



AGA KHAN FOUNDATION



# Hygiene & Behaviour Change Coalition (HBCC) Campaign

Critical Experiences on COVID-19 and WASH from 6 Indian States

End of Project Report:  
July 2020 to October 2021

- An Initiative supported by  
FCDO-Unilever and Implemented by Aga Khan Foundation



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# Acknowledgement

This report is an output of the collaborative efforts of stakeholders from the sectors of government, non-government, and the civil society who ensured the smooth implementation of the HBCC programme by AKF in its six selected intervention geographies. Aside from our partner agencies of Aga Khan Rural Support Programme India (AKRSPI) and Aga Khan Agency for Habitat India (AKAHI), this has comprised of government departments of Swachh Bharat Mission-Gramin (State Government of Uttar Pradesh), Women Development and Child Welfare Department (State Government of Telangana), Water and Sanitation Management Organisation (State Government of Gujarat), the district and state level government departments of Health, Swachh Bharat Mission - Phase II, Panchayati Raj, Rural Development, Integrated Child Development Services (ICDS), Jal Jeevan Mission and National Rural Health Mission of the states of Bihar, Uttar Pradesh Gujarat, Madhya Pradesh and Maharashtra, ULB Functionaries and our strong network of frontline workers including AWWs, ANMs, ASHAs, sanitation workers, Swachhagrahis and community members including mothers, female care givers, women Self-Help Groups, volunteers/volunteer groups and Community-based Organisations.

AKF gratefully acknowledges the financial support and guidance provided by the staff of Foreign, Commonwealth & Development Office, Government of UK and Unilever that helped us in effectively delivering a COVID-19 WASH response programme of an international scale and at the same time, provided us an opportunity to not only be a part of a global coalition, but also to collaborate and learn from competent international implementation agencies from time to time.

Thanks also goes out to the entire HBCC field staff of AKF, AKRPSP and AKAH in the programme geographies of Bihar, Gujarat, Madhya Pradesh, Maharashtra, Telangana, and Uttar Pradesh who internalised and owned the programme to efficiently execute it on ground and supported us with data, information and lessons from the field that have gone into this report and have not only shaped it but have also formed its core.

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# Abbreviations

AKF	Aga Khan Foundation	ICDS	Integrated Child Development Service
AKAH	Aga Khan Agency for Habitat	IEC	Information Education & Communication
AKRSPI	Aga Khan Rural Support Programme India	IPC	Interpersonal Communication
ANM	Auxiliary Nurse & Midwife	JJM	Jal Jeevan Mission
ASHA	Accredited Social Health Activist	KAPB	Knowledge Attitudes Practices and Behaviour
AWC	Aaganwadi Center	MoU	Memorandum of Understanding
AWW	Aaganwadi Worker	PHC	Primary Health Centre
BCC	Behaviour Change Communication	PRI	Panchayati Raj Institution
BCD	Behaviour Centred Design	PwD	Persons with Disability
CAB	COVID-19 Appropriate Behaviour	RCCE	Risk Communication and Community Engagement
CHC	Community Health Center	SBM	Swachh Bharat Mission
ECD	Early Childhood Development	SHG	Self Help Group
FCDO	Foreign, Commonwealth & Development Office	SROI	Social Return on Investment
FLW	Frontline Worker	VHSNC	Village Health, Sanitation and Nutrition Committee
GHD	Global Handwashing Day	WASH	Water, Sanitation & Hygiene
HBCC	Hygiene and Behaviour Change Coalition	WASMO	Water and Sanitation Management Organisation
HCF	Health Care Facility	WDCW	Women Development & Child Welfare
HH	Household	WTD	World Toilet Day
HWS	Handwashing Station		

# EXECUTIVE SUMMARY

Over the past one year, AKF alongside its network partners, Aga Khan Agency for Habitat (AKAH) and Aga Khan Rural Support Programme (AKRSP) joined the Hygiene and Behaviour Change Coalition, a network of 24 global organizations supported by FCDO and Unilever, to respond to the COVID-19 Pandemic through diverse hygiene interventions.




Investing in hygiene is not only important for ending the COVID-19 pandemic, but for also saving huge sums in health costs that are associated with poor hygiene. Aid commitment to the hygiene and sanitation sector is a rewarding investment avenue that has the potential to yield good returns by significantly contributing to improvements in health, education, poverty reduction and gender equality. Yet, millions of people are unable to adopt these life saving measures due to the absence of supply side measures.


Driven by the above goal, AKF implemented the emergency response Hygiene and Behaviour Change Coalition initiative across 28 districts in the six Indian states


of Bihar, Gujarat, Madhya Pradesh, Maharashtra, Telangana and Uttar Pradesh that directly benefitted more than 2.3 million beneficiaries.


By adopting a multi-pronged 360-degree communication approach comprising of interpersonal communication, digital communication and mass media messaging using TV and Radio, AKF has been able to effectively promote critical hygiene measures (with a focused attention on minimizing the spread of the virus) amongst the most vulnerable populations and has been successful in reaching out to over 40 million people under this campaign.


## Salient features of this initiative have included:

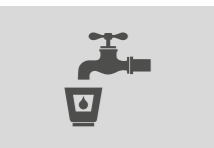
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Large scale demonstrations of Handwashing and community wide campaigns to raise awareness on COVID-19 Appropriate behaviour.
- 


Creation of COVID-19 secure facilities in 74 Health care, 136 ECD centers and 290 villages and high foot fall zones through installations of handwashing stations and 2076 soap banks
- 

System level strengthening, through close engagement with the Government to scale up COVID-19 Response and relief efforts
- 

Capacity building of 6200+ Frontline Workers on Infection Prevention Control Measures
- 

Strengthened focus on Handwashing knowledge and practice to ensure that 73% of population in targeted geographies have access to hand washing facility on premises with water and soap.
- 

Converging with Flagship Drinking Water Programme, Jal Jeevan Mission to ensure access to safe, reliable and portable drinking water to 56,000+ people
- 

Through facilitation under Swachh Bharat Mission Phase – II, ensure access to sanitation for 57,000 people
- 

Leveraging platform of ICDS to promote key messages around effective hand washing, and reach out to 5,50,000 beneficiaries including mothers, pregnant women and children in Telangana

The AKDN agencies have been successful in facilitating access to soap and water on premises for over 73% households in the 1200+ project villages. This has been made possible through the employment of risk communication and community mobilization campaigns on ground and by adopting various in-house technological innovations in handwashing designs that have been piloted by the teams. The AKDN agencies have also played a critical role in supporting the government's vaccination efforts, evident from the fact they were able to mobilize over 8.7 lakh people for vaccinations under the programme.

As part of this initiative, our teams have worked alongside communities, local government institutions (PRIs) as well as district and state governments to prioritize hygiene behaviour change campaigns as an integral part of pandemic response, helping to build a more resilient future for millions.

The pandemic is still among us and is far from over. We hope that the basics of preventive measures specially around hand hygiene and COVID Appropriate Behavior (CAB) that we have promoted under this initiative would offer meaningful learnings for fighting the virus today and ensure better health outcomes beyond the pandemic.

## Guiding Principles of the Programme:



### COMMUNITY-LED

Use of inter personal and digital communication, facilitated by community-led responses to raise awareness. Investment in community ownership approaches, processes and systems to enable community to adopt COVID-19 Appropriate Behaviour



### DATA-DRIVEN

Evidence was used to inform programme design and decision-making –KAPB study, real time tracking of the progress and creation of a web-based dashboard to visualise social variables. Generation of disaggregated data to address vulnerability or exclusion



### CAPACITY REINFORCEMENT

Orientation of all key stake holders on the pandemic. To mitigate the impact of the virus, the programme focussed on building the capacity of 6200+ Frontline Workers on Infection Prevention Control Measures



### COLLABORATIVE EFFORTS

Strengthened coordination and collaboration with key government departments. Close coordination with SBM and JJM departments to improve WASH access and services for marginalised communities

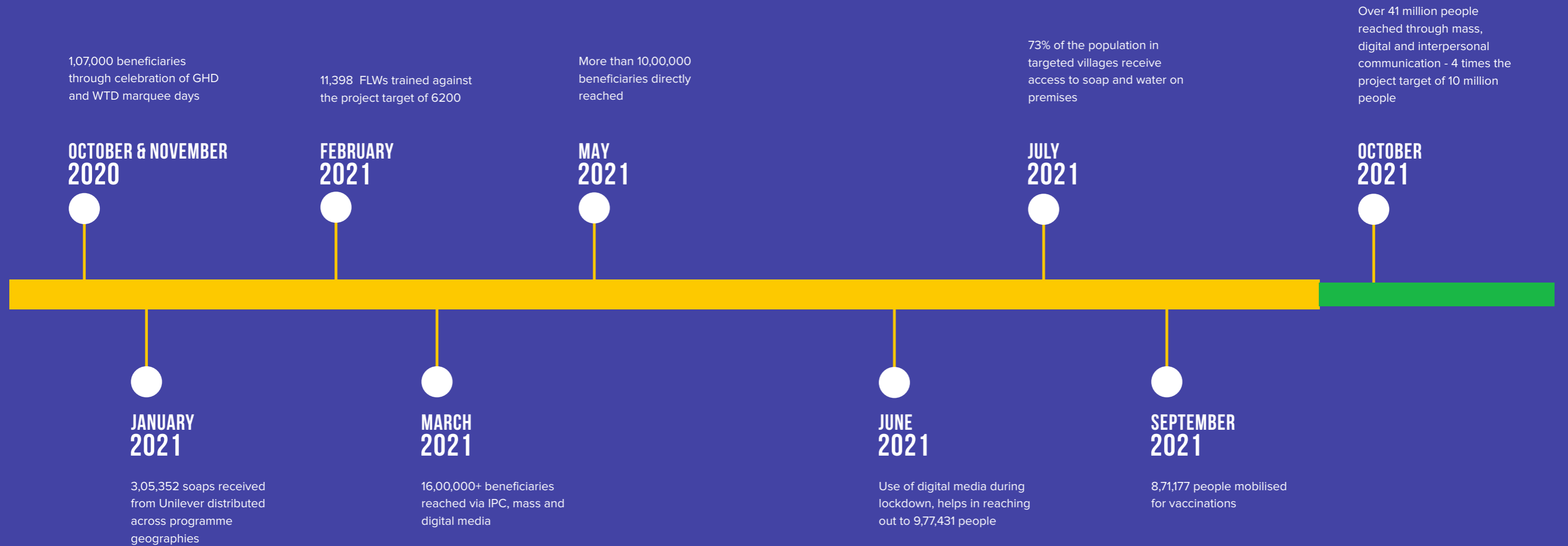


### TECHNOLOGICAL SOLUTION

Series of hand washing solutions for different settings were developed, piloted and implemented at scale to promote hand washing with soap

# Key Milestones:

## The Journey of AKF's HBCC Initiative



# An Introduction To AKF's Contributions To The Wash Sector

Aga Khan Foundation, a part of the Aga Khan Development Network (AKDN), serves to improve the overall quality of life and provide opportunities to the most marginalised community members and citizens. AKF's interventions in the WASH domain have been targeted at improving access to sustainable water, sanitation and hygiene for the most vulnerable of sections - an issue that continues to be one of the most pressing development challenges for the country today.

Over the last 30 years, AKF's interventions have focussed on addressing gaps in the water and sanitation sector in India, while supporting the water & sanitation target of the Sustainable Development Goals (SDG 6: Clean Water and Sanitation for All). AKF brings demonstrated expertise and experience in WASH sector and in the last six years, has been closely collaborating with the national government's flagship scheme of Clean India Mission (or SBM) - the government's response to improve rural sanitation access, to facilitate access to safe and hygienic sanitation facilities.

The launch of the Comprehensive Sanitation Initiative by AKF in 2015 in response to Government of India's flagship programme of Swachh Bharat Mission was a significant step towards improving sanitation access by adopting a Behaviour Centred Design (BCD) approach framework. The initiative facilitated access to improved sanitation and hygiene for over 700,000 people in the six states of Bihar, Gujarat, Madhya Pradesh, Maharashtra, Uttar Pradesh and Telangana over its five years of implementation. The introduction of grade appropriate dedicated school hygiene education programme in 4000 schools was another endeavour to prioritise improved hygiene behaviour under this programme.

<sup>1</sup> The effect of a soap promotion and hygiene education campaign on handwashing behaviour in rural India: a cluster randomised trial. Biran A, Schmidt WP, Wright R, Jones T, Seshadri M, Isaac P, Nathan NA, Hall P, McKenna J, Granger S, Bidinger P, Curtis V

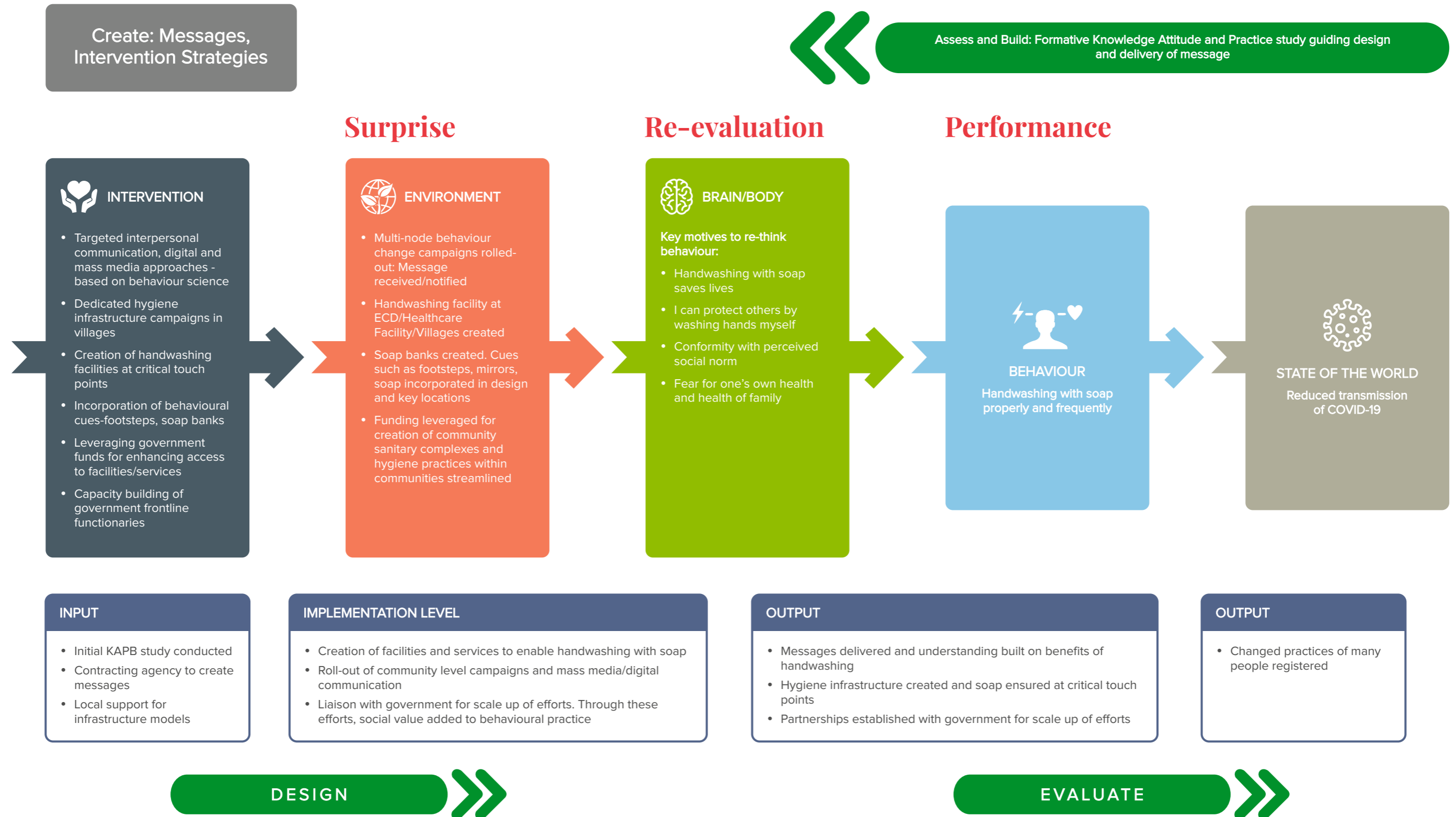


Currently in its capacity as sector partner to the Ministry of Jal Shakti ( Rural Water Supply and Sanitation), AKF has been prioritizing interventions to pilot small community managed water supply schemes in more than 50 villages, integrating water safety plans within water supply projects in its five intervention districts and capacity building of Implementation Support Agencies empanelled under Jal Jeevan Mission to support rural communities in planning, implementing and maintaining water supply schemes.

Building further on its WASH learnings through the adoption of its Behaviour Centred Design (BCD) framework, AKF and its network partners implemented the FCDO and Unilever supported Hygiene and Behaviour Change Coalition (HBCC) programme in six Indian states from July 2020 to October 2021. A response to the COVID-19 outbreak, the programme focussed on risk communication and community engagement (RCCE) approaches in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic by promoting CAB and improving access to handwashing facilities. The programme influenced change at both the individual level, through a multi-pronged communication strategy and at the environment level by way of infrastructure support and incorporation of cues promoting sustained behaviour changes. The initiative's design was based on the theory that behaviour change requires both infrastructure and creatively designed hygiene promotion activities to bring about real change<sup>1</sup>.

# Using Behaviour Centered Design

Framework to Inform Programme's Theory of Change



# Setting The Context

## AKF, HBCC & The COVID-19 Pandemic

The COVID-19 pandemic has wrecked widespread death and devastation owing to the infectious nature of the disease and by impacting livelihoods, education of children and economies of virtually every country in the world. The pandemic has become a major public health challenge globally with countries of the world adopting unprecedented infection prevention and control (IPC) measures to curtail the spread of the COVID-19 virus.

According to WHO, the provision of safe water, sanitation and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, and health care facilities will further help to prevent human-to-human transmission of the COVID-19 virus. In fact handwashing has never been more important as the COVID-19 pandemic highlights the critical role hand hygiene plays in disease transmission. Regular handwashing with soap can reduce the likelihood of COVID-19 infection by 36%.

One of the principal efforts in the fight against this pandemic is to secure communities with COVID-19 Appropriate Behaviours. The covid crisis has necessitated a renewed interest in the importance of availability of WASH infrastructure at the community and the institution levels, as low access to these basic services further exposes populations to the on-going pandemic thereby contributing to its transmission. Such inequities have further been exacerbated by the pandemic for marginalised communities who live in villages as well as in low-income/informal settlements in cities/towns Even after concerted actions by

Gol towards improving access to basic services (including water, toilets and health) these facilities remain limited and of poor quality which intensifies the risk of spread of infection?

With this backdrop, AKF in partnership with the AKDN agencies Aga Khan Rural Support Programme (AKRSP) and Aga Khan Agency for Habitat (AKAH) in India contributed in addressing the unique challenges of the COVID-19 pandemic through the implementation of the Hygiene and Behaviour Change Coalition (HBCC) emergency response programme to minimise the risk of infection.

# About HBCC-Unilever-FCDO

## Led Global Hygiene Coalition Campaign

Handwashing and hygiene are two of the most effective, affordable and easiest ways to help reduce the spread of germs. It was with the aim of helping as many people as possible adopt good hygiene habits that the UK government's Foreign, Commonwealth and Development Office (FCDO) and Unilever jointly launched the HBCC global effort in March 2020 through on-ground programmes and mass media campaigns, aimed at raising hygiene awareness and teaching hygiene principles to remind people of the importance of key hygiene behaviours in the fight against Covid-19. The Global initiative that was implemented in 42+

countries through an international network of 21 international agencies. AKF as one of the HBCC campaign partner in India launched the initiative in 1201 villages, 36 blocks, 4 urban centres and 28 districts of the six intervention states with the objective of effecting changes through high-impact hygiene and behaviour change initiatives that secures the communities against COVID-19 infection. The HBCC emergency response was designed to reach both rural and urban populations whose living conditions increased their susceptibility to contracting Covid-19 and other infectious disease.

2 Dasgupta, Shubhagato; Mukherjee, Anindita; Agarwal, Neha, "Hand washing to stop coronavirus - 78% of toilets in Mumbai slums lack reliable water supply", ThePrint, 2020

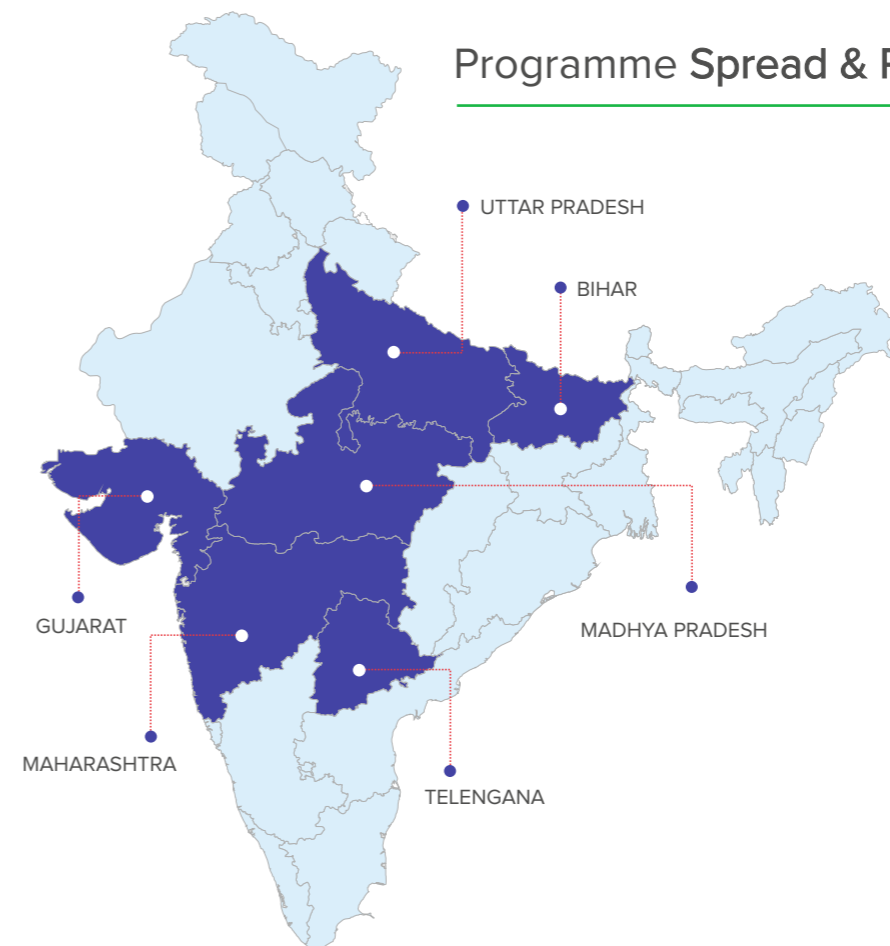
To address the unique challenges of the pandemic, AKF introduced a multi-dimensional approach of working closely with the communities on behaviour change, leveraging technology for real time tracking of key deliverables, and launching of a multi-media 360-degree mass awareness campaign. The unique campaign approach has influenced changes at multiple levels thereby an enhanced community preparedness to tackle challenges associated with the pandemic.

Under this initiative, people-centred and community-led approaches have been championed widely – resulting in increased trust and social cohesion, and ultimately adoption of COVID appropriate behaviours




## Overview of AKF's HBCC Initiative


### Programme Spread & Reach



### Scale of Interventions

 28 Districts, 36 Blocks, 4 Urban Wards and 1200+ Villages within 6 intervention states

### Direct Reach

 6 Lac households 23,11,235 people



# Inferences from the KAPB Study

## Analysing Socio-behavioural trends in the intervention geographies

### What Does The Evidence Tell Us

AKF uses evidence to inform its programme design and decision-making to routinely course correct its programmatic implementation. An excellent example of this has been its use of a Knowledge, Attitude, Practices and Behaviour (KAPB) study that helped to understand people's changing perceptions and attitudes, and the barriers and enablers influencing their ability and motivation to adopt and/or sustain positive health behaviours particularly among at-risk communities residing in rural (villages) and urban (slums) settlements across the six programme intervention states, related to water, sanitation, hygiene, COVID-19 and its signs and symptoms.

The demand side assessment has as its focus the "households" and information has been collected through a household survey conducted in January/February 2021

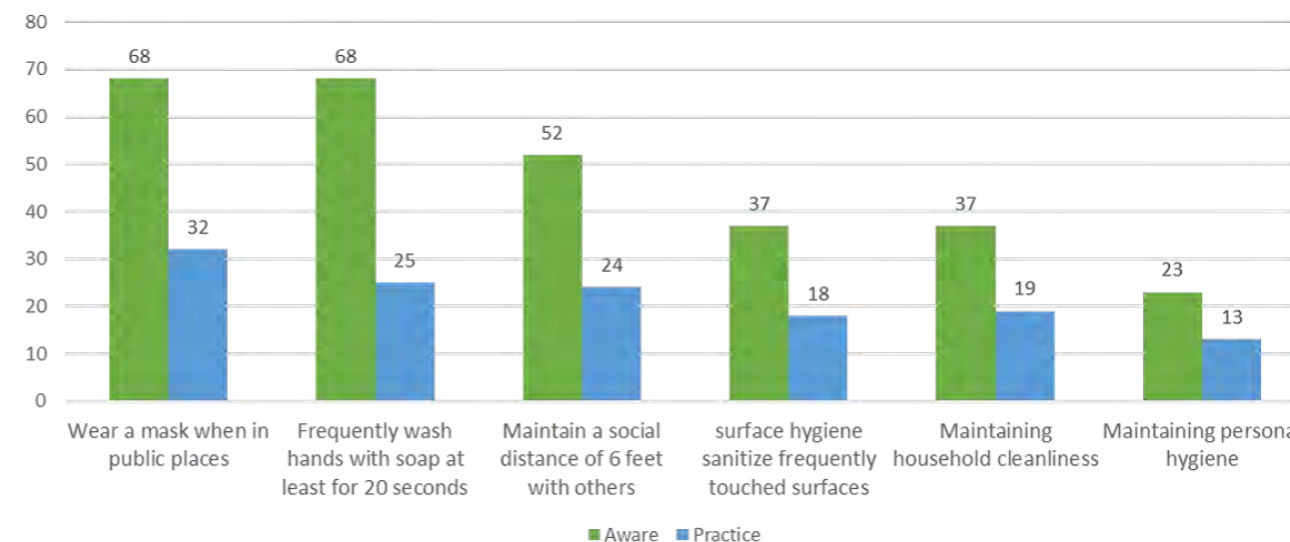
covering 3579 households across five states, namely, Bihar, Uttar Pradesh, Maharashtra, Gujarat and Madhya Pradesh. In Telangana, the primary research included an assessment of 115 Anganwadi Centres (AWCs) across four districts. In addition, insights from specific population groups were garnered through Focus Group Discussions (FGDs) from all six states.

The supply side assessment has as its focus the "service providers", defined to include government agencies involved in policy formulation, program implementation as well as delivery of WASH, health, women and child development and education related services. In order to get their perspectives on board Key Informant Interviews (KIIs) were conducted with state, district and block level government functionaries, representatives of Panchayati Raj Institutions (PRIs) and Frontline Workers (FLWs) including Anganwadi Workers (AWWs), ASHAs, ANMs and sanitation workers.

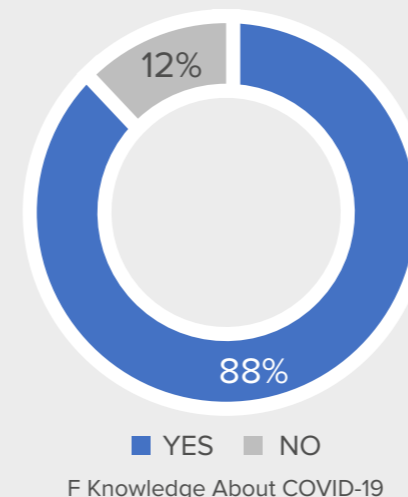
### The key findings from the study included:

- Knowledge and awareness about COVID-19 (the disease) and its signs and symptoms was high amongst the surveyed households
- Although majority of the households were aware that the main symptom of COVID-19 is having fever (93 percent) and cough (92 percent), fewer households were aware of other symptoms of COVID-19 such as loss of smell-taste and fatigue (34 percent each)
- Of all preventive strategies, awareness about the need to wear a mask in public spaces and frequent hand washing with soap was found to be the highest with 68 percent which was still moderate
- Additionally, only 44 percent of the total surveyed households were aware that they must seek medical help in case they have trouble in breathing
- Even as awareness of various preventive measures was high, actual practice/compliance remained low
- Most of the information around COVID-19 was on the disease and its symptoms and there was a need to increase awareness on means of transmission, preventive strategies, health protocols and vaccines

By unravelling social norms, cultural beliefs and attitudes, the study assisted in identifying gaps between knowledge and practices as well as the barriers and/or enablers for behaviour change among at-risk communities. Based on the findings of the study, a Behaviour Change Communication (BCC) Framework was developed to provide recommendations for strengthening the existing communication and advocacy plan under the HBCC initiative.



KAP ON COVID-19 PREVENTIVE MEASURES



F Knowledge About COVID-19

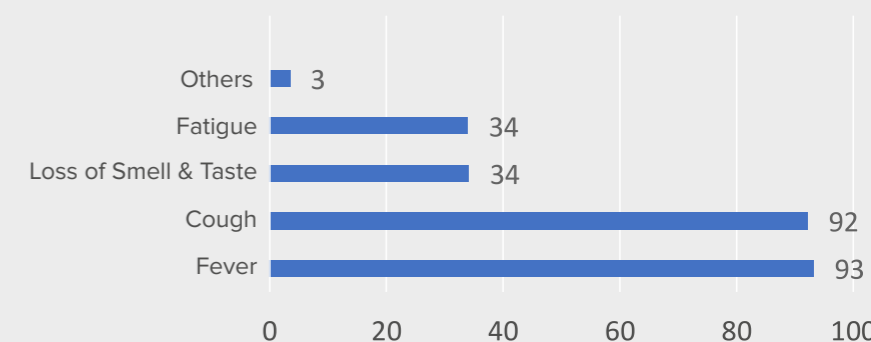
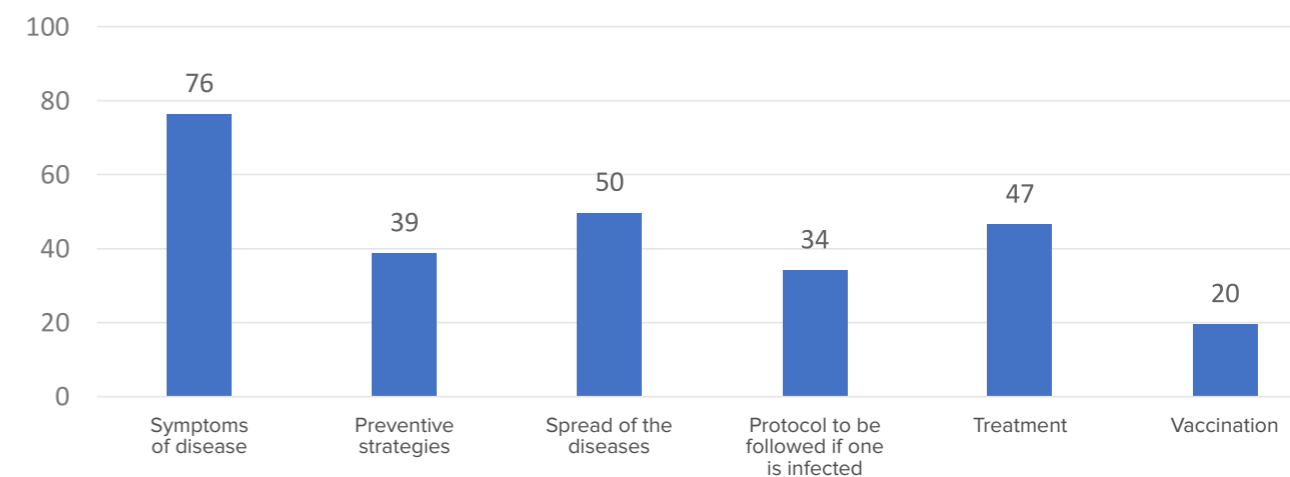


Figure1: Knowledge about main symptoms of COVID-19

ATTITUDES RELATED TO COVID-19



Type of information on COVID-19 received

# How AKF Supported Hygiene Behaviour Change Amongst Vulnerable Communities

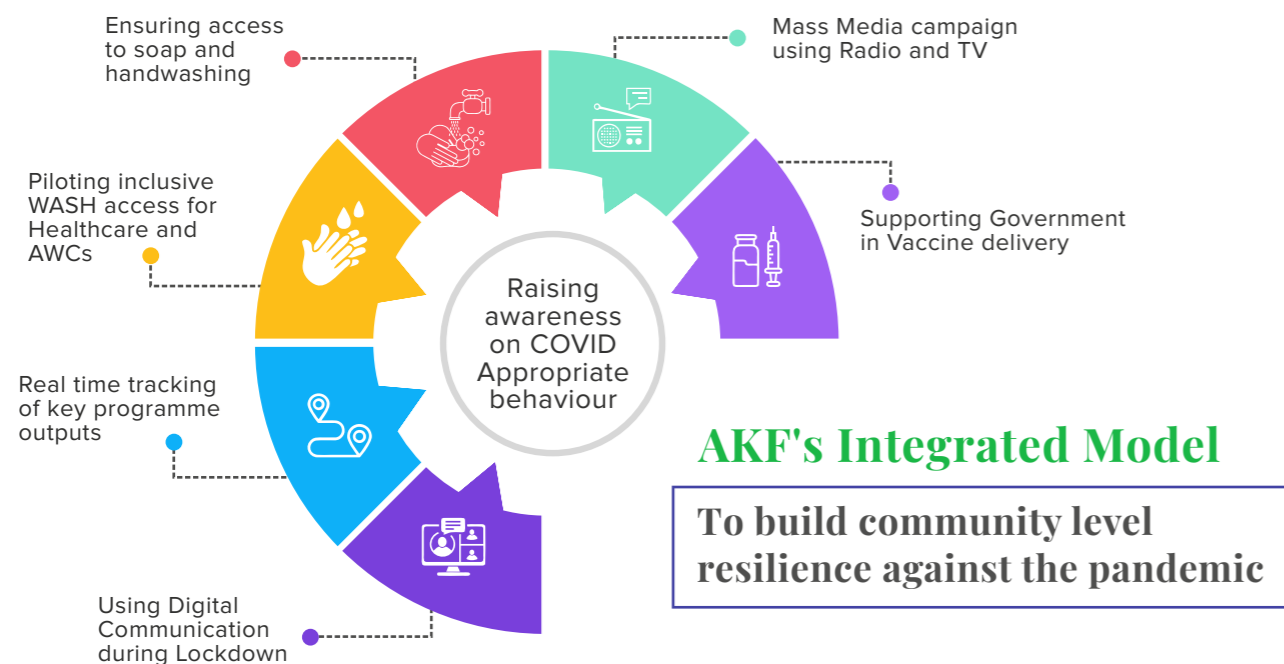
AKF's Programmatic Approach for Making a Lasting Impact

## Key Stakeholders

- Government functionaries
- Villages institution including PRI members: Sarpanch/Pradhan, VWSC members, Swachhagrahis, Nigrani Samiti members, Self Help Group Members, VHSNCs,
- Schools, principals, teachers, AWWs teachers, SMC members and students
- Front line Workers - AWWs, ANMs & ASHAs
- Community members including mothers, female care givers, fathers, other male members of families, volunteers/volunteer groups, CBOs
- ULB functionaries and Sanitation workers

With a focus on strong and continuous community engagement, AKF directly raised awareness of over 2,300,000 people on COVID-19 appropriate behaviours under the HBCC programme. As the pandemic has amplified disparities and inequalities, this intervention focused on reaching the most excluded to ensure that they are as equally equipped to minimise the risks of catching and spreading the virus. AKF has ensured it is reaching the most marginalised sections of communities across its 1201 villages with the intent of enhancing their access to entitlements and services incorporating their needs and concerns while engaging them in decision-making.

AKF's Risk Communication and Community Engagement (RCCE) approach has targeted the poorest and most vulnerable populations across AKF's interventions geographies, especially those who have the least access to health services and information. Within the programme, AKF has further prioritized interventions for at-risk communities such as ragpickers, and sanitation workers, and those living in crowded slum settlements in peri-urban settlements. At the same time, women, including pregnant women, elderly and young children also received dedicated attention under the initiative.



## AKF's 360°

Communication Approach

AKF's communication strategy for the HBCC campaign was embedded in its 360-degree approach of using IPC, mass media, and digital communication to reach out to rural as well as low income urban, at-risk communities through a Behaviour Centered Design (BCD) approach framework that addressed mindset and behaviour change with respect to key hygiene behaviours including handwashing.

### Engaging Directly with Community Members Through Interpersonal Communication

Since the emergence of COVID-19 in India, the AKDN network been instrumental in delivering remote risk communication to communities by leveraging its strong community platforms and their mobile networks to raise awareness on hygiene measures and CAB. With a focus on reaching the 'last mile', AKF along with its partner agencies continued to utilise their strong network of civil society organisations and individuals (including influencers and community leaders) to intensively engage with communities, particularly the most vulnerable populations, to reinforce and sustain good hygiene behaviours. This network included paraprofessionals, front line health workers, Swachhagrahis (cleanliness warriors), sanitation workers, and local village leaders. Thus, information was cascaded via this human chain effect to reach the most vulnerable to strengthen community-level engagement.

A range of interpersonal communication activities such as community wide campaigns on COVID-19 Hygiene and precautions (such as handwashing, safe access to drinking water, improved sanitation, respiratory hygiene, physical distancing), swachhata raths (mobile hygiene vans), handwashing demonstrations, community meetings, clean home competitions, candlelight vigils, signature campaigns, pledge ceremonies, rallies (including children rallies) and wall paintings were used across project locations.

### Awareness Generation Through Digital Media Communication

Under HBCC, AKF used a variety of digital media creatives (including Unilever's Password Campaign collaterals) to supplement the messaging on ground. However, the design of a dedicated communication campaign modelled on 'social proofing' (the act of making people's ill behaviours observable, adds social pressure and motivates them to adopt preferred behaviours) was an integral part of the communication strategy. The distinct campaign call of "ISS JANG KA HERO" called upon people to be heroes to their family and community by following COVID-19 Appropriate Behaviour.

Digital communication under the programme played a paramount role when the country was severely hit by a virulent second wave of COVID-19. During this time, several digital tools including calling campaigns and WhatsApp-led communication were leveraged to continuously inform and educate communities on COVID-19 appropriate behaviours and vaccinations.

### Key messages under the digital campaign focused on:

- Importance of Handwashing with Soap & Hand Hygiene
- Washing hands with soap frequently
- Surface hygiene
- Maintaining physical distancing
- Wearing of masks
- Ensuring timely vaccinations

7400+ WhatsApp groups comprising of frontline workers, nigrani samities, village groups, youth volunteers and government officials from the departments of Health, Panchayati Raj, Jal Nigam and Rural Development helped in reaching out to 1,15,968 beneficiaries during the second wave.

# Engaging Communities Through A Mix of Mass Media

AKF India's mass media campaign focused on bringing changes in hygiene behaviours to low income, at-risk communities through a mix of media channels including radio, TV, and print. It aimed to reinforce AKF India's messaging on COVID Appropriate Behaviour (CAB), hand hygiene and on the importance of vaccinations, which was previously conducted by the teams at an interpersonal level. AKF and partners reached out to people with COVID-19 and hygiene IEC messages hygiene messages in its intervention states. Simultaneously, the campaign also focussed on reaching out to a broader set of stakeholders to increase the project's impact and visibility, while ensuring optimal message recall.

## Key Activities:

- ✔ Billboards in high foot fall zones and public address system
- ✔ Use of Mass Media on 39 TV networks and
- ✔ 64 Radio channels
- ✔ Use of AVs including animated films to raise
- ✔ Awareness on hand hygiene
- ✔ Use of 200+ Community influencers such as Doctors/Medical Professionals/Teachers
- ✔ Faith leaders to motivate communities

## Use of Radio

AKF India partnered with radio network and channel partners like Radio Mirchi, FM Rainbow, Aakashvani, Vividh Bharti, Radio Orange and Mirchi Love to run a 4- weeks long radio campaign to create a sense of urgency and motivate all stakeholders to adopt practices that help prevent the spread of the virus. The radio programmes were informational and interactive, with RJ mentions, jingles and radio spots that emphasised the need to adopt all COVID-19 precautions.

Influential voices were used to address the entailing stigma and promote appropriate behaviour. At the same time, state officials and frontline workers were also engaged so that they could engage more effectively with communities vulnerable to COVID-19.

## The TV Campaign Under HBCC

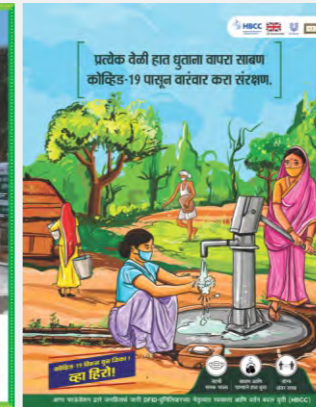
With the support of 41 TV networks and 66 channels, AKF ran a 40-days long TV campaign to reach out to 67 lakh households in the intervention geographies. This evidence-based, insight-driven communication campaign was aimed at ensuring an effective COVID-19 response and recovery in target geographies.

Along with Unilever's Password campaign, AKF also customized messages and developed TV Spots and videos that were focussed on the importance of hand hygiene, mask compliance, physical distancing and vaccinations. Along with this, teams in different locations ensured communities were tuning in to these TV networks and channels when the campaign was being aired.

# Promoting Lasting Behaviour Change



Posters, flipbooks and leaflets developed on key hygiene practices



Interactive community level engagement for community buy-in



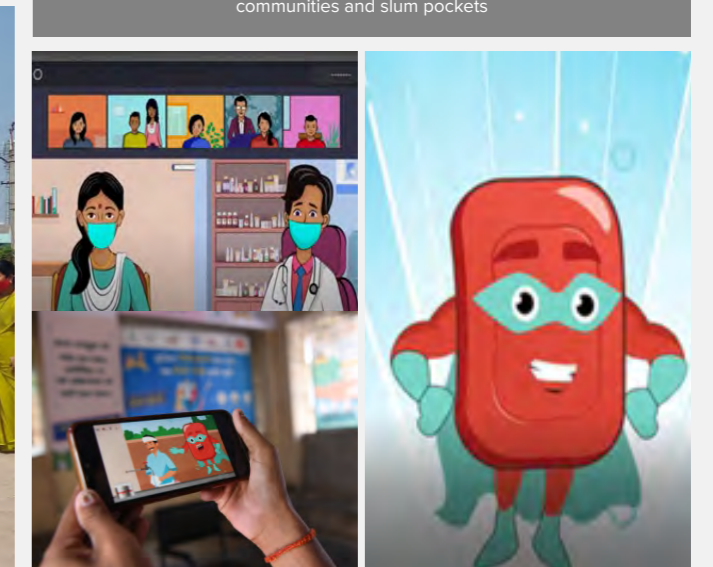
Mix-mass media channels to supplement the messaging on ground



Wall paintings and display boards on handwashing, CAB and vaccinations displayed strategically in high footfall zones in communities and slum pockets



Mobile hygiene vans go across villages and towns to spread key programme messaging



Digital tools and messages (audio messages, mobsisodes and Avs) disseminated via mobile phones and digital messaging services

# Improving Access To Wash Facilities

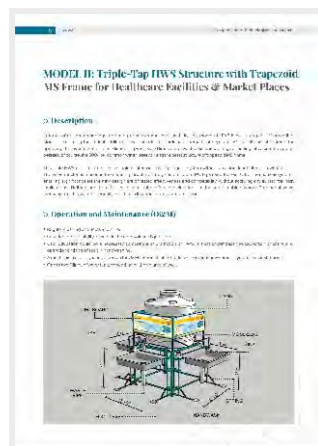
## Strengthening Preparedness of Communities Through Access to WASH Services

HBCC significantly increased people's access to adequate WASH facilities and hygiene products in communities, schools and ECD spaces. At the same time, behavioral and architectural nudges were also introduced at critical touch points to facilitate access and encourage the adoption of the practice of handwashing with soap.

### I Pedal-powered Handwashing Models

A key effort under initiative was to also institutionalize the practice of handwashing with soap. Towards this, the programme teams introduced technological innovations in handwashing to produce resources that would promote and encourage safe sanitation and hygiene practices in a pandemic-stricken climate.

608 prefabricated handwashing stations were installed within targeted villages, healthcare centers and ECD centers in accordance with WHO recommendations. A total of 13 in-house designs were developed by upgrading existing handwashing-with-soap technologies so as to make them compatible to the conditions imposed by the pandemic and included features like no-touch, pedal-operated, adjustable to height amongst others. That made them compatible, accessible and affordable.



### III Installation of Soap Banks

Through the HBCC intervention, AKF facilitated public access to soap through the establishment of soap banks, with the aim of promoting and encouraging the habit of handwashing with soap and water at both the community and household levels. Under the programme, AKF received a generous contribution of 305,352 soaps from Hindustan Unilever as in-kind donation to safeguard vulnerable communities against the pandemic and build their resistance. This served as the foundation for driving forward the concept of soap banks amongst both the beneficiaries and the government. A total of 1373 soap banks were established by the teams at strategic locations including villages, ECD centres and HCFs through project funds, community contributions and by leveraging existing government funds available at the panchayat level. These soap banks have been acting as nudges to remind people to wash their hands with soap as they have been placed at key touch points and high footfall zones.



### The Innovative Concept of Soap Banks

Mooted by the Aga Khan Foundation under its Comprehensive Sanitation Initiative, soap banks are a collection-based model that address the existing gaps in hygiene resources by creating a repository of soaps through voluntary contributions from school children, their parents, teachers, and the wider community through community dialogue and advocacy. AKF originally pioneered the model of soap banks in schools and under HBCC, extended this to communities to facilitate public access to soaps. The AKF teams established these soap banks through both project funds and community contributions (by mobilising and motivating community members to donate soaps to these banks). Soap banks ensure a steady and sustainable supply of soap in communities, and act as nudges to remind people to wash their hands with soap when placed at strategic touch points and high footfall zones.

The installation of this WASH infrastructure at early childhood centres, health care facilities and in villages has enabled access to infrastructure facilities for handwashing, thereby creating COVID-19 secure facilities. Thus, with the enveloping goal of making handwashing universal and sustainable, these innovations have played a significant role in helping transit into a post-pandemic world which witnessed children returning to school and life into normalcy.

### The Integral Role of Government Convergence

Strategic engagement with different government departments under HBCC, helped AKF in not only achieving government uptake of successful innovations such as the prefabricated models of handwashing, but also improving vaccine uptake amongst community members. Close coordination with local authorities on the existing government programmes on WASH such as SBM Phase-II and JJM streamlined handwashing with clean habitations, safe water, access to toilets and drinking water (at both the household and community level), thus suppressing the spread of the virus and helping build community resilience.

# The COVID-19 Pandemic And Engagement With Children:

## Strategy for Telangana Under HBCC

The intervention strategy for Telangana was designed to leverage the network of 8600+ AWCs in 8 districts of Telangana to digitally disseminate information on the importance of handwashing, hand hygiene and nutrition in order to reach out to its key audiences comprising of young children in the age group of 0-6 years, pregnant women and lactating mothers.

### Creation of COVID-Secure Aaganwadi Centers

- ✔ Closing existing WASH gaps through the installation of child-friendly/height-appropriate/handwashing stations and soap banks
- ✔ Holding handwashing demonstrations for young children visiting the AWCs
- ✔ Training and capacity building of Aaganwadi Teachers on the importance of hand hygiene, handwashing, CAB, vaccinations and inter-linkages between hand hygiene and health and nutrition of pregnant women, lactating mothers and young children in the age group of 0-6 years



The chief intervention strategies included:

- ✔ Close engagement with the Department of Women Development & Child Welfare (WDCW) of the state to ensure sustainability of HBCC messaging on hand hygiene. Some key highlights included (1) Unveiling of HBCC IEC by the Hon'ble Minister for Women and Child Welfare, Govt. of Telangana (2) Organisation of a state level seminar on 'promoting hand hygiene during COVID-19' with participation of WDCW officials including the Commissioner and (3) Flagging-off of mobile hygiene vans by District Collectors of the state
- ✔ Dissemination of messages through 7258 dedicated WhatsApp groups of AWTs to directly reach out to the targeted beneficiaries
- ✔ Broadcasting of messages on hand hygiene and CAB via TSAT - Telangana Satellite Television
- ✔ Installation of Handwashing stations and soap banks
- ✔ Dedicated digital campaign 'Chalo Chalen Aaganwadi' to target a broad set of stakeholders in Telangana
- ✔ Conduct of handwashing demonstrations for children at AWCs
- ✔ Training programmes for AWTs on hand hygiene, CAB and vaccinations

# Leveraging Technology

## For Real Time Monitoring and Tracking

The leveraging of digital technology tools to track the progress of handwashing infrastructure and hygiene behaviours under HBCC was another unique programmatic approach employed by AKF. With the support of an external development-oriented technology enterprise, AKF integrated smart ICT tools including the online data collection and visualization platform of MFORM (a total of 13 forms were scripted for the programme) and a web-based real-time dashboard. While the GPS enabled mobile tracking app

helped in collecting data from ground by the field programme teams and thereby assisted in planning activities and monitoring interventions for various beneficiaries, the customized dashboard enabled users with various access levels to view data on the web portal and measure the progress on key indicators including the completion status of created infrastructure, quality of construction and awareness levels and behaviour pattern of targeted communities in relevant locations.



Thus, the introduction of digital technology solutions in the HBCC programme supported in:

- Improving the collection, management, display (online dashboard) and sharing of the information that was required to assess the performance of the initiative
- Facilitating easy coordination with different teams working on the ground to track the progress against key project indicators
- Introducing robust monitoring system to ensure better time management and greater accuracy in data collection

While adding accountability and substantial value to HBCC, these technological inputs have not only helped in bridging the gap between management and beneficiaries, but have also shown the relevance of such applications in improving flow of information between government and communities.



Figure 1: App screenshots: Forms, Add new form, and fill new form

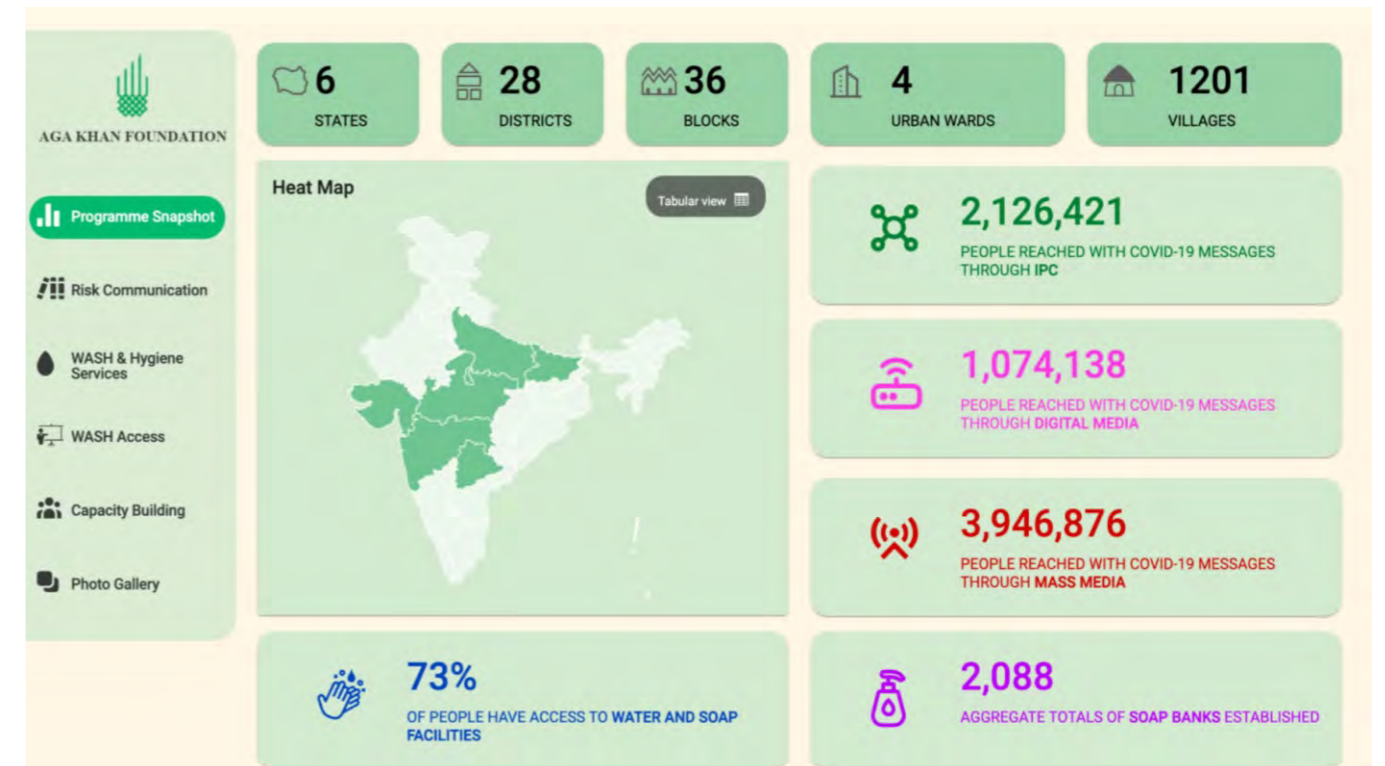


Figure 2: Custom Dashboard - Overview Page

# Adapting To The Context:

## Vaccination Efforts Under HBCC

- Using a range of context specific culturally rooted tools to mobilize people for vaccinations

Amidst the war raging against the COVID pandemic, the potential of vaccinations has emerged as the most impactful intervention to prevent the spread of the disease and alleviate the ensuing human, economic and social suffering.

Recognizing the importance of vaccines in meeting the goal of limiting the spread of the virus, AKF altered its HBCC framework and adapted to the changed context by integrating a vaccine delivery strategy within its larger programme delivery efforts beginning June 2021. To this end, it effected change at both the demand and supply sides. While on the demand side it focused on tackling vaccine hesitancy and the subsequent myths and misconceptions to mobilize people for vaccinations through awareness generation, on the supply side, it recognized the importance of collaborating with the government on streamlining logistics, creating safe spaces for vaccinations, addressing cold chain logistics and providing technical training to frontline workers to help spread the vaccine net.



By directly supporting the Indian government's programme on vaccination, AKF was successful in mobilising 871,177 people for vaccinations in the five geographies of Uttar Pradesh, Bihar, Gujarat, Madhya Pradesh and Telangana.



# Assessing The Impact

AKF's efforts have largely been with the intent of ensuring behaviour change and driving the adoption of safe practices around hand-hygiene, and environmental hygiene. Its interventions are routed in behavioural science and based on evidence from other recent pandemics such as Ebola, SARS and MERS, which suggest that while information and awareness are crucial, an integrated approach which addresses mindset and behaviour change through individual and environment level interventions is also critical to achieving long-lasting impact.

Thus, whilst addressing the immediate needs generated by the COVID-19 pandemic, AKF through HBCC generated lasting impact by 1) addressing the demand side through engagement via different communication methods that have empowered communities to further advocate for their needs and 2) strengthening the supply side by converging with existing government efforts to ensure that access to critical hygiene services is extended and prioritised for the most marginalised populations.

## What Have We Achieved?



Piloted 13+ Designs of Handwashing for all three levels with a focus on no – touch foot operated mechanism.



Created COVID-19 secure facilities in 145 Health care, 97 ECD centers and 511 villages and high foot fall zones



Distributed 340,772 consumable WASH products including soaps, hand sanitizers, surface cleaners and hygiene kits amongst beneficiaries of 6 intervention states



Sustainability of WASH facilities through planned O&M that builds local ownership: Beneficiaries taking responsibility – panchayat members, women SHGs, community representatives, healthcare staff, AWWs, teachers, principals, sanitation workers amongst others

## Risk Communication:

Raising Awareness on COVID Appropriate Behaviours & Importance of Vaccinations

- 600,000 households and 23,11,235 community members through interpersonal risk communication
- The mass media campaign ensured widened outreach as it reached out to 374,71,062 people through the mediums of TV and Radio
- Use of Digital Communication (particularly during the lockdown phase to ensure sustainability of the initiative) including digital posters, Audio Visuals and jingles under the programme helped in reaching out to 16,74,650 beneficiaries
- 871,177 people mobilized for vaccinations under the programme
- 57,515 Frontline Workers & Healthcare Staff trained on CAB & Vaccinations
- 200+ Community Mobilisers including frontline workers, healthcare staff, women and children identified for taking programme messaging forward

- By center-staging WASH as a key public health response-through convergence, AKF was able to leverage support of over INR 42,03,94,000 under JJM and SBM Phase-II
- A total of 164 drinking water supply schemes were facilitated under the HBCC programme

INDICATOR	COMMITTED	ACHIEVED
Reach through Interpersonal Communication	2,174,000	2,311,235
Reach through Digital Medium	1,056,160	1,674,650
Reach through Mass Media	7,400,000	37,471,062
No. of WASH secure Healthcare Facilities	74	145
No. of prefabricated handwashing stations installed at the community level	266	521
No. of prefabricated handwashing stations installed at the ECD level	86	87
No. of prefabricated handwashing stations installed in healthcare facilities	74	145
No. of Soap Banks established	1166	1373
No. of Frontline Workers trained on IPC	6200	57,515
Percentage of the population with access to soap and water on premises in project villages	50%	73%

## What do the findings from the SROI Study Reveal:

The SROI study of the HBCC programme highlighted the Social and Economic Value and benefits of investing in a 360-degree communication approach to drive up adoption of COVID-19 appropriate behaviours, in relation to the perceived social returns on every INR/Dollar invested.

### Access To Wash Handwashing Facilities

Majority of the respondents reported improvement in hand washing facilities due to the HBCC program.

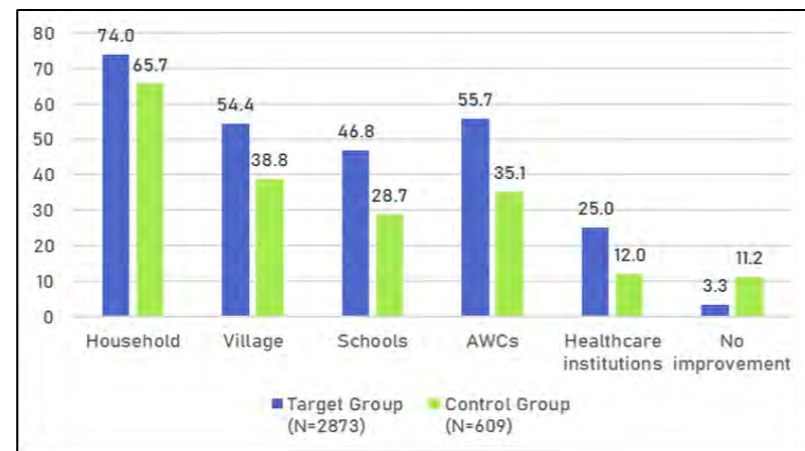
	GUJARAT	MP	BIHAR	MAHARASHTRA	UP
Household	86.4	84.7	33.6	58.8	82.6
Village	72.7	57.7	5.7	28.2	68.5
Schools	68.7	53.3	2.1	31.3	63.7
AWCs	56.6	29.2	57.9	44.3	67.2
Healthcare institutions	43.4	14.6	10.0	12.2	50.8
No improvement	12.1	3.6	0.0	13.7	7.4



### Topline Findings from The SROI Study:

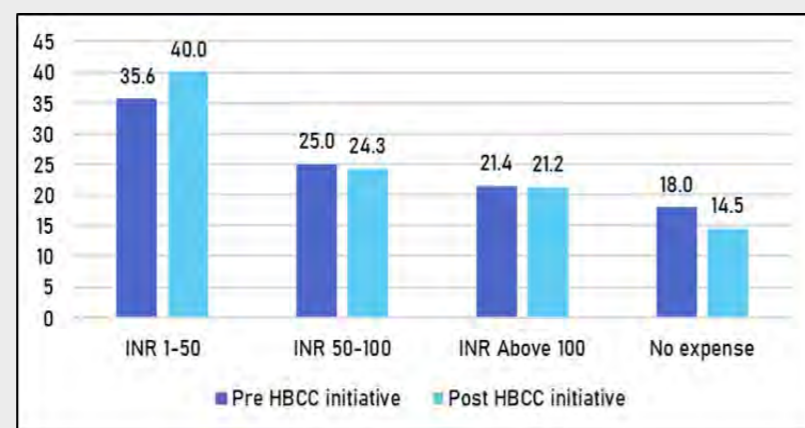
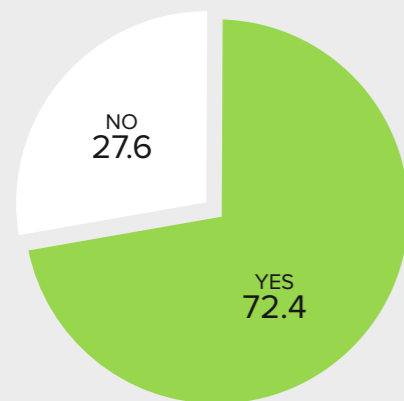
- For every 1 Rupee invested, the programme delivers Rs. 12.89 of social value. (1:12.89)
- 72% of the HHs reported an increase in frequency of hand washing due to soap banks
- About 5% of the HHs who were earlier not spending on soaps and did not get soaps regularly from the soap banks have spent money on buying soaps
- More than a third of the HHs in project area received knowledge on the importance of hand washing with soap through the HBCC initiative
- About 38% HHs stated that due to the HBCC communication they have followed the COVID-19 protocols. About a quarter of the HHs had an improved understanding of the symptoms of the disease
- Though government announcements through public address systems influenced members for taking vaccine. In project areas, more than a quarter of the HHs were influenced in getting vaccinated by AKF para workers. Qualitative discussions with HHs revealed that the role of AKF para workers was instrumental in getting people not willing to travel to the vaccination centres/camps

A higher proportion of HHs from project areas reported improvement in handwashing facilities across village, school households and public institutions post Covid-19.



A comparison of the expenses on soaps between pre and post HBCC program highlights an increase in expenses.

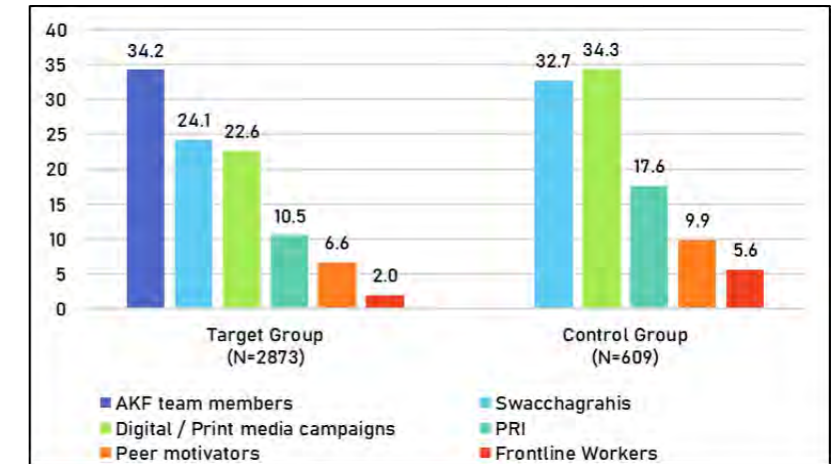
**Soap Banks:** At the same time, 72% of the HHs reported an increase in frequency of hand washing due to soap banks



About 5% of the HHs who were earlier not spending on soaps and did not get soaps regularly from the soap banks have spent money on buying soaps

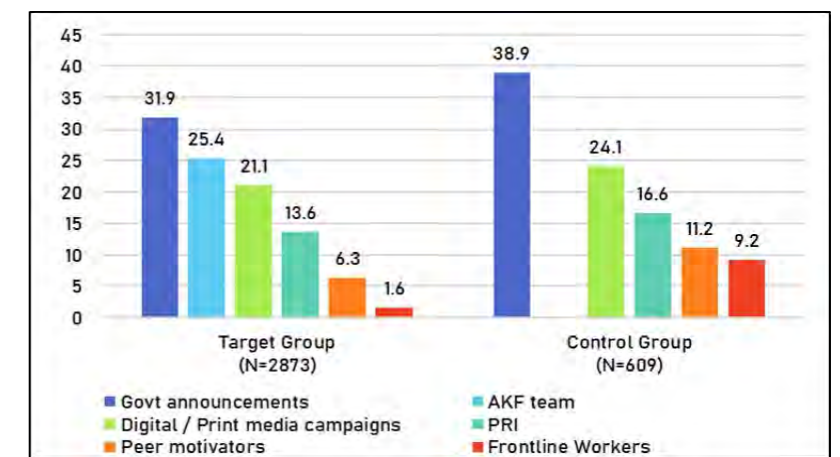
### Assessment of The Impact of Risk Communication And Community Mobilization:

More than a third of the HHs in project area received knowledge on the importance of hand washing with soap through the HBCC initiative. The study also brought to the fore the role of Swacchagrahis and the mass media campaign in significantly contributing to improving awareness about the importance of hand washing with soap in both project and control areas



About 38% HHs stated that due to the HBCC communication they have followed the Covid-19 protocols. About a quarter of the HHs had an improved understanding of the symptoms of the disease.

Though government announcements through public address systems influenced members for taking vaccine. In project areas, more than a quarter of the HHs were influenced in getting vaccinated by AKF para workers. Qualitative discussions with HHs revealed that the role of AKF para workers was instrumental in getting people not willing to travel to the vaccination centres/ camps.



# What Have We Learnt:

## Learnings & Outcomes

- 1** Communication strategy needs to be rooted into the local context and should address location specific barriers to ensure last mile reach of hygiene and behaviour change programmes.
- 2** Equally important is the focus on the medium and messenger: Investment in training and capacity building of frontline workers is a priority as they play an instrumental role in delivering remote risk communication to communities, particularly the most vulnerable populations in both rural and urban (slum settlements) pockets of the country. Thus, a principal learning under HBCC has been that it is important to develop capacities of frontline workers to cascade relevant information and rapidly mobilize communities on COVID-19, hand hygiene and vaccinations.
- 3** Convergence and collaboration with the government plays a critical role in efficiently delivering project goals and beyond. AKF's strategy of working closely with the district and state government and their buy-in helped in gaining their support in project implementation as well in securing greater financial commitments towards hygiene services and products. Converging with the government on vaccine delivery programmes under HBCC highlighted the need for system strengthening for successfully conducting large scale immunization programmes and other projects of similar magnitude however support is required to ensure effective implementation.
- 4** The HBCC programme has clearly demonstrated the role that an integrated approach can play in implementing a large-scale hygiene and vaccination programme in rural settings by creating robust partnerships between the government, civil society actors, local community-based organisations and empowered local village institutions.

### Results & Outcomes Driving HBCC's Communication & Outreach Approach

**RESULT 1: Use of Interpersonal Communication (IPC), Mass Media, and/or Digital Solutions to improve, reinforce and sustain positive hygiene behaviours among communities**

Outcomes:

- Contextualised and multi-pronged risk communication and behaviour change campaign
- Risk communication and behaviour change campaign delivered via innovative digital tools
- Risk communication and behavioural change campaign delivered via a mass media
- Risk communication and behavioural change campaign delivered via interpersonal communications

**RESULT 2: Improving access to adequate WASH facilities and hygiene products in communities, schools and Early Childhood Development (ECD) spaces.**

Outcomes:

- Critical WASH products provided to vulnerable communities
- Increased access to adequate WASH facilities in target communities



**5** The implementation of the HBCC programme has also highlighted the need to have an adaptive strategy that responds to the changing needs and requirements of an emergency situation like the covid pandemic.

**6** The consistent need to adopt a participatory approach to ensure both last mile delivery and long-term impact and sustainability of any intervention has been another underlying lesson from the programme. AKF paid strong attention to community engagement and ownership at every stage of implementation of the HBCC programme, which helped in positively transforming long-standing hygiene behaviours.

AKF envisions to keep the learnings and outcomes of this impactful programme as a reference point for all its future WASH interventions, while pledging that the same get adopted by other sector partners and relevant government stakeholders.



## Where Do We Go From Here?

The COVID-19 pandemic has revealed stark disparities existing in the supply of public services to individuals living in poverty or with restricted access to resources. By considering the unique experiences and needs of these community members, AKF implemented this emergency response project to avoid these exacerbating inequities.

### Designing Future Wash Interventions

- ✓ Prioritise government convergence and system strengthening to bring down barriers in WASH investments and strengthen pandemic preparedness by developing resilient communities
- ✓ Taking into consideration the continued emergence of new variants of the coronavirus, continued support to the government on the vaccination drives is of paramount importance and would form an integral part of AKF's implementation strategy for WASH interventions
- ✓ Drive long-lasting behaviour change campaigns for sustained behaviour change
- ✓ Devise an integrated plan that incorporates the cross-cutting themes of health, nutrition, early childhood development, education, and rural development in the implementation strategy
- ✓ Continue to foster and support a dedicated cadre of frontline workers and community leaders and local influencers who could lend support to similar behaviour change campaigns to sustain and promote good hygiene practices
- ✓ Actively identify, include and engage marginalised populations in all aspects of hygiene and sanitation programming

## Solving Gaps in The Wash Sector



### Improve WASH Financing & Innovations

While it is the lead role of the government to mobilise and coordinate WASH investments for improved public service delivery, it is crucial that donors, implementing agencies and non-government organisations work in tandem with the system to close gaps in the sector and institutionalise WASH in villages, healthcare facilities, early childhood development centres and schools.

Simultaneously, to encourage a culture of hygiene learning and improve the quality of service delivery, implementing organisations could significantly lend their scientific research and knowledge base of WASH innovations to the government for scaleup and adoption. The creation of contextually specific and culturally relevant IEC/BCC approaches and materials plays a significant role in strengthening community mobilization and ensuring uptake within the government system.



### Drive long-lasting hygiene behaviour change campaigns

The COVID-19 pandemic has emerged as a disguised opportunity to implement large scale community awareness campaigns on hygiene promotion. This has highlighted the important role of implementing agencies in utilising their established networks with communities/relevant stakeholders and technical knowledge base to rapidly effectively deliver messages on handwashing, hygiene and sanitation, while effecting change in the beliefs, expectations, habits through the establishment of new social norms for sustained behaviour change.



### Monitoring and tracking WASH interventions

Tracking and monitoring has traditionally been a huge gap in the WASH sector. Collecting, aggregating, and analyzing data from remote regions and making the data available in a transparent way can help identify where investments are most urgently needed and can improve long-term project monitoring. Information and communications technologies (ICTs) have the potential to address these challenges. Use of mobile based applications will allow AKDN to create a robust and verifiable database which can be monitored intensively over a period of time to identify gaps, improve quality of interventions by making available real-time data and assess the results and impact of interventions.



### Foster and support a dedicated cadre of frontline workers and community leaders and local influencers to ensure community buy-in and ownership in complex large-scale programmes

The pandemic has revealed that coping with COVID-19 would demand increased investments in health systems and in the frontline workforce. To manage the pandemic response and strengthen public service delivery system, WASH programming should include capacity development approaches and contents for hygiene leadership of frontline workers and community leaders and local influencers to achieve community buy-in. At the same time, it is imperative to ensure that they have the support and resources needed to do their jobs safely and well.

## Ensuring Last Mile Delivery For Sustainability



### Participatory Action for WASH

The sustainability and accessibility of any development project is ensured when there is a community buy-in. The application of participatory methods that are customised to suit local contexts and cultures by incorporating local knowledge and participation into the planning, implementation and monitoring of project interventions is an assured way of achieving sustainability of both the project and its goals.



### Investing in human potential

AKF has pioneered the Multi-Input Area Development (MIAD) approach by bringing together the required human, financial and technical resources to assist the poorest and most marginalized within strategic geographies (especially women and girls) achieve a level of self-reliance by expanding opportunity that ultimately improves the overall quality of life and accelerates development over time. There is a worldwide need for humanitarian aid in the thematic area of WASH to not only tackle the global sanitation crisis, but also to address the development and governance challenges existing in the development sector.

## Annexure 1:

### Geographical Distribution & Reach Targets for HBCC

S.No	State Name	Number of Intervention Districts	Names of the Intervention Districts	Target Digital Reach	Target Mass Media Reach	Interpersonal Communication Reach	Total Reach Targets: Through all Three Mediums
1	Uttar Pradesh	4	Lucknow, Bahraich, Barabanki Sitapur	1,00,000	16,40,000	2,77,000	20,17,000
2	Bihar	3	Muzzafarpur, Patna & Vaishali	1,00,000	17,35,000	5,04,000	23,39,000
3	Gujarat	9	Ahmedabad, Surendranagar, Narmada, Porbandar, Junagadh, Rajkot, Somnath, Surat, Valsad	2,56,160	27,25,000	9,28,073	39,09,233
4	Madhya Pradesh	2	Burhanpur, Khandwa	25,000	2,00,000	1,71,000	3,96,000
5	Maharashtra	2	Palghar, Thane	25,000	13,00,000	1,80,000	15,05,000
6	Telangana	8	Adilabad; Mancherial; Kumarabheem – Asifabad; Mahabubnagar; Jogulamba – Gadwal; Warangal (Urban); Hyderabad; Rangareddy	5,50,000	-	-	5,50,000
<b>Total Population - Direct</b>							
	6	28		10,56,160	76,00,000	20,60,073	1,07,16,233
<b>Total Population - Indirect</b>							12,00,000

## Annexure 2:

### About the 3 External Agencies

#### Taru Leading Edge Private Limited



Taru Leading Edge Pvt. Ltd. was on boarded by AKF to provide consultancy services for the Knowledge, Attitudes, Practices Behaviour (KAPB) Study and the Social Return on Investment (SROI) study of the Hygiene Behaviour Change Campaign (HBCC) initiative.

Taru Leading Edge is a development advisory and think tank with a mission to bridge the science-institution-society interface. Taru has demonstrated more than 20+ years of experience in the focus sectors such as Water, Sanitation and Hygiene (WASH), Gender, Child, Innovation etc. which spans 17 Indian States. It has extensive experience in the thematic and functional areas of KAP studies, Assessments, Monitoring & Evaluation (M&E), Situational Analysis, Research and analysis projects, Strategy, Stakeholder, Identification and Mapping, BCC, IEC, Engagement and Coordination, provision of SMART recommendations and way forward inclusive of Roadmap Formulation, Due-Diligence etc. Taru's work over the last two decades has been geared towards all-inclusive growth by incorporating poverty focus and gender sensitivity into the structure and operations of government agencies. More information about the organisation could be found at <http://taru.co.in/>

#### Dhwani Rural Information Systems



Dhwani Rural Information Systems was on boarded by AKF to provide consultancy services for the development of Mobile phone-based tracking application and a web-based monitoring dashboard for the Hygiene Behaviour Change Campaign (HBCC) initiative. Dhwani Rural Information Systems is a development-oriented technology enterprise envisioned to provide affordable, integrated and smart ICT tools to organisations working at BoP levels. Their key offerings include:

- Interactive Social Impact Dashboards
- Offline multilingual mobile apps for capturing and reporting monitoring data.
- Auto-generated reports (MPR, Target vs achievement) and graphs based on key indicators.
- Unique beneficiary identification across multiple interventions.
- Early warning systems (via SMS and emails) for different stakeholders (e.g. CSR head, Program Manager, Implementing Partner/NGO)
- Use of SMS, Voice technology (IVRS) and Toll-free for providing information access to
- Community

They build tech solutions for a plethora of sectors and different impact organisations. Monitor projects, track progress, collect real-time data, create dynamic maps, generate visual reports, assess project impact effortlessly with apps and dashboards. For more information, please visit <https://dhwaniris.in/>

#### Dentsu Marketing Solutions Private Limited



Dentsu was the communication agency onboarded by AKF to provide an integrated communication and media planning support to a multi-state Hygiene and Behavior Change Communication (HBCC) initiative. Dentsu Aegis Network is operational in 107 countries with 11000+ clients and is India's 2nd largest advertising network. Their list of government and social sector clients in India include World Health Organization (WHO) for last 8 years, UIDAI for last 5 years, Indian Navy, Namami Gange, the World Bank, Tata Trusts, Ministry of Women and Child Development, UNICEF, Bureau of Energy Efficiency, Ministry of Health & Family Welfare, and other government entities. To know more about Dentsu and their work, please visit [www.dentsu.com](http://www.dentsu.com)



AGA KHAN FOUNDATION

To know more visit  
[www.akdn.org](http://www.akdn.org)

# Hygiene & Behaviour Change Coalition (HBCC) Campaign

- An Initiative supported by FCDO-Unilever and Implemented by Aga Khan Foundation

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## Uttar Pradesh

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Hanuman Colony, Sufipura  
Bahraich - 271 801



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