

# Training Module

on **HYGIENE** in Birbhum  
District of West Bengal



By SIGMA Foundation  
for Water for Poeples India

## 1. Background

As per World Health Organization (WHO) hygiene is defined as a set of practices which are required to be performed to upkeep health of the society and prevention of the spread of diseases. The Sustainable development goal (SDG – 6) aims at achievement of universal and equitable access to sanitation and hygiene with a special focus on needs of girls and women in vulnerable situation. Globally, 2.4 billion people lack access to basic sanitation services and hygiene<sup>1</sup>. 1000 children die of preventable water and sanitation diseases per day. Further, as per statistics only 53% of the population in India wash hands with soap after defecation, only 38% wash hands before eating and a mere 30% wash hands with soap before preparing food<sup>2</sup>. Apart from this only 11% of Indian rural families dispose off child faeces safely. In a study conducted by SIGMA Foundation in Khoyrasole and Rajnagar Block of Birbhum District of West Bengal it was reported that 29.3% households in Khoyrasole and 41.9% households in Rajnagar washed their hands only with water without soap after defecation<sup>3</sup>. Further, 12.2% and 15.8% households having children below 6 years reported that their children suffered from diarrhoea in last 15 days of the survey in Khoyrasol and Rajnagar respectively. Students of 86.5% and 58.8% schools washed their hands with soap at critical occasions in Khoyrasol and Rajnagar respectively. At the household level, the IEC activities were found to be inadequate. IEC activities on WASH were prevalent in schools in the form of wall paintings, posters, banners, drama and essay competition. All the AWWs had training on personal hygiene in Rajnagar while the same was 95.6% in Khoyrasol. But there was lack of IEC materials in 55.7% AWCs. The specific Training Module focuses on the need of hygiene practices at various levels, its criticality, its practices and way forward.

## 2. Criticality of Hygiene during Covid 19 pandemic

Covid -19 spreads through contact transmission which means by touch infected people or contaminated objects or surfaces. Therefore, hands can easily transmit the virus the most effective measures in preventing infections including COVID-19<sup>4</sup>. Therefore, washing hands with soap and water for 40 to 60s secs frequently is recommended for combating the spread of the diseases. The critical times and technique is the most important key for infection control.

The Critical timeline chart for handwashing is as follows:











<sup>1</sup> UNDP Report, 2019

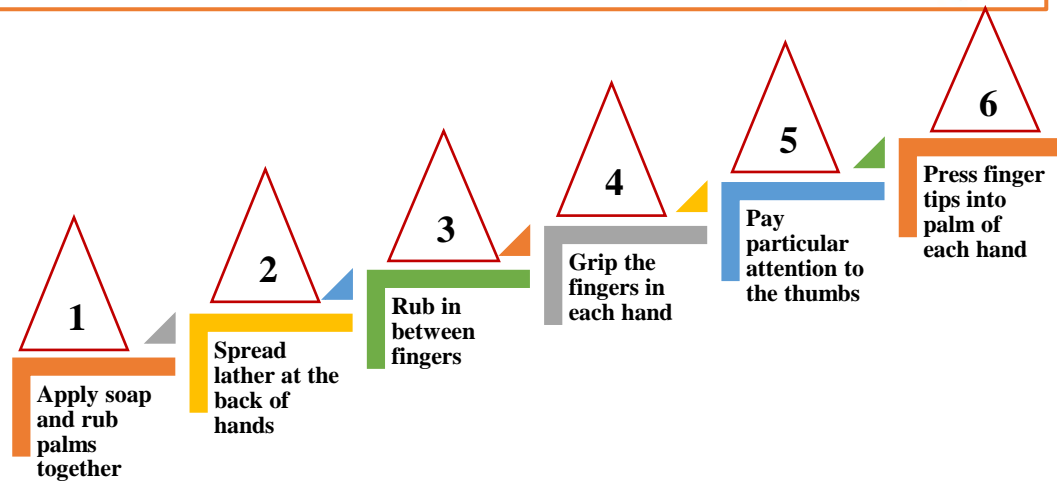
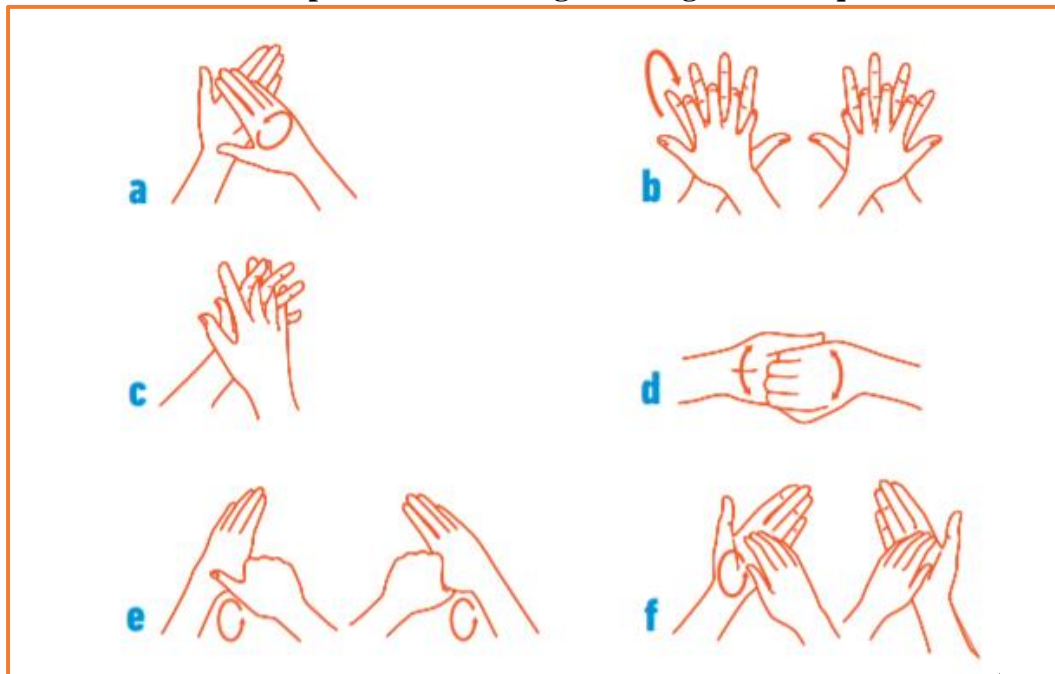
<sup>2</sup> Article on Sanitation, Health and Hygiene in India, Health Issues India, 2014

<sup>3</sup> Studies on WASH in Khoyrasole and Rajnagar Blocks of Birbhum District (West Bengal), SIGMA Foundation, 2019

<sup>4</sup> WHO Saves Lives: Clean Your Hands in context of COVID-19, 2020

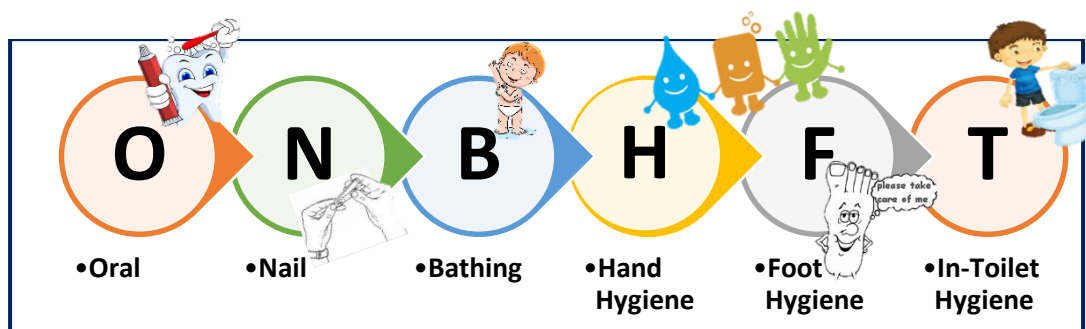
							
After coughing or sneezing	When caring for the sick	Before, during and after food preparation	Before Eating and feeding child	After toilet usage	When Hands are visibly dirty	After handling animals or animal waste	After handling child faeces

### 6 Steps of Handwashing: The Right Technique

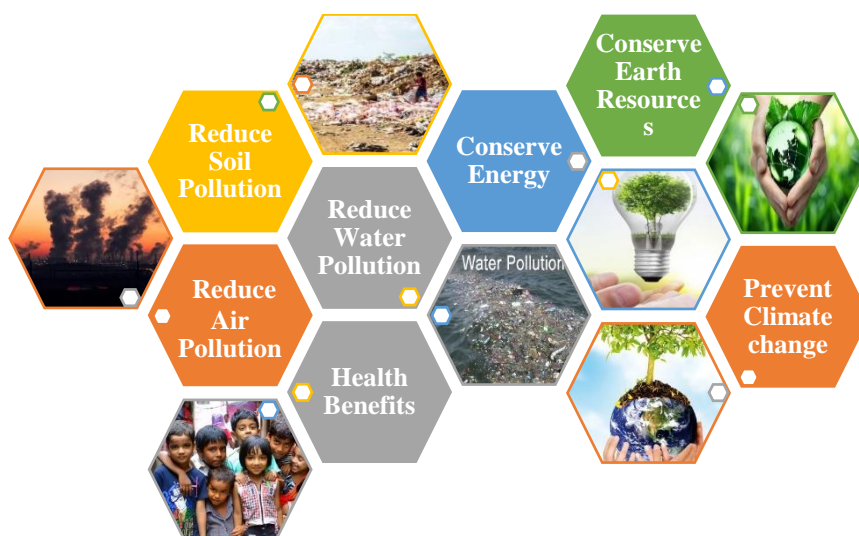


### 3. Classification of Hygiene

Hygiene can be classified as personal hygiene and environmental cleanliness. The same can be practised at three levels. Personal hygiene refers to preserving one's body's cleanliness and it follows the ONBHFT Model.



Environmental sanitation & hygiene refers to art of applying various principles and knowledge to protect the environment which leads to preservation of health. Environmental cleanliness involves various domain. The same is shown below:



The practise of hygiene starts at personal level, looped by one's own household and then in the niche of the community. The community practise also extends to schools and anganwadi centres to imbibe good hygiene practices in children.



The Practise level hierarchy is illustrated below.



#### 4. Components of Hygiene

- ✓ **Promoting handwashing at critical times:** This intervention is mostly driven by IEC/SBCC. The threat perception of the people caused by COVID pandemic will be used to promote hand hygiene as a general safeguard against many common diseases. There will be promotion of hand hygiene at home, public places, health centres, schools and AWCs. Child friendly wash basin with lower heights can be constructed at schools or Anganwadi centres. The HHs will be advised to have some arrangement, like a permanent platform and a soak pit for handwashing with soap. The right time and technique of handwashing is the most important point to be imbibed in the people. Adequate handwashing practise in school reduces diarrhoea by 30%.

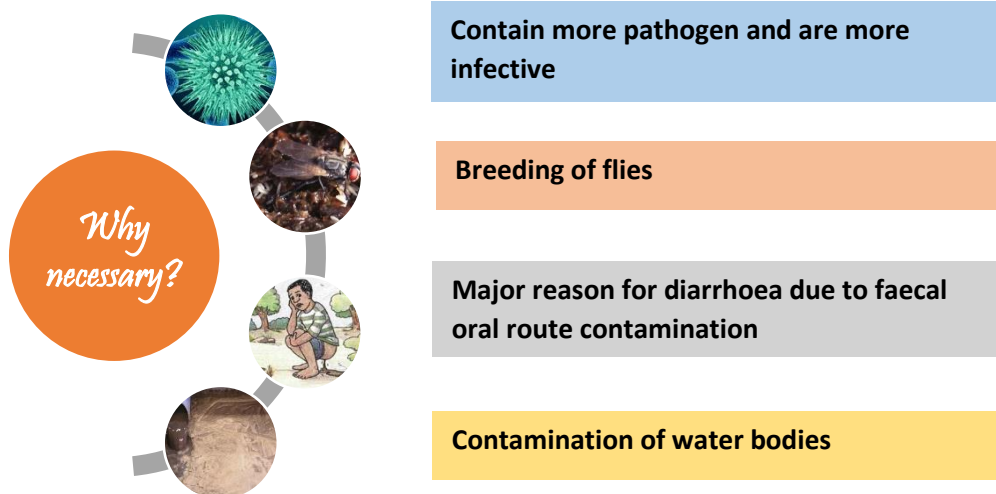


#### Why Hand washing in schools is Important??

- Improved Hygiene
- Improved health and less disease
- Improved attendance and decreased drop out rate
- Better student performance
- Economic growth



- ✓ **Maintaining hygiene while cooking and serving food:** Women should be made aware about importance of washing hand with soap before preparing and serving food. All the commercial establishments selling cooked/ready to eat food should be asked to have arrangements for handwashing with soap and safe disposal of used food items. The status of the same should be checked during renewal of trade license every year. Hygiene at places of cooking and serving mid-day meal at schools and AWCs should be maintained for which the teachers/workers need to be sensitized. All HHs should also be sensitized appropriately.
- ✓ **Handling Child Faeces:** Child faeces should be disposed off in latrines and it should be properly flushed with water after disposal. If the stool is carried by hand, hand should be washed properly with soap by the care giver after handling the faeces.



- ✓ **Gender Issues of Hygiene:**



✓ **Menstrual Hygiene Management:**

Improving menstrual hygiene is extremely important for overall upliftment of sanitation. The transformation can be achieved mostly through IEC/SBCC, discussed later. The SHG Sangha will be advocated to arrange supply of sanitary pads at no loss no profit mode to all its members



for improving access to napkins. Incinerators need to be installed for safe disposal of the napkins at the sites where solid waste treatment plants are installed or at the high schools, if availability of power becomes a problem in the treatment sites. Safe disposal of used napkins and eradication of socially unacceptable behaviour needs to be adequately covered in the IEC. During natural disasters the hygiene kits need to be supplied with immediate effect along with provision of privacy, water and disposal arrangement.

- Safety and privacy
- Adequate water and space
- Shelf/hook
- Incinerators for disposal of MHM materials
- IEC should include awareness for both men and women
- Get rid of taboos and superstitions
- Education of community with the help of CSOs and SHGs
- Educating fathers of adolescent girls
- Separate toilets for boys and girls in school
- Counselling of adolescent girls by professionals
- Organizing MHM camps at local health centres and anganwadis

**GOI Recommendations**



**5. IEC/SBCC Solutions:**



IEC/SBCC solutions are designed probing into the four critical aspects of a subject which are knowledge, attitude, behaviour and challenge (KABC). After the KABC survey target specific messages need to be developed and the mode of communication needs to be decided upon. The KABC for the various components is different, thus the message and tool design will also be different for each case.

### KABC Model for Handwashing

<b>KNOWLEDGE</b>	<ul style="list-style-type: none"> <li>• Faecal Oral Route Contamination and related diseases</li> <li>• Critical Times of Handwashing</li> <li>• Steps of Handwashing</li> </ul>
<b>ATTITUDE</b>	<ul style="list-style-type: none"> <li>• Low threat perception as often germs on hand or body are not visible</li> </ul>
<b>BEHAVIOUR</b>	<ul style="list-style-type: none"> <li>• Casual behaviour and negligence in handwashing as a result of low threat perception</li> </ul>
<b>CHALLENGE</b>	<ul style="list-style-type: none"> <li>• Increasing the threat perception of people and changing the knowledge into practise</li> </ul>



### KABC Model for Safe Disposal of Child Faeces

<b>KNOWLEDGE</b>	<ul style="list-style-type: none"> <li>• Potential threat of child faeces</li> <li>• Lack of awareness of how to dispose off child stool</li> </ul>
<b>ATTITUDE</b>	<ul style="list-style-type: none"> <li>• Perception of child faeces being less harmful</li> </ul>
<b>BEHAVIOUR</b>	<ul style="list-style-type: none"> <li>• Disposal of child faeces in open ground and water bodies</li> </ul>
<b>CHALLENGE</b>	<ul style="list-style-type: none"> <li>• Convincing people that disposal of child faeces in open is equivalent to open defecation</li> </ul>





## KABC Model for Menstrual Hygiene Management

KNOWLEDGE	ATTITUDE	BEHAVIOUR	CHALLENGE
<ul style="list-style-type: none"> <li>•Physiological aspect of menstruation</li> <li>•Lack of Menstrual Hygiene can lead to RTIs</li> <li>•Limited Knowledge of sanitary pads and their safe disposal</li> </ul>	<ul style="list-style-type: none"> <li>•Treated as a taboo</li> <li>•Women are not comfortable to discuss the issues</li> <li>•Women feel buying of sanitary pad is luxury</li> </ul>	<ul style="list-style-type: none"> <li>•Women maintain secrecy and accept the cultural stigma</li> <li>•Cloths are used as adsorbents but not hygienically preserved</li> <li>•Disposal of the adsorbents in harmful ways</li> </ul>	<ul style="list-style-type: none"> <li>•People do not discuss the issues due to cultural restrictions</li> <li>•Difficulty to reach adolescent women for sensitization</li> <li>•Convince women for the adoption of safe affordable adsorbent material</li> <li>•Involvement of men and develop infrastructures</li> </ul>

## Communication Strategy of Hygiene

Desired Behavior	Messages	Target Audience
<b>HYGIENE</b>		
1. People regularly practice handwashing with soap and water at critical times	<b>1. Awareness on hand hygiene:</b> Awareness on how poor hand hygiene causes infectious diseases including COVID-19, Promotion of hygienic practices at HHs/ public places/ Schools and AWCs, awareness on the critical occasions for handwashing	1. Community/ Frontline workers of the GP/ Teachers & students/ GP/VWSC
2. People having food at home and eateries maintaining hygiene. Food served in school and AWC with special care of cleanliness	<b>2. Awareness on food hygiene:</b> Educating people to maintain hygiene while cooking and serving food at home, schools, AWCs and commercial establishments/ social occasions	2. Do
3. People using sanitary products during menstruation, practicing its proper disposal and maintaining hygiene	<b>3. Menstrual Hygiene Management:</b> Educating women and adolescent girls about the physiological process of menstruation, advocacy about the use of sanitary products/ sterilized cloth and its safe disposal and the related hygienic practices,	3. Women, adolescent girls, and father of young girls

360° Communication Channel	Tools	Monitoring
<b>Household Level:</b> IPC through home visits by SHGs/ frontline workers	Print Media: Flipcharts, Leaflets, Posters, booklets	Tracking of number of HHs reached every month and maintaining record
<b>Community Level:</b> Advocacy through CAS Approaches by triggering the emotional quotient, Small group meeting, Gram Sabha and events to be organized during festivals	CAS/ Mid-Media/ Hoardings, Posters, Meetings, Social Media (Use of SWM system to notify and communicate via mobile phones to public)	Monitoring the number of events and attendance
<b>Students:</b> Various events and competitions/ taking out rallies	Placards/ Posters/ Wall painting/ Competitive events	Recording the number of print media distributed, events organized
<b>Visual:</b> Sensitization of the community providing message through creative visual media	Video clips shared through WhatsApp/ SHG meetings/ classroom-based sensitization	Record the number of persons shared with video clips
<b>Public announcement:</b> To spread information and motivate people	Miking in the village, wall painting, using folklore and street plays	Number of events and number of people reached
<b>Advocacy</b> through key influencers like Doctors including the informal practitioners/ religious leaders/ Teachers/ and traditional village leaders	Stamps on prescriptions/miking at religious places	Number of people reached



## *What Do you take home?*

- Hand washing with soap and water frequently for 40 to 60 secs is an effective way of prevention of spread of covid 19.
- The critical time and the right technique of hand washing is the key factor of hand hygiene
- Hygiene needs to be practised at personal, domestic and community level
- Hygiene needs to be practised while serving food at home and the eateries
- Child faeces should be disposed off in latrines and hands should be washed with soap after handling the faeces.
- Menstrual hygiene management should be practised in sense of use of sanitary products and its disposal. The taboo needs to be broken and the women as well men of the community needs to be made aware of the same.
- Hygiene is driven by IEC/SBCC. Therefore, the communication strategy needs to be designed for a place after probing the knowledge, attitude, practise and behaviour of the target group. The same will be followed by the design of communication channel, messages and tools.



## *Pre & Post Competency Framework for WFPI Training*

### **Water/Sanitation/Hygiene**

1. How do you define improved water supply in your community?
2. Do you have any idea about the water quality problem in your block? If yes, then please specify.
3. How many blocks are affected with chemical contamination?
4. What is the full form of WASH? Do you think that WASH is important to improve the quality of life?
5. If question 4 is yes then how? Please specify with few lines.
6. What is the current approach of Jal Jeevan Mission?
7. Do you have in-village water supply system in your block? If yes, please specify.
8. Do you have any idea about the groundwater table monitoring? If yes, please explain few steps.
9. What do you mean by artificial recharge?
10. Is there any possibility to develop the ground water in your district (Birbhum)? If yes, please mention few steps?
11. Which benefits did we get from SBM(G) phase I?
12. Do you have any idea about the components of SBM(G) II? If yes, then please specify the components.
13. Which type of toilet(s) in your GP people generally use?
14. What do you mean by retrofitting of toilet?
15. What is bio-degradable waste?
16. How do you segregate the solid waste at the household level as per Government norms?
17. Do you have any idea about the liquid waste management? If yes, then please categorize it?
18. Do you think that hand washing is very important to protect health from various disease especially COVID-19?
19. How do you classify the hygiene status?
20. What is “KABC Model” stands in context of Menstrual Hygiene?

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