Hygiene promotion in Bhutan: Does it work and at what cost?

Overview

- The Hygiene Cost Effectiveness Study aims to analyze and compare the costs and outcomes of hygiene promotion interventions.
- The study is a part of SNV Bhutan’s Sustainable Sanitation & Hygiene for All Programme.
- The study is based on IRC’s WaterCost methodology, designed to measure the costs and outcomes of WASH-related hygiene promotion interventions.
- Data shown here is collected at two levels: baseline data collection from households and data collection from Implementers.

The hygiene cost-effectiveness study:

- Capturing behaviour change using the effectiveness ladder;
- Capturing costs of hygiene interventions;
- Comparing costs against behaviour changes.

Why a Hygiene Cost Effectiveness Study?

We all know that unless improved water and sanitation services are used hygienically, health and socio-economic benefits will not be realized. This has limited knowledge of targeted behavioural change interventions, the extent of their impact, and their relative cost-effectiveness. The study is therefore needed to improve this.

Handwashing

- There is no fixed blueprint for collecting hygiene promotion information.
- Tools and policies make matters more difficult.
- It is difficult to evaluate progress and link causality.

Not effective

- Limited
- Basic
- Improved

Drinking water

- Not effective
- Limited
- Basic
- Improved

Not effective

- Basic
- Improved

Data shown here is collected at two levels: baseline data collection from households and data collection from Implementers.

Results per indicator

For the indicator on sanitation toilet and use, 56% of the households:
- Either have no toilet or have a shared toilet, or
- Households mention use their toilet but it is not sanitary, and it does not separate users from faecal matter.

For the indicator on household, 56% of the households either:
- Have no specific place to wash that hosts within 15m of the toilet, or
- Households have a specific place but no water available at time of measurement, or
- Households have a specific place but no soap available.

For the indicator on safe drinking water management (52% of the households either):
- Use drinking water that comes from an unimproved source: surface water or unprotected spring or dug well; or
- Their drinking water sometimes comes from an improved source; or
- Drinking water comes from an improved source but the water is not collected safely, or it is collected safely but not stored safely, or it is stored safely but not drawn in a safe manner.

Findings by wealth quintile

- 20% of households use simple latrines and 30% use flush toilets
- 20% of households use improved drinking water-management
- 10% of households use handwashing facilities

What costs are captured?

Cost for the water

- Use water rates charged by the water suppliers, but they may be asked directly to the water supply.
- Cost for water is calculated at the beginning of the programme.

Cost of sanitation

- Costs of sanitation can be divided into capital costs (e.g., latrines) and annual costs (e.g., operation and maintenance costs).
- Cost of sanitation is an initial investment that needs to be recovered over time.

Baseline data collection: Household

- At sampled households:
  - Determine hygiene practice levels
  - Determine all costs for hygiene promotion interventions related to water and sanitation

Implementers cost data:

- The actual cost of hygiene promotion so far is 5,125,705 (LNT 125,163) for 1,046 HHs, whereas the total cost of household in 24 districts is 3,895,560 (LNT 97,389) of 8,662 HHs.

Cost for the three behaviours

- Improved drinking water management: 37 HH
- Handwashing with soap: 42 HH
- Below and above basic practice level per indicator

Lessons Learned:

- Inviting relevant stakeholders from the very beginning for the Hygiene Cost Effectiveness Study, making data collection and reviewing discussions easier and more comprehensive.
- Developing clear flow charts for the indicators helps develop a better understanding of the assumptions and to generate shared understanding from all partners involved.

Next steps:

- First round of monitoring & data collection in Samtse district.
- Finalise cost data collection from implementers and analyse how much was spent on hygiene.
- Compare all costs (households and implementers) with the hygiene practice levels.

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