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**38th WEDC International Conference, Loughborough University, UK, 2015****WATER, SANITATION AND HYGIENE SERVICES BEYOND 2015:  
IMPROVING ACCESS AND SUSTAINABILITY****Healthy-Home approach: lasting changes in  
hygiene behaviour in rural Bangladesh***S. B. Mukherjee & T. Hassan (Bangladesh)***BRIEFING PAPER 2155**

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*NGOs have been struggling for over a decade in Bangladesh to bring visible changes in hygiene behaviour at the community level. However, few of these initiatives focus specifically on promoting hygiene behaviour at the practice level. Providing hygiene messages following traditional approaches achieves numeric figures, but often fails to bring real changes on the ground. WaterAid Bangladesh piloted an approach called “healthy home” under its rural programme, which encourages communities to promote safe water and sanitation through recognition and owners of “healthy home”. A wide range of stakeholders engage in the process led by local government institutions (LGIs).. Over an eight months period of time, more than 80% household owners have been awarded as healthy-home promoters against targeted numbers, and have been declared so by LGIs publicly. Recognition, dignity and ownership work as motivating factors in this process, which could be capitalised for greater achievement in other programmes.*

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**Introduction**

Bringing lasting changes in hygiene behaviour has been a major thrust in WASH programmes in rural Bangladesh for over a decade. After the first South Asia Conference on Sanitation (SACOSAN) in 2003, Community Led Total Sanitation (CLTS) approach has been implemented for over a decade in the country without creating any significant changes in hygiene behaviour at the practice level. Over the period of CLTS[1] era, there was no existence of any national level hygiene base line survey at country level to measure quantitative and qualitative changes of hygiene practices. In 2012, the Government of Bangladesh finalised the National Hygiene Promotion Strategy (NHPS) [2] which is still lagging behind in terms of wider dissemination among relevant stakeholders. Qualitative changes in hygiene behaviour were less prioritised in WASH interventions compared to the construction of WATSAN facilities, in order to meet project compliances. Traditional approaches led by different NGOs like court yard meeting or hygiene session with mothers’ group, adolescent girls and child group with limited hygiene messages achieved huge numbers of reported beneficiaries, but with limited real impact. In recent years, priority has been given only for hand-wash to improve personal hygiene behaviour during WASH interventions, which overlooked an individual’s obligation as a citizen to keep the environment safe. A lack of critical awareness about the integration of WASH, environment and health meant initiatives to address hygiene were limited to disjointed efforts that could not address the multiple aspects of hygiene behaviour. Realising the current situation, a new approach was essential to make community people aware of their role as a citizen to bring lasting changes in hygiene behaviour.

**WaterAid initiative**

WaterAid Bangladesh (WAB) one of the leading international development organisations in WASH, has been working in Bangladesh since 1986 to improve access to water supply and sanitation services for poor communities. WAB employs participatory community-led processes for promotion of demand-driven service provision that creates access to safe water, improved sanitation and better hygiene practices for the poor people with a special focus on women’s needs and priorities of the marginalized.

Currently, WAB is in the phase of developing a new long-term strategy that sets promoting hygiene behaviour in a sustainable manner as a high level priority. This is in line with existing activities and achievements of WAB, including its instrumental role in the national hygiene promotion strategy (NHPS) 2012.. WAB also facilitated process to influence national level stakeholders for disseminating this strategy among relevant stakeholders country-wide, to ensure a common understanding about national commitment. Meanwhile, WAB played a vital role in initiating and supporting the National Hygiene Baseline Survey (NHBS) [3] in collaboration with ICCDDR, B and Policy Support Unit (PSU) under Local Government Division (LGD) of the respective ministry. In line with the data, strategies and priorities highlighted in these, WAB developed an approach called “healthy home” and introduced this under its rural programme on a pilot basis to improve the struggling situation of hygiene behaviour change at household level. The result is very motivating and encouraging for its further scaling up, creating positive change through building community ownership, establishing dignity of household owners and encouraging citizenship values recognised by LGIs.

### **WaterAid approach**

WaterAid follows an approach called “healthy home” which begins from analysing the current situation at community level with active participation of community people and LGI representatives. This approach extends CLTS methods to focus beyond stopping open defecation to envision a healthy community with improved hygienic behaviour at every home.

At the start of “healthy home” process, Community Based Organisation (CBO) leaders are oriented at meeting about healthy community as a destination, where each individual healthy household plays a part towards a pollution free environment. CBO leaders then decide if they agree with this idea of healthy homes. Based on collective confidence, a number of households are selected under different CBOs to promote healthy homes. A healthy home considers some visible indicators which are as follows:

- Access to safe water facilities
- Access to improved sanitation facilities
- Availability of water within or nearby latrine and kitchen along with hand-washing facilities
- Availability of waste keeping spaces
- Maintain food hygiene properly

The motivating factors of this approach from a household owner perspective are: open recognition as healthy home promoter by union parishad chairman (Union Parishad being the lowest tier of local government), the social dignity associated with being recognised as owner of healthy home, and ownership as a healthy home promoter. Motivating factors from LGI perspective are: achieving national commitment towards sanitation for all by 2015, ensuring healthy life for community people as a duty bearer and to be the first champion of healthy home promoters amongst different unions.

To ensure healthy home a 5-7 members monitoring committee is formed under the guidance of the Union Parishad chairman in each ward, comprising of CBO leaders and LGI representative i.e. ward member (a union consists of 9 wards; a ward includes around 450-600 households). CBO leaders are responsible for visiting a selected number of households on monthly basis to encourage household members to promote a healthy situation. Committee members share observed progress status at CBO meeting on monthly basis to keep record. LGI members (ward members and chairman) are responsible for visiting at least 10% of reported households on a monthly basis, whether success indicators are fulfilled or not.

Based on monitoring reports and final selection of a visitor team includes chairman, ward members and community leaders, a list of ideal home promoters is finalised. A recognition ceremony is then organised for relevant stakeholders in keeping with certain global and national events, such as World Water Day (22<sup>nd</sup> March), World Environmental Day (5<sup>th</sup> June), and Sanitation Month (October) to share progress of ideal home status. During this event, a Union Parishad’s chairman shares the progress against the original plan, and declares name of selected ideal home promoters who are awarded a certificates. Besides, a small amount (BDT 3000/35 USD) is handed over to CBO leaders as incentive as well as recognition of their role as ideal home promoters, which is to be spent in need based WASH activities in respective community. After achieving an ideal home the same process follows to identify and declare the healthy home promoters.

The healthy home approach follows some steps:

#### **Step-1: Analysis community situation**

The healthy home process follows CLTS. With support of community volunteers community people engage in analysing their current WASH situation to understand their present status. A committee emerges through situation analyses, to overcome poor sanitation status with a clear understanding of their next course of action to achieve an open defecation free community.

#### **Step-2: Journey for open defecation free (ODF) community**

The next step, in line with the CLTS approach, focuses on stopping open defecation and installing or building household-based latrines through self-motivation of individuals to declare ODF community collectively. In the CLTS process people feel encouraged to analyse their current WASH situation through a communal endeavour. People are made during the analyses about benefits and losses of improved WASH. A collective commitment emerges through an action plan to stop open defecation immediately to get benefit from improved WASH situation. Collective commitment flows down to individual action to make changes at household level, which contributes to the wider achievement of an ODF community.

#### **Step-3: Identify ideal home**

The third step is linked with some motivating factors where community feel encouraged to gain public recognition and receive an award from LGI. This step is an innovation of the healthy home approach, where focus is given to other areas of behaviour beyond stopping open defecation. The success of this step depends on visible indicators set for healthy homes, which are to be observed by monitoring committees regularly through household visits. Once access to safe water and sanitation facilities are ensured, clean water with hand-washing facilities are available nearby or within latrine and kitchen premises, and waste keeping container is kept at specific place, then a household is reported as an ideal home.

#### **Step-4: Healthy home declaration**

The transition from ideal home to healthy home indicates change of individuals' behaviour to progressively better hygiene practices. Ideal home ensures availability of WASH facilities but healthy home focuses on practices whether available facilities are functional or maintained in a hygienic manner. Based on regular basis monitoring and final decision of a visiting team, a number of healthy homes are identified which are to be declared during a recognition ceremony at union level, in keeping with global and national events as World Water Day or World Environmental Day.

#### **Intervention activities**

WaterAid introduced this approach to its rural programme in northern Bangladesh at Bhurungamari upazila (sub-district) under Kurigram district on a pilot basis through its partner organisation, Solidarity. Primarily, WAB selected 962 households under 5 unions of the upazila for piloting this approach for those have less access to safe water and poor sanitation. The duration of piloting was around eight months. Following are detailed activities to engage a wide range of stakeholders in this process:

- Organised staff orientation at WAB and Partners level
- Engaged LGIs through sharing objective to achieve healthy home and its benefit
- Completed CBO leaders orientation
- Analysed community situation
- Developed next course of action plan towards ODF community
- Organised campaign with household owners visioning healthy home
- Organised follow up by community leaders and LGI representatives
- Identified healthy home with success indicators
- Declared number of healthy homes and awarded healthy-home owners publicly

#### **Achievement so far**

- 100% staff of respective partner NGO have been oriented to promote healthy home approach.
- More than 300 CBO leaders are oriented on healthy home approach.
- WatSan committee under 5 Unions have been oriented about their responsibility towards healthy home.
- Union parishad chairmen showed their positive outlook to achieve 100% coverage in near future.

- 84% households (816 out of 962 households) owner have been awarded with certificates and recognised publicly by LGIs to promote healthy home as an example.

## Components worked well and why

### Recognition

An open recognition from Union Parishad chairman as healthy home promoter is prestigious for CBO leaders and community people. CBO leaders showed their commitment to achieve increased number of healthy homes at community level.

### Dignity

Recognition through giving a certificate as healthy home promoter increased social dignity of household owner. This recognition sets an example to inspire others at community level to achieve more.

### Ownership

Being a citizen the healthy home promoters displayed ownership of the whole process and felt honoured to be a part of national commitment “Sanitation for All” to be achieved by 2015.

### Focus given to individual household

Some inspiration slogan during hygiene session with household owners like “make your home healthy at first then other will show respect to you and feel encourage to change their one” created an enabling environment to accelerate the process towards healthy home. It is revealed that focus given to household engaged people in action faster than community focused initiatives.

### Future initiatives

- This approach would be continued to have 100% coverage in respective 5 unions by December 2015.
- Explore opportunity to share this good practices at different forum in nationally and abroad.
- Adopt this approach with other rural programmes of WAB through horizontal learning programme to create evidences for sector advocacy in future.

### Conclusion

WaterAid Bangladesh (WAB) has been set priority on hygiene behaviour change in its current country strategy and leading a programmatic approach bringing sustainable changes in hygiene behaviour. Recently, WAB introduced an innovative approach called “healthy home” in the rural programme to promote lasting hygiene behaviour change at the individual and community level. This approach emphasises setting a community-wide vision, and allowing individual households to own a role in reaching this goal. The success of the healthy home approach pilot might open a new horizon for sector actors for lasting hygiene behaviour change at community level towards achieving our national commitment.

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### Acknowledgements

The author/s would like to extend thanks to Solidarity, one of the partner NGOs of WaterAid Bangladesh and its staff who contributed a lot to resume the process and facilitated process community leaders and LGIs with confidence and commitment.

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