generation Rural Water Supply and Sanitation projects. Hygiene promotion strategies across India and the world are finally receiving attention.

In the early nineties when hygiene promotion strategies were introduced in India, there was very little to learn from international experience in the field. Most of these activities emphasized 'providing of messages' rather than participatory processes in hygiene promotion. This trend changed around the mid-nineties and 'new' approaches have been attempted in externally-funded projects in India. These new approaches have not evolved in isolation, but have developed over projects and active learning has taken place during the project cycle.

A number of large-scale Rural Water Supply and Sanitation projects in India have been recently completed, or are in their mature or final stages. Follow-on projects in Maharashtra, Karnataka and Uttar Pradesh are under consideration. As these and other projects are brought into form, it is timely to consider the lessons learned and bring hygiene promotion in line with new demand-responsive approaches.



Community design and implementation is the key to effective and sustainable hygiene promotion.

# Introduction

The integration of sanitation with drinking water projects is a relatively recent development. A major objective of drinking water projects is to improve health, productivity and enhance the quality of life of people, including women, children and the poor. Numerous studies and observations indicate that the provision of water supply without hygiene promotion and sanitation reduces the impact on people's health and well-being and may further deteriorate the quality of the environment, including sanitation and drainage. Keeping these lessons in mind, currently all externally-assisted Rural Water Supply and Sanitation (RWSS) projects in India include an integrated package of water supply, sanitation and hygiene promotion. However, the nature of these efforts and the manner of their implementation differ. The effectiveness of the hygiene promotion components and the World Bank's learning agenda in this field is reviewed here. It needs to be mentioned that the sector is in a learning phase in India and across the globe.

Three World Bank-assisted projects in the states of Maharashtra, Karnataka and Uttar Pradesh recently participated in a review of their hygiene promotion work to learn from experience, and to take the first step in building a body of 'better practice' for hygiene promotion in India.

The objectives of the review were:

- to identify design factors which contributed to or detracted from the sustainability of hygiene promotion in large projects in India

- to draw some preliminary assumptions for better practice

- to create a platform for exchange of ideas and experiences about hygiene promotion and jointly develop approaches and recommend processes for longer-term work.

## WHAT IS HYGIENE PROMOTION?

Hygiene promotion includes strategies that encourage or facilitate a process whereby people assess, make considered choices, demand, effect, and sustain hygienic and healthy behaviors. This would encompass personal, domestic, and environmental hygiene practices and any action or initiative taken to erect barriers to disease.

## Brief Description

Both the Maharashtra and Karnataka projects were undertaken when there was little international experience of good hygiene promotion. The Maharashtra project started in 1991 and the Karnataka project in 1993. By the time the Uttar Pradesh project came through in 1996, participatory approaches were in use internationally and these techniques were used very effectively in the Swajal project.

**MAHARASHTRA:** The Hygiene and Sanitation Education (HSE) component of the Maharashtra Rural Water Supply and Environmental Sanitation Project combines awareness campaigning with interpersonal contacts using didactic approaches. Hygiene promotion is defined as creating an enabling environment, and hygiene education is defined as awareness creation and access to technologies to consolidate behavior.

**KARNATAKA:** A multi-channel, message-based IEC (Information, Education and Communication) approach was used. A combination of interventions were employed using folk as well as mass media, group work, house visits, regular group and interpersonal contacts. There were occasions when concerted mass education plans were also used. Non-Governmental Organizations

(NGOs) were effectively included in the project to implement the hygiene promotion component.

**UTTAR PRADESH:** The HP component of the Uttar Pradesh Rural Water Supply and Environmental Sanitation, Swajal project, is called Health and Sanitation Awareness (HESA). The approach to hygiene promotion is primarily participatory. HESA is developed and monitored through SARAR (Self-esteem, Associative Strengths, Resourcefulness, Action Planning and Responsibility) tools and Healthy Homes Surveys, together with message-based IEC sample sessions. A unique feature of Swajal is the involvement of villagers – during the planning phase – in developing their own HESA plans for the subsequent implementation phase. On a statewide basis, a social marketing campaign has been planned.

## Review Findings

### Project Design

#### Hygiene Promotion Strategy and its Integration into Overall RWSS Design

None of the three projects framed clear objectives for hygiene promotion during project preparation. While hygiene promotion strategies in the cases of Maharashtra and Karnataka were neither designed nor implemented until later in the project, in Uttar Pradesh, the strategy was to enable local people to assess their own hygiene and sanitation problems and set targets and objectives.

**MAHARASHTRA:** Goals and objectives were defined for the hygiene promotion component only when water became available in the project villages. At the onset of hygiene promotion, six specific behavioral objectives were set, focusing on hand-washing, appropriate storage of water above ground level, and use of hygienic methods to draw water from household containers. Later, four additional target behaviors were added

## BASIC FACTS: THREE STATE PROJECTS PARTICIPATING IN THE REVIEW

State	Maharashtra	Karnataka	Uttar Pradesh
<b>Project Name</b>	Maharashtra Rural Water Supply and Environmental Sanitation Project (MRWS-ES Project)	Karnataka Integrated Rural Water Supply and Environmental Sanitation Project (KIRWS-ES Project)	Uttar Pradesh Rural Water Supply and Sanitation Project (UP-RWS-ES Project/Swajal Project)
<b>Project Period</b>	1991 – 1999	1993 – 2000	1996 – 2002
<b>Total Loan Amount</b>	US\$ 101.9 Million	US\$ 92 Million	US\$ 59.6 Million
<b>No. of Villages</b>	564 Villages in 10 Districts	1,111 Villages in 12 Districts	1,000 Villages in 15 Districts
<b>Project Development Goal(s)</b>	Raise standard of living through improved health and productivity by expanding access to potable rural water supply systems and environmental sanitation	Raise standard of living through improved health and productivity by expanding access to potable rural water supply systems and environmental sanitation	<ul style="list-style-type: none"> <li>• Deliver sustainable health and hygiene benefits to the rural population through improvements in water supply and environmental sanitation services, which will increase rural incomes through time savings and income opportunities for women, and</li> <li>• Promote the long-term sustainability of the RWSS Sector in UP by identifying and implementing an appropriate policy framework and strategic plan</li> </ul>
<b>Design Population</b>	1.06 Million	4.8 Million	1.2 Million
<b>Name of Hygiene Promotion Component</b>	Hygiene and Sanitation Education (HSE)	Health Sanitation and Hygiene Education (HSHE)	Health and Environmental Sanitation Awareness (HESA)
<b>Goals of Hygiene Promotion Component</b>	To improve the health status of rural people	To create greater community awareness of the causes of water/sanitation-related health problems	To reduce morbidity by generating a demand for safe water and sanitation
<b>Methodology</b>	Awareness campaign with interpersonal contacts	Multi-channel IEC approach, with combination of folk and mass media	<ul style="list-style-type: none"> <li>• Combination of Participatory methods (SARAR and PRA)</li> <li>• Focus on Healthy Homes Survey: a community self-monitoring tool</li> </ul>
<b>Target Group</b>	The broad community	Village Water and Sanitation Committees, Community-based Organizations and Households	Women, Schools and Village Water and Sanitation Committees

for sanitation, emphasizing construction and maintenance of latrines, construction of soakage pit or garden and construction of compost pit. However, the targets of achievement in a one-year period were set at a high range, between 40% and 95%. At the project's completion, these targets were naturally found to have been too ambitious.

**KARNATAKA:** The hygiene promotion component was initiated a few years after the project began. At that point, promotion of personal, domestic, and environmental practices; proper practices for collection, handling and storage of water; construction and use of latrines; creating awareness for the maintenance of the drainage system and sustainable operation and maintenance of water supply schemes were set as objectives. Provision was made for village-by-village diagnosis and setting of priorities by fieldworkers, which proved effective.

**UTTAR PRADESH:** Key design factors for hygiene promotion are included in the Swajal project and the hygiene promotion component is integrated with each phase of the subproject cycle. At the project level, only 'improvement' in environmental and domestic hygiene has been set as the objective. The communities are expected to set their own goals, strategies and indicators. Project management generally aims to focus on hygiene related to the availability and quality of water supply.

When should the hygiene promotion component be implemented and how does it integrate into other components? It should start right at the beginning, as part of effective pre-planning and selection of communities, to help villagers make informed decisions about whether to opt into the project, and identify their priorities. Early entry is key. At the same time, it is important to lay emphasis only on core behavioral changes at the early stages.

Hygiene promotion's next critical phase is 'post-implementation' – once the

water is flowing and latrines, soak-pits, drainage, and garbage pits, etc., have been built. It is then that effective use, hygiene practices, and environmental consequences can be assessed and dealt with. The task of hygiene promotion is not over when the project period ends. Post-construction support is critical.

## Approaches

### Methods and Tools

All the three projects adopted multi-channel message-based IEC, with UP going a step further to combine some participatory methods as well.

**MAHARASHTRA:** Flip charts and posters were the main tools of fieldworkers, along with messages through radio, television spots, processions, etc. This project also developed district action plans. Of the approaches used, interper-

sonal contacts with adults, and competitions among schoolchildren, were found most effective.

**KARNATAKA:** A multi-channel village-based strategy was adopted. Local village health facilitators made house-to-house visits using flip charts, cards and similar communication materials. Meetings and orientations for other village groups were held, as also school programs.

**UTTAR PRADESH:** Efforts have been made to mobilize and facilitate the community to collect information on their health status, and their creativity is used to develop a community action plan for hygiene promotion. SARAR tools and the Healthy Homes Surveys have been introduced for this purpose. These have been found to be very effective.

There is a need for greater use of participatory and interpersonal methods



Safe disposal of excreta and proper maintenance of latrines are integral components of any hygiene promotion program.

to achieve hygiene promotion goals and objectives. Participatory approaches can be very useful for effective behavior change. Media also has a role to play, especially folk media that has the in-built advantages of being culturally acceptable, and film, which is very popular in India. However, the role of such mass media is of creating an overall climate, while interactive methods alone can produce changes in attitudes and behaviors. Although many methods and tools have been utilized across the projects, the underlying intents and characteristics of each need to be better understood, and then applied strategically. Thus their use can be made to better fit the varied learning needs of the community as it makes decisions to improve hygiene and sanitation conditions and practices.

## Training Strategies

Designing and implementing effective, multilevel, multidisciplinary, experiential and field-based training strategies for hygiene promotion is the key to strengthening capacity. The timing of the training is also essential: training just prior to the activities ensures that lessons learned are not lost before needed. Besides, sound capacity building requires more than training: good incentives, management support and follow-up are crucial. Technical staff also need good exposure to hygiene promotion to better understand the rationale for their 'devices', and for purposes of coordination.

**MAHARASHTRA and KARNATAKA:** Training in these states reflects the message-based approach. Short orientations and lecture-mode training were the dominant trend, with a few exceptions. Training of Village Health Facilitators (VHFs), for example, consisted mostly of lectures for only one day – though they are the key frontline workers.

**UTTAR PRADESH:** Training was more field-based, experiential, and hands-on, and a core session lasted 12 days. More



Hand-washing is an effective way to reduce morbidity.

experienced NGOs were found to be a good means of training newer NGOs entering the project.

## Political Will and Policy Climate

Hygiene promotion benefits can be strengthened by extending the numbers and levels, from which stakeholders and policy makers support it. Learning from on-going practice can be fed back into effective policy discussions. Developing high level allies, facilitating issue-focused consultations and making links between hygiene promotion and specific health problems are some ways to build political will.

In Uttar Pradesh, the project has focused on a number of techniques to build political will. Use of Observation Study Tours of higher level administrative officials and water and sanitation staff, horizontal cross visits among NGOs, and large assemblies of women across the projects' communities are some of the techniques used. Maharashtra and Karnataka have used public figures to endorse their work and project materials to increase legitimacy.

## Space for Local Initiative

All the project staff noted that rigid technical designs and package inputs stifled local energy. This discouraged local innovation and inventiveness. As in water supply, hygiene promotion needs to be more demand-responsive. Local initiatives should be encouraged, studied and spread across the projects. For example, in Karnataka, some NGOs found that Village Health Facilitators (VHFs) could be sustained in their hygiene promotion work if they also took on the additional paid job of collecting water charges from the users. Another Gram Panchayat agreed to cross-subsidize and provide land for group latrines where land was in short supply. Similarly, the formation of women's self-help groups was a boost to sanitation-related activities.

## Allocation of Project Resources

All the projects reviewed included criteria that excluded communities with adequate supplies of safe water. This approach may need to be revisited as increasingly more communities in India are assured access to water supply. However, the review also highlighted that hygiene promotion should not stand alone in communities where water supplies were inadequate and rejected the notion of programs that do not integrate water supplies. Hygiene promotion cannot be effectively carried out in such situations.

## Institutional Strategy

### Roles and Responsibilities

In all the projects, NGOs were found to be particularly good at outreach. NGOs have the advantage of being able to sharply focus on, concentrate on, and penetrate deeply into communities with whom they have bonds of trust.

**MAHARASHTRA:** NGOs ran into conflict with Block Development Officers whom they saw as 'top-down' prescriptive managers who did not believe in

## HEALTHY HOMES SURVEY (HHS)

### A Community Monitoring Tool for Hygiene Promotion

This tool can be used by the community to regularly monitor the personal, domestic and environmental health and hygiene of their village and promote behavioral change. The methodology:

#### 1. IDENTIFY ATTRIBUTES OF A HEALTHY HOME

- Invite one member (preferably a woman) from each house in the cluster.
- In a non-directive and participatory manner, ask them to list out the attributes of a healthy home. This might include household hygiene, management of drinking water, safe disposal of infant excreta, hand-washing after defecation and before eating, use of latrine, clean drains, etc.

#### 2. CATEGORIZE ATTRIBUTES

- Ask the groups to categorize the indicators into three main headings – personal, domestic and environmental.
- The facilitator introduces the cards with pictures of the attributes and the participants are asked to discuss each one, prioritize them and then compare the list with the one they had determined at the previous HHS.
- The attributes are finalized by the cluster groups.

#### 3. ASSESS THE STATUS OF THE COMMUNITY VIS-À-VIS THE FINALIZED LIST OF ATTRIBUTES

- The women cluster group members use the Secret Ballot/Pocket Chart method to ascertain the situation vis-à-vis **Personal Hygiene**. Totals are tallied and divided by the number of women present to find out the average for the group.
- To ascertain the situation vis-à-vis **Domestic Hygiene**, a group visits each and every house in the cluster and decides whether a home is healthy or unhealthy.
- To assess the situation vis-à-vis **Environmental Sanitation**, the same group members walk around in their cluster and observe the hygiene situation. They then rate the overall community as 'healthy' or 'unhealthy'. The results of Environmental Sanitation (ES) situation is also to be recorded visually on a community map.

#### 4. SHARE HHS FINDINGS

- The results of the HHS, along with the date of the survey, are discussed in cluster women's groups.
- The results of the village as a whole are discussed in a community-wide meeting.

#### 5. FINALIZE TARGETS

Based on the findings of the HHS and subsequent discussions, the community decides on targets of improvement in health and hygiene of the village at all three levels – personal, domestic and environmental.

#### 6. FINALIZE INTERVENTIONS

Based on the village hygiene promotion targets, the cluster women's group decides what activities should be taken up to achieve the targets. Activities include:

- Need-based hygiene promotion sessions, their frequency, timings and place.
- Training and their curricula.
- Selecting IEC material according to the requirement of sessions.
- Deciding the number, frequency and strategy of various quiz and other competitions such as Healthy Baby Shows.
- Deciding the strategy of involving children, young girls and boys to act as change agents for hygiene promotion.
- Deciding the frequency of HHS.

#### 7. COMMUNITY MONITORING

- Healthy Homes Surveys are conducted periodically – at least once in a quarter.
- While discussing the result of the survey, the community compares the results with the previous survey results.
- The community may also review the criteria (attributes).
- The community may also redesign existing strategy.

community participation. The project thus took active steps to arbitrate and was able to achieve 'a workable' relationship. Currently, the Project's Planning and Monitoring Unit (PPMU) believes that an integrated team of government functionaries at district, block and local levels and an NGO-led team of Health, Management and Engineering specialists should directly focus on village-based organizations in future projects, and that NGOs should be integrated at the district and state levels too.

**KARNATAKA:** The World Bank introduced NGOs for outreach, which was a contentious measure at the start since the government wanted to use its own functionaries. An agreement was finally reached by which the Government of Karnataka would test the use of its functionaries in one district, while the NGOs worked in 11 districts. After the first phase, it was found that NGOs produced good results in the field. In Phase 1, problems of hardware delivery were acute: NGOs only concentrated on the software, and as a result felt they had little credibility just 'pushing health messages'. At Project level, it is now agreed that a single window for both hardware and software is needed for the next project which integrates community development, health, engineering, and other disciplines. This will give hygiene promotion more credibility and focus.

**UTTAR PRADESH:** From the beginning of the Project, a 'one-window' support for communities for community development, hygiene promotion, and hardware for water and environmental sanitation was arranged. This built strong trust and transparency with communities. A consolidated spearhead group such as a Self-Help Group has been created, from which the required specialized groups were formed. Staff and NGOs also identified the need for building long-term linkages between communities and support services, such as health clinics.

## Gender and Poverty

As currently practised, hygiene promotion focuses specifically on women; however some men are involved 'by default', for example, if they happen to be in a general group, such as a youth club. Such strategies not only ignore 'half the problem' in terms of changing attitudes and practices, they may also aggravate already unfair burdens on women's time and effort. Besides, when projects monitor hygiene promotion, they rarely disaggregate information by gender and poverty with regard to workloads, time inputs, and decision-making power. These are serious issues and must be taken into consideration in updating hygiene promotion strategies for future projects.

## Monitoring and Evaluation (M&E)

Performance monitoring across projects was undertaken, measuring inputs to outputs. Sometimes performance was tied to payments, to ensure that a certain number of activities had been completed. Often in reporting, performance data was presented as the main evidence of project progress, though it gave little insight into results or outcomes. For performance monitoring, a sample-survey type IEC baseline was completed in 1994 in Karnataka. It reviewed a number of limited behaviors related to water and sanitation, and implications for use of mass media. In Maharashtra, an impact study was conducted in 1995-96, covering water supply delivery in one district. Another impact study was conducted in 1997, covering all the project districts through sample surveys done by the Health and Family Welfare Training Centers. Two other impact studies, improving on the earlier methodology, are currently being planned. In Uttar Pradesh, both conventional and participatory impact assessments have been put into place. A sample-survey KAP baseline study for one



A health education meeting serves as an effective forum for discussing hygiene practice.

of the project batches was conducted focusing on knowledge and practices. A post-study is being planned. A participatory Healthy Homes Survey technique has proven to be very popular both as an effective change mechanism and a solid participatory impact monitoring tool.

Process monitoring was used to varying degrees in all the three projects. Process monitoring is a management tool designed to help organizations become more participatory and demand-responsive. Its development was a response to the need for field research data to be incorporated to improve project responsiveness to community demands, to maximize impact and improve the likelihood of sustainable outcomes. In Karnataka, process monitoring was informally conducted through monthly meetings in which implementation issues were discussed. Maharashtra also had regular review meetings. Uttar Pradesh has similarly built in feedback on project processes through meetings with support organizations.

Planning the M&E systems, their design and implementation, are major priorities in strengthening hygiene promotion in large-scale projects in India. Existing systems mostly emphasize performance monitoring, which has its uses, but does not help to significantly improve the processes by which hygiene promotion is achieved. This can be accomplished by more systematic process monitoring. The key to M&E design is a *shared stakeholder*

process for the selection and design of M&E indicators and strategies.

## Recommendations for New Projects

It is evident that the design of the hygiene promotion component needs a greater level of effort during preparation and integration with other processes for water supply and sanitation services. The key lesson is that greater emphasis is needed on the creation, use, and extension of participatory methods and tools for hygiene promotion. Only these decentralized initiatives can help overcome resistance to deeply-seated attitudes and practices, and help make the links to felt priorities.

In sum, it needs to be acknowledged that these World Bank projects have catalyzed discussions on the links between water supply, sanitation and hygiene education; discussion that has been critically lacking in the sector and in government programs. Most government schemes have focused on the construction of latrines rather than on improving overall hygiene. It is now being recognized that hygiene education programs that focus on the delivery of simple hygiene awareness messages fail because they do not recognize the strengths of decentralization and participatory approaches.

## KEY LESSONS OF THE REVIEW

✦ **Foster increased use of participatory methods and tools** – The creation, use and extension of participatory methods and tools have provided good results. These help overcome resistance to deeply-seated attitudes and practices and facilitate links to felt priorities. At the same time, use of mass, folk and community media builds an effective climate for change.

✦ **Facilitate communities to set their own objectives** – It is essential to facilitate stakeholder analysis of design factors at conception and set goals and objectives for hygiene promotion. Hygiene promotion is more effective where communities are allowed to set their own specific objectives. It is seen that a focus on three core behaviors – hand-washing, safe disposal of excreta and use of safe water – are enough to start up hygiene and sanitation programs for maximum impact.

✦ **Establish unified multidisciplinary teams to present a single organizational support 'window' to communities** – Institutional responsibilities need to be clear and simple. A unified multidisciplinary team can build the capacity of community-based groups and facilitate the implementation of demand-responsive projects. Dedicated NGOs have demonstrated their strengths in project-specific roles as support organizations.

✦ **Provide focused well-timed training at local levels** – Training strategies need to involve all stakeholders. There is a need to avoid long gaps between training and expected performance.

✦ **Include incentives to support capacity** – Sound capacity building requires more than training; it should include good incentives and management support.

✦ **Develop political will** – Hygiene promotion is seen to work best where a broad political will has been generated that supports effective policies and generates popular support.

✦ **Update gender strategy to ensure shared and equitable roles for men and women** – Overall, women and girls are given the major burden of hygiene and sanitation – both in terms of promotional tasks and responsibility for hygiene in the home and community. Strategies need to be more equitable and aim to ensure that men and boys take more responsibility and share in related work and tasks.

✦ **Design effective M&E systems through facilitated stakeholder analysis and planning** – These tools need to be practical and simple, defining its uses for each level in the project. Where they provide adequate precision, participatory impact tools have been useful. Structured process monitoring is useful as an internal management tool. Stakeholder involvement in designing M&E makes it more effective.

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