



PROJECT HOPE

Phase 3





PROJECT HOPE

Phase 3



rb
HEALTH • HYGIENE • HOME



Intellectap





Foreword

Five years ago, we started our journey of empowerment with the Dettol Banega Swasth India campaign. The DBSI campaign was conceptualised with the aim of transforming, by 2020, the sanitation, hygiene and public health standards of 100 million people in India. With the introduction of multiple strands within the umbrella of the project, DBSI broadened its ambit from being the Dettol Banega Swachh India campaign (hygiene) to becoming the Dettol Banega Swasth India campaign (health). This report traces the evolution of an important strand of the Dettol Banega Swasth India campaign i.e. Project Hope.

Project Hope is embedded within the wider rationale of DBSI i.e. transforming communities internally through engagement with specific members, in this case the women, to empower them as catalysts of change towards improvement of the health and hygiene status of their families and communities. Behaviour Change Communication has been the instrument of implementation, used to create demand for low-cost sanitation and hygiene products. Thus, Project Hope effectively epitomizes RB's core ethos, "Purpose Led Business."

DBSI and especially Project Hope, has sustainably ameliorated the quality of lives of the people, today as well as for the future. By targeting the most marginalised sections of society, this programme has improved and saved the lives of millions of people, by providing them with the requisite health tools needed to become responsible and productive citizens of the country. DBSI has been a crucial step towards the achievement of the goals under the Swachh Bharat Mission and the development of a New, Clean and Healthier India. DBSI is an amalgamation of RB's expertise in developing innovative products and Jagran's unparalleled reach in the heartlands of India. This flourishing partnership has proved to be a multiplier, delivering optimal value and improved outcomes in sanitation, health and hygiene. This programme has garnered appreciation from the government's ministries, bureaucrats as well as the media.

We are grateful to all our partners for making the DBSI campaign a resounding success. The core teams at RB and Jagran have put in immense energy and efforts, with the highest levels of commitment and sincerity, to translate into reality, the vision and objectives of Project Hope, within the broader framework of the DBSI campaign. We are working towards identifying newer areas of focus within DBSI, even as we sustain the progress made by our current interventions.

We hope to infuse the spirit of DBSI into the larger sanitation and hygiene ecosystem, for other stakeholders to seek inspiration from, emulate as well as replicate the programme's successes across the country.

Gaurav Jain
Senior VP – AMESA
RB

Sameer Gupta
Executive President
Jagran Pehel



The Partners

Founding Partner



RB is the project sponsor and provided financial assistance for Project HOPE. In order to complement the efforts of Save The Children, across the selected districts and villages, RB hired an implementation agency to pilot Project Hope, thereby enabling the promotion and consumption of relevant sanitation products.

Jagran Pehel is the overall coordination agency for Project HOPE, working closely with the RB team. Pehel supported the pilot implementation of the project, communication and training, design and printing of collaterals (for the BCC campaign), sales monitoring and analysis as well as corrective action.

Implementation Partner



Strategy Partner



Intellecapt is responsible for the overall management of the project, including steering and cost control. It extended support in the development of project management guidelines and standard operating procedures. It was also responsible for the compilation of monthly and quarterly reports for Jagran Pehel to show the consumption patterns for various SKUs, based on collated data and field visits.

In addition to this, Intellecapt recommended the required course corrections on an on-going basis, provided the documentation for program learning and knowledge management as well as analysed the pilot success for recommending future scaling-up.

REACH is the training partner for Project Hope. It supports Project Hope with behaviour change communication. It helped with the entrepreneurship module (workbook), the development of the application module (mobile and website) and BCC tools. It also trained the key stakeholders i.e. field executives, Asha Ammas and project leads.

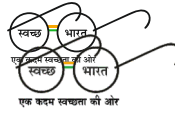
Training Partner



The delivery structure and operating framework for the implementation of Project HOPE comprises two teams:

1. PROJECT STEERING COMMITTEE and 2. DELIVERY TEAM

These were conceptualised keeping in mind the guidelines and expectations of Project HOPE, to ensure timely progress and impact reporting.



Accolades

Hon'ble President of India
Shri. Ramnath Kovind awarded
DBSI for its contribution towards
Swachh Maharashtra

2nd Nov 2017



Shri. Ram Nath Kovind
Hon'ble President of India



Shri. Narendra Modi
Hon'ble Prime Minister
of India

“NDTV has started a campaign
Banega Swachh India (Dettol Banega
Swachh India), Dainik Jagran too is
continuously running a campaign
for this cause.”

Mann Ki Baat, October 2015



Awards and Recognition



- 🏆 Awarded by the Hon'ble President of India for **Swachh Maharashtra - Urban**
- 🏆 Awarded Flame Awards Asia Global as **Best CSR Campaign of the Year**
- 🏆 Awarded **Swachh Bharat Impact Initiative** by Paras Healthcare
- 🏆 **India CSR Health Impact – Award** for Swachh Bharat
- 🏆 Cannes for Harpic Public Health



Health Supporting Campaign Award
at the 5th IHW Awards 2018



Game Changer Award
in CSR Health Impact Awards 2019

Health & hygiene Awards
in CSR Leadership Summit 2019



RECOGNITION FROM OUTLOOK

Our Project Hope which creates low cost healthcare products for the bottom of the pyramid population has received recognition from the 'OUTLOOK SPEAK OUT EVENT'. Project Hope received award in the category of 'Women empowerment' for creating the women entrepreneurs and building a sustainable last mile distribution and scalable model. The focus is to prevent the disease and promote the handwashing thus reducing the incidences of diarrhoea and other preventable diseases and improving the health outcomes.



Outlook
THE FULLY LOADED MAGAZINE

#OutlookSpeakOut | Ms. Sushmita Sen felicitated Mr. Ravi Bhatnagar, the man behind Project 'Hope'. He is the Director External Affairs and Partnerships AMESA, Recott Benckiser.
#WomenEmpowerment Sushmita Sen



Women Empowerment Awards
in Outlook Speak Awards 2018



Editor's Note

In 2015, we started the Dettol Banega Swasth India campaign as a small pilot project across 200 villages in Uttar Pradesh and Bihar. Over the last five years, the campaign has carved out a novel space for itself, in enabling India's achievement of the sanitation goals under the Swachh Bharat Mission. As a multi-strand programme, DBSI has helped enhance the lives of millions of people, especially of those belonging to marginalised sections of society.

With great pride and honour, I am releasing this report as a showcase of Project Hope, a crucial strand of the DBSI campaign. Project Hope (Asha in Hindi) reflects the core ethos of RB. Its contributions to the programme and the Swachh Bharat Mission have been immense, as it has effected positive change in the mindsets and behaviours of people, related to health and sanitation. This has allowed us to address the sanitation and hygiene problem, from the base to the apex, while deriving corresponding solutions for each level of action.

UNICEF's 7-point plan to reduce infant mortality caused by diarrhea laid emphasis upon behaviour change via community involvement, education and health-promotion activities. Project Hope has shown that the traditional roles of women can be used to help them become key influencers in the implementation of WASH (water, sanitation and hygiene) practices, facilitate product access and create opportunities for generation of livelihood.

Thus, we equipped women with the requisite knowledge and abilities to not only help transform the hygiene standards of their communities, but also contribute to the local economies as entrepreneurs. Their wholehearted commitment towards assuming leadership and instilling change has been awe-inspiring for us, both, on a personal and professional level.

Importantly, by creating community awareness and instilling community knowledge about the criticality of hand-washing in the prevention of diseases and ill-health, a market demand has been created for effective, but low-cost, health and hygiene consumer products. In order to meet this demand, sustainable local supply chains, consisting of community members, have been developed and strengthened.

I want to take this opportunity to extend my heartfelt gratitude to all our partners, be it the local government, state administrations or development organisations, but especially the core teams at RB and Jagran Peהל, for tirelessly working towards committing to fruition, our deeply cherished vision of helping people achieve better health, while making the right kind of social and environmental impact.

In DBSI's final year, RB and Jagran Peהל are working towards cementing the progress made in the previous years by infusing the spirit of DBSI into India's sanitation and hygiene culture, thereby paving the way for future community members and stakeholders to take this cause of empowerment forward, through inspiration and emulation. Moreover, we will widen the scope of our efforts within DBSI to holistically improve overall health outcomes of marginalised communities within India.

Ravi Bhatnagar

*Director, External Relations & Partnerships – AMESA
RB*



Executive Summary

PROJECT HOPE

Project Hope, one of the strands of the Dettol Banega Swasth India campaign, has been conceptualised as a pioneering market-based, sustainable and scalable model that aims to prevent the scourge of diarrhea, within the wider ambit of transforming behaviour and tackling challenges to public health and sanitation.

The underlying goal is to alleviate the widespread scourge of preventable waterborne diseases in India, especially diarrhea, which has devastating societal impacts i.e. poor health outcomes, massive socio-economic costs and failure to achieve many sustainable development goals (SDGs). These result from a lack of adequate sanitation and waste management infrastructure, in addition to flawed and inter-generational mindsets and cultural norms vis-à-vis sanitation and hygiene habits, exacerbated by a lack of education and exposure to best practices.

60% of all deaths due to diarrhea can be attributed to poor conditions of the drinking water, sanitation hygiene, and disposal of human waste. Handwashing with soap can alone cut risks of diarrhea by at least 40%. While women often do not hold decision-making powers in the family, their actions and activities do shape the overall health of the family. Thus, the adoption of effective preventive measures by the women, can have a spillover effect in terms of changing the behaviours of the rest of the family as well as community members.

Within this context, Project Hope encapsulates the dual aim of “bottom line success with public good”, by empowering the communities, especially women, with the best practices and knowledge of hygiene and sanitation as well as creating economic opportunities via employment or entrepreneurship, to cater to the resulting needs and demands of the people.

It complements RB’s corporate goals of fostering partnerships to innovatively drive consumer health and penetrate rural Indian markets with affordable hygiene and sanitation products.

Project Hope is built on a well-structured and integrated framework or Theory of Change, with focus on multiple pillars of change and applicability across multiple settings. A demand-driven and affordably-priced product basket is provided to the community members, created based on their local needs and context, in order to address the barriers of adoption, encourage trial and usage of the product(s) and foster repeated purchasing behaviour.

In the third year (2019-20) of Project Hope, 100 Asha Ammas were deployed, along with six block coordinators. The Asha Ammas were trained in behaviour change communication and entrepreneurship development. They were also taught to conduct focus group discussions.

Through the change leaders, a range of BCC activities were deployed across six target districts in the states of Uttar Pradesh and Bihar i.e. Pilibhit, Udham Singh, Bahraich, Balrampur, Sharavasti and Haridwar.



Outcomes and Impact

In **Year 3 (2019)** of Project HOPE, there has been a **167% growth** in sales from Year 2 (2018) and a **229% growth** as compared to Year 1 (2017).

The number of households covered in the program has increased nearly **4X times** since the inception of the project.

There was a **growth of 128% in terms of outreach** across households over nine months.

A total of 949 BCC activities were conducted across the six districts. Pilibhit witnessed the highest number i.e. 240 activities.
The BCC activities included focus group discussions, door-to-door visits and events in the villages.

150 nukkad nataks were conducted across 110 villages aimed to engage with the community, for the enhancement of messaging around sanitation and hygiene, with specific information related to handwashing and its benefits.

A total of **1,69,056 units of Dettol Handwash** were distributed in the community.

There has been a **25% reduction** in the cost per person for behaviour change adoption.

There has been a **decrease in the costs** incurred in BCC activities, from INR 20 per person at the start of the project to INR 15 per person by the end of 2019.

While the programme did face certain challenges in implementation over the years, these were overcome during outreach via **new and more effective communication strategies**.



167%
Growth over Y2
229%
Growth over Y1

4X
Growth of
Households

128%
Outreach
Growth in
9 months

150+
Nukkad
Nataks
across
110 Villages

Project HOPE has emerged as an immensely rewarding strand of the DBSI programme and has yielded a range of success stories, in the form of empowered women who have assumed control over their livelihoods and garnered the respect of their communities.



The Context

The Swachh Bharat Mission, launched on 2nd October 2014, brought to light, an oft-ignored socio-economic problem prevalent in India i.e. the practice of open defecation. The much-acclaimed mission aimed to achieve universal sanitation coverage and improve sanitation and health standards of 100 million Indians by 2020. Given the scale of implementation, the movement, which brought together leaders and actors in the public, private and development sector, has been heralded for being a massive success. Many parts of the country have either already achieved a nearly 100% open defecation-free (ODF) status or will achieve it soon.

Importantly, the Swachh Bharat Mission highlighted the necessity of ensuring adequate sanitation infrastructure and services as well as the best practices to maintain health and hygiene standards, due to the significant disease burden associated with the lack of these. Estimates by the WHO suggest that the Indian economy suffers an annual GDP loss of 6.5% (\$120 billion) due to this disease burden. From the health perspective, the transmission of waterborne diseases results in the deaths of more than a million children annually and stunting amongst 50% of children, across all strata of society.

This results in inadequate WASH standards and lack of sanitation and waste management infrastructure, due to lack of toilet usage, thereby hampering the overall economic productivity and health of the country. Transformation of the sanitation and hygiene ecosystem in India demands significant investments but incurred costs can be off-set by the benefits accrued in the form of improved health outcomes, increased employment and greater attendance in schools.

These factors are relevant to India's commitment to achieving the 2030 Agenda for Sustainable Development and specifically, Goal 6, which entails "water and sanitation: access to adequate and equitable sanitation and hygiene for all and end open defecation."





The achievement of adequate sanitation and health outcomes is linked to the fulfillment of multiple other Sustainable Development Goals (SDGs) as well: eradicating poverty (Goal 1), hidden hunger and malnutrition (Goal 2) and inequality (Goal 10); ensuring public health and well-being (Goal 3), cognitive development of children (Goal 8), gender equity (Goal 5) and quality education (Goal 4) by preventing drop-outs and illnesses; creating safe and resilient cities / human settlements (Goal 12) with an ODF status and curbing pollution from accumulated domestic waste (Goal 14); promoting peace and justice (Goal 16) via accountable, effective and inclusive institutions responsible for sanitation facilities and finally, fostering partnerships based on innovation and technology transfer in the sanitation sector to accelerate implementation, access and sustainability (Goal 17).

A country's sustainable development cannot take place in the absence of transformations in individual and collective behaviour of the people. Therefore, changing behaviours is key to achieving the SDGs. Interventions in the form of policy enforcement, infrastructural support or technological innovations cannot fully succeed unless there is widespread change in the existing consumption patterns, habits, practices and behaviours of people.

This hinges upon an in-depth understanding of the underlying complex inter-linkages as well as collective rethinking of core values and societal/cultural norms. Sustainable change for improved outcomes should necessarily be driven within and by the communities.



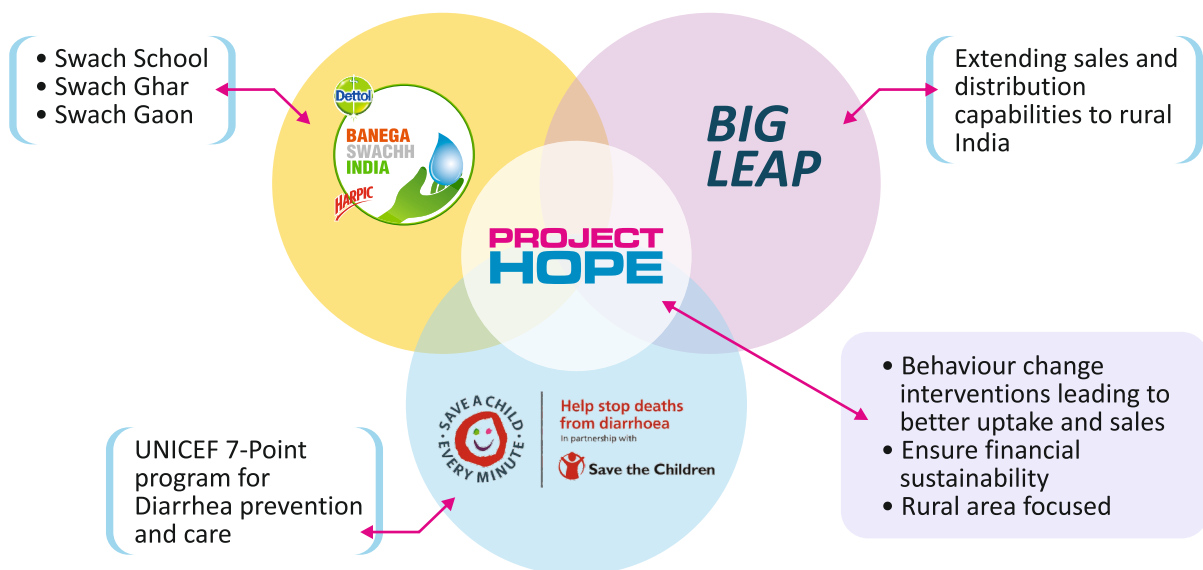
About the Project

Under the RB-Jagran led Dettol Banega Swasth India, Project Hope has been conceptualised as a pioneering market-based, sustainable and scalable model that aims to prevent the scourge of diarrhea, within the wider ambit of transforming behaviour and tackling challenges to public health and sanitation. It complements RB's corporate goals of fostering partnerships to drive consumer health through innovation and penetrate rural markets in India, with affordable hygiene and sanitation products, especially those related to hand-washing and cleaning toilets.

Project Hope is a product of an ongoing partnership with Save the Children's (STC) campaign of reduction and eradication of the devastating impacts of diarrhea on children by 2020. It encapsulates the dual aim of "bottom line success with public good", by empowering the communities, especially women, with the best practices and knowledge of hygiene and sanitation as well as creating economic opportunities via employment or entrepreneurship, to cater to the resulting needs and demands of the people.

Image 1:

Project Hope at the intersection of 3 programs at RB





Why diarrhea?

According to UNICEF (2017), diarrhea is the leading killer of children worldwide, accounting for almost 8% of all the deaths amongst children under five years of age. This figure roughly translates into 1,300 deaths per day and 4,80,000 children dying annually.

Most of these deaths occur in South Asia and Sub-Saharan Africa. As per the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), simple yet effective interventions are key to protecting the health of the children, preventing the occurrence of the disease and ensuring appropriate treatment, when needed. The annual economic loss of \$120 billion to the country's GDP is another malignant impact of what is otherwise an easily preventable disease.

These poor outcomes can be attributed to factors like the lack of adequate sanitation and waste management infrastructure. However, a massive part of the problem remains the flawed mindsets and cultural norms vis-à-vis sanitation and hygiene habits, which have been passed down through generations and exacerbated by lack of education and exposure to best practices. The availability of safe drinking water, sanitation and hygiene are central to preventative measures for diarrhea. 60% of all deaths due to diarrhea can be attributed to poor conditions of the drinking water, sanitation hygiene, and disposal of human waste. In fact, handwashing with soap can alone cut risks of diarrhea by at least 40%.

Why make women the **AGENTS OF CHANGE**?

The traditional roles and responsibilities as well as household structures render a special position of influence for women, especially in relation to the improvement of the health of their children and other family members. Their actions and activities do shape the overall health of the family.

Thus, the adoption of effective preventive measures by the women, can have a spillover effect in terms of changing the behaviours of the rest of the family as well as community members.



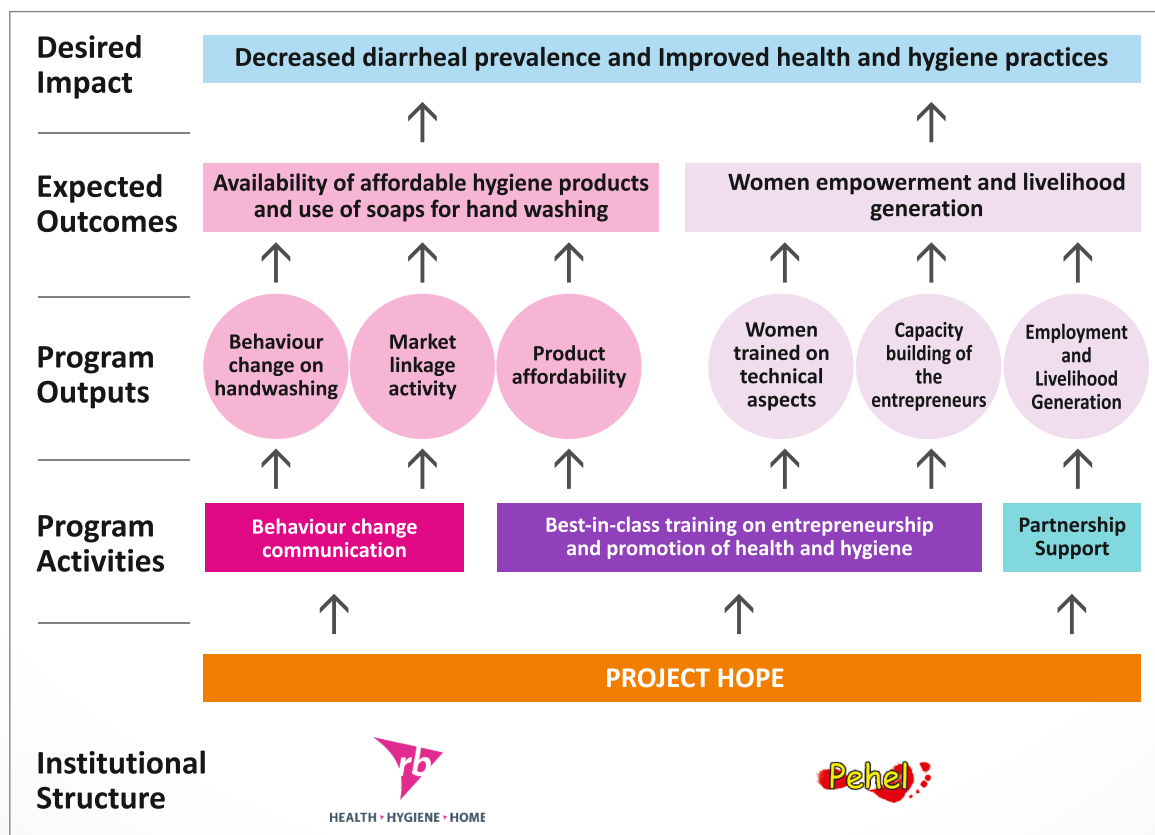
Within this context, Project Hope leverages the potential influence that women can exert within their families and larger communities, vis-à-vis the improvement of health, sanitation and hygiene standards, while uplifting their own socio-economic status and opportunities for livelihood generation in society.



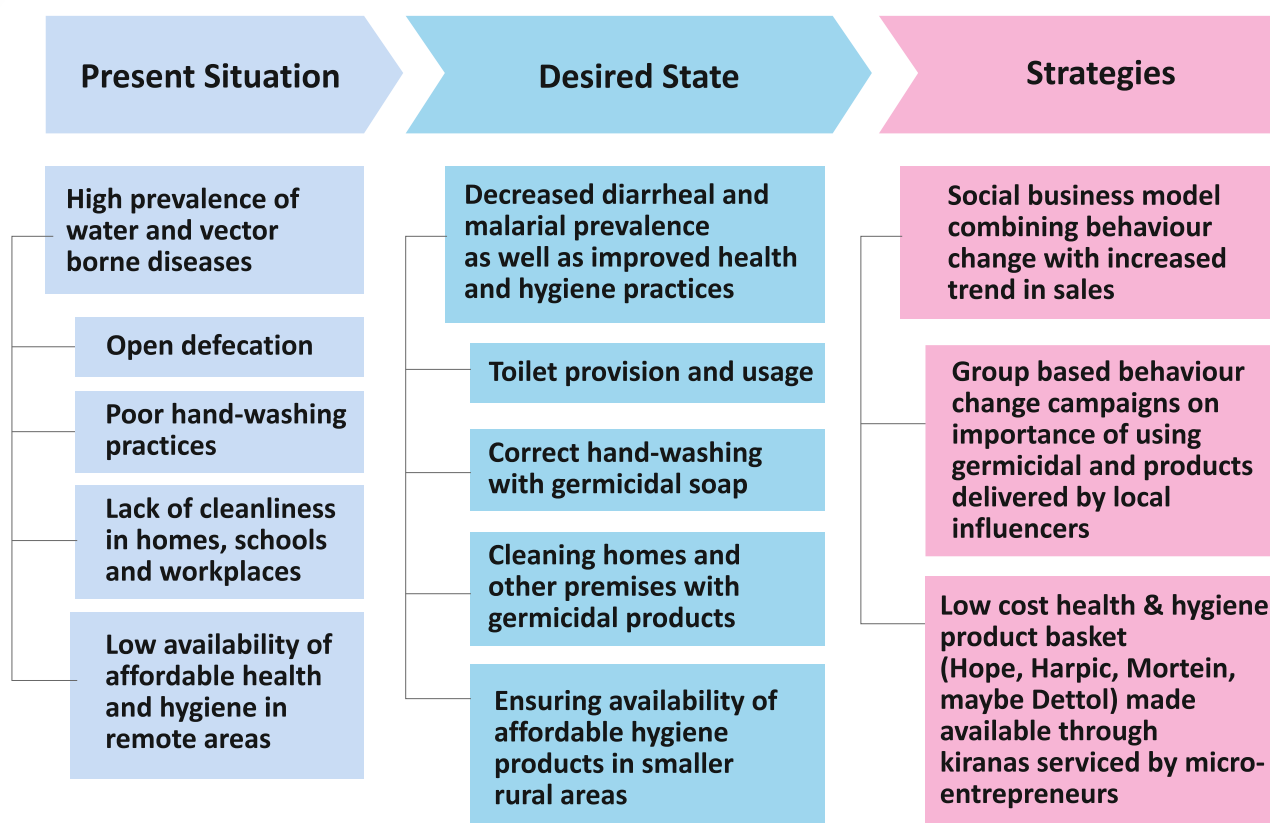
Conceptual construct of Project HOPE

Project Hope is built on a well-structured framework or Theory of Change. This paradigm was adopted to create an integrated approach that moves beyond exclusively focusing on only certain dimensions of change, for example, social and behavioural changes. This conceptual framework integrates key constructs from different dimensions into a model of change, which can be effectively applied across multiple settings (populations, behaviours).

The diagram below lays out the framework of this Theory of Change that underlines Project HOPE.



The chart provided below effectively reflects the intellectual approach underlying Project HOPE.





Objectives of Project HOPE

The two main objectives of Project Hope include:

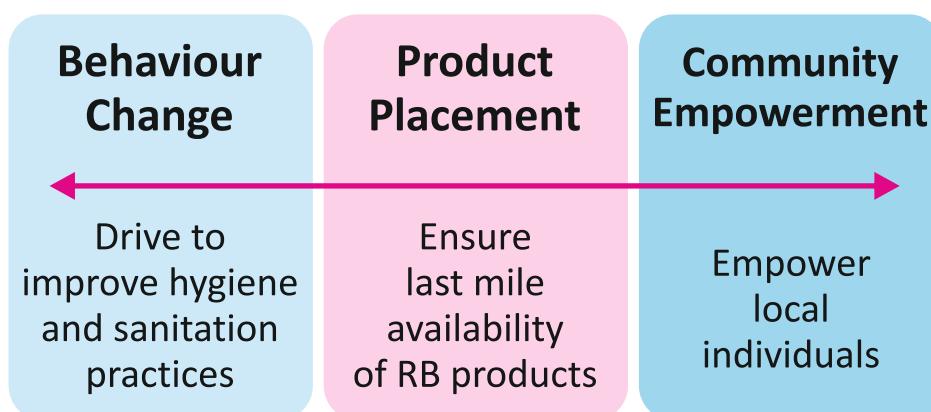
- Drive **Behavior Change Campaigns (BCC)** for product adoption to reduce mortality and morbidity as well as impact co-morbidity, arising out of poor sanitation and hygiene
- **Encourage the uptake of products such as Asha soap**, specifically developed by RB under the pilot

These objectives of Project HOPE hinge upon a three-pronged vision:

- Drive behaviour change campaigns for product adoption

- Create low-cost health and hygiene products for the BoP (2 products created thus far) and build a sustainable last-mile distribution and sales model especially for rural areas

- **Community Empowerment:** Empower the local community through knowledge and also by creating economic activities including entrepreneurial and employment opportunities (such as village level health educators and Asha Ammas)









Mission: Reduce diarrhea prevalence using a market-based sustainable model

Behaviour Change Communication

One of the pre-determined key performance indicators of Project Hope was changing individual and collective behaviour across the targeted households and villages.

In order to achieve this, the strategy of the Behaviour Change Communication (BCC) campaign was built upon the following six themes :

- 1. **Health benefits through hand washing and improved sanitation**
- 2. **General Hygiene**
- 3. **Hand washing with soap**
- 4. **When to wash Hands?**
- 5. **Good sanitation practices**
- 6. **Toilet Cleaning (not implemented in the pilot project)**

The sixth theme was not implemented in the pilot project because the Asha Powder to be used for cleaning toilets was not available for sale.



Behaviour Change Communication Tools

Change Behaviour
Creating Sanitation Change Leaders

NUKKAD NATAK



Nukkad Natak to create awareness about Health & Hygiene practices.

SWASTHA CHAKRA



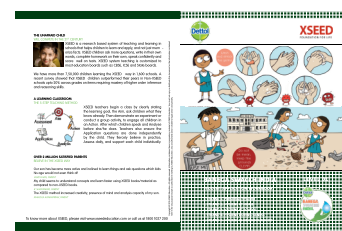
An interactive intuitive game that **break literacy barrier** and engage women and **enhance awareness about health & hygiene.**

BCC GAME PAMPHLET



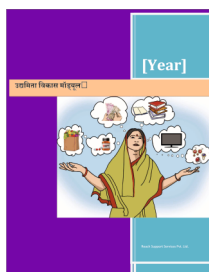
Pamphlet to generate awareness about diarrhea

SCHOOL CURRICULUM



The Curriculum consists of **Student Workbook, Teacher lesson Plans, Hands on Game** along with **Class room Posters** conceptualized as per immediate surroundings and use active experiments.

ENTREPRENEUR MODULES



Training on women entrepreneurship to Asha amma

STORY TELLING GAMES

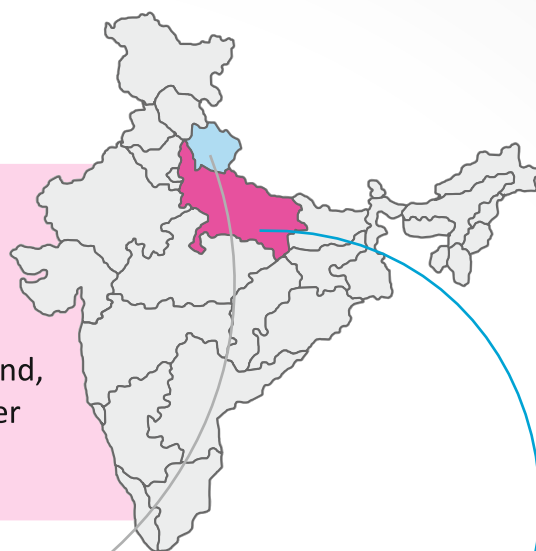


Story telling card games for more interactive participation of the community for more awareness

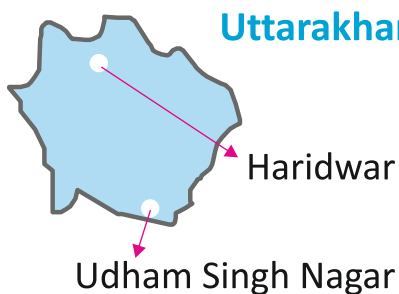
BCC Tools

Project Deployment

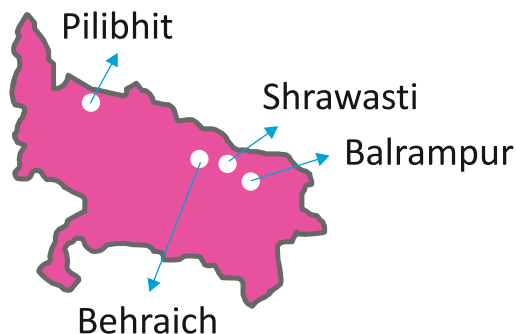
The pilot project in the first year and the scale-up in the second and third years took place across two states i.e. Uttar Pradesh and Uttarakhand, specifically in four districts in the former and two districts in the latter.



Districts in Uttarakhand



Districts in Uttar Pradesh



Dettol soap (MRP INR 5)



Dettol soap (MRP INR 10)

Product Basket

Under Project HOPE, a demand-driven product basket is provided, based on the local needs of the members of the community.

It is aimed to address factors embedded in the local context, such as, the barriers of adoption. Importantly, affordable pricing is key to this product basket, in order to induce trial and usage of the product(s) as well as repeated purchasing behaviour.

“Asha Amma” Woman Health Worker

The Change Leaders



The Asha Ammas are the locally identified women champions. Their sole focus is to drive behaviour change in the local village communities, towards good sanitation and hygiene practices, by using the Asha soaps. They are not directly responsible for the door-to-door sales of the product.

Though there are no direct economic opportunities for the Asha Ammas involved in Project Hope, they still become empowered as change leaders to help other women adopt the best practices of hand-washing in their respective households.



Project Hope is enabling the transformation of the lives of these women, as Asha Ammas, in the following manner :

Before the intervention

- Local village members with less knowledge in good health and hygiene practices
- Inability to influence households on general hygiene and hand washing
- Usually dependent on male members for income and recognition in the society
- Low skill base in community change interventions



The efforts of these Asha Amma are recognized through

After the intervention

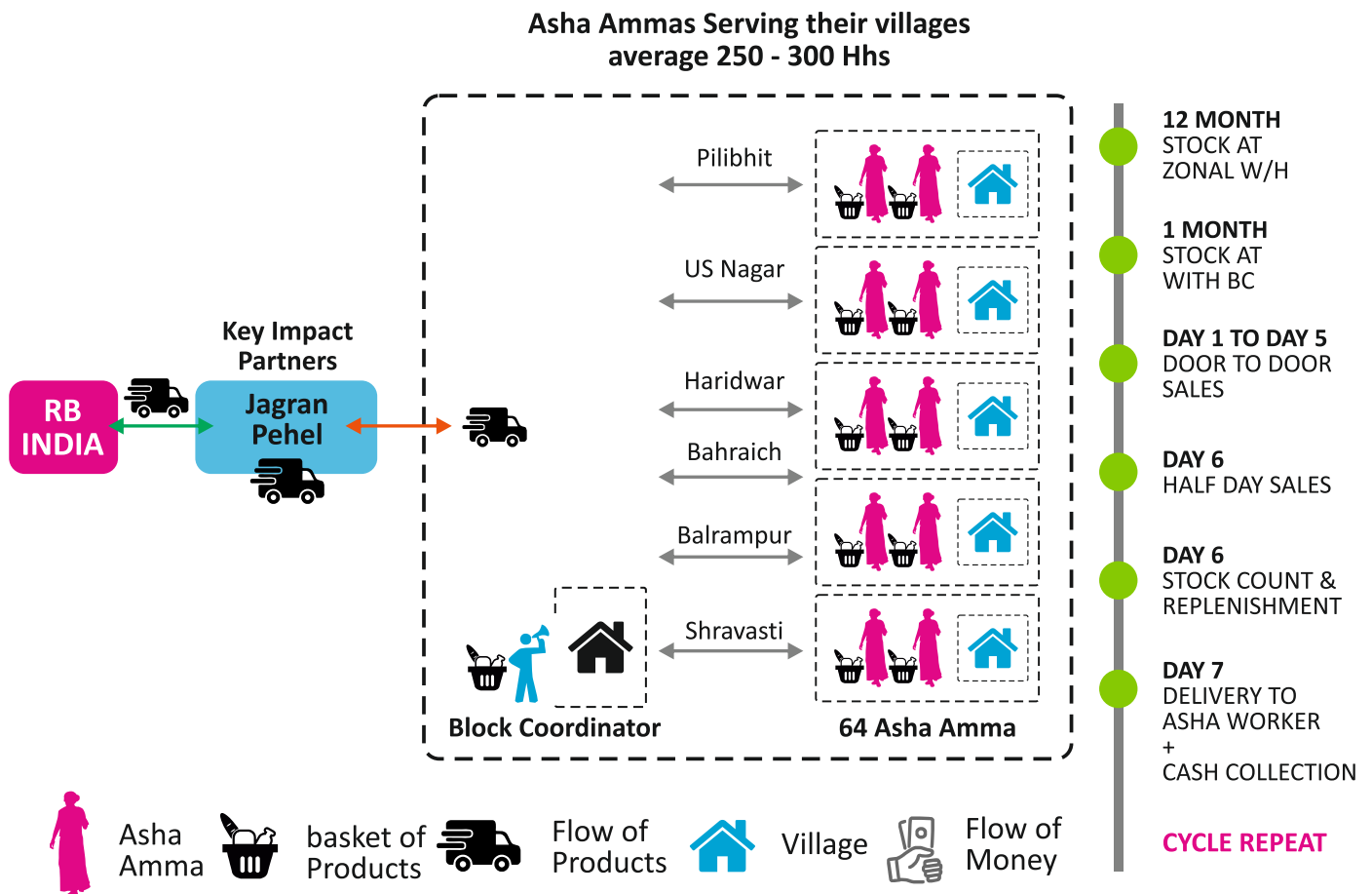
- Local community members with thought leadership in health and hygiene
- Influencers among new mothers and young children for hand-washing with soap
- Additional source of income for the household; recognition in society through events and facilitating
- Trained in community behaviour change interventions with possibility to be utilised in other programmes

- **Souvenir / Appreciation Certificate to each Asha Aamma**
- **Facilitation of top 3 Asha Ammas in a village every quarter (through gifts)**
- **Social enhancement and feeling of being associated with a good cause**

The project benefitted from the participation of **64 Asha Ammas** who undoubtedly made an impact on improving hygiene and handwashing practices but also by creating demand for the Asha soap.

The Asha Ammas, alongside the project team, underwent a detailed training regimen, to ensure that they were equipped with all the tools and tactics necessary for succeeding in the field. The training of the field executives and project leads took one day and that of the Asha Ammas took 10 days.

Replenishment Model



STEP 1 Project lead transfers the amount to local vendor to procure the product

STEP 2 District coordinator procures the product from the local vendor to then distribute to the Block Coordinator

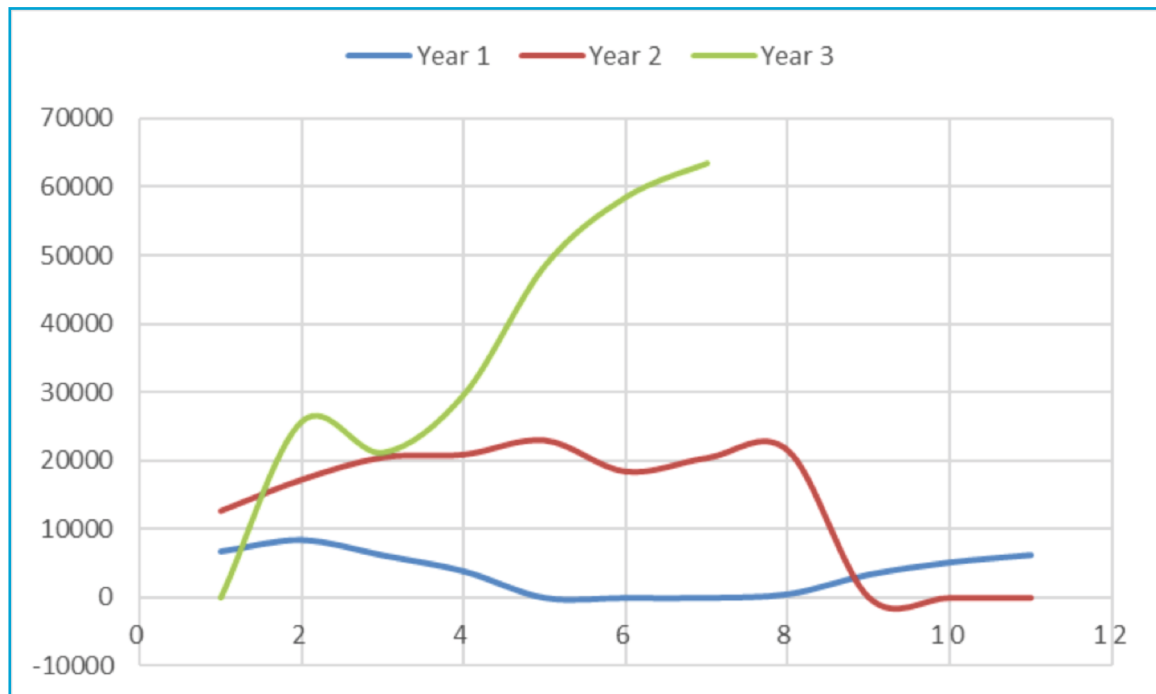
STEP 3 The Asha Ammas then collect the product from the Block Coordinator



Outreach

	PHASE 1	PHASE 2	PHASE 3
Year	2017 - 18	2018 - 19	2019 - 20
Number of Households (HHs)	70,000	1,92,000	4,38,244
Number of visits per HH	2	4	9
Number of Asha Ammas deployed	40	64	100
Units of Soap sold	47,000	1,55,025	4,13,977
BCC Cost	50% improvement observed in attendance of participants in the BCC sessions	<p>21% compounded monthly growth rate for covering HHs in the BCC change model</p> <p>There was a growth of 174% in terms of outreach across households over nine months</p>	<p>On an average, the number of participants in one BCC session has gone up to 12-15 people, compared to 9-10 people, from 2017 to 2019.</p> <p>The number of households covered in the program has increased nearly 4X times since the inception of the project.</p> <p>There was a growth of 59% in terms of outreach across households over nine months.</p> <p>There has been a 25% reduction in the cost per person for behaviour change adoption.</p> <p>There has been a decrease in the costs incurred in BCC activities, from INR 20 per person at the start of the project to INR 15 per person by the end of 2019.</p>

Market Penetration



In **Year 3 (2019)** of Project HOPE, there has been a **167% growth** in sales from Year 2 (2018) and a 229% growth as compared to Year 1 (2017).

Monthly Sales in Phase 3 (2019-20)

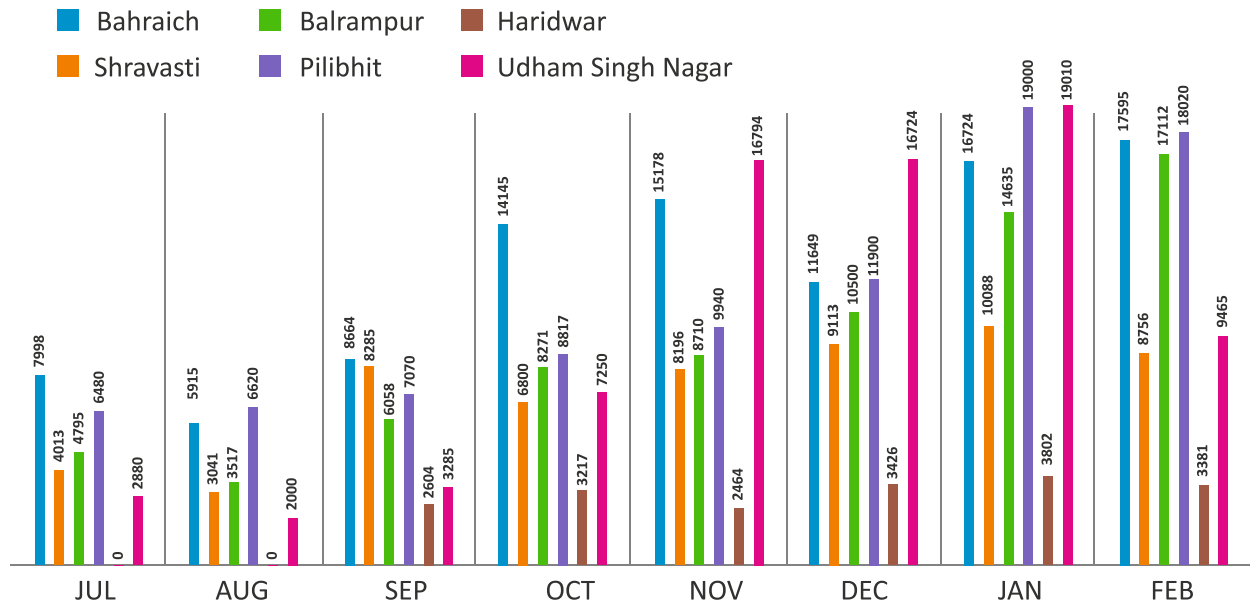


In this phase, the **highest sales** of the soaps were made in the month of **January**, with **83,259 units** being sold.

The total repeated demand was for approx 38,316 units.

There was a **184% growth in sales** from July to February i.e. from approx. 26,166 to 74,329 units being sold.

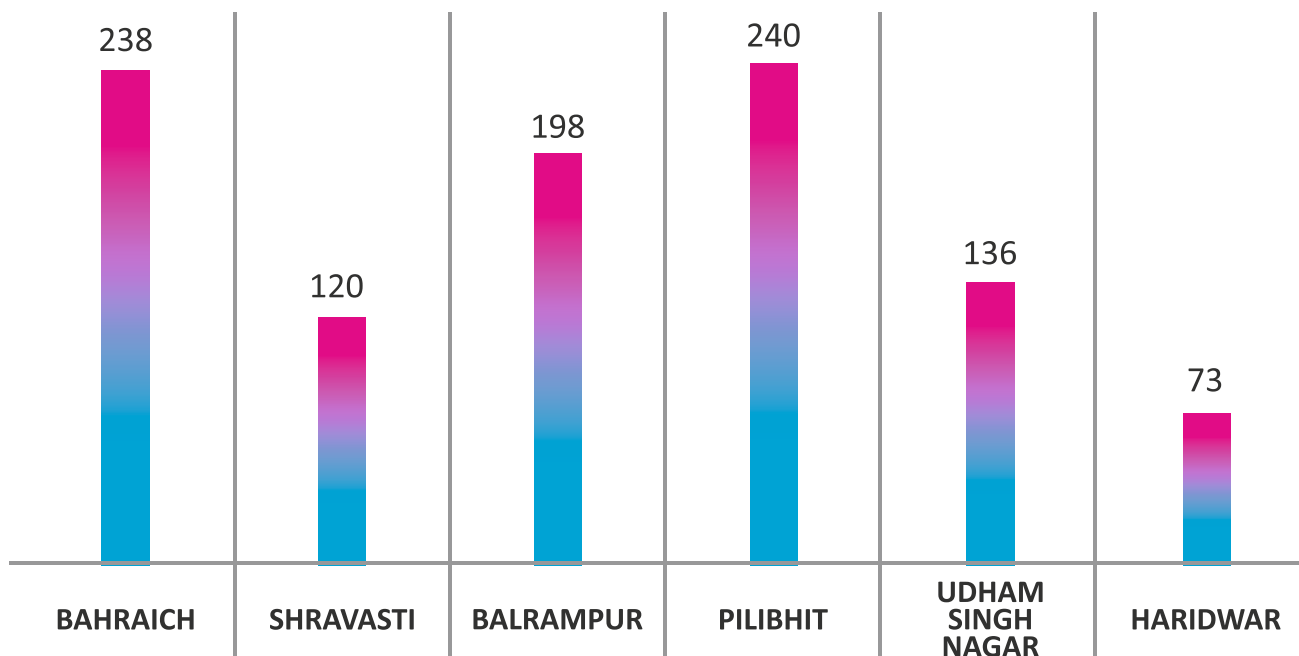
District-wise Snapshot of Sales



In the district of Bahraich, located in the state of Uttar Pradesh, the sales were the highest across all the months. In the last three months, Udham Singh had the highest sales.

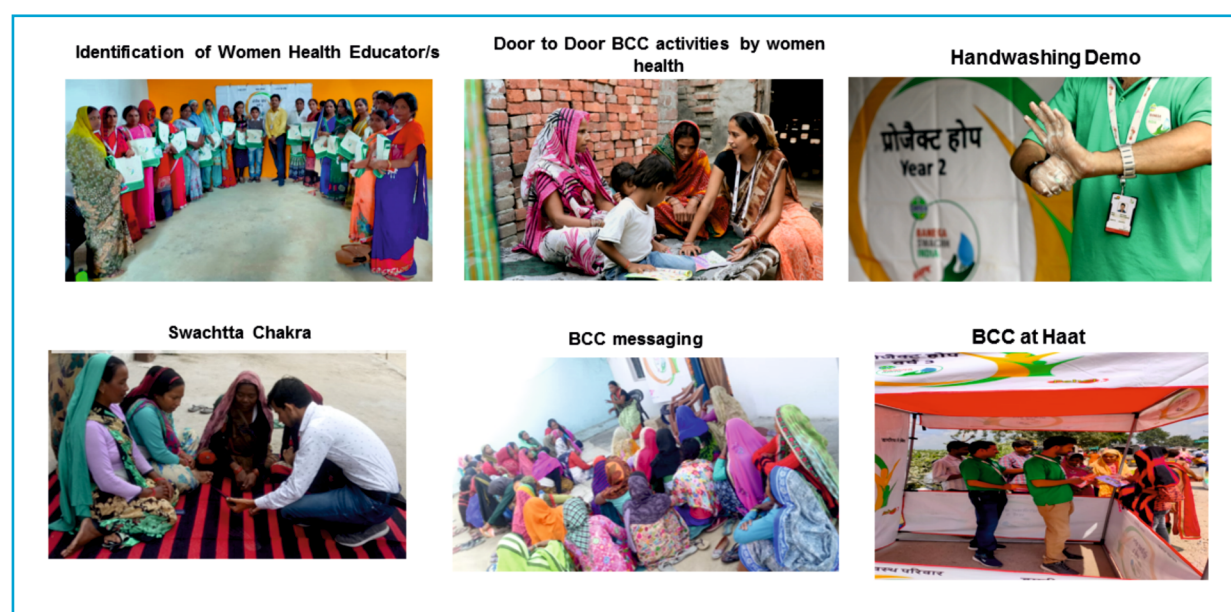


BCC Report



A total of 1005 BCC activities were conducted across the six districts. Pilibhit witnessed the highest number i.e. 240 activities. The BCC activities included focus group discussions, door-to-door visits and events in the villages.

Activities



Nukkad Natak



150+
Nukkad Natak
across
110 villages

In this phase, 150 Nukkad Natak were conducted across 110 villages. These nukkad natak aimed to engage with the community, for the enhancement of messaging around sanitation and hygiene, with specific information related to handwashing and its benefits.



The key messages of the nukkad natak reiterated the following:

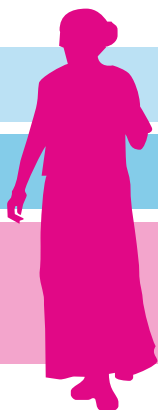
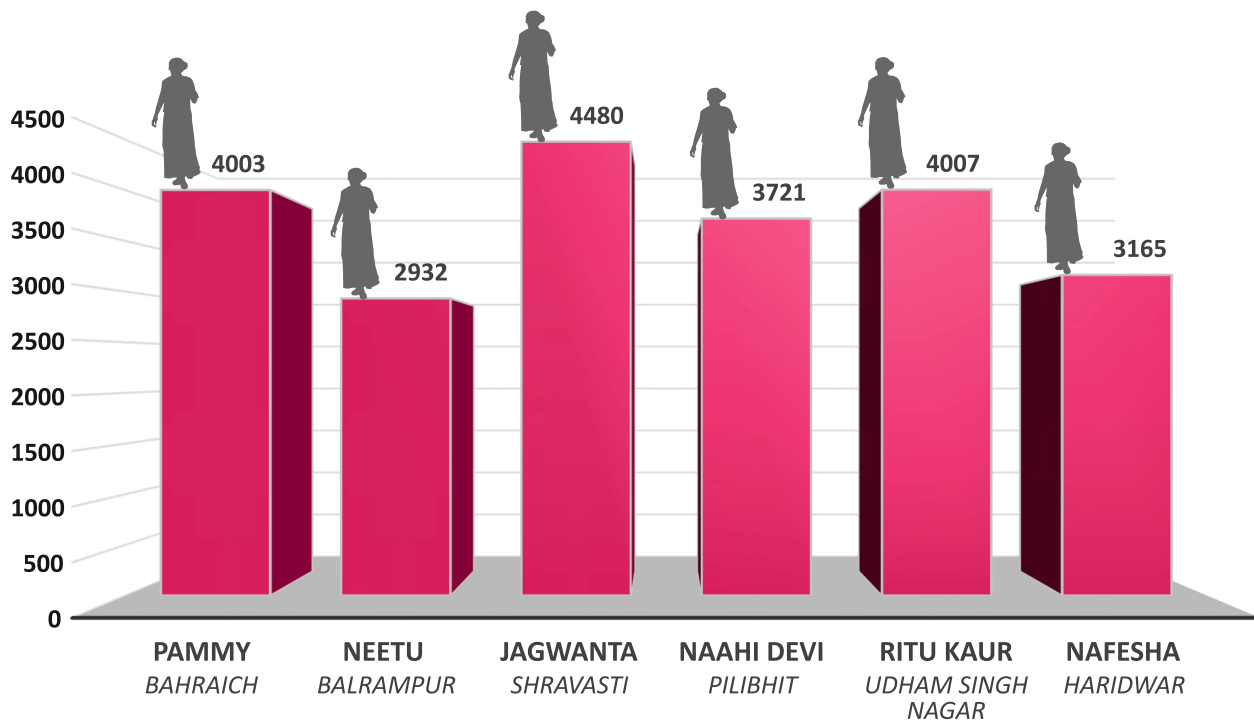
- **IMPORTANCE OF HANDWASHING**
- **BEST PRACTICES FOR HANDWASHING**

An overview of the storyline used:

When a child is born in a family, the whole family and the related community members feel joyous and celebrate. However, when the child is not exposed to the best hygiene practices, he or she may suffer from multiple diseases like diarrhea etc. that leads to both, the loss of money (due to costs incurred on medication, treatment etc.) and happiness. Thus, the adoption of the best handwashing practices can save both, health and wealth.

Performance of Asha Ammas

Top Performers



In the first year, there were **40 Asha Ammas**.

In the second year, there were **64 Asha Ammas**.

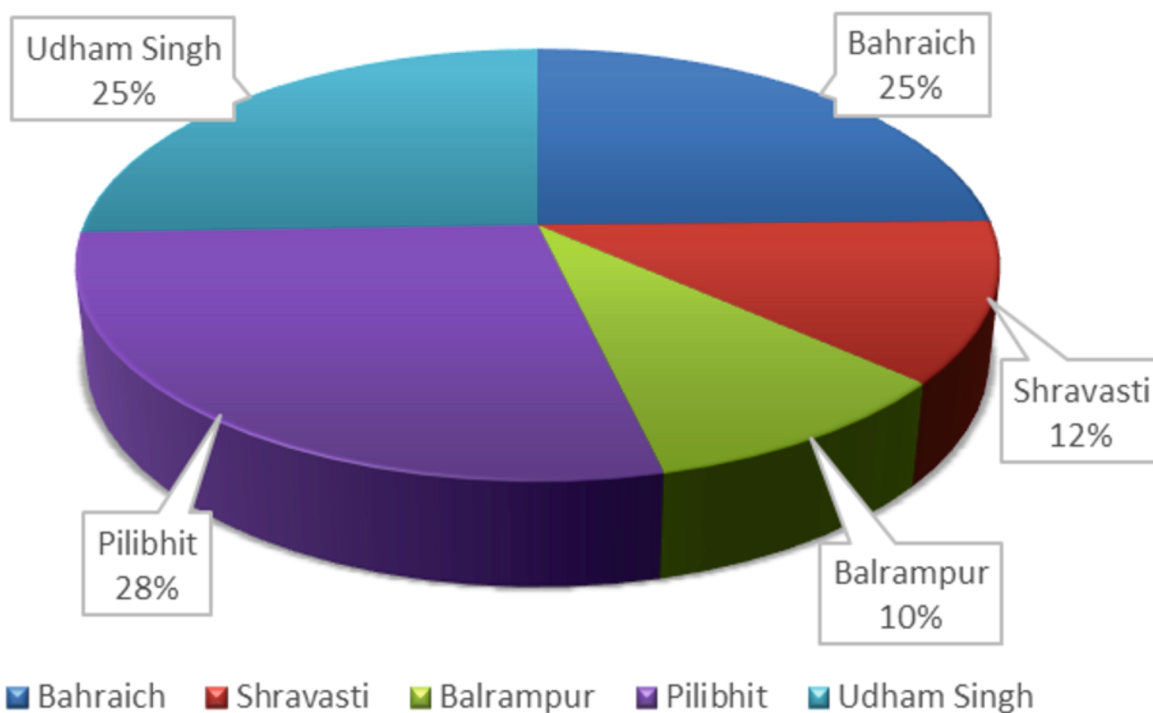
In the third year, **100 Asha Ammas** were deployed along with **Six Block Co-ordinators**.

The Asha Ammas were trained in behaviour change communication and entrepreneurship development. They were also taught to conduct focus group discussions.

The team training sessions involved the following:

- Door-to-door visits
- Identifying the challenges for behaviour change communication
- Building understanding of the participants on the root cause of the problem
- Using different techniques for community mobilization in the Indian health sector
- Community mobilization through Advocacy, Communication and Social Mobilization (ACSM techniques)
- Community mobilization through Social Behavioral change communication (SBCC)

Distribution of the Dettol Handwash



A total of **1,69,056** units of Dettol Handwash were distributed by the target audience, with the following distribution patterns per district.

DISTRICT	SAMPLE UNITS OF DETTOL HANDWASH
Pilibhit	47,336
Udham Singh Nagar	42,264
Bahraich	42,264
Sharavasti	20,287
Balrampur	16,906



Community Perception over the years

After the pilot launch, certain concerns were raised by the potential consumers, which were overcome during the outreach programme, aided by new and more effective communication strategies.

Consumers' Thoughts

Program Challenges and Steps Taken

Project Challenges :

Issues that were raised by the consumers

Steps taken

Asha soap does not form lather. How do we know if it cleans effectively?

Focus on the germicidal properties of the soap while promoting it in the region

No promotions seen on TV or Radio or Newspaper for Asha soap. Is it genuine?

Use the local women health educators to spread messaging on the genuine nature of the product

Why is Asha soap sold door to door while it should be available in kirana stores?

Use the local sales channels in high potential and populous villages

Why is the soap named Asha? Is the government providing this for free?

Time taken to explain meaning of Asha. Also the community was informed that profits generated will be reinvested





In the process of implementing and scaling-up the project in the third year (2019), certain new challenges have emerged and some persisted from the previous year (2018).

The resolution of these, by revisiting and modifying the strategies underlying market building and behaviour change communication, enabled the elimination of obstacles that could have possibly hindered the effective realisation of the objectives of Project Hope.

These challenges include the following:

- Lack of awareness about the benefits of RB's hygiene products
- Low per capita income impacting the purchase of products
- Competition from other low-cost products
- Customer expectations of purchasing the hygiene product at a discounted rate
- Lack of literacy among the women health educators caused failure in application usage
- Low internet connectivity in rural areas created problems in application usage
- BCC material needed to be designed in a more effective manner to generate long-term interest and recall of messaging
- Low demand of the Dettol Soap with MRP of INR 5, in comparison with the one costing INR 10

The following solutions ensured the resolution of these challenges and achievement of targets in the second year of implementation:

- Local women health educators were deployed in the villages and utilised for BCC and the promotion of Asha soap
- The communities were informed that the profits generated from the sale of the soaps would be re-invested in the village for overall betterment
- Product placement was ensured by making the Asha soaps available in the local selling channels i.e. kirana shops and small medical stores
- Simple reporting systems were used through applications like Whatsapp that required low internet bandwidth, ensuring that data is recorded regularly and corrective steps taken quickly
- The sales target for each village was determined based on the population (demand driver) and the spending power of the customers (supply driver)

Despite the project challenges, the outlined targets were achieved successfully and the identification of these hurdles only enabled improvements in the implementation of the project.



Engage - Empower - Elevate

Success stories



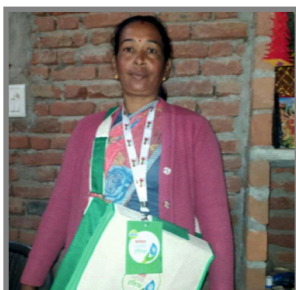
“ I never thought that I would ever step out of the house in my life and motivate others to change their lives.

But Project Hope has given me the opportunity to help others improve their hygiene and sanitation by teaching them about hand-washing. ”

Pooja Tiwari
Village Female Entrepreneur

“ The work I am doing with Project Hope is not only helping the society transform for better, but the money that I earn is also helping me manage my household expenses ”

Sanju Devi
Village Female Entrepreneur



Rita Devi
Asha Amma

Rita Devi is a health educator in Udham Singh Nagar block. Her husband is a driver in another city. She has two sons and both of them are pursuing graduation in arts. She never got a chance to study due to poor financial conditions, but she wanted to achieve stability in life and teach her children.

When she came to know about the DBSI Project Hope initiative, she voluntarily participated in it to train as an entrepreneur and to help create information about best practices of health and hygiene.

Project HOPE motivated her to become a change leader for society and gave her an identity, respect and confidence. She makes door-to-door visits daily and shares information about the prevention of diarrhea and hygiene practices. In her free time, she makes candles and sells them across villages.



PROJECT HOPE

Phase 3



rb
HEALTH • HYGIENE • HOME



Intellectap





Prolonged and widespread change across the country has entailed that collective, evolutionary and sustainable interventions be made. Targeted and reasonably small investments, built on effective partnerships and on-ground implementation, have been critical for the success of the programme.

DBSI has effectively contributed towards the transformation the state of sanitation and hygiene in its target regions, through well-entrenched and easily replicable interventions.

In highlighting and demonstrating the impact of changing mindsets and behaviours of people, DBSI emerged as a crucial stakeholder in achieving the goal of ODF status in India.



PROJECT HOPE

Phase 3