Summer Training at
Project Concern International, Bihar
(April 1– May 31, 2014)

Current Practices of Personal Hygiene and Sanitation among Marginalized Community of Begusarai, Bihar

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CERTIFICATE

This is to certify that **Amit Kumar Singh** has undergone his summer training at **Project Concern International , Bihar** from 01 April, 2014 to 31 May, 2014.

The candidate has successfully carried out the project on **Practices of Personal Hygiene and Sanitation among Marginalized Community of Begusarai (Bihar),** assigned to him during summer training.

His approach to the study has been scientific and analytical. This summer training is partial fulfilment of the course requirements, recommended for the Post Graduate Diploma in Health and Hospital with specialization in Health Management.

I wish him success in all his future endeavours.

Col.(Dr.) Ashok Kaushik
Dean (Academic & Student Affairs)
IIHMR Jaipur

Col.(Dr.) Ashok Kaushik
Dean (Academic & Student Affairs)
IIHMR, Jaipur

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To Whom It May Concern

This is to Certify that Mr.Amit Kumar Singh, Student of IIHMR, Jaipur has successfully completed fifty days long (From 3rd april 2014 to 23rd May 2014) internship programme under the guidance of Mr.J B R Chakravarthy, Programme Manager at Project concern International India, Patna Branch. During the period of his internship programme with us he was found punctual, hardworking and inquisitive.

We wish him every success in life

H.R Officer

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I thank **Mr. Vikash Aggarwal**, Chief of Party, Parivartan Project, for his guidance and support throughout the project. I also thank Mrs. Rajshree Dash for giving me an opportunity to take part in their project.

Very special thanks to Mr. JVR Chakrabarty, Mr. Prakash and Mr. Brijesh who always provided me their valuable guidance to me.

A special thanks to **Dr. (Col) Ashok Kaushik** (retd.) for providing his valuable guidance and support for making my summer training successful.

I would also like to thank my friends who helped my during my training.

I am grateful to those all who have supported and helped me during my project.

Summary

Water sanitation and hygiene (WASH) is still a burning issue in most of the developing countries including India related to maximum number of mortality and morbidity amongst the rural people.

The research is targeted towards the sanitation and hygiene practices adopted by the rural people to promote health and hygiene.

The objective is to analyse the current prevailing practices related to sanitation and hygiene in the rural areas of the district.

Lack of toilets remains one of the leading causes of illness, malnutrition and death among children.

Every year 2.5 million children die of diarrhoea and millions more children die of parasitic diseases, which can be easily prevented by good sanitation and hygiene practises at home and school.[2]General deplorable state of latrines and urinals, lack of facilities, inadequate and poor storage of drinking water and inappropriate disposal of waste products in rural areas.

Globally, India has the largest number of people i.e. more than 600 million still defecating in the open. Estimates suggest that nearly 65% of India's population still defecates in the open. This practice of open defecation is reinforced by traditional behaviour patterns and lack of awareness about the health threats posed by it.[3]

As per NFHS-3, 88% of the total population of the country had access to improved source of drinking water and 45% had latrines within their households. This was even less in rural areas i.e. 85% and 26%, and out of this, only 18% households have latrines with water closet[4].

India is home to 638 million people defecating in the open. Poor WASH causes diarrhoea, which is the second biggest cause of death in children under five years (UNICEF, 2012)[5.] Government of India is committed to scale up School Sanitation and Hygiene Education program by covering all the government rural schools with water, urinal/toilet facilities and promote health and hygiene activities by the fiscal year 2005-06 with special focus on girl child

Lack of proper sanitation is a pressing challenge in both rural and urban areas. Every day, an estimated 1,000 children under five die in the country because of diarrhoea alone, a preventable disease.

In 2002, sanitation was included in the Millennium Development Goals (MDGs) with aim of halving sanitation issues by 2015[7]. The proportion of people without sustainable access to safe drinking water and basic hygiene facilities do not receive much attention despite much health implication .To break the unhygienic practise and cultivate the good practise, rural areas are the best place as they are receptive to all influences.

INTRODUCTION

PCI is an integrated health and development organization, working where the need is the greatest—in the poorest communities and least developed nations in the world.

PCI will become a leader in building community capacity, resiliency and self-sufficiency as the preferred partner of private donors, NGO's, communities, businesses and governments.

Parivartan is the ongoing project in the eight districts of Bihar namely Patna , Begusarari, Khagria, Saharsha, Gopalganj, Samastipur ,East Champran and West Champran by Project Concern International.

Goal of the Parivartan Project:

Catalyze collective community action to promote shifts in social norms and behaviour change to increase adoption of key family health and sanitation practices and enhance accountability and equity of health and sanitation services across Bihar **by 2016.**

Parivartan's theory of change is to *overcome the barriers to driving health and sanitation outcomes* among Most Marginalized (MM) communities in Bihar by organizing MM women into participatory groups, training them to be influencers on health and sanitation and empowering them to lead their communities to improved family health behaviors, as well as greater accountability and equity of services.

These groups will also act as power catalysts to pull supplies from service providers through linkages with other Ananya initiatives.

RESEARCH METHODOLOGY

1. Study approach: Quantitative

2. Study type: Descriptive

3. Study duration: April 2014- May 2014

4. Study areas: Dandari block of Begusarai

5. Name of villages: Dandari, Bank, Vishsnpr, Kamechak, Mahipitol

5. Sample size: 80

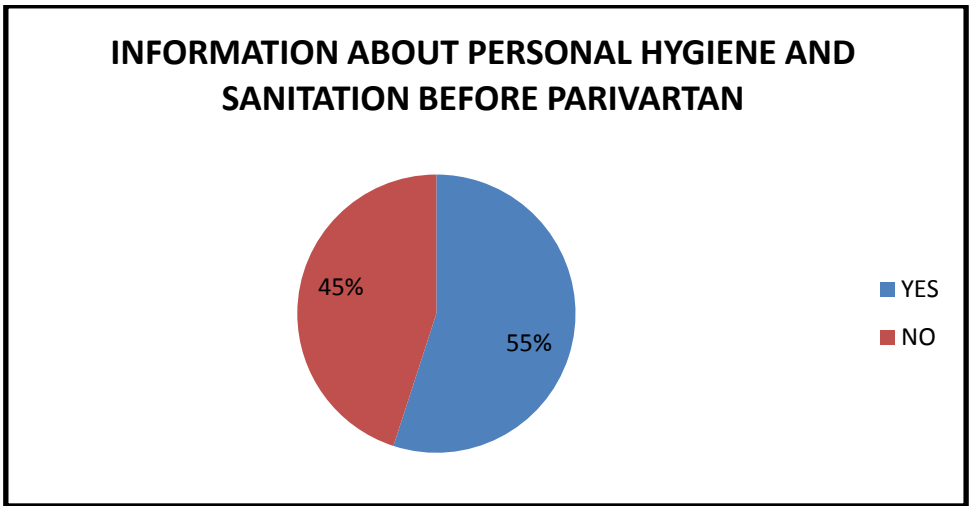
6. Tool for data collection: Questionnaire

7. Respondents: Female group members of the community (SC, ST and Pasmanda Muslims)

DATA ANALYSIS:

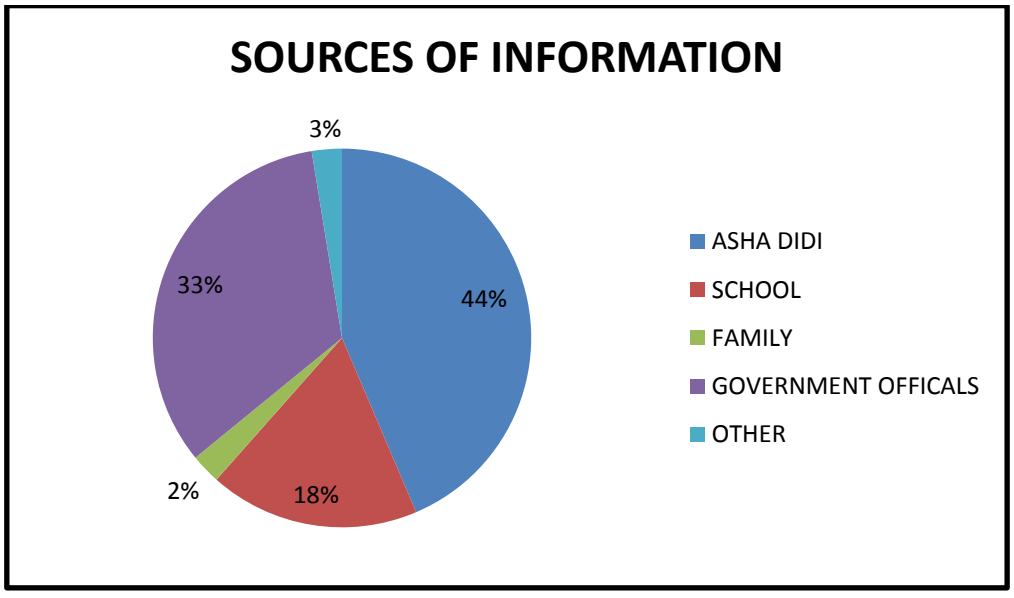
AWARENESS ABOUT PERSONAL HYGIENE AND SANITATION

1. Information about Personal Hygiene and Sanitation before Parivartan:



According to data, about half of the targeted community had awareness of personal hygiene and sanitation and rest half requires.

2. Sources of Information:

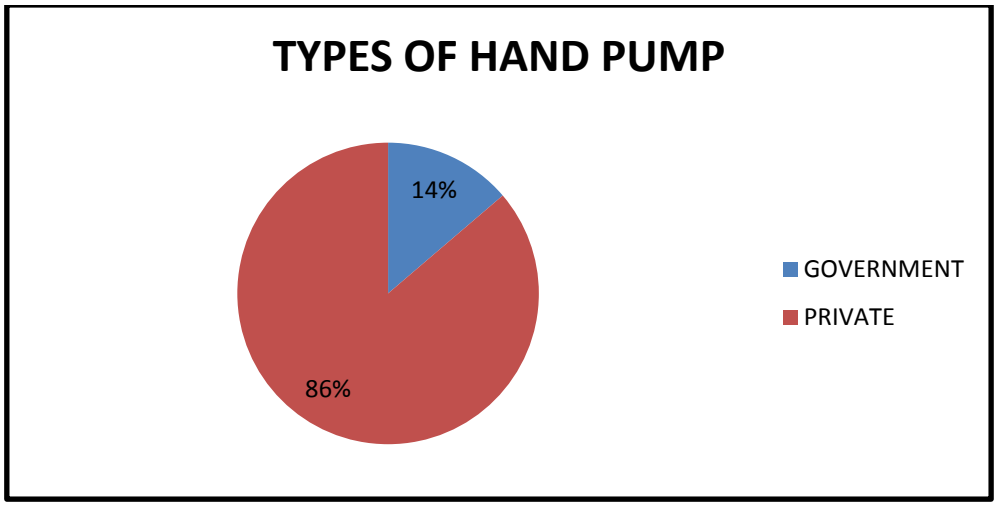


ASHA and government officials (anganwadi workers) are playing an important role in creating awareness in the community.

2. Main source of water:

Hand pump was the main water-source as reported by the respondents(100%).

2.1 Types of Hand Pump:

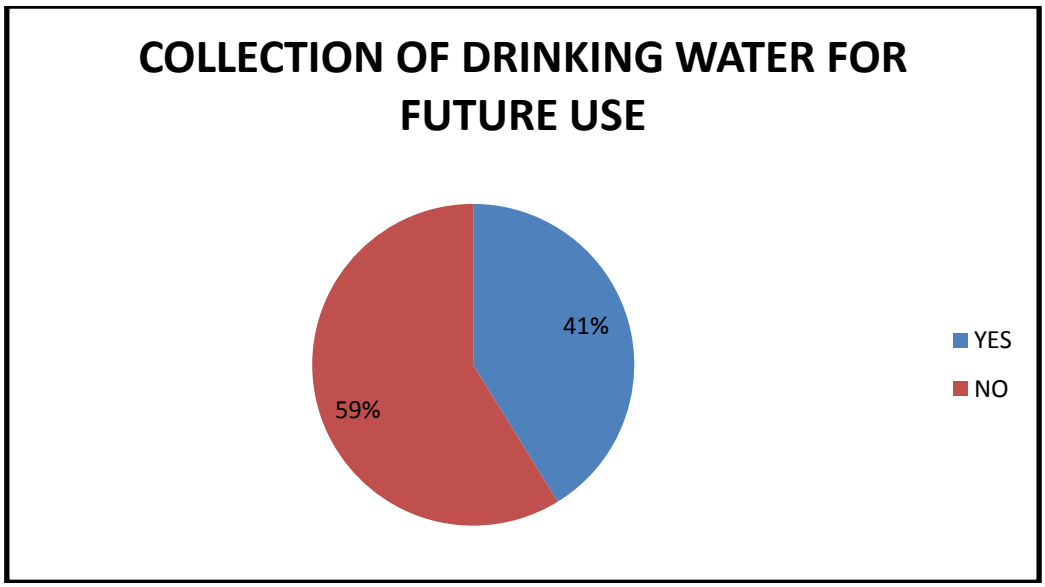


According to the data, most of the hand pumps being used are privately owned. So there is a need to create awareness among community members to use the water from deep bored hand pumps in order to reduce the risk of water born diseases.

3. Person fetching water from the source:

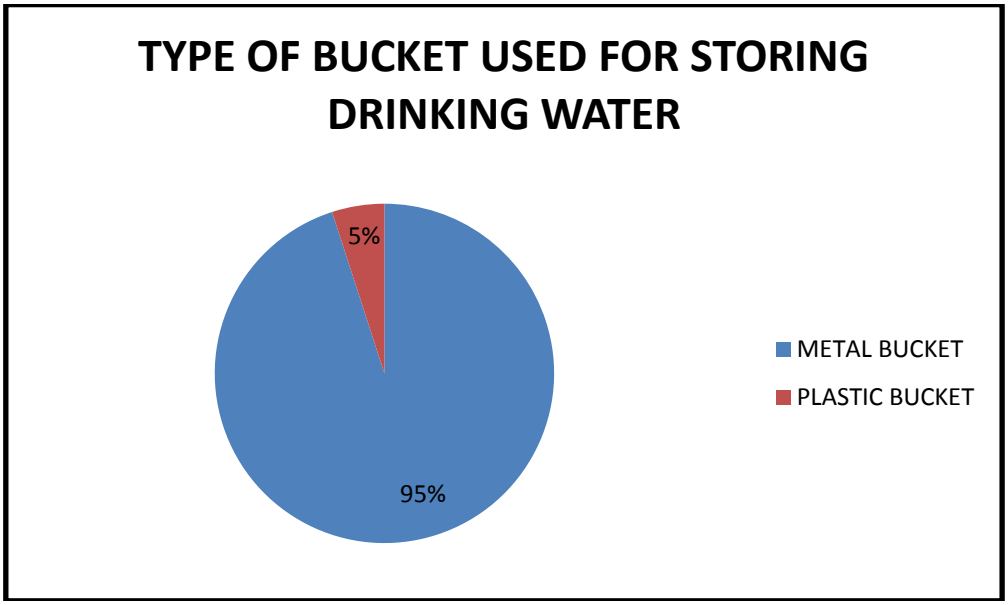
Only women (100%) go to fetch water from the source.
So there is a need to make them aware about the correct way to fetch the water from the source to avoid contamination.

4. Collection of Drinking Water for Future Use:



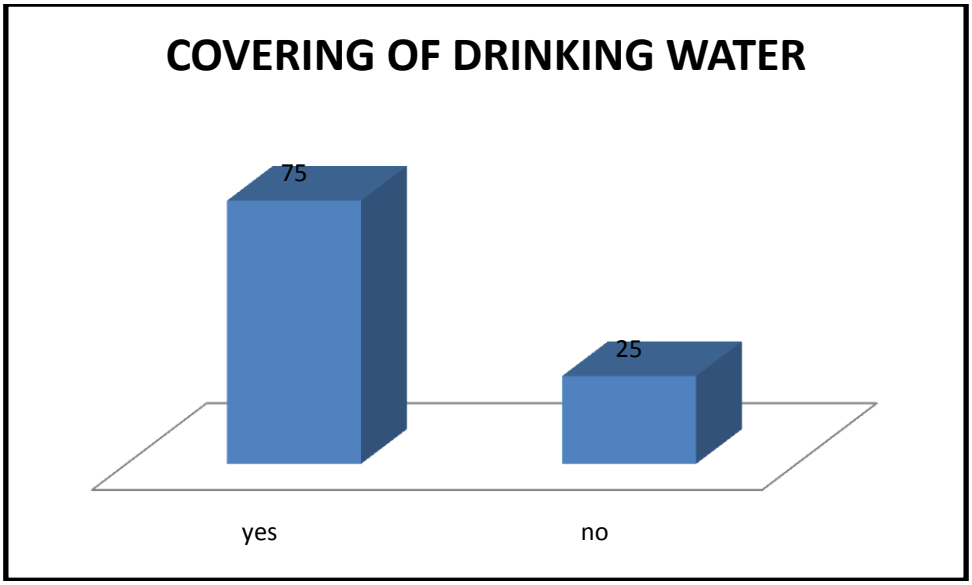
According to this pie - chart, most them don't store water for future use.
All of them consume that water within one day.

5. Type of Bucket Used for Storing Drinking Water:



According to the data mostly metallic buckets are used (steel) while very few respondents are using plastic bucket.
There is a need to tell about other metals like copper/ brass which can be better option to store potable water.

6. Covering of Drinking Water:



According to data, most of the respondents cover the drinking water, but still one fourth are not concerned.

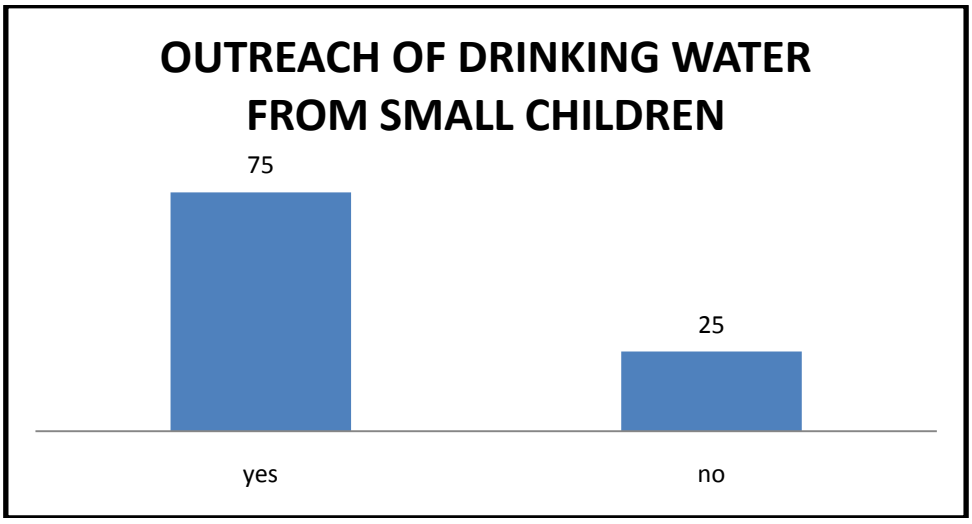
7.1 Reasons for Not Covering Drinking Water:

According to data, respondents don't cover the water because they don't store water for future use.

7.2 Washing of Water-Container:

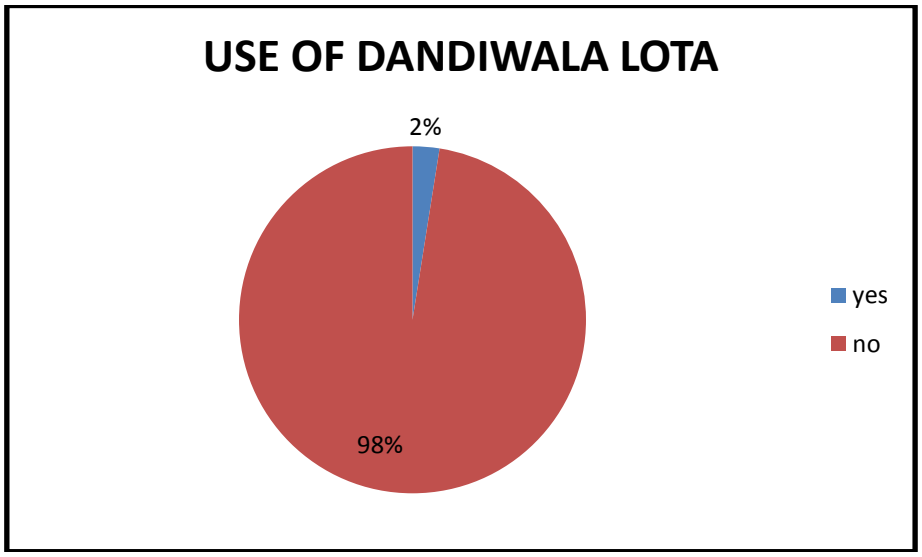
All of the respondents wash the container daily (100%).
According to the data all of them are washing their water storing containers daily.

8. OUTREACH OF DRINKING WATER FROM SMALL CHILDREN:



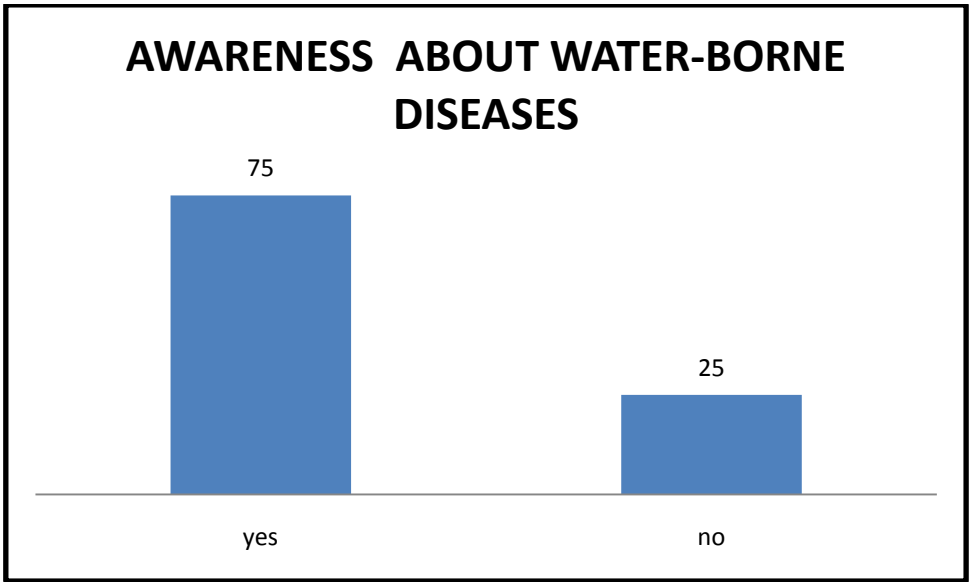
According to the data, one third of the respondents keep the drinking water away from their small children.

9. Use of Dandiwala Lota:



According to the data 2%resppondents in the community are using dandiwala lota to take out the water from the container.
So there is need of awareness regarding benefits of using dandiwala lota.

10. Awareness about Water-Borne Diseases:

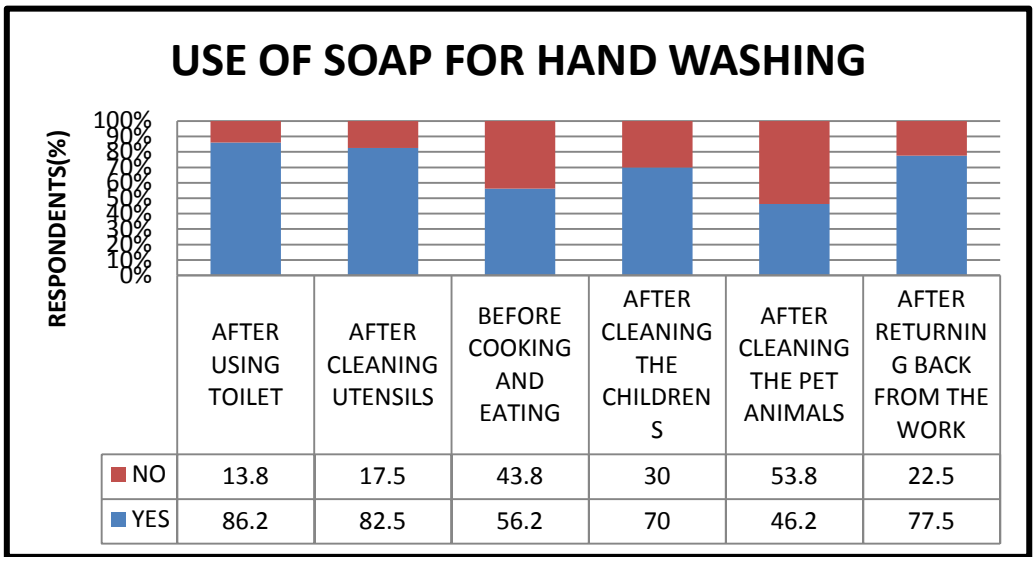


As data is suggesting, most them have awareness about diseases caused by contaminated water but the knowledge is inadequate.

11. Use of Methods for Making Water Safe:

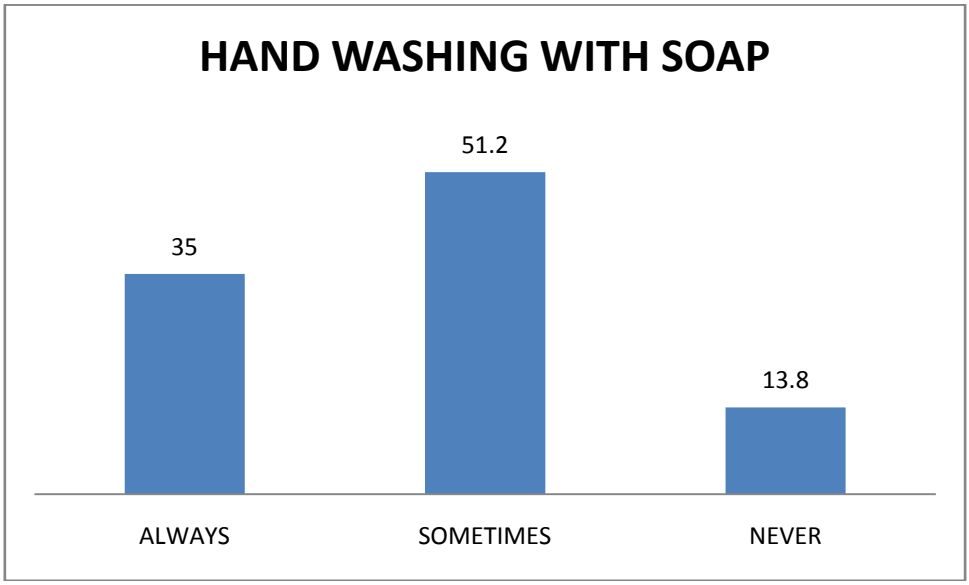
None of the respondents reported of using any method to make their water safe. So there should be awareness regarding different affordable ways to make water safe to reduce the risk of diseases.

12.1 Use of Soap for Hand Washing:



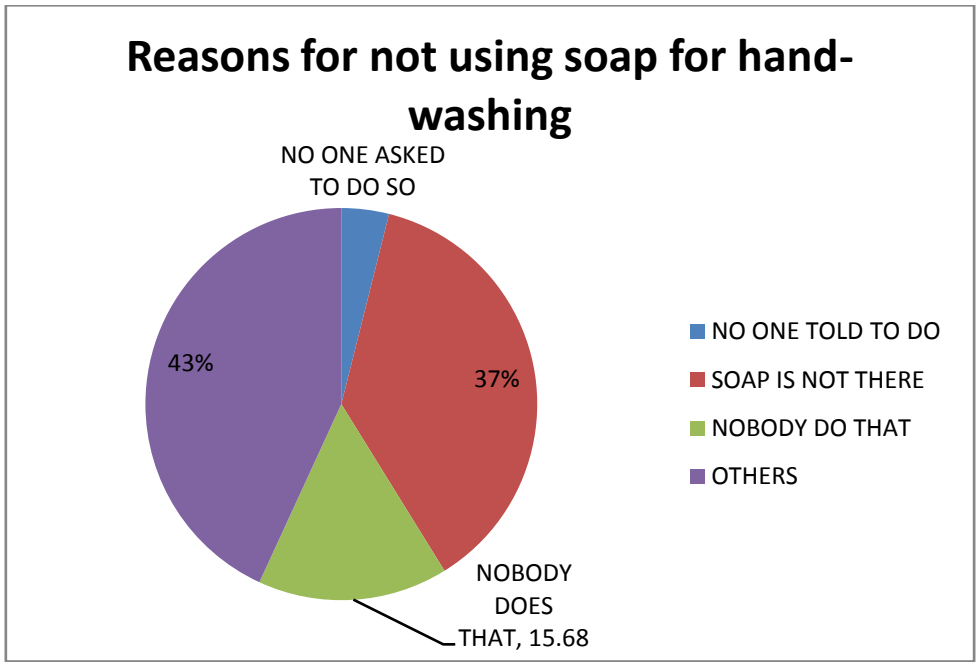
	AFTER USING TOILET	AFTER CLEANING UTENSILS	BEFORE COOKING AND EATING	AFTER CLEANING THE CHILDREN S	AFTER CLEANING THE PET ANIMALS	AFTER RETURNIN G BACK FROM THE WORK
NO	13.8	17.5	43.8	30	53.8	22.5
YES	86.2	82.5	56.2	70	46.2	77.5

12.2 Hand-Washing with Soap:



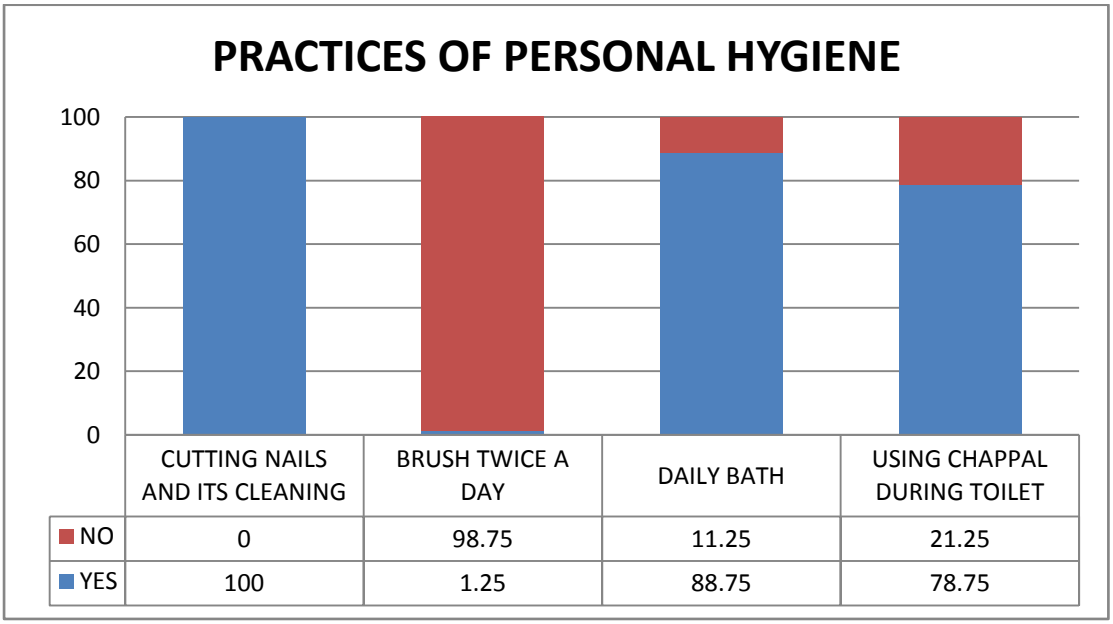
As most of them are not using soap during all the critical moments so there is need to make them aware about the importance of using soap.

12.2 Reasons for not using soap for hand-washing:



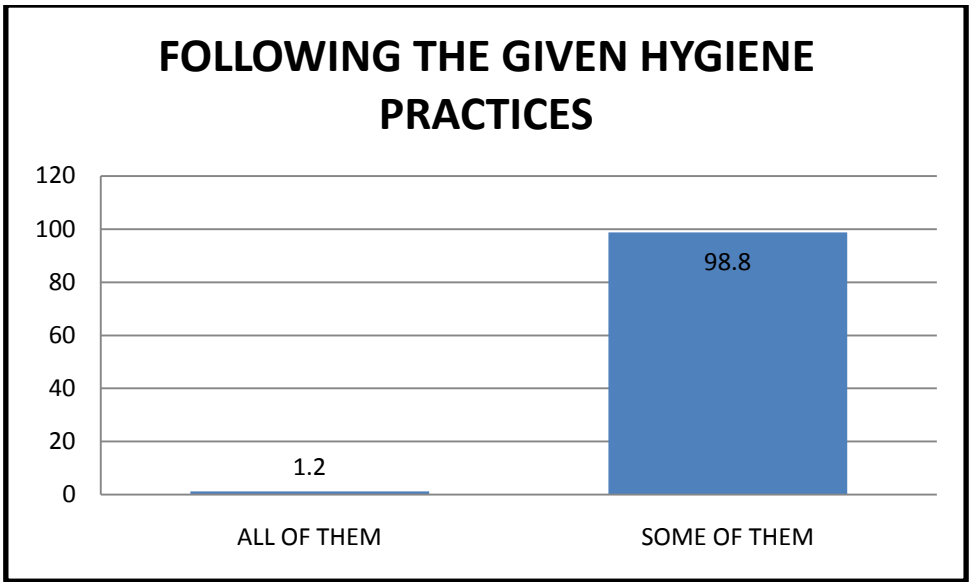
According to data, most prominent reason for not using data is financial reason. Other reasons include lack of time and their laziness to use soap again and again.

13. Practices of Personal Hygiene:



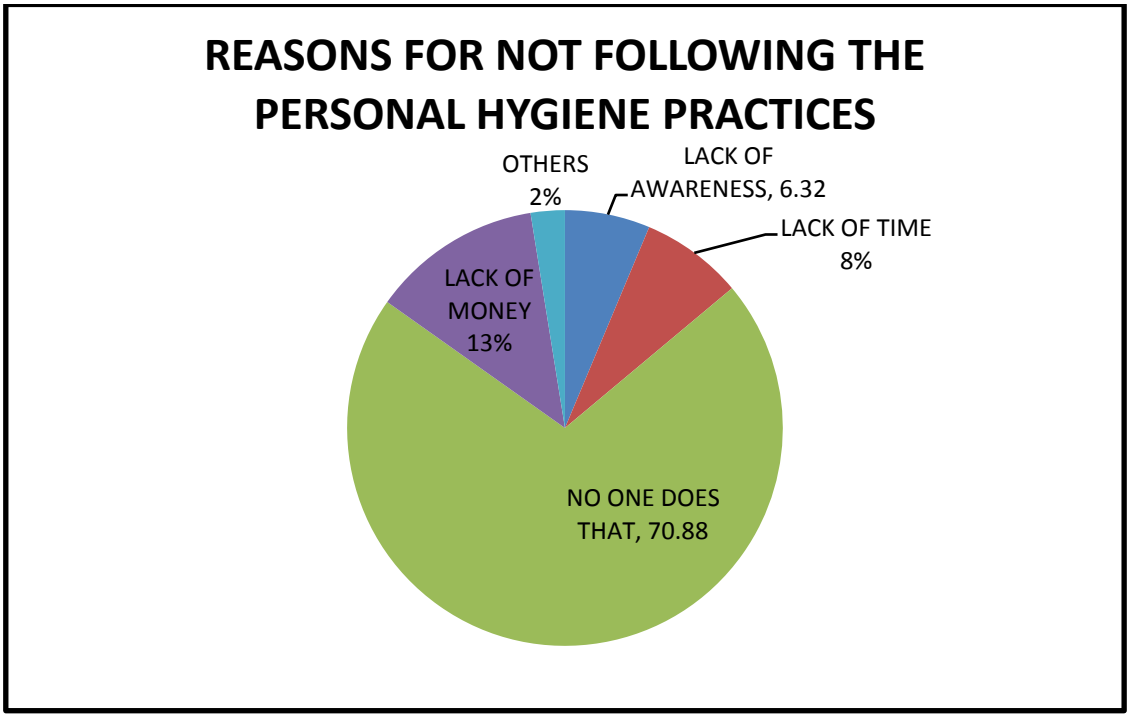
According to data, community is totally unaware about brushing teeth twice a day.

14. Following of Hygiene Practices:



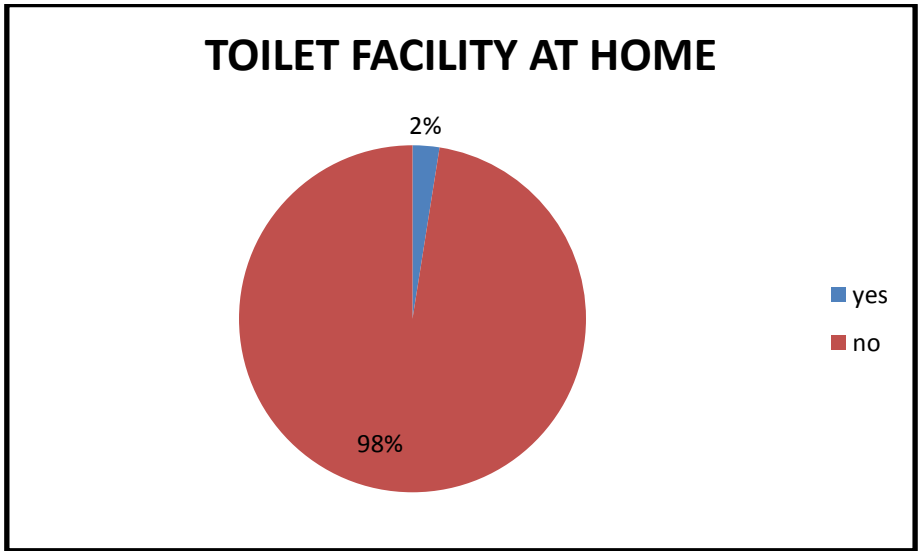
Only 1.2 % of the total respondents were found to be following all of the questioned hygiene practices.

15. Reasons for not following the Personal Hygiene Practices:



Here, due to their own traditions most of them don't follow all the basic practices.

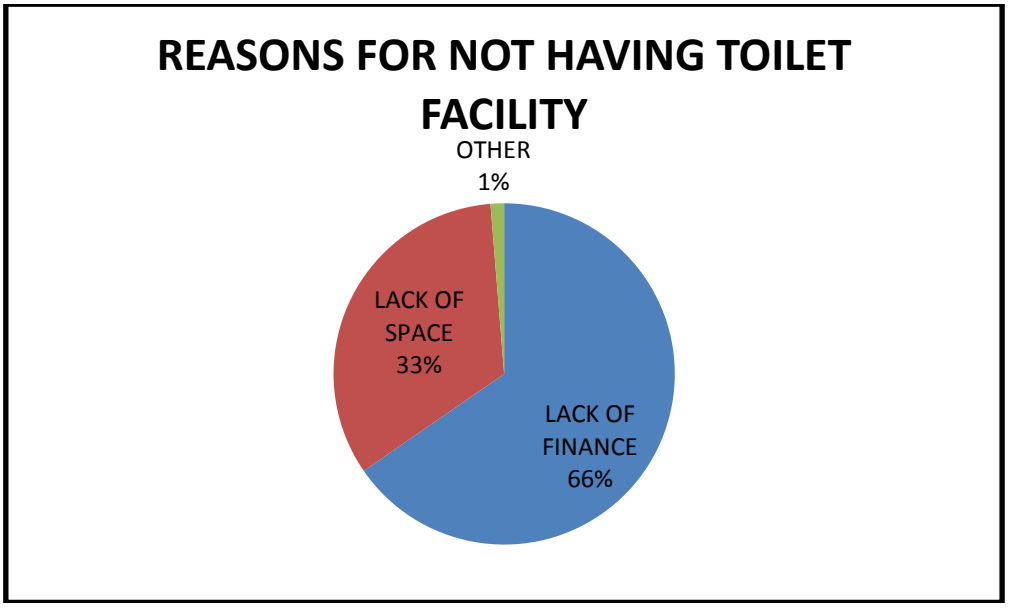
16. **Toilet Facility at Home:**



Most of them are going for open defecation so there is a great risk of water as well as air borne diseases

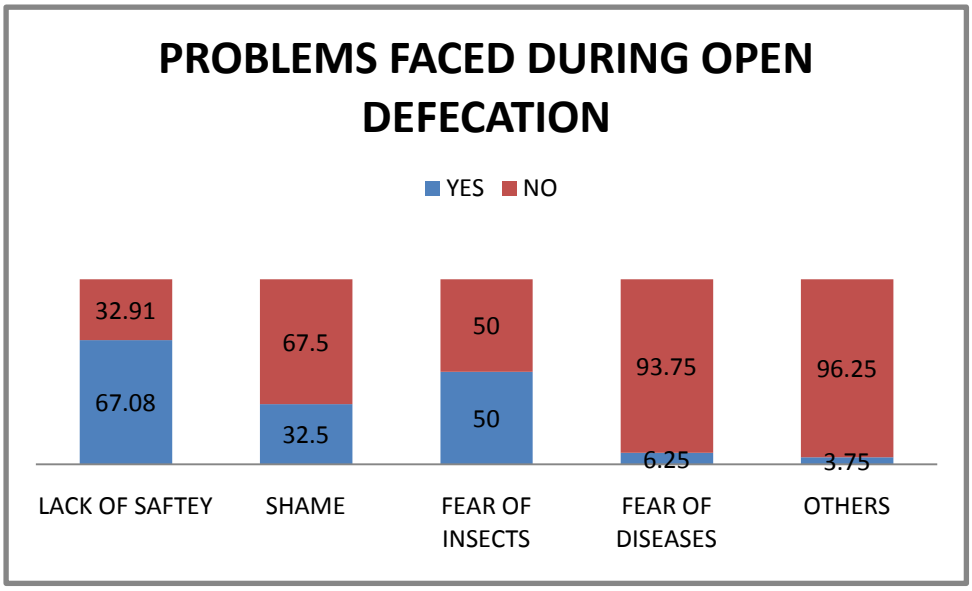
16.1. Those that are having toilet facility, all of the family members are using that.

17. **Reasons for Not Having Toilet Facility** :



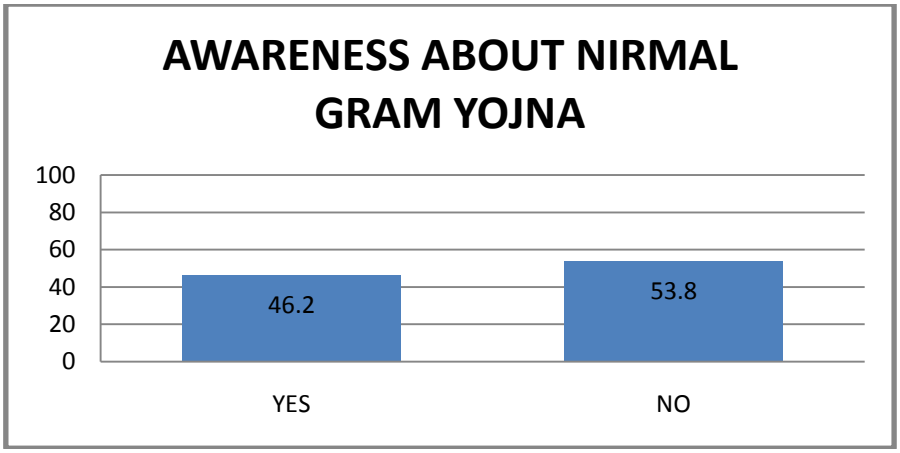
As data is suggesting due to economical reason they are not using toilet facility.
Some of them have also space problem .so there is need to provide them best alternative options so that they can afford and avail that facility.

18. **Problems Faced during Open Defecation**:



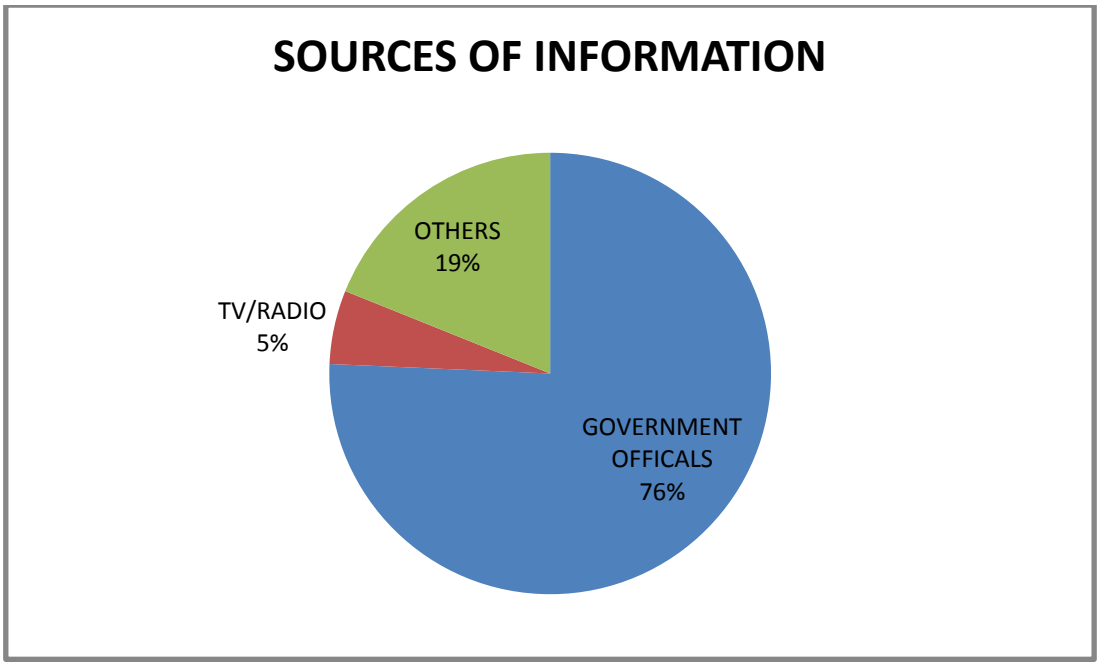
As table is suggesting that most them faces problems like lack of safety, shame and fear of insects and this shows that community members has realization that they should use toilet facility .

19. **Awareness about Nirmal Gram Yojna:**



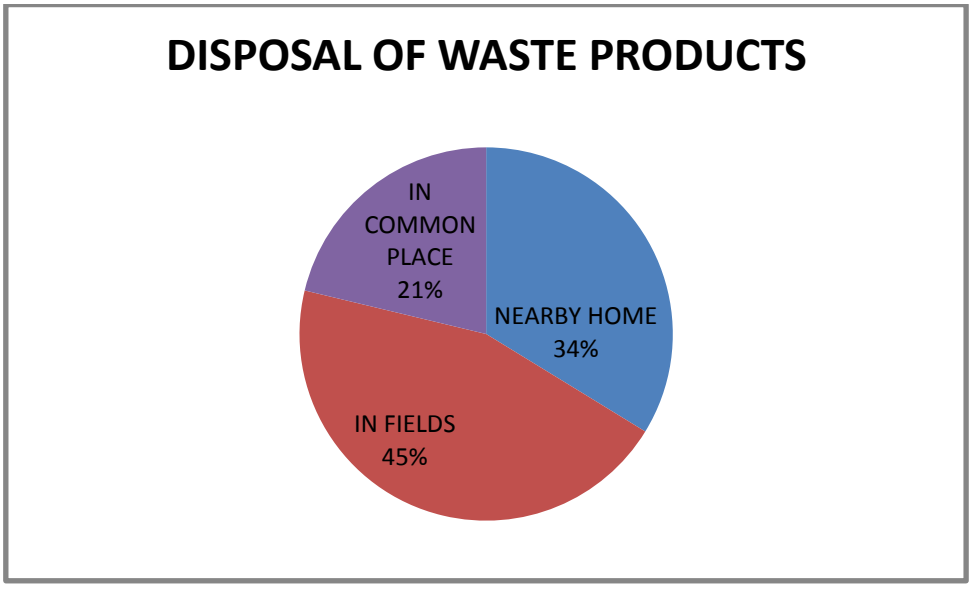
Here, most they do not have any information about ongoing schemes of the government.

19.1 Sources of Information:



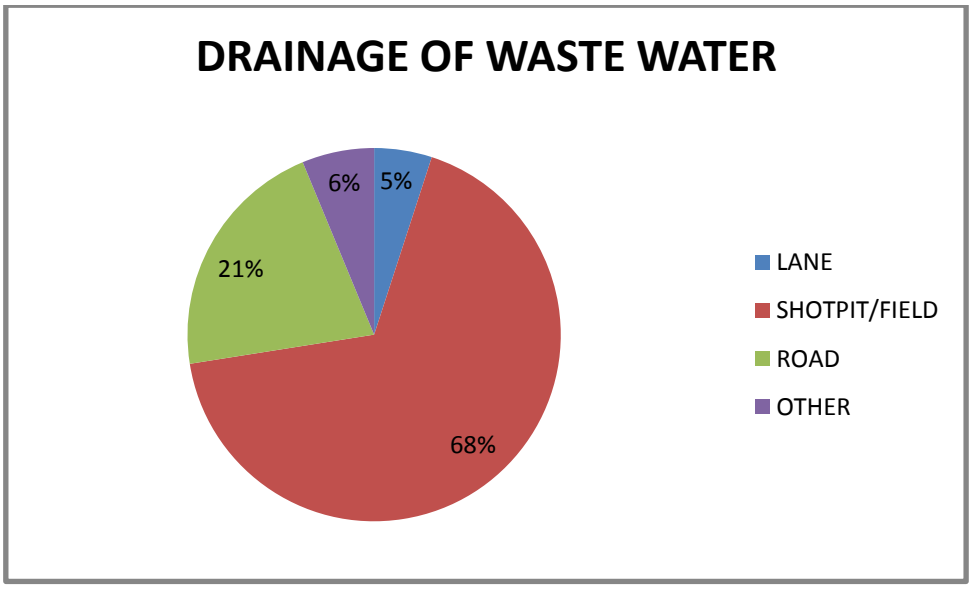
Government officials is playing key role in forming about the ongoing schemes of the government. Even *Mukhiya or sarpanch* of the village are playing active role.

20. **Disposal of Waste Products:**



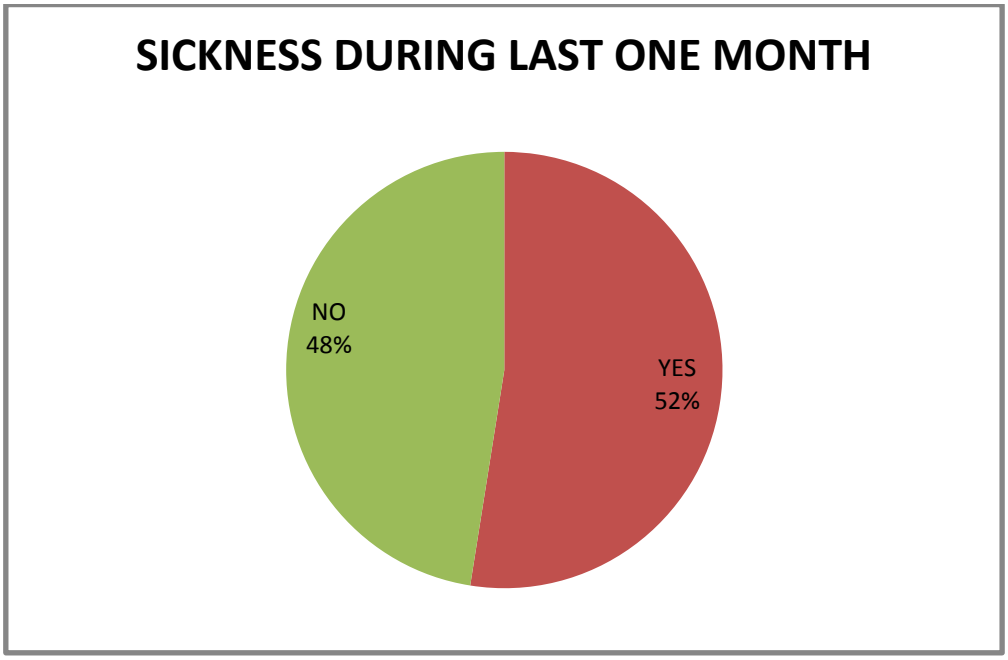
Fields are mostly used for the disposal of the household waste. Many of them use their own land and common place. So there should be information about the correct ways to dispose the waste products.

21. **Drainage of Waste Water**:



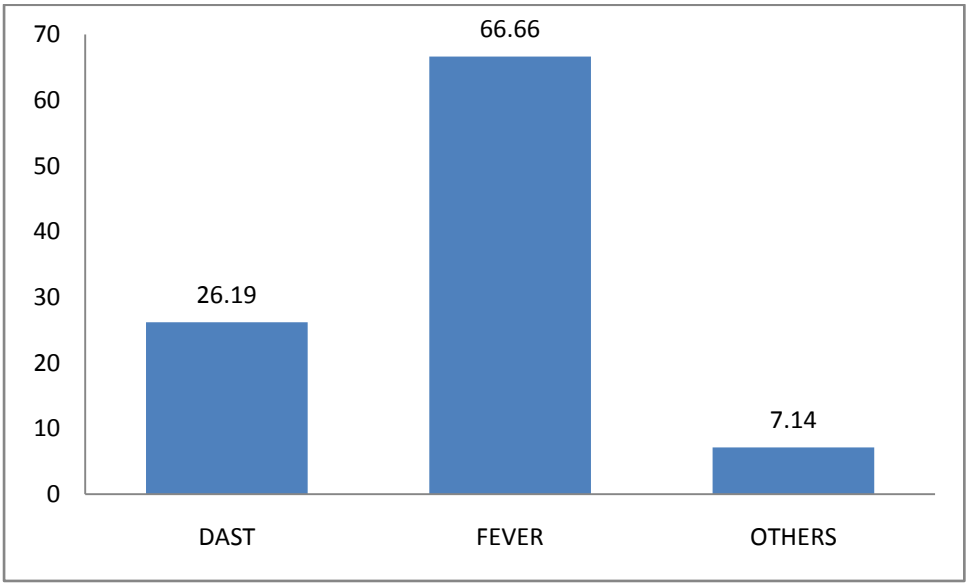
Majority of them are using small pit or field as drainage for treated water and there is a great need to inform them the correct way to drain water to avoid water borne diseases.

22. **Sickness during Last One Month:**



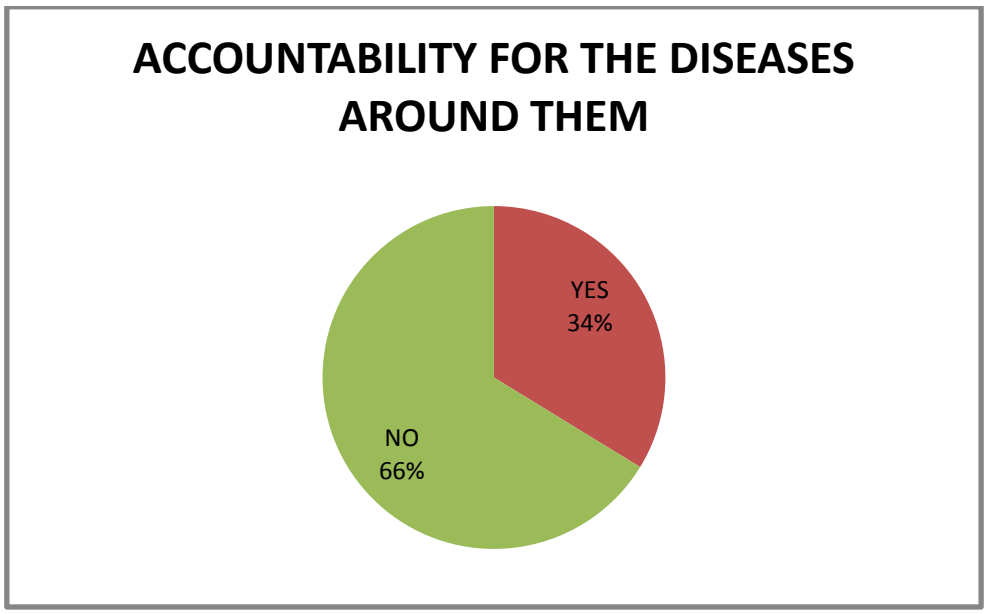
About most of the respondents reported that they themselves or any of their family members were sick in between last one month.

23.



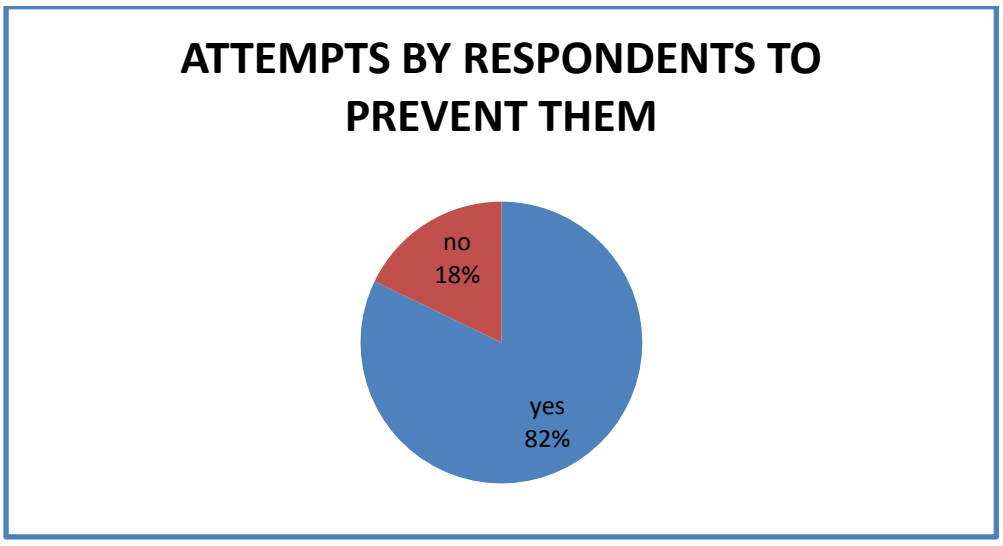
According to data, fever and dysentery cases were more reported by the respondents therefore there is need to provide full information to them about its different preventive measures.

24. Accountability for the Diseases around them:



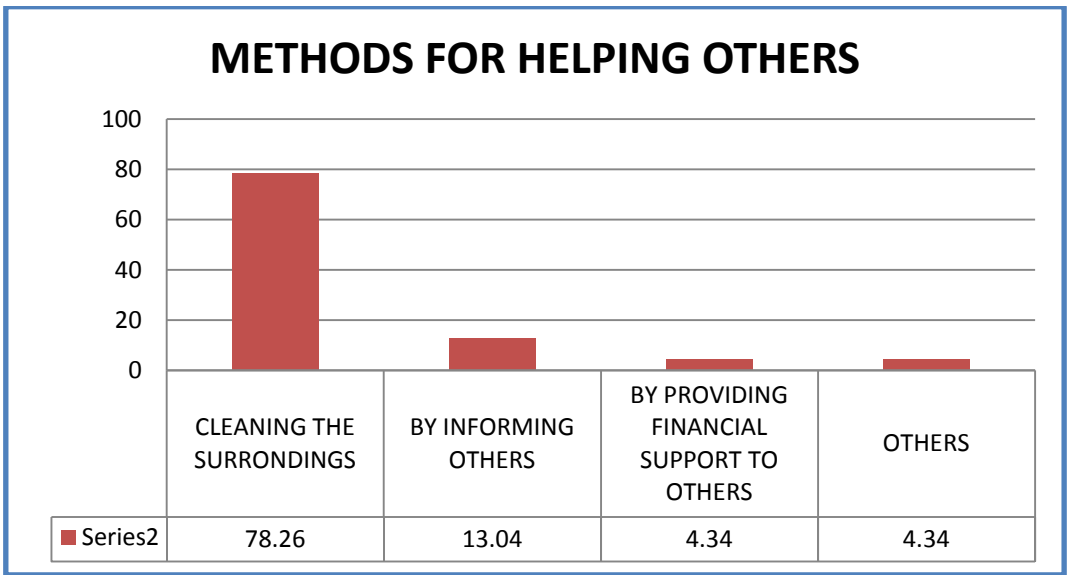
As data suggests most of them don't bother about their role in contaminating their surroundings and this shows the need to inform them.

25. Attempts by Respondents to Prevent Them:



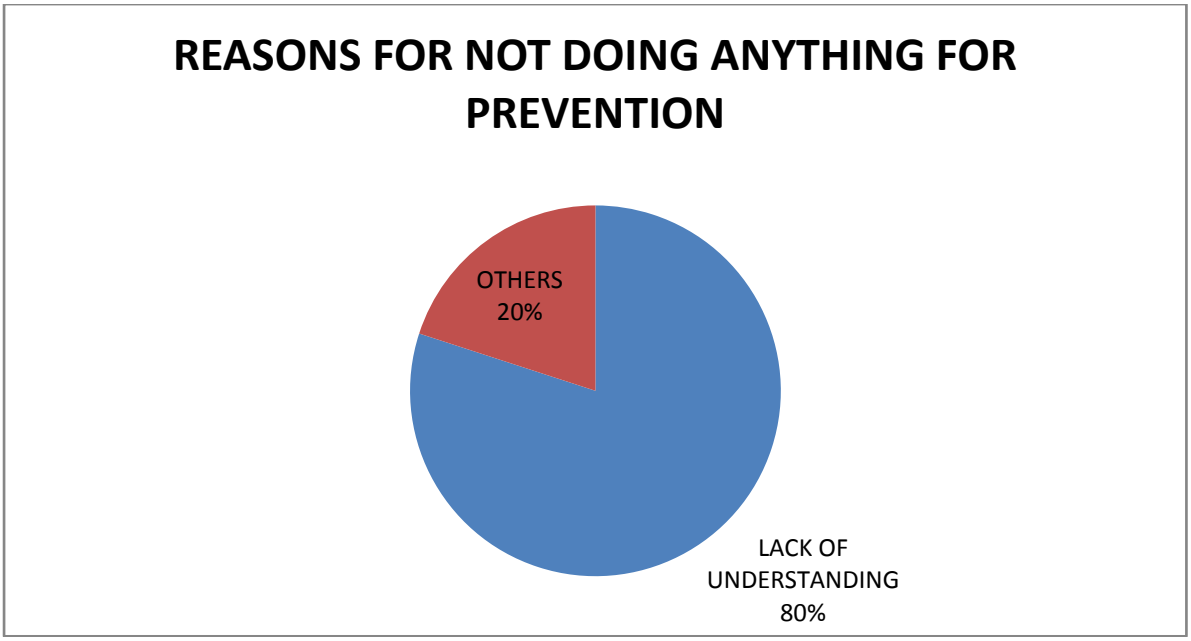
Many of them tried to prevent the diseases occurring events among their surroundings and hence most of them wish to have appropriate knowledge about the preventive measures.

26. **Methods for Helping Others:**



Here, most of the respondents tried to keep their surrounding neat and clean.

27. **Reasons for Not Doing Anything for Prevention:**

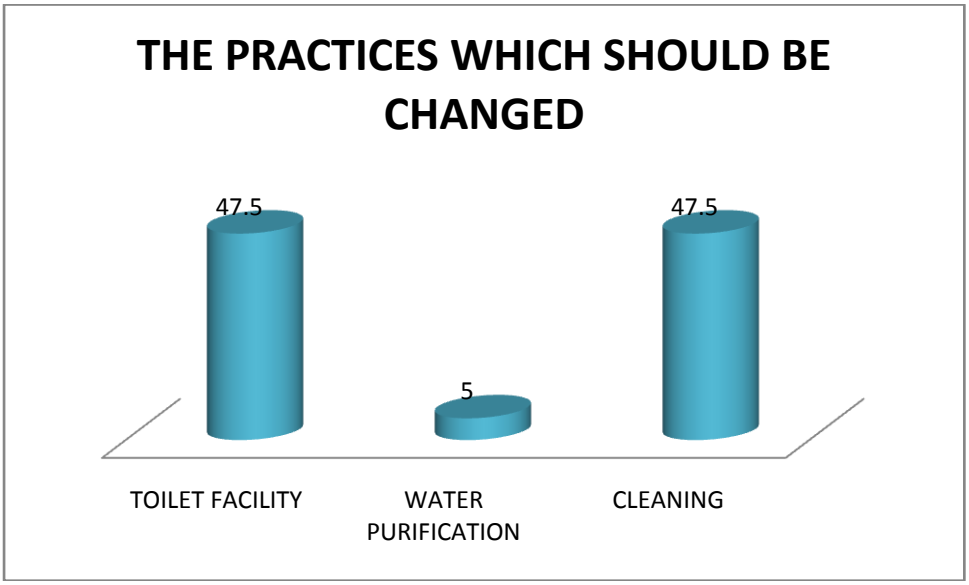


Most of them reported that they were willing but did nothing due to lack of understandings among themselves so there is a need of community action.

28. Whether they Wish to Change their Some of Current Practices

All of the targeted community members wish to change some of their ongoing practices of health and sanitation.

29. The Practices Which Should Be Changed:



Most of them wish to know the best alternatives for toilet facility in their home and maintaining neatness and cleanliness around their surroundings.

SUGGESTIONS AND RECOMMENDATIONS:

- The alternative solutions suggested to the community members should be significant and economical so that the community members can afford and avail the suggested alternatives.
- The capacity building of the front line workers should be in such way that they can influence the community members and encourage them to follow the desired behaviours.
- There should be special recognition to the best performing front line workers (SAHELIS) which will motivate them to give their best.

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