

Dhaka, Bangladesh, February 2010

SOUTH ASIA HYGIENE PRACTITIONERS' WORKSHOP

THE PRACTICE OF HANDWASHING.....

Laboni Shabnam, Bangladesh

Introduction:

Water and sanitation are among the reasons for increasing poverty as identified in second and seventh goal of MDGs. Over 50,000 children die from diarrhoeal diseases every year in Bangladesh. However, 40 percent of these can be reduced through the practice of hand washing. Hand washing can also help to reduce respiratory problems by 25 percent, according to a study conducted jointly by UNICEF and World Health Organization. Considerable achievement in water and sanitation has been observed but achievement in sectors like hygiene and behavioral practice has fallen behind. Hygiene and behavioral practices need to be given more attention. In this situation, Government of Bangladesh and its development partners are considering ambitious plans to achieve nationwide total sanitation by 2010 as stated in its international commitment made in 2003 at the South Asian Conference on Sanitation (SACOSAN).

IDENTIFICATION OF A HYGIENE BEHAVIOR

Hand washing before eating, after defaecation, before serving food is a significant hygiene behavior. Handwashing is a practice that adds substantially to the health of the nation.

The Bangladesh Government on 15 October 2009 observed Global Handwashing day along with 80 countries across the world for the second time. The theme of the day this year was 'My life is in my hands.'

In 2009, Sanitation month and Handwashing day observation were organized by the Department of Public Health and Engineering with fund for Annual Development

Plan (ADP) of the Government, Plan Bangladesh, Water Aid Bangladesh, NGO Forum and UNICEF. On this occasion the SSARA (Sustainable Sanitation And Resource Mobilisation) Project and forty primary schools of UNIQUE (Up-scaling Non-formal primary education through Institutionalizing Qualitative Endeavour) organized hand washing program at union level of Jamalpur Sadar upazila of Jamalpur district. UNIQUE is a project of Dhaka Ahsania Mission - DAM funded by EUROPEAN COMMISSION with the objective of reaching out to children living in neglected areas like riverrine chars, coastal regions, oxbow lake-haor and areas dominated by aborigine people to provide them non formal education and undertaking school preparedness programme for below 6 aged children.

I have tried here to explain how Hand Washing strategy has been implemented at Jamalpur Sadar (JMS), Melandha and Bakshiganj, three upazila of Jamalpur district, in north-central of Bangladesh. Here, DAM has carried out two programmes: the Decentralized Total Sanitation (Dishari) and the Sustainable Sanitation And Resource Mobilisation (SSARA) approach

Dishari is a milestone of DAM in WatSan which was implemented in three upazillas of Jamalpur district (Jamalpur Sadar, Melandha and Bakshiganj) with financial support from WaterAid-Bangladesh from 2005. This was a process-oriented project where DAM facilitated to strengthen the institutional capacity of the local government and created enabling environment to work together (GO & NGO community) with the lead implementing role of Ups (Union Parishad) and in promoting total sanitation with local resource and collaboration with partners. Dishari project had mainly emphasized on hardware activities like TW & latrine installation and capacity building of union parishad. Some software activities on hygiene promotion were done.

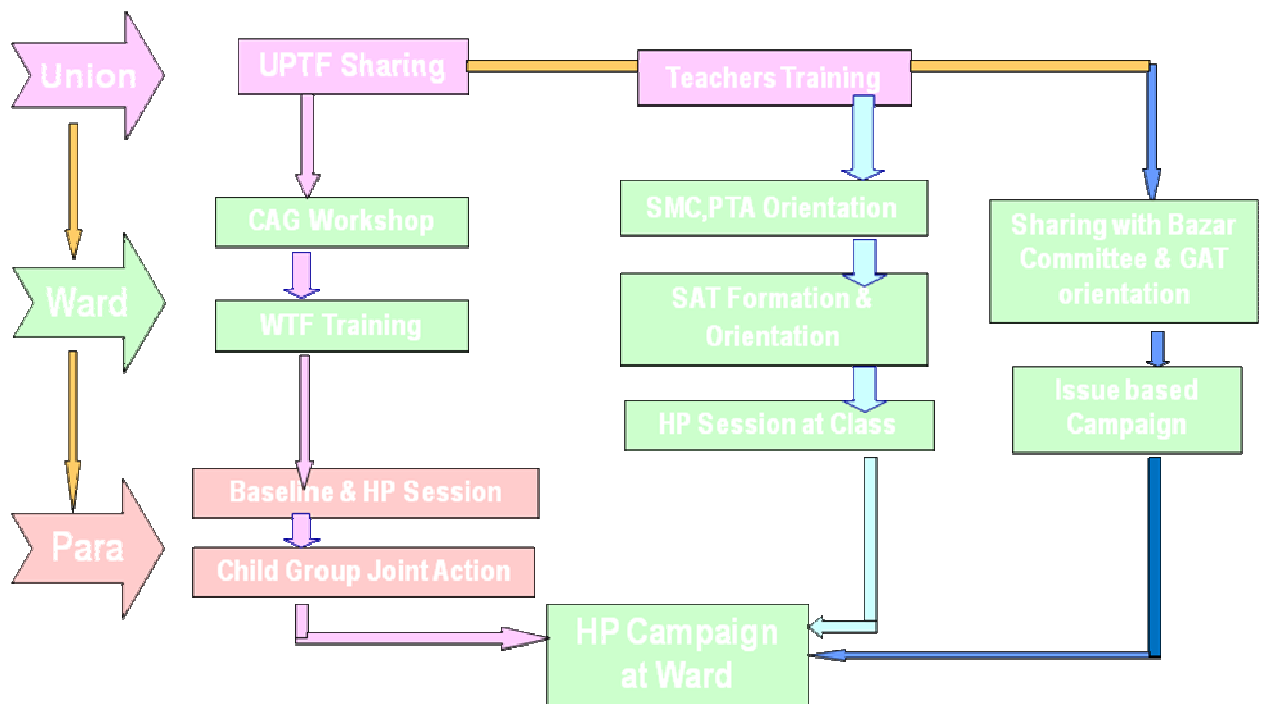
SSARA project of DAM funded by WaterAid-Bangladesh has been working at JMS upazila from April, 2009 with lead role of upazilla parisad for sustainable sanitation and Resource mobilization. This project is mainly emphasized on software activities like advocacy related work such as participatory planning, budgeting and multi indicator participatory monitoring. Elected women representatives of LG (Local Government) are involved all implementation activities. Electronic data processing system have to establish at Ups.

Dishari project of DAM have been observing special days and weeks where events mobilized large number of people for improved hand washing practices. Mobilization has focused on the household, school and public institutions like markets.

HAND WASHING ACTIVITIES in the three upazila (JMS, Melandha and Bakshigonj):

The program is focused on three levels: the Union (approximately 20,000 to 40,000 people), the Ward (roughly 2000 people) and the Para (neighborhood). The Dishari programme is conceived as a set of related activities within the government/community, the education system and selected public institutions such as bazars (market centres).

Dishari: PROGRAM GROUNDING of *HYGIENE PROMOTION*



- UPTF (Union Parishad Task Force)
- CAG (Community Action Group)
- WTF (Ward Task Force)
- HP (Hygiene Promotion)
- GAT (Growth Centre Action Team)

Hygiene promotion (HP) focuses on five practices: a. Washing hand with agent after defaecation; b. washing hand with agent before eating; c. Washing hand with agent after cleaning child bottom; d. Washing hand with agent before feeding the child; e. Washing hand with agent before Khabar Paribesson (serving food) The *agent* for hand washing might be soap or ash (powder that remains after the burning of fire wood) or clean mud (clay) as the latter may be more affordable for the poor.

Household (HH) level:

This involves meetings held each week in courtyards or gathering points near several households. These meetings termed as sessions have 20-30 participants from the neighborhood .Usually women, girls and children participate actively while there is participation of men too. Ward Task force of LG and Health Workers of Dishari project representatives are conductors of these sessions. Materials (Soap, nail cutter, flash card, Flip chart etc.) needed for hand washing are provided and the people's activities (In hand washing session facilitator asked one participant," Is your hand clean?" The participant might say that his/her hands are clean. Then the facilitator invites the participant to wash his hand with soap in a water bowl. After that unclean water might become visible which indicates that participant's hands are not clean) are followed up in the coming session.

Why this process is EFFECTIVE?

In this type of group learning, there is active participation of learners and teachers. The participants can learn about each others conditions or problems and how they are solving them. They can discuss among themselves and thus can monitor each other's hygiene activities as well as advocate each other in the long run.

School level: Classes are organized by the SMS (School Management Committee consists of teachers and parents) the SAT (School Action Team, consists of teachers and children) and the PAT (Para Action Team). They are organized to conduct weekly discussion meetings with the young learners and observe the students' hygiene practice. The students are given ideas about their area's sanitation and hygiene situation, symptoms and causes of diarrhoeal diseases. In addition they exchange their own ideas about the hygiene situation. For these sessions, a team of children is formed with whom the work plan is discussed. They fill up their monthly

mode meter sheets at these sessions through which they evaluate each other's hygiene practices.

Why this process is EFFECTIVE?

As classmates come to know about the hygiene behaviors, this becomes a regular topic of conversation amongst them. They ask each other questions like, "Hey, did you wash your hands?" or "Hey, you didn't wash your hands after coming out of the toilet...you should do it now." This results in widespread hygiene practices among the students. In addition, they also discuss these practices with their family and neighbors and advocate for better hygiene practices. These children develop a sense of leadership and responsibility too.

International Sanitation year, National Sanitation month and Global Handwashing observation:

Dishari Project of Dhaka Ahsania Mission took initiatives for successful implementation at 31 unions and 310 schools of JMS, Melandha and Bakshigonj Upazila under Jamalpur district with the huge participation of school teachers and students, UPs members and the community people. Dishari project made an action plan with involvement of government staff and elected officials from the upazila and unions (Upazila Nirbahi (Executive) Officers, members of UTF and WTF members and UP chairman and members). The action plans were developed for each union, including activities such as: inauguration and discussion meeting, poster (A poster is a bill or placard usually displayed information in a public place. It is often decorated with designs or illustrations.) demonstration of hand washing, cultural events with the active participation of the Upazilla Chairman and elected officials/member, local elites, school teachers and students, Imam, young groups, NGO representatives and local cultural groups. Promotional events with huge mobilization on World Hand Washing Day included: Folk song, drama, sanitation competition in school level by school students all of which were meant to create momentum within the community and household level.

Implementation process of hygiene promotion of SSARA project

SSARA has started from April, 2009 and it would be completed by March, 2011. After its commencement SSARA has been implementing hygiene promotion activities which includes

- Workshop on integrated strategy for implementing hygiene activities
- Leadership training of school action team
- Refreshers training for health workers (health complex of Upazila)
- Workshop and orientation of growth center committee members
- Hygiene session at Para (Molalla) level
- Orientation of child group
- Conducting school hygiene session
- Growth center hygiene session
- Hygiene promotion campaign
- Development of hand washing technology

Courtyard Meeting:

Sessions have 20-30 participants from the neighborhood.

Participants are women, girls, children and men participants too.

Conducting session by ward task force/health worker

Preference is given for poor and disables participants' opinion

Materials are provided and follow up session

Hundred percent HH visit:

Observation of HH hygiene behavior for every HH and evaluation of improvement

Discussion for health care and making tube well and latrine usable for disable HH.

If there is any problem in one HH during visiting time then motivate them at once for practicing hygiene behavior again.

Community/area/ward based hygiene promotion activities:

- Issue based campaign
- Day observation
- Peoples' theatre
- Cultural program

In addition to the above mentioned activities, there are numerous activities which have been implementing by DAM through Dishari since 2005 and SSARA.

Some recent activities of SSARA:

Rally: On October 15, 2009 district inaugural ceremony of national sanitation month and global hand washing day was arranged by the district administration and Department of Public Health Engineering in Jamalpur district through organizing a colorful rally financial support from SSARA project. The Deputy Commission of Jamalpur district led the rally. In addition, other government officials, social leaders, journalist of print & electronic media, community people, NGO representatives participated in the rally.



Photograph1.Rally on Global Hand Washing Day by School Students at Jamalpur

Demonstration of hand washing: Demonstrations of hand washing were made by the most senior district government official, the Deputy Commissioner of the Jamalpur district in three or four different places. The government and non-governmental staff washed their hands, giving a demonstration, standing in a long line. Small hand washing devices (technology) were used for the demonstration.



Photograph2.A Student washes her hand on Global Hand Washing Day at Jamalpur

Discussion meeting: At the end of the rally a discussion meeting was arranged in the hall room of Deputy Commissioner. The Executive Engineer of DHPE presided the discussion meeting. The meeting was presented by Deputy Divisional Engineer of DPHE.

EVIDENCE FROM WASH CENSUS:

The WAB conducted census mainly at all household of JMS for collecting real situation of WASH from July-September'09 and this is organized by SSARA. A questionnaire (Pls. see annexure-1) was designed. WAB provided training to SSARA central and upazila staffs on this questionnaire. Upazila staffs have provided training to field staff and daily paid investigators (enumerators) for collecting information from household (HH) head. HH head, male/female were respondents for providing information. SSARA staffs were responsible mainly for supervising the enumeration activities. Selected and trained investigators went to all HHs with questionnaire. The census was also conducted at school, hotel, growth centre level of same upazilla.

Table-1:WASH Census - Situation of handwashing behavior

Union	No. Of H/H	House hold having hand washing technology	Hand washing after defecation		Hand washing before eating		Before preparing and serving food
Kenduya	9313	85	4782	51%	2157	23%	1528
Shorifpur	10859	61	10399	96%	509	5%	180
Lakshmirchar	6390	32	5510	86%	688	11%	15
Tulshirchar	6087	0	2099	34%	154	3%	1
Itail	6318	51	3669	58%	3076	49%	3721
Narundi	7173	40	6955	97%	1375	19%	55
Ghoradhap	7028	34	4595	65%	842	12%	57
Bashchara	7114	62	6833	93%	1069	15%	45
Ranagacha	9770	362	5923	61%	1270	13%	158
Shreepur	6855	451	6342	93%	2822	41%	570
Shahbaypur	10307	18	10015	97%	3509	34%	264
Titpalla	9075	34	8762	97%	6722	74%	387
Mesta	8770	28	8320	97%	7595	87%	2463
Digpait	9019	38	8439	94%	4177	46%	396
Rashidpur	8430	38	7279	86%	867	10%	76
Total	122508	1334(1%)	99922(81%)		36832	30%	9916(8%)

Table 1 shows that reported hand washing with soap or ash after defecation is very high. This probably reflects an actual high level of practice. However the respondents gave verbal information and this was probably higher than actual practice. Verbal responses about hygiene behaviors tend to be optimistic. Therefore, it is particularly interesting to see that the reported hand washing with soap or ash before eating was much lower. There is anecdotal evidence that this occurs in other developing countries. Hand washing with soap or ash before eating is extremely important as it gives a significant health advantage, particularly where people eat with their hands as in Pakistan. This is an important behavior that requires much more emphasis in the future.

In table 2 below, the respondents with young children in the household reported on their handwashing practice at two times: before feeding the young child and after cleaning the child's bottom after he/she has defecated. Unfortunately we did not record the number of households that had young children. However, the very low number of positive responses indicates that these practices are not common. These hygiene behaviours require greater emphasis in the future in water, sanitation, hygiene and health programmes.

Table 2: Handwashing of caregiver taking care of young children

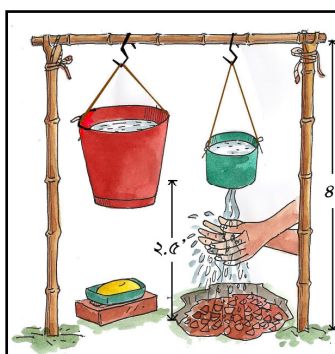
Union	No. Of H/H	Washes hands after cleaning bottom of children	Washes hands before feeding children
Kenduya	9313	853	547
Shorifpur	10859	218	58
Lakshmirchar	6390	87	9
Tulshirchar	6087	13	24
Itail	6318	989	705
Narundi	7173	261	5
Ghoradhap	7028	52	37
Bashchara	7114	142	54
Ranagacha	9770	236	123
Shreepur	6855	216	137

Shahbaypur	10307	620	66
Titpalla	9075	1025	116
Mesta	8770	727	652
Digpait	9019	523	93
Rashidpur	8430	357	34
Total	122508	6319(5.6)	2660(2.2)

Table - 3 below shows the overall data about hand washing in one upazila.

Table-3:WASH Census - Hand Washing habit of whole Upazila(JMS)

Item	Number	%
Total HH	122508	-
Having hand washing technology after defaecation	1334	1
Wash hand after defecation by soap/ashes	99922	8
Wash hand by soap/ashes before eating	36832	30
Before preparing and serving food	9916	8
After cleaning bottom of children	6319	5
Before feeding children	2660	2



The picture above is showing hand washing devices which are called hand washing technology. This is a newly developed technology by community people and DAM staffs. SSARA has been to promote this technology at JMS to develop hygiene behavior of community people. The community people are not much aware about this type of technology so its use is not wide spread. It is normal that the use of this technology will be very low (1%).

Table 3 shows that, on the average, four out of five people report washing their hands with soap or ash after defecation, while less than one in three report washing hands with soap before eating. Only about 5% report washing hands after cleaning the bottom of young children and 2% before feeding them. There is a strong risk of infecting the young child who is being fed with dirty hands.

Table-4:WashCensus - Situation of Educational institutions

Union	School				No of Local market	Hotel/ Food shop	Having hand washing devices hotel	Slauter house (butchery)	
	Waste Management		Hand wash devices					Clean	unclean
	yes	No	Yes	No					
Kenduya	0	16	0	16	7	33	2	1	0
Shorifpur	1	22	0	23	4	19	1	2	1
Lakshmirchar	0	14	3	11	4	19	0	1	3
Tulshirchar	0	19	0	19	2	7	0	0	2
Itail	9	12	13	8	7	75	5	0	7
Narundi	0	24	0	24	3	29	2	0	2
Ghoradhap	3	16	0	19	4	43	1	1	2
Baschara	4	7	1	10	4	38	0	3	1
Ranagacha	20	10	8	25	6	68	29	2	4
Shreepur	3	16	1	18	7	25	0	2	5
Shahbaypur	0	24	0	24	5	18	2	0	5
Titpalla	13	10	4	9	5	21	4	4	1
Mesta	2	26	1	27	6	45	0	0	6
Digpait	10	16	2	24	5	54	12	3	1
Rashidpur	0	21	0	21	8	25	0	0	2
Total	65 (20%)	253 (80%)	33 (11%)	278 (89%)	77	519	58 (10%)	19 (31%)	42 (69%)

About 1 out of 5 schools had solid waste management, which usually involves burying or burning waste from the school. In this connection SSARA has taken activities like conducting school hygiene session/ leadership training of school action team as mentioned elsewhere of this paper. Slightly more than 1 in 10 had hand washing devices. In schools it is extremely important to be well organized for hand washing (with soap or ash); however, most schools lack the facilities for this. More emphasis is needed on these issues in schools. The status of hand washing in hotels and food shops and the cleanliness of butcher shops are other areas for concern, as shown by the data above. Nine out of 10 hotels/food shops lack hand washing devices while more than 2 out of 3 butcher shops were not clean. To improve the situation of hotel/food shop SSARA has designed activities like formation of hut-bazar (local market) committee/workshop on hygiene behavior for committee members. It is hoped that after the successful completion of SSARA, hotel/food shop/ butcher shops situation will improve.

Conclusion:

Hand washing with soap or ash after defaecation, before eating, after cleaning child's bottom, before feeding the child, before serving food has a great impact on people's health. Since many years, people didn't know at all about the necessity of washing hands by soap or ash. They did not know about the relation between hand washing and related diseases. But today there is an improvement in this situation. The number of people who are washing their hands with soap/ash is increasing. Hand washing has become an important hygiene behavior. Now we need to continue the different initiatives by the government and non-governmental organizations with integrated way until hand washing is sustained by all people. If we want to change deep rooted culture of hygiene behavior we need long term motivating activities.

Recommendations:

- Long term initiatives should be undertaken for effective hand washing.
- All upazilla level government and non-government staff organizations need to work in an integrated way. For this the Government should have a policy about convey same messages by all GO and NGO personnel.
- In Upazilla health centers, doctors and health workers should give health classes for diarrhea patients about diseases from unhygienic hand (or hand washing).

- Women members of union parisad and upazila parisad can be assigned special duties to explain necessity of hand washing in their electoral areas.
- For further discussion during the Sanitation Symposium: In other countries is the practice of washing hands with soap/ash before eating also lagging far behind the practice of hand washing with soap/ash after defecation?

Acknowledgements:

The author would like to extend thanks to the people who have provided me with this platform to represent my little work. I am honored. Plus I would like to thank my organization to give me the opportunities to take part in these activities. Last but not the least, I can't thank my daughter and husband for helping me with this paper.

Contact Details:

Name of Principal Author: Laboni Shabnam

Address: Dhaka Ahsania Mission, SSARA project

Tel: +8801715401979(cell), +88029124152(office), +88028153047(home)

Fax: N.A.

Email: Shabnam.laboni@gmail.com

www : N.A.

References:

1. Bangladesh country paper SACOSAN III
2. GoB and UNICEF (2008), *Baseline Survey, SHEWA-B project*, UNICEF and Government of Bangladesh, Dhaka
3. UNICEF (2008), *The state of the world's children*, UNICEF, New York
4. BBS (2007), *Bangladesh Economic Review*, Bangladesh Bureau of Statistics, Dhaka
5. BBS-UNICEF (2007), *Multiple Indicators Clusters Survey Bangladesh 2006, Key findings*, BBS-UNICEF, Dhaka
6. Ahmed, M.F. Alternative Water Supply Options for Arsenic Affected areas of Bangladesh, ITN, BUET and WSP-SA, P.11-12
7. ICDDRB survey report, 08
8. The Upazila Parishad Act, 1998, second Schedule, read with section 23.
9. Census report of Jamalpur Sadar, Upazila Parishad, supported by SSARA & WAB