

# Hygiene Promotion - the backbone of BRAC WASH

Embedding long-term change in communities

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## **Abbreviations**

FO	Field Organiser
JFO	Junior Field Organiser
LGI	Local Government Institute
PA	Programme Assistant
PO	Programme Organiser
QIS	Qualitative Information System
RED	Research and Evaluation Division
SMC	School Management Committee
UM	Upazila Manager
VWC	Village WASH Committee

# 1 Introduction – the vital role of hygiene

Hygiene can be defined as the set of human behaviours related to cleanliness and health. Improved hygiene (handwashing) and sanitation (latrines) have a greater potential to improve health outcomes than drinking water quality – and hygiene is often the missing link in water, sanitation and hygiene (WASH) programmes.

Safe hygiene practices and sanitation have significant health impacts; reducing diarrhoea, respiratory and helminth infections and preventing skin and eye disease. Recent research shows that improved WASH can reduce under-nutrition, which affects two in five children under the age of five years in Bangladesh (Cairncross et al., 2014). A World Bank review suggested that handwashing with soap could reduce incidence of diarrhoea by 47% and save at least one million lives per year (World Bank, 2003). Integrating hygiene with sanitation and water programmes appears to offer the best opportunity of delivering better health and allowing people to develop their livelihoods.

For these benefits to be felt within communities and societies, good hygiene practices need to be adopted by everyone. Hygiene is not a ‘women’s issue’; women, men and children have an equal need for hygiene education and awareness. Different approaches may be needed to convince different groups within society.

Hygiene promotion is most successful when it targets a few behaviours that have the greatest potential for impact. Because hygiene is personal, changing hygiene behaviour is complex and requires skill and care. The BRAC WASH programme uses multiple approaches with a persistent long-term strategy to encourage people to adopt safe hygiene practices and behaviours to prevent diarrhoeal and other infectious diseases. In the community context, hygiene as discussed in this paper is specifically linked to behaviours related to the safe management of human excreta, handwashing with soap, the safe disposal of children’s faeces as well as safe handling of drinking water.

## 2 BRAC WASH – an integrated programme

BRAC WASH was launched as an integrated programme with hygiene, sanitation and water as complementary elements, focused on underprivileged groups, especially ultra-poor families and women. Hygiene has been the backbone of the programme, based on the premise that programmes that fail to secure consistent hygienic practices are unsustainable.

As the 2013 BRAC WASH progress report pointed out: “Sustainable water, sanitation and hygiene intervention cannot be useful without a perfect integration between physical facilities and behavioural change. No development can be effective and sustainable if it is imposed from outside, until the community is convinced about its benefits and is ready to accept that. Behaviour change along with community empowerment is the prerequisite to WASH development” (BRAC, 2013b, p.7).

Evidence from a number of studies (e.g. Rabbi and Dey, 2013) suggests that hygiene programmes need to be an integral part of water supply and/or sanitation interventions to achieve behaviour change. They also suggest that the success of hygiene interventions is largely influenced by the presence of sanitation and water facilities and that without such

facilities, hygienic behaviours do not improve (IRC WASHCost, 2011). In other words, an integrated programme requires all the elements to be present: hygiene is essential but change will not happen unless it is also supported by sanitation and water services.

## **2.1 Baseline study**

A baseline study by the BRAC Research Evaluation Division (RED) carried out between November 2006 and June 2007 found low levels of hygiene awareness and poor personal hygiene and sanitation practices across all economic groups in rural areas where BRAC WASH was launched. Awareness of the cycle of disease transmission was fragmentary; households did not have a high level of understanding of potential contamination from children's stool or the importance of washing hands at critical times. RED recommended the programme to "build up community knowledge and awareness about the cycle of disease transmission and how to break that cycle" (BRAC RED, 2008, p.9).

The main stated motivation for using latrines was found to be health and environment (52%), followed by convenience (24%) and economic reasons (14%). The main reasons for not using latrines were economic (64%), followed by social reasons (28%). Economic barriers were higher for the ultra-poor (71%) than for the non-poor (59%) (BRAC RED, 2008, p.74).

The hygienic quality of latrines was poor. Two thirds of latrines were unclean and foul smelling, half had visible faecal matter, and two thirds did not have water nearby. (BRAC RED, 2008, p.81). Better-off households (non-poor) were 12% more likely to have access to water near their latrines compared to ultra-poor households (BRAC RED, 2008, p.75).

## **2.2 Launch of the BRAC WASH Programme**

When the BRAC WASH programme was launched in 2006 it set three objectives:

1. Provide sustainable and integrated WASH services in rural areas of Bangladesh;
2. Induce safe hygienic behaviour to break the contamination cycle;
3. Ensure sustainability and scale up WASH services.

The overall goal was to ensure that 17.6 million people in 150 upazilas gained access to and used sanitation services with consistent hygienic practices. In addition the programme set out to ensure that more than 8.5 million people would have access to a safe water supply (BRAC, 2006, p.7).

Improved hygiene practices became the backbone of the programme and people's participation and education on these issues have been central from its inception. BRAC WASH later provided loans and grants to enable poor and ultra-poor families to install sanitation hardware, but no grants were given until a community had demonstrated improvements in sanitation and hygiene through its own efforts. Participation and planning were stimulated through Village WASH Committees (VWCs) whose members represent the entire village, including the poor and women.

From the beginning, it was understood that embedding good hygiene practices within the community is a long-term change that cannot be achieved with short term or occasional interventions. Education would need to continue after the end of the programme through health, education, and micro-credit programmes. Roles initiated by the village WASH committees would eventually become part of the work of the mainstream village committees.

### **3 High ratio of community involvement**

BRAC WASH established village WASH committees as voluntary bodies to take responsibility for raising awareness and resolving community problems related to water, sanitation and hygiene. Each VWC covers an average of 200 households (the number varies according to the density of population) and meets bimonthly to review the progress of an action plan that includes compiling a water and sanitation profile of the community and identifying poor and ultra-poor households. The VWC is responsible for site selection and collection of contribution money from clients and overall monitoring and progress. The president of the VWC is elected by its members as a respected community member with time to work on improving the village WASH status. Most presidents are male; there are about 310 female presidents among the 65,000 VWCs. To strengthen women's participation, the 11 member committee comprises six women and five men, including a female member secretary. Members come from different social groups within the community. One male and one female member from each committee receive two days of leadership training. More than 107,500 members had received training across the country by the end of 2014.

The formation of a VWC takes five to seven days using participatory methods which include a transect walk, social mapping (levels of poverty), resource mapping, a community meeting to select committee members and a first formal meeting. The committee undertakes to:

- Identify and resolve problems using existing resources;
- Mobilise local resources to assist poor and ultra-poor people in the community;
- Undertake actions to improve public health and develop human resources;
- Establish that every household has and uses a hygienic latrine;
- Repair, maintain and properly use safe water technology.

### **4 BRAC staff – an army of support at community, union and upazila level**

Interventions at household level are mainly carried out by programme assistants (PAs), paid staff appointed from the local community on the basis that they are capable of creating a rapport with villagers and can be effective demonstrators and teachers. There are two PAs to each union within a sub-district (upazila) and each union may have several villages. It became clear that women have better access and more influence at household level, and after a time women exclusively were appointed as PAs. There are also field organisers (FOs) (male or female) each working with three or four unions and supervising PAs. Each upazila also has a WASH programme organiser (PO) who oversees the FOs and PAs. Programme organisers, programme assistants and field organisers make up an effective army of support for communities.



The map, drawn by villagers, shows the location of tube wells, hygienic latrines and drainage systems along with households and their economic status. VWC members walk through the village and discuss what steps are needed to ensure safe water, sanitation and hygiene.

## 5 Cluster meetings

Field staff organise cluster meetings on WASH issues for the women in ten households at quarterly intervals. Small group meetings ensure participation. Different people within communities have different motivational factors and therefore there is a need for a variety of approaches; personal hygiene cannot be effectively discussed in a mixed group. Field staff hold separate meetings for woman, men, adolescent girls, adolescent boys and children aged 9-11 years. Communication materials have been developed to support this work with tailored messages; for example, appealing to mothers by explaining the benefits of good hygiene on children's health. Cluster meetings also address household and environmental cleanliness including cleanliness of latrines and safe household waste disposal.

**Table 1: Conducting cluster meetings**

<b>Community based activity</b>	<b>Description</b>	<b>Led by</b>	<b>Communication focus</b> (to talk about...)	<b>Supporting materials</b>
Household visits	Staff make visits before cluster meetings. Most households are visited 3-4 times each year	All PA, J/FO visit households	To understand their WASH status and to convince them to reach a high standard and show them how	As needed but mostly just talking
Tea stall sessions	Host 3-4 sessions a year at selected tea stalls to reach men outside the home	Male PO and FO	Focusing hygiene behaviour and convince men to play role in improving family hygiene, sanitation and water	Flip chart; flash card; photographs; a motivational song by folk singer Momtaz Begum
VWC meetings	Once every two months	PO, J/FO	Convince and support them to play their role in increasing WASH coverage	Flip chart
Cluster meetings	Each cluster group normally meets 3-4 times each year	PO, J/FO conduct male and adolescent boy meetings and PA conduct female, adolescent girls and children meetings	To increase knowledge, change attitude and influence to make it regular practice	Flip chart
Meetings at schools	Each school hosts 3-	PO, J/FO	Considering future	Flip chart; posters

	4 meetings a year		investment convince them to do practice in the school as well as their home and peer	
Meetings with local government and education department	BRAC WASH facilitates this meeting twice a year and attends every meeting when invited	PO, J/FO	Sharing experience and ensure hard ware support	As needed but mostly just talking
School WASH Committee	Staff meet the committee once every two or three months	PO/UM	Properly use and maintenance of WASH services and act as change agent	Flip chart; posters; Teachers' guide
National Sanitation Month	BRAC WASH joins with local government and NGOs to promote sanitation every October – also celebrates Global Handwashing Day on 15 <sup>th</sup> October in schools and Village WASH Committees	Regional and national staff	A national government initiative to highlight the importance of sanitation to the future of Bangladesh	Materials produced jointly with Government. Discussion forums and rallies win coverage in print and social media for this month long celebration

Source: BRAC, 2015

## 5.1 Message sharing

The WASH Programme prioritises hygiene and originally there were 19 key messages; five of them targeted on handwashing:

1. WASH your hands with soap before eating;
2. WASH your hands with soap before feeding your child;
3. WASH your hands with soap before cooking;
4. WASH your hands (first left and then second hand) with soap after using toilet;
5. WASH your hands (first left and then second hand) with soap after cleaning a child's bottom.



Photo: Poster with five handwashing messages in Bangla

On sanitation there were nine messages:

1. Every household should have a hygienic latrine near the house;
2. All the members of the household should use the latrine;
3. Wear sandals to go to the toilet;
4. Carry the water pitcher (bodna) in the right hand;
5. Pour a little water into the latrine before use;
6. Keep enough water inside or near the toilet for flushing after use;
7. Keep soap inside or near the toilet for handwashing after use;
8. Place children's faeces into the toilet;
9. Keep the latrine clean.

Householders were also told about the importance of digging a new pit when the previous one was full and the need to maintain a latrine in good condition.

On water there were five messages related to safety and good hygiene:

1. Use a safe water source;
2. Collect water in a hygienic way;
3. Carry water safely;
4. Keep water in a container in a high place with a clean lid;
5. Drink from a clean cup.

This total of 19 behaviours targeted in BRAC WASH I was later reduced (see below).

## 6 Menstrual hygiene management

Menstrual hygiene has historically been surrounded by taboos and superstitions. BRAC's sanitary napkin production centre has been supplying affordable, biodegradable napkins since 1999, to meet the public health needs of poor women and girls in rural areas and BRAC health volunteers sell sanitary napkins at low cost door to door. However, rags are still used by women who cannot afford sanitary napkins.

Programme assistants discuss menstrual hygiene during cluster meetings with women and adolescent girls. They educate women and girls on issues like eating healthy and iron-rich food during their menstrual periods. Women who still use rags are taught to wash them thoroughly with soap and dry them in the sun. Women and adolescent girls learn to speak up about menstrual hygiene issues, something that was nearly unthinkable even a few years ago, and the programme is helping to eliminate cultural taboos and superstitions.

## **6.1 Hygiene in school**

All primary and secondary schools in programme areas are included in the hygiene promotion programme. Students have a right to learn about good hygiene for their own health and welfare and because they are also an investment in societal change. They convey hygiene messages learnt at school to their families and communities, and will pass these on to the next generation when they have families of their own. Teachers have been trained to hold menstrual hygiene sessions with adolescent girls. School students hold rallies to generate greater awareness of sanitation and hygiene issues. In May 2009, BRAC WASH and the BRAC Advocacy Unit organised a year-long countrywide school debating competition to raise awareness about WASH. In 2014, the local education ministry sent a circular to all government schools telling each of them to form a School WASH Committee, timetable regular hygiene education sessions in class and generate a fund for WASH related maintenance.

At the start of the programme, it was evident that some adolescent girls were not attending classes during menstruation due to lack of facilities. To reach adolescent girls, and because primary schools already received some support from the Government and UNICEF, BRAC decided to focus on supporting secondary schools.

A team was formed to train one male and one female teacher from each school in WASH upazilas on WASH issues. BRAC WASH prepared and provided training guides, flipcharts and posters and BRAC staff continue to assist teachers as required.

By the end of 2014, BRAC WASH had supported 5,180 secondary schools to install double-pit latrines for girls with menstrual hygiene facilities, sharing costs with the school authorities. Girls can access sanitary napkins and dispose of them safely. Facilities include an enclosed hygienic washing area to ensure privacy and security.

BRAC WASH inspired the creation of Student Brigades in each WASH programme school with two students from each class from year VI to year IX. Members of the student brigade attend a three-day residential training course to strengthen their capacity to work as WASH activists in their schools and communities. They become leaders of improved hygienic conditions at school, responsible for ensuring proper operation and maintenance of the latrines. Their training took place alongside training for teachers; head teachers were also encouraged to attend to help in the development of action plans and ways to develop monitoring. An action plan has been developed in each school to implement and follow up activities.

BRAC organised sessions to raise the awareness of School Management Committees (SMC); 90% of SMCs that attended orientation sessions expressed an interest in sharing costs with BRAC for installing latrines for girls.

A 14-member School WASH Committee, chaired by the head teacher, has been formed in each school, with responsibility for better management and sustainability. Teachers, representatives of the School Management Committee and students are also members.

In 2013, BRAC's Monitoring and Investigation Department reviewed 50 secondary schools in the programme area and found that 85% of latrines installed by the programme were clean and hygienic. Among the other 15% the most common problem was a dirty pan or bad odour. All the latrines displayed hygiene messages and had soap containers, but almost one in five had no soap at the time of the review. More than three quarters of the latrines had access to sanitary napkins.

Female students had a very positive opinion of the programme: 95% said it went very well or well and 93% of female students could recall at least one hygiene message. A third of students could remember all the key messages and only one of the 250 students interviewed could not remember any of them. The monitors noted that most students shared what they had learnt at school with their parents.

The report concluded very positively: "Assistance for setting up separate latrines for the female students in schools is an effective and situational development model ... helping to enhance the biological as well as psychological peace among the female students."

## **7 Coordination with Local Government Institutions**

BRAC is a member of the National Sanitation Taskforce, and BRAC WASH organises events at upazila and union levels during Sanitation Month (October) and Global Hand Washing Day with local government and others. At union level, BRAC provides support to and collaborates with union WASH committees in the local government department.

Before starting work in an upazila, the BRAC WASH programme organises an advocacy workshop at upazila and union levels to ensure effective coordination with governmental and other stakeholders. BRAC participates in coordination meetings organised by Local Government Institutes (LGIs) in upazilas and unions and facilitates the twice yearly WatSan Committee Meetings at these levels. The Bangladesh Government formed these WatSan Committees from the national to union levels, responsible for improving the WASH situation in their respective areas, allocating funds from the government's Annual Development Programme. BRAC WASH participates in these meetings, where the Upazila Executive Officer, officials from the Department of Public Health Engineering, representatives of other NGOs, etc. also participate. At the start of the project, it was found that most of WatSan Committees were not active. BRAC WASH revitalised these committees, liaising with members nominated by the government and conducting twice yearly review meetings.

Women's conventions have been organised in each upazila with rallies in centres of population, and women's forums have been held at union level with LGIs so that women could discuss issues with local government bodies.

## 8 Training imams

Reaching the rural population through their religious teachers is an effective means of spreading hygiene messages and imams are the key religious and opinion leaders in rural Bangladesh, where 90% give Islam as their religion. BRAC built a partnership with religious institutions and well-known and influential religious leaders at national level. Messages for mosque-based discussions (*khutba*) at the time of Jumma prayer on Friday were developed into a structured training manual with reference to Holy Quran and Al Hadith. This was followed by training of trainers at district level, cascading to upazila-based training for imams.

More than 18,500 union-level imams have delivered sermons (*khutba*) in their mosques in the first 150 upazilas, not only providing hygiene messages but also influencing men to meet the need for safety and privacy for women by building a latrine, as well as promoting men's role in domestic chores. By December 2012, imams had organised discussions in 3,792 mosques and more than 120,000 men had attended these *khutba*.

At Jumma prayers the imams deliver the following 12 messages:

1. Use safe water for drinking and cooking;
2. Collect water from a safe source and protect it;
3. No open defecation; install and use hygienic latrines;
4. Latrines should be used and maintained in hygienic manner;
5. Children should also use a hygienic latrine or faecal matter should be deposited there;
6. Security and dignity for women and family;
7. Importance of handwashing with soap, with instruction on how to do it;
8. Shared responsibilities of parents and all family members to personal hygiene, household work and child care;
9. Food should be protected with a lid;
10. Kitchen and domestic waste should be deposited in a hole dig for that purpose;
11. Children should be taught about the use of latrines;
12. Help women with household work and ask their opinions on domestic decisions.

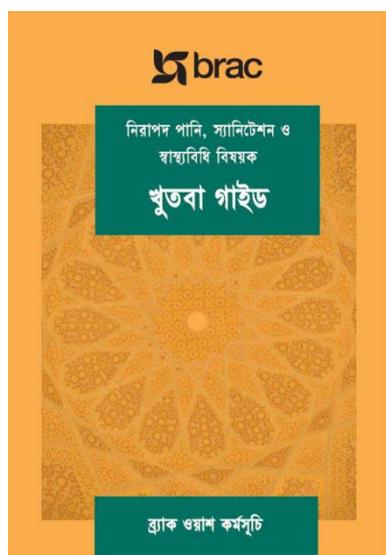


Photo: Cover of the Khutba

## **9 Folk media and theatre**

With the assistance of the BRAC Community Empowerment Programme, BRAC WASH produced and organised popular theatre shows that included information and hygiene messages that proved to be popular and effective with rural people. These popular folk-media events have had a lasting impact on people's minds as they depicted real life situations in a dramatic form.

## **10 Capacity building**

Training builds staff capacity to implement the WASH programme. Courses not only cover water, sanitation and hygiene but also planning, management, communication, supervision, evaluation, leadership, monitoring, and facilitation. A training of trainers course was developed for 50 master WASH trainers.

A day-long orientation session was held for opinion leaders, representatives of local markets and local sanitation entrepreneurs looking at baseline figures and responsibilities of each stakeholder. BRAC WASH also worked with its networks in other programmes, Shasthya Shebika (health volunteers), Shasthya Kormi (health workers), and leaders from adolescent development centres. More than 14,000 Shasthya Shebika have been trained to deliver WASH messages.

## **11 Review and adaption of the hygiene elements in phases II and III**

Reviews of the BRAC WASH first phase acknowledged the scale of the achievements, but also identified a number of challenges that needed to be addressed.

Research carried out by BRAC RED in 30,000 households of the programme area showed that 97% of people had good knowledge of hygienic behaviours, but this was not turned into practice to the same extent (Rabbi and Dey, 2013). Only about 20% of respondents reported washing hands with soap before eating and 30% before feeding the baby. Almost half of the water points were not regularly cleaned.

The Netherlands' Review and Support Missions also concluded that BRAC needed to focus more on stimulating hygiene behaviour change and less on knowledge development.

A number of changes were discussed, planned, field-tested and introduced both in the original programme areas and as the programme expanded eventually into a total of 250 upazilas.

Starting in October/November 2011, BRAC WASH worked with its Netherlands-based knowledge partner IRC to refine the sanitation and hygiene communication strategy and focus on social marketing of behaviours rather than telling local communities to adopt a large number of new practices.

A three-day workshop with BRAC WASH staff at field and head office was followed by a seven day field trip with an IRC consultant. The workshop resulted in a number of key learning points:

- Behaviour change is about convincing people: this became known as “selling, not telling”;
- Messages should be of interest to the audience;
- Messages needed to be gender specific;
- Number of practices to focus on need to be limited.

The first approach had been to tell the same messages to everyone and in all sessions. The emphasis changed to ensure that hygiene sessions remained interesting and meaningful in both old and new upazilas with differentiated messages for specific target groups. The number of hygiene promotion messages was reduced as well as the number of key behaviours which went down from 19 to 7.

## **11.1 Seven WASH behaviours**

The seven key behaviours are:

- Washing both hands with soap after defecation;
- Washing both hands with soap before eating;
- Water used for drinking and cooking comes from a safe source (arsenic-free, bacterial-contamination free);
- Water is collected and stored safely;
- Family has a hygienic latrine near the household;
- All members of the household use their latrine;
- Hygienic latrine is maintained and clean.

Simple participatory methods were introduced, focusing on overcoming resistance to change and practical support for applying hygiene practices. Field staff are encouraged to explore problems and solutions with their audience. Staff have been trained to:

- Give reasons for each message, appealing to particular audiences: adolescents, elderly, men or women;
- Do demonstrations and activities (“learning by doing”);
- Listen with respect to problems people have with new practices;
- Help people resolve problems (such as how to keep soap in a safe, convenient place), rather than make speeches.

Field staff have been encouraged to develop separate messages for males and females, together with examples of safe and unsafe behaviour.

Delivering high quality communication training to 8,000 programme staff is challenging and it is accepted that not everybody can become an excellent communicator. To achieve results at scale, it is necessary to focus on a number of key skills (selling not telling) and provide standardised methods and tools. Training has been increased for senior staff in Dhaka and for staff in the regions and upazilas with the aim of improving hygiene promotion at local level through group meetings and home visits, and securing and sustaining seven key behaviours for hygiene, water and sanitation within the family. The aim is to improve hygiene

promotion skills of existing and new staff and to embed key hygiene behaviours in old and new project areas. The process has taken time to complete:

- March 2012: IRC and BRAC WASH developed a structured training programme and improved programme communication for hygiene promotion.
- May 2012: a trainers' guide and course promoting seven key WASH behaviours was completed for programme organisers, junior field organisers and programme assistants.
- May/June 2013: Refresher training guides were developed for sanitation, water supply and hygiene practices. Eleven senior regional managers and 36 regional managers attended a training of trainers (ToT) course so that they could in turn train upazila managers and programme organisers in their regions. The two-day training they received mirrored the training they deliver, and was conducted by BRAC head office senior WASH staff observed by IRC and other senior staff.
- June/July 2013: Upazila managers conducted hygiene promotion training for 8,000 programme staff including programme organisers, junior/field organisers and programme assistants, supervised and monitored by regional managers. This training lasted two days and included role play, group discussion, experience sharing etc.
- Nine monthly refresher training sessions (three on each topic) began in July 2013 at upazila level with participatory field activities. Refresher training sessions were held after programme staff tested out their new approaches and skills in the field. All participants discussed their experiences and came out with better approaches. Refresher training was conducted over two to three hours after the regular monthly reporting and meeting. Staff are urged to reach targets, but the refresher guides them to spend more time talking, asking questions and explaining.

The refresher training guide was revised based on feedback from the field.

## **12 Monitoring hygiene behaviour change**

BRAC WASH collaborated with IRC, The Netherlands, to develop a methodology for monitoring behaviour change and hygienic practices in the community. The existing MIS (Management Information System) provided quantitative data about whether targets were being met, but not what happened when infrastructure was in place. The need for a monitoring system to measure sustainable progress and to assure quality within the programme has been met by the Qualitative Information System (QIS); an evaluation system that observes and asks people about the services they receive and the actions they themselves take. QIS scales were jointly developed by BRAC and IRC in 2012 based on descriptions of situations that are acceptable, better than acceptable or unacceptable. The methodology was tested with households, VWCs, schools and rural sanitation centres. Quality controllers (males) and junior field organisers were trained in the QIS methodology, QIS scales, and data collection using forms and scoring sheets, and using smart phones.

QIS data has been collected and analysed from more than 8,000 households and the findings show that the impact of the WASH programme has grown significantly over time. In research areas where BRAC WASH has worked for five years or more:

- 74% of households have adopted safe drinking water measures;
- 85% have hygienic latrines;
- 99% of latrines are regularly used by family members;
- 78% have soap and water for handwashing nearby.

Where BRAC WASH has worked for three years or less, progress has not yet reached these levels:

- 44% of households have adopted safe drinking water measures;
- 39% have hygienic latrines;
- 70% of latrines are regularly used by family members;
- only 24% have adequate handwashing provision.

This data comes from QIS qualitative monitoring research at village WASH committee level looking at more than 8,000 households, stratified into non-poor, poor and ultra-poor households. The differences between the two sets of data demonstrate that behavioural change needs time: hygiene promotion cannot be a short-term intervention.

## **13 The hard to reach**

### **13.1 Reaching men is a challenge**

During BRAC WASH I, programme staff found it more difficult to attract men to cluster meetings than to reach women, since men were often away from home at work or socialising at the tea stalls that are common throughout Bangladesh. Although cluster meetings had some success, especially in engaging men on technical issues such as how to construct a latrine, and the importance of maintaining the water seal, reaching men remained a challenge. For example, in the year from July 2012 to June 2013, more than four million women attended BRAC WASH cluster meetings, but only 1.6 million men. It was also found that men were more interested in participating in decision making rather than hygiene promotion sessions because of a traditional perception that this was something for the women in the family. House-to-house visits were not making up for this shortfall.

Following the review of WASH I BRAC WASH decided to reach out to men through a number of different channels, including discussions in the mosque and special sessions at the tea stalls. In November 2012 a pilot began in 16 villages in 16 different upazilas at tea stalls in communities to reach more men with hygiene promotion activities. Field materials (illustrating the seven key practices) were developed to stimulate discussion with men and the programme organisers and field workers received guidance on their use. Check lists were developed to monitor if the tea stall approach reaches men more effectively and, if so, how it can be integrated into the regular hygiene promotion. After a successful pilot the tea stall hygiene sessions have now been integrated into the programme.

All POs and J/FOs are responsible for conducting tea stall meetings as a regular activity every three months in the same pattern as cluster meetings. In the upazila office there is a register which is updated after each meeting.

Before starting a meeting, a programme organiser visits the tea stall to inform the owner and to obtain permission. On the actual day a programme or field organiser introduces the

session those present, normally around 10-15 men, and starts talking about hygiene, using flip charts and flash cards that contain the seven key behaviours of the WASH programme. After sharing a couple of messages the PO or FO asks the listeners questions to engage them in conversation. Sometimes a video is used to enhance the hygiene messages. BRAC WASH has also recorded a song on hygiene which is becoming very popular with the men.

### 13.2 Hard to reach communities

Hygiene promotion is especially challenging in hard-to-reach communities such as hill tract areas. Most people in these areas have insufficient access to sanitation and education and it is hard to convince them to adopt good hygiene practices. It is difficult to arrange cluster meetings since people work in the fields during the daytime. Socio-economic conditions are so bad that people do not repair or rebuild a facility that is broken. Special initiatives have to be planned to make progress in these areas.

## 14 Generational change

The overall impact of the BRAC WASH interventions on hygiene, but also on sanitation and water, has been to transform the lives of millions of people. It has even resulted in new ways of thinking and behaving in relation to hygienic behaviour. For the younger generations in BRAC WASH areas, hygienic sanitation is no longer an optional extra, but has become part of their accepted lifestyle. The way that people look after water and practice personal hygiene and protect their communities from contamination from faecal material has brought about a change that can protect the health of communities, make their lives cleaner and more pleasant and set a marker for equity between sexes and social groups. Helping communities in rural Bangladesh to embrace the changes will be a significant step forward for human rights in Bangladesh.

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