

EFFECTIVE HYGIENE IN TAMIL NADU

Tsunami Response



This field note is based on the findings of a rapid assessment conducted by the Register of Engineers for Disaster Relief (RED-R) in Tamil Nadu six weeks after the tsunami. The resulting field note is intended for NGOs, Government departments and agencies involved in the promotion of hygiene.

The assessment concluded that in many temporary shelters and relief centres:

- Hygiene promotion does not address major health concerns
- Open defecation is widespread
- Toilets are not being used or maintained
- Child's faeces are not disposed of safely
- The special needs of women and adolescent girls are not considered

Why Hygiene?

Together with the provision of water supply and sanitation infrastructure, effective hygiene can have a profound impact on reducing exposure to environmental health risks. Equally, interventions in water supply and sanitation are unlikely to have a major impact on health without hygiene.

Why Hygiene Promotion?

The tsunami has created crowded conditions for people in temporary shelters, increasing their vulnerability to a variety of diseases. Many of these are linked to water and sanitation. At the same time, what were relatively safe practices (such as open defecation on a beach) are now high-risk in a relief

centre. Finally, many people may not feel responsible for their new and temporary surroundings, leading to unsanitary conditions. For these reasons, hygiene promotion is not an option but an absolute necessity.

What is hygiene promotion?

The goal of hygiene promotion is to assist people to understand and adopt practices designed to reduce their exposure to disease. In the current situation, hygiene promotion can:

- Encourage people to use and maintain toilets and bathing facilities properly
- Discourage open defecation
- Reinforce practices such as washing hands with soap (in particular, after defecation and before eating)
- Improve drinking water quality by promoting safe water collection and storage
- Reduce health risks faced by women relating to poor menstrual hygiene

Hygiene behaviour and infrastructure for healthy living should go hand-in-hand.

It is important to identify key risk behaviours and establish who is practicing these. Hygiene interventions should be prioritised accordingly. It is particularly important to work with women and adolescent girls and understand their priorities and needs. At the same time, men cannot be ignored, specially if they continue to practice open defecation in relief centres.

Principles for Hygiene Promotion

The guiding principles of hygiene promotion are summarised in Table 1.

Table 1: Guiding Principles of Hygiene Promotion

Work with a small number of risk practices	To control diarrhoeal diseases the priority hygiene behaviour should include hand washing with soap or appropriate local substitute. Hands should be washed after defecation or disposal of child's faeces.
Identify specific audience who practice out high risk behaviour	For each promotion activity, identify the audience and decision-makers. These may include women, children, opinion leaders, village heads etc.
Identify motives for behaviour change and replacement practices	Reasons for pursuing good hygiene practices may not always be linked to health, such as proper disposal of child's faeces may create greater respect among the neighbours. Therefore working with the target population can help identify a motivational strategy for behaviour change.
Make hygiene messages positive	People's attention would last longer if they are entertained and recall better when they laugh. Programmes attempting to frighten the audience may alienate them and therefore there should be no mention of diarrhoea, death or doctors.
Identify appropriate channels for communication	Traditional and existing channels are easier to use than new ones. Therefore understand how the target audience communicates, e.g. percent of population attending religions functions, listening to radios etc.
Develop cost effective mix of channels	The same messages given by a number of channels can reinforce the messages. Also, while mass media may be cheaper, face to face communication may be more effective though expensive.
Plan, execute, monitor and evaluate hygiene promotion carefully	Information is required on the outputs (radio spots, house visits etc.) and population covered regularly. Also, indicators for the impact of behaviour change should be collected and fed back into the planning process.

Source: Emergency Sanitation (WEDC, UK)

Suggest Areas of Intervention

The following intervention areas for hygiene promotion are suggested, based on observed health risks:

- Proper use and maintenance of sanitation facilities.
- Safe disposal of children's faeces.
- Hand washing with soap after defecation, before food preparation or eating
- Safe storage and handling of drinking water
- Menstrual hygiene

In practice health risks may vary from one place to another, and need to be established, by observation and dialogue. It is most effective to concentrate on one or two key risk practices at any one time. These should be selected to deliver the greatest health impact.

Hygiene Promotion Plan

Before starting any hygiene promotion activity, it is important to develop a hygiene communication plan. This plan should:

- Identify key risk behaviours to target for each community
- Identify communication methods to be used for promoting correct hygiene behaviour for identified risk behaviours
- Identify facilitators for the activity
- Plan the activities-maintaining frequency and consistency.
- Identify existing capacity and capacity building needs of the hygiene promoters
- Develop a monitoring strategy to gauge the effectiveness of the promotion campaign and, if needed, to change the hygiene promotion strategy

Hygiene Promotion - Activities

This section details activities that could be taken up as part of a hygiene promotion plan. Some of these are linked to the technical options in the Sanitation field note.

Safe disposal of children's faeces

Infant and children's faeces are usually left in the open or are disposed in a refuse pit in the temporary relief centres. This may be linked to a misconception that child faeces are safe. Whilst young children cannot be expected to use an adult toilet, a number of steps can be taken:

- Educate mothers/child caretakers on safe disposal of infant and children's faeces. These must be put in a latrine pit and covered in soil to minimise fly breeding. This may have to be linked with a system in which the centre is cleaned up on a daily basis.
- Show caregivers how to train older children to use a toilet. Clearly, the toilet design must encourage access and use by children.

Hand washing with soap

Hygiene promotion in temporary shelters do not pay enough attention to hand washing, focusing instead on cutting nails and wearing clean clothes, which are often the focus of hygiene promotion activities in the relief centres. In fact, hand washing with soap before eating and after defecation substantially reduces the risk of contracting diarrhoea.

The RedR assessment found that most people in the centres have soap and use it for bathing. The problem is that there is no soap where people wash hands after defecation – which is either on the hand pump near the toilet or just outside their houses. People must understand the need to use soap for hand washing after defecation. A place to keep the hand washing soap can be provided in the newly constructed toilets.

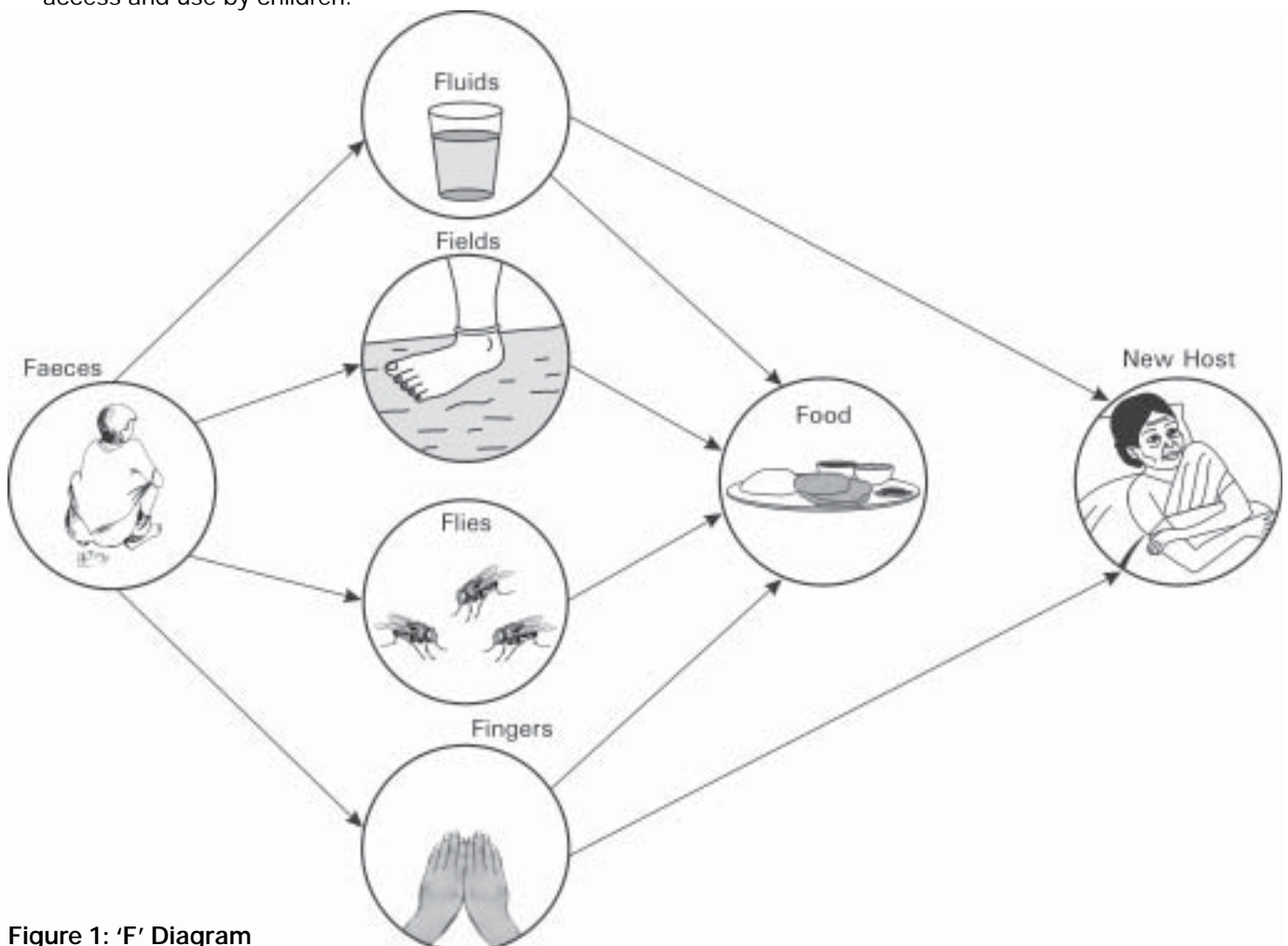


Figure 1: 'F' Diagram

Activities that can be taken up to promote hand washing include

- Adapt the 'F' diagram (Figure 1), for example, to show how unwashed hands transmit disease. The 'F' diagram can even be explained with a role play.
- Organize demonstrations of how and when to wash hands with soap.
- Link up with the AWW and ANM to reinforce hand-washing messages as they go about their normal work.
- Organize entertainment activities focussing on the importance of the hand washing – linking up with the school or setting up a theatre group.
- Ensure soap – and sufficient water - is available for hand washing near the place of defecation.

Safe handling of drinking water

The RedR assessment found that people frequently dipped their fingers in water vessels as they removed a glass of water. Without proper hand washing this will contaminate drinking water. (Unwashed) water vessels are frequently dipped into storage tanks to retrieve water. In the home, pots are usually kept on the floor, uncovered. As chlorination is not uniform, it is very likely that drinking water is thus rendered unfit for consumption.

Activities that can be taken up to promote safer water handling include:

- Identify and mark the safe sources of drinking water in the temporary relief centre and ensure that residents understand the risks of drinking from the unsafe supply.
- Equally, ensure residents understand what non-potable water can be used for, including bathing and clothes washing.
- Demonstrate the right and wrong way of retrieving water.
- Demonstrate the importance of appropriate storage; identify vessels (with a narrow mouth/tap, that can be used) kept clean, covered and stored at a height from the ground.

- Use chloroscopes and H₂S strips to demonstrate how water can become contaminated and establish a basic surveillance system, working with self help groups, school children or youth.

Women's health and hygiene

In nearly every temporary relief centre, it was found that women were not consulted and therefore their security, privacy and health needs were largely ignored by NGOs and government extenders who are predominantly men. This has resulted in the women being unable to keep themselves clean – especially so during menstruation. Most have no appropriate place to dry their menstruation cloths after washing.

With a female facilitator:

- Arrange consultations with women's groups to identify their privacy, security and hygiene needs.
- Inform women the need to use clean cloths during menstruation.
- Identify and demarcate private areas for women to wash and dry their menstrual cloths. Cloths need to be washed with soap and dried in the sun.
- Work with the women to identify methods (and areas) for proper disposal of sanitary pads if used. Used sanitary pads may be disposed by burning and or burial in a demarcated area.
- Ensure toilet design is appropriate for men and women, and that the specific needs of pregnant women are not overlooked.

Proper use and maintenance of sanitation facilities

A majority of the people living in the temporary relief centres practiced open defecation prior to the tsunami. Based on the RedR assessment, privacy has been identified as a concern by most women. While there is a demand for toilets, especially from women, they do not know how to use them, though in some places they are being used. Men however prefer to go for open defecation even at present.

Some activities to encourage people to use and maintain toilets are given below.

- Consultations (with men and women, separately) to present and select sanitation options and their most appropriate location. If shared toilets (used by 3 to 5 families) are being considered, it must be discussed with the families concerned.
- Demonstrate how to use and clean the toilets – ensuring that people are equipped to do this. Most people have been practicing open defecation before the tsunami. It cannot be assumed that they will know how to use the toilets.
- People also need to be warned against possible misuse. Converting a toilet into a bathing room will rapidly flood it. Separate bathing facilities with adequate drainage should be provided.
- Mobilize the residents to set up systems to clean and maintain toilets, and also clear up children's faeces. This can be linked to a system of sanitation wardens who can help explain what to do - and what not to do.
- In order to mobilize communities for camp cleaning different methods can be used. One way is to organize a clean centre campaign with the district administration. This could be linked with the Clean Village Campaign and award schemes.

Communicating Change

In order that people understand the need for behaviour change, hygiene promotion has to be *interesting and relevant*. Simply passing on instructions in a top-down manner is ineffective. Written flyers and pamphlets are of limited value, as a significant proportion of the population, both men and women, cannot read.

Whilst there is no blueprint, the approaches suggested in the following table can be used. Apart from focusing on relatively few practices, it is often effective to use a number of approaches to target a particular practice. This helps people remember and internalize the practices.

Facilitators

Facilitators are required to implement a hygiene promotion plan, working directly within the community. They are often the single most important factor in determining the success of a hygiene promotion plan. At least one man and one woman should be selected and trained to work in each temporary shelter. It is important to select the 'right' people as facilitators. Whilst some criteria can be used to guide their selection, ideally the displaced community should participate in this process.

Possible selection criteria include:

- Members of the community
- Ability to communicate in the mother tongue and local dialect
- Respected figure in the community
- Reasonably well educated and quick learners
- Motivated to improve living conditions

Table 2: Approaches to Communication

Approach	Potential use
Campaigns – linked to large group meetings and audio visual media (Radio & TV)	Clean community campaign – possibly linked to incentives such as Clean Village Campaign and Nirmal Gram Puraskar
Large Group Meeting	<ul style="list-style-type: none"> • Eliciting a group decision – for example, an agreement to ban open defecation, appoint sanitation wardens or set up a system to ensure upkeep of community toilets • Feedback to community on results of focus group discussions, for example, about toilet design and location, for a larger group decision
Focus Group Discussion (typically gender segregated) - may be reinforced by participatory assessment of hygiene and sanitation problems	<ul style="list-style-type: none"> • Identifying priorities and specific needs of women and/or adolescent girls • Demonstration of different toilet options using models to elicit preferences • Discussing with women the best options for place of washing and drying menstrual cloths • Eliciting priorities and needs of a socially marginalised group within the centre population
Schools	Key hygiene messages, in particular, use of toilet and hand-washing with soap. A school provides an excellent place to reinforce safe domestic practices. School children can also help monitor and improve environmental conditions in a relief centre
Visits to other centres	Taking representative groups of delegates to see a clean centre, a successful approach or to demonstrate a toilet design can be a very strong way of eliciting change
Religious and cultural events	Discussions on proper handling of drinking water and food hygiene – but not sanitation
Plays and puppet shows	Demonstration of how faecal-oral diseases are transmitted and how transmission can be broken through hygiene practice
Household visits by AWW or ANM	Domestic and personal hygiene, including menstrual hygiene Safe water storage and handling in the home
Posters and wall paintings	Used to convey key hygiene practices/ A wall-painted 'monitoring chart' focusing on hygiene and sanitary conditions in centre, can be linked to a 'clean centre' campaign
Audio Visual Media Radio & TV	'Video on wheels' shows and radio programmes on transmission of diseases. Community Radio programmes discussing hygiene in temporary centres and sharing information on key practices.

Monitoring

A simple monitoring system focusing on hygiene practices will help monitor the progress being achieved. The following checklist can be used or adapted for this purpose.

Table 3: Monitoring Checklist

Intervention Area	Indicators
Safe excreta disposal	(based on SPHERE standards) <ul style="list-style-type: none"> • People use toilets • Children's faeces is disposed off hygienically and immediately • Toilets are used in the most hygienic way • Parents are aware of the needs to dispose children's faeces safely
Hand washing with soap	<ul style="list-style-type: none"> • Women and men know the importance of hand washing for getting rid of germs from hands • People wash hands after defecation and handling children's faeces and before handling food • Children can demonstrate method-rubbing with an agent/soap
Safe handling of drinking water	<ul style="list-style-type: none"> • A safe/protected source is used for fetching drinking water • Observation shows proper storage of drinking water - clean, covered narrow mouth vessel, long handle ladle, disinfection method (if any) • Observation shows hands not being dipped into the drinking water at the time of collection from the water source. • Pots not being dipped in storage tanks at water collection points.
Women's health and hygiene	<ul style="list-style-type: none"> • Appropriate areas for use by women - bathing, urination, defecation and during menstruation • Women know about menstrual hygiene and have private areas for cleaning and sun drying cloth used during menstruation • System for incineration and burial of sanitary pads (if applicable) • Soap and clean cloth is available to the women
Proper use and maintenance of sanitation facilities	<ul style="list-style-type: none"> • No excreta including child faeces, visible in temporary relief centre or in solid waste. • Proper usage of toilets/ No excreta visible in pans or slabs • Women articulate a safe method of disposal of child excreta

Additional Sources of Information

This guideline has been developed by adapting material from three sources of information, all of which are

Table 4: Sources of Information

Source	Website	Remarks
SPHERE guidelines – Chapter 2	http://www.sphereproject.org/handbook/index.htm	Details of standards, indicators and guidance notes for water supply, sanitation and hygiene
WHO SEARO Emergency Fact Sheets on water supply and sanitation	http://wedc.lboro.ac.uk/WHO_Technical_Notes_for_Emergencies/	Series of 13 generic act sheets summarising most aspects of water supply, sanitation and hygiene in emergencies
Emergency Sanitation The Green Book WEDC	http://wedc.lboro.ac.uk/publications/	Comprehensive handbook covering all aspects of emergency sanitation including hygiene

User Notes

This field note has been prepared for WES-Net India with support from UNICEF. It is based on an assessment of Tsunami affected areas undertaken by REDR India. Additional information and designs have been adapted from various sources.



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WES-Net is a recently created and expanding coalition of organisations involved in water supply sanitation and hygiene in India – NGOs, agencies, private sector and Government.



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