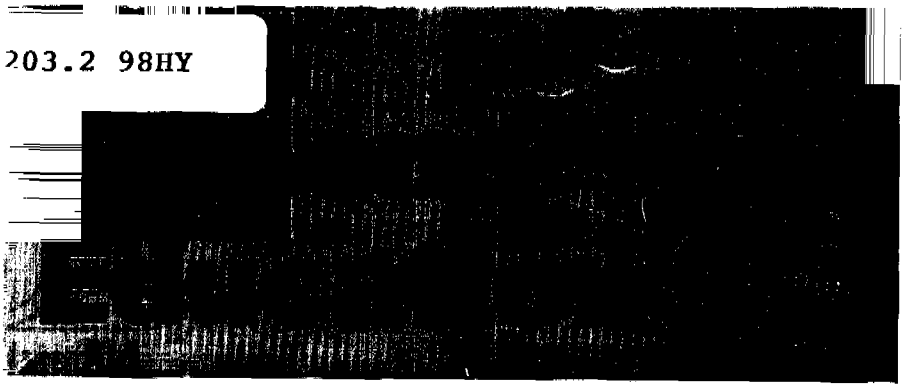


WaterAid

In South India

The first of a series of leaflets explaining the work and philosophy of WaterAid South India Office (WASIO) – working with NGO partners in rural communities in five States – Tamilnadu, Andhra Pradesh, Orissa, Maharashta and Karnataka.

WATERAID/CAROLINE PENN

Hygiene education sometimes seems to be the 'poor relation' to water provision and latrine construction in rural community water and sanitation programmes. It is often under-resourced, both in terms of funds and skilled staff. As a result, projects frequently fail to produce the expected health benefits to communities. Recognising this, WASIO has reassessed and substantially revised its approach to hygiene education over the past two years. The revised approach has led to unprecedented levels of interest amongst previously sceptical partners and communities. This leaflet seeks to explain what WASIO means by 'hygiene education' and to describe what a typical WASIO hygiene education programme looks like.

What is Hygiene Education?

Construction of water points and latrines alone does not necessarily lead to improvements in health. For example, water can still be contaminated in the home if not stored properly. Likewise diarrhoeal diseases can still flourish if hand washing practices are not improved and skin disorders can still be a problem if people do not make use of the new water sources to bathe more often.

80 per cent of childhood illness is caused by water-related disease and nearly 30 per cent of child mortality is caused by diarrhoea and its effects.

Without good quality hygiene education support, water and sanitation projects often fail to produce substantial improvements in health.

Over the past two years, demand for latrines from communities in WASIO project areas has increased tenfold (see the second in this series of leaflets: *Sanitation*). Effective hygiene education has been a key factor behind this success.

Hygiene Education (sometimes known as *Hygiene Promotion*) is any activity which promotes improvements in people's hygiene practices or behaviour. Key topics addressed by Hygiene Education programmes are:

- personal hygiene, especially hand washing behaviour
- safe water collection, storage and handling
- food hygiene (safe preparation and storage, especially for infants)
- safe disposal of human faeces
- safe disposal of animal excreta
- disposal of household solid waste and drainage.

Hygiene Education also covers treatment of diarrhoea through appropriate feeding practices and the use of Oral Rehydration Solution (ORS).

Hygiene Education explores the link between good hygiene behaviour and good health. Experience has shown that programmes which focus on a few very important behaviours are more successful than those which look at the full range of possible practices. A useful method of deciding which behaviours to concentrate on involves prioritising them in order of their importance to health, i.e.

- Life Saving — e.g. hand washing after defecation and before contact with food, or knowledge of ORS
- Health Improving — e.g. safe garbage disposal and proper drainage
- Aesthetic — e.g. combing hair daily or washing hands after eating.

WASIO's partners spend most time with communities discussing and promoting *life saving* and then *health improving* messages. Least emphasis is given to *aesthetic* messages.

Hygiene Education complements topics traditionally covered by health education such as nutrition, mother and child health and family planning.

Starting a Hygiene Education Programme

Identifying what the hygiene behaviour problems are

A fundamental of effective Hygiene Education is that programme design must reflect the particular circumstances of a community, rather than impose standard models. Before a programme can start project staff must understand traditional hygiene practices in the community and why these are followed.

future. Games and simple picture card visuals are widely used; for example cards illustrating various behaviours that need to be sorted into 'good' and 'bad'.

The teaching programme is supplemented by construction projects for latrine blocks and urinals in the schools. WASIO originally regarded schools' projects as long-term investments for improved hygiene behaviour. But there is strong evidence of more immediate results through children influencing parental behaviour.

- **Household visits**

Household visits by NGO staff or village based hygiene promoters allow Hygiene Education messages promoted in focus groups, cultural shows and school sessions to be followed up in the home. CARD, another Tamilnadu-based NGO, uses a network of 25 'linkworkers'. They are carefully selected from the project villages and are generally young literate women who are not expected to marry in the next three years or so. A three-day initial training course is carried out by CARD (currently under review and likely to be increased). Linkworkers are each assigned 120 families whom they are expected to visit once per month to discuss hygiene-related problems in the house and to compile data on health, hygiene practice and environmental sanitation. CARD supervisors consolidate the data on a monthly basis to monitor behavioural change throughout the target population.

Monitoring progress

Unlike more familiar projects, Hygiene Education programmes have no scheduled completion date. Permanent and sustainable behaviour change is the primary objective and, to achieve this, a persistent and flexible approach is often needed, reflecting progress.

Monitoring behaviour is therefore a key element of any programme of Hygiene Education; the gap between knowledge and practice a vital indicator of success. The CARD system of household visits and data compilation mentioned above is one way of achieving this. Other participatory techniques used in the baseline survey exercise may also be appropriate. Self monitoring of behavioural change by villagers may have the added advantage of reinforcing messages and highlighting the benefits of change. Documentation of results is essential to inform future project design.

In March 1997 WASIO conducted a survey of four villages in Musiri Block near Trichy which enjoyed almost 100 per cent latrine coverage. The survey revealed overall latrine usage of about 70 per cent but a significant difference between women (almost 100 per cent) and men. The NGO, SCOPE, subsequently addressed greater educational efforts towards the men of the villages.

Implementing Hygiene Education Programmes

Providing the necessary resources

Hygiene Education is a labour intensive activity. Although some funds are required for printing, stationery, teaching aids, and occasionally, costumes and musical instruments for cultural shows, the bulk of programme expenditure goes on the wages of skilled staff and village-based assistants.

WASIO's experience suggests that, in order to achieve a sufficiently high profile in communities to achieve behavioural change, skilled NGO staff need to work through local community members who are trained in hygiene promotion. These local people, usually known as *motivators* or *linkworkers* are hired for the duration of the project to carryout the day-to-day hygiene promotion activities discussed below, supervised by NGO staff.

Promoting behavioural change

WASIO's partners generally use a combination of different approaches to promote hygiene behavioural change, including:

- **Focus group sessions**

These sessions focus on small groups of similar people (e.g. young mothers or male household heads from a single water point) and typically include discussions on specific hygiene practices in the village and role plays to describe problems.

- **Village cultural shows**

These are used to embed key hygiene messages in popular forms of song, dance and drama. In Tamilnadu the NGO CAST maintains a small troupe of professional actors and musicians who tour the project area and who are also hired out to other projects in the area, whilst SCOPE and GRAMALAYA use professional puppeteers and traditional forms of puppetry. In Andhra Pradesh, rather than use professional actors, KRUSHI is able to use its own hygiene education staff and trained villagers to present drama as there is a stronger tradition amongst the communities it works with for highlighting issues through such media.

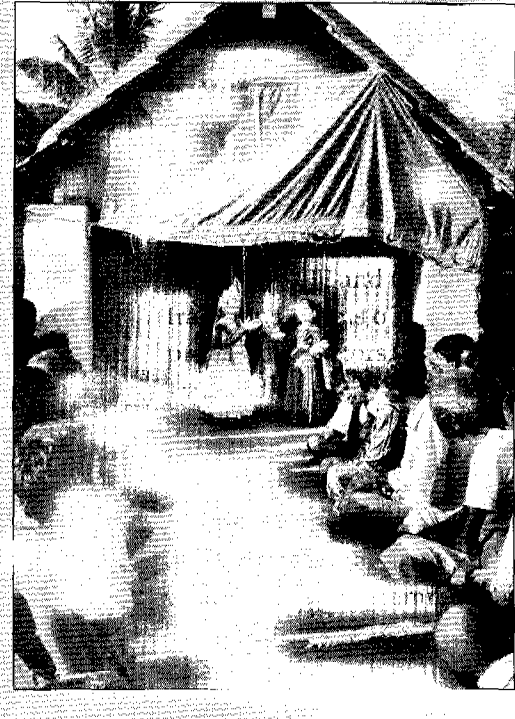
- **Improved hygiene education sessions within school curricula**

SCOPE has built on official endorsement from the District Collector to draw up a programme covering 20 primary and middle schools. Two Health Educators are employed to design and teach courses of 14 lessons for each of three age groups (Years 1-3, 4-5 & 6-8). The longer-term aim is to train teachers to continue the work in the

Relying on community volunteers alone to promote good hygiene behaviour does not generally work. Volunteers do not have the motivation and cannot afford to spend the time necessary to achieve results.

Skilled NGO staff need to work through networks of trained local people who are hired for the duration of the project and paid a basic wage.

WASIO's experience to date suggests that sustainable behavioural change may take two to three years of intensive activity to achieve, at a total cost of around Rs150 to Rs200 per person targeted.



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This is important for three reasons:

- behaviour may change from community to community (or house to house) and so promoting the same message to everybody may not work
- once local practices are identified they can be classified as either dangerous to health (and therefore to be discouraged and replaced with safer practices) or beneficial to health (and therefore to be encouraged)
- knowing *why* some people follow a particular practice may be useful when trying to persuade them to do something different.

Finding out what existing practices are and why people follow them requires some form of baseline survey to be carried out. WASIO's experience suggests that participatory data gathering techniques (such as *PRA*) are vital to the process of finding out not only what people do, but also why they do it. During PRA exercises designed to collect information about hygiene behaviour, the discussions between project staff and community members may in itself stimulate some initial behavioural change as people start to make links themselves between current dangerous behaviours and ill health.

Participatory hygiene behaviour surveys may stimulate behavioural change before any formal Hygiene Education is carried out. The Tamilnadu-based NGO SCOPE, carried out such a PRA exercise in the village of Aythampatti, Musri Block in April 1997. Within one month (i.e. well before any hygiene education activity could be expected to be effective), 30 new latrines had already been constructed.

Providing the necessary skills

Carrying out participatory hygiene behaviour baseline surveys, interpreting the results and then promoting behavioural change are all activities which demand considerable skill on the part of NGO staff. Training of staff has been vital to the development of NGO partners' hygiene education programmes. WASIO has contributed to this build-up of knowledge by:

- holding initial workshops with partners to explain the basic approach outlined in WaterAid's *Hygiene Education Policy* document
- appointing its own Hygiene Education specialist to provide regular advice to partners
- using a consultant from another well established Hygiene Education programme in a neighbouring country to provide an occasional outside view of partners progress and methods
- holding regular follow up workshops to allow partners to share experience and exchange ideas on what works and what doesn't.

WASIO is now considering developing formal staff training courses for new NGO partners based on the experience of the past two years.

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WaterAid is a British NGO working with poor people in 12 developing countries in Asia and Africa. It has a vision of a world in which all people have access to safe water and sanitation, complemented by appropriate hygiene education. All projects use practical technologies that are low in cost so that user communities can take responsibility for management.

WaterAid's South India Office (WASIO) supports projects with NGO partners in certain areas of Tamilnadu, Andhra Pradesh, Karnataka, Maharashtra and Orissa that follow an integrated approach and:

- cover a range of villages, typically with about 5,000 beneficiaries
- address the needs of entire villages
- integrate domestic water supply, sanitation and hygiene education requirements

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