Nigel Roaf

# Global Public-Private Partnership to Promote Handwashing with Soap

## Brainstorming Workshop



**World Bank**

**7 May, 2001**

# AGENDA

The day will consist of two sessions:
Morning session: operational planning meeting for partners and resource persons
Afternoon session: meeting to develop global plans for handwashing PPP
Lunch will be provided for all participants

**Morning meeting: Kerala and Ghana Action plans**

| Purpose | Activity | Person/ support | Time |
|---|---|---|---|
| Welcome and introductions | Describe the day's programme<br>Round the room introductions | Param<br>Handouts | 10.00 |
| Background | The programmes in Kerala and Ghana: principles and objectives<br>Discussion | Val | 10.20 |
| Ghana plan | Current plan, obstacles, opportunities | Sarkodie | 10.30 |
| Kerala plan | Current plan, obstacles, opportunities | James Varghese | 10.50 |
| Private sector perspective | Opportunities and obstacles for the private sector in the PPP | Vidur Behal | 11.10 |
| coffee | | | 11.30 |
| Produce 2 action plans | Detailed planning meetings for Kerala and Ghana in 2 or 4 groups | Facilitation team | 11.50 |
| Adoption | Presentation of action plans and discussion | Wendy | 12.30 |

**Afternoon meeting: Global and long term strategies for PPP for handwashing**

| Purpose | Activity | Person/ support | Time |
|---|---|---|---|
| Recap | Brief recap/update on the morning's discussions | Val | 2.00 |
| Private sector view | Where should this initiative lead us? | Diana Grina | 2.10 |
| Potential routes forward | Presentation on the options facing us in designing the next phase: going gently? Going global? | Param | 2.30 |
| | Discussion | | 2.40 |
| | Principles of PPPs, lessons from other sectors, discussion | Ann | 3.00 |
| Action plans | In groups draw up project frameworks for future alternative scenaria | Resource persons | 3.15 |
| | Plenary discussion | Val | |
| Close | Conclusions/thanks | Camille | 5.00 |

Facilitators for the day: Ann and Val

# Brain storming on PPP for handwashing

- Informal setting for key stakeholders to meet up
- Input to Kerala and Ghana from public and private resource persons
- Agree upon vision, major steps and challenges
- Discuss how to go global

# Handwashing for Health: The Power of the Market

Water, sanitation and hygiene

What's new?

We know:

•donors invest for health

2-3 000 000

deaths

1 000 000 000

episodes

We know:

- donors invest for health
- hygiene is essential

We know:

- donors invest for health
- hygiene is essential
- hygiene is an afterthought

Handwashing with soap could save over a million lives a year...

Handwashing is feasible, attractive, cost-effective and sustainable...

But:

we need modern, consumer-based programmes

## The challenge:

Massively expand the use of soap in handwashing via a public-private partnership

Objectives:

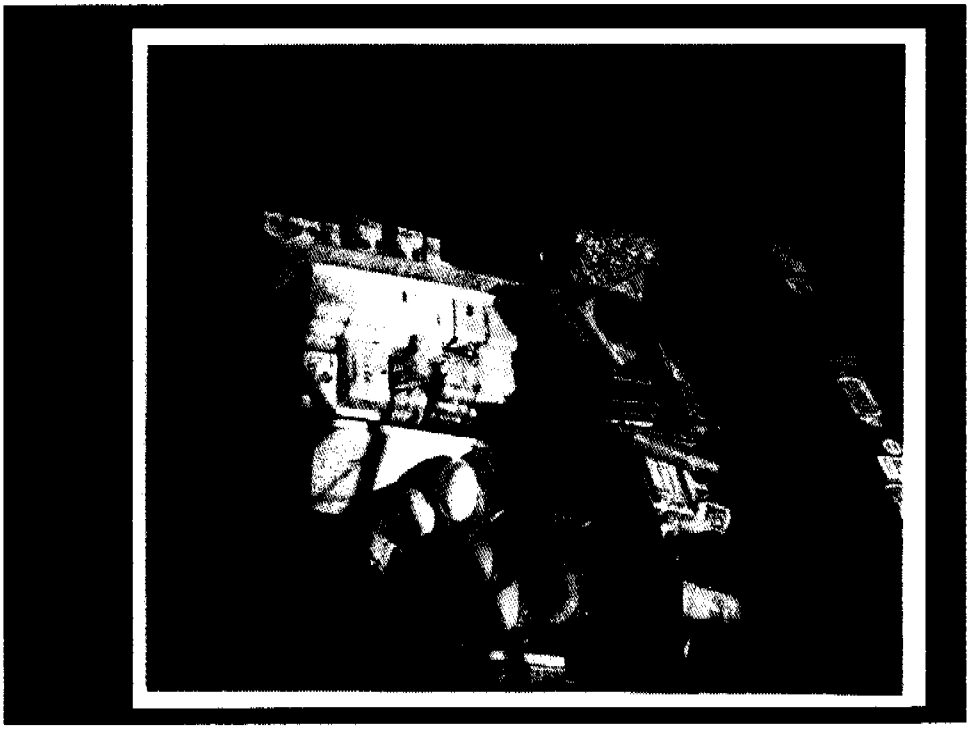
- Set up HW PPPs in Ghana and Kerala
- Understand PPPs
- Learn from BASICS
- Understand the global soap market
- Document, disseminate, network, expand

Kerala and Ghana RWSS agencies:

- consumer study
- market insight
- form partnerships

## Consumer studies:

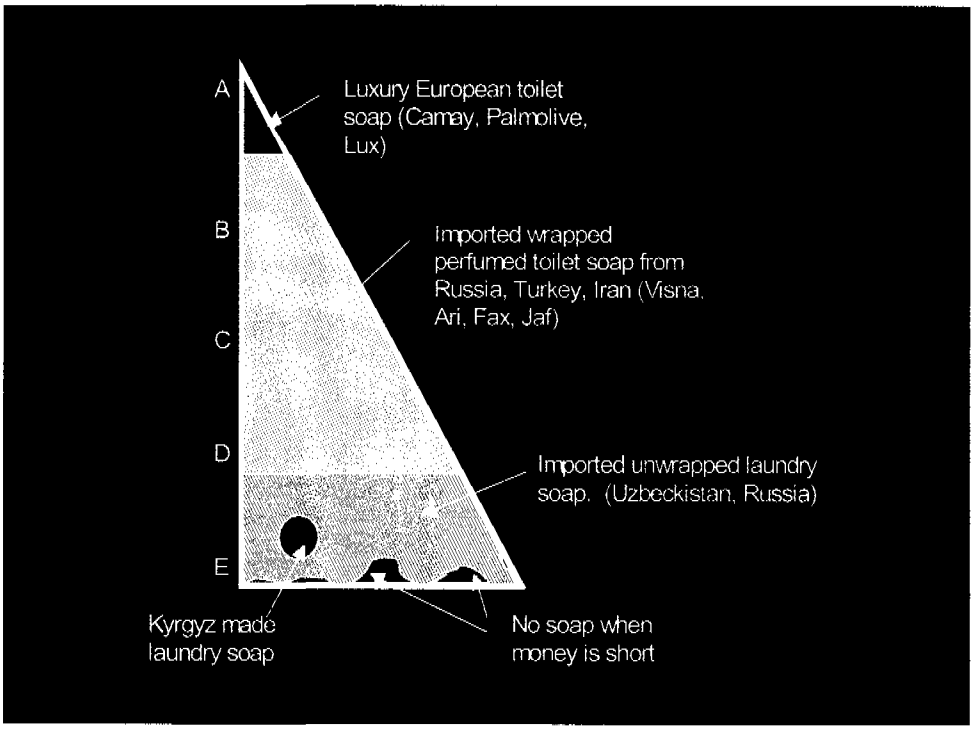
Objective: provide a common platform of understanding to design the intervention



- Document soap use in households
- What motivates handwashing with soap?
- Appropriate channels of communication to reach target audiences
- Baseline on handwashing practices

# Market insight:

- Document soap supply by segment (volume, makes, size, type, cost, distribution channels)
- Market shares
- Collate available information on business strategies in hygiene sector.
- Identify all players in soap supply
- Identify all other players and partners
- Directories of key contacts



Agree roles, resources, responsibilities

Design the interventions

ACTION.....

Progress:

- Understand PPPs
- Learn from BASICS
- Understand the global soap market
- Set up PPPs for HW in Ghana and Kerala
- Document disseminate, network, expand

Handwashing with soap could save a million lives a year

Key learnings:

Handwashing with soap could save over a million lives a year...

We need modern, consumer-based programmes

based on:

what the consumer does and wants

## Ghana:

Government is committed, HW welcome

How to build consensus with multiple partners?

How to include schools and Trachoma?

Ghana...

•Vision should be motivating, long-tern, unattainable

•e.g.100% of Ghanaians wash hands with soap at critical times

•Different partners interested in different population sectors

# Kerala

Problems:

- environmental activists
- ideological opposition
- hygiene is an insult
- fragmented, slanderous and competitive market

Issues/challenges

- One component of public health
- Facilities are needed as well as motivation to wash hands
- Who pays? How to invest public funds?
- Cottage/MNC balance?
- Ensuring commitment
- Are we ready to go to scale?

Form steering committee

PPP led by public sector

Challenges:

•election

•institutional arrangements

•fair and transparent process

•biuld up trust

## Colgate-Palmolive

•value based, 'Colgate cares'

•head start: bright smiles, bright futures, schools, global prog 100m kids

• who owns getting the job done? Long term partners

•Piloting h.w. in different states, 10 year programme

•who are the influential voices?

Nigel Twose:

- See business benefit and development benefit
- Business brings: good problem solving logistical, resource delivery
- Other companies might provide other skills, resources
- Governance structure, formal but flexible

Bank trying to mainstream these approaches:

- nervous: transaction costs, selectivity, management oversight, sustainability needs senior management buy in
- risk to Bank reputation, conflict of interest, unfair advantage, needs broad alliance to a limit
- needs secretariat

## Risk to industry:

- time consuming, acquire skills in understanding, people turnover, visible movement
- public sector reluctance

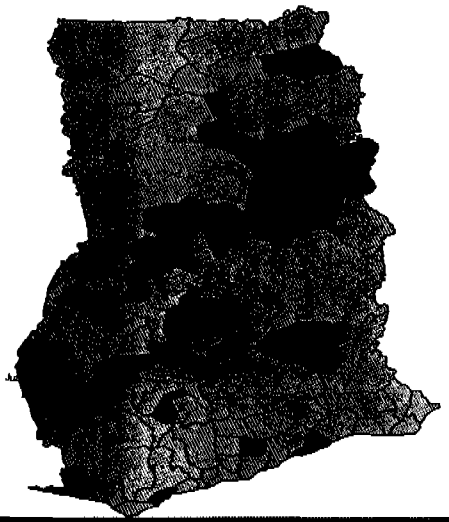
Advantages of a global meeting:

- raise awareness in senior management
- raise profile of the issue
- paper on handwashing out
- Private: 7 companies
- Media, ad agencies, ministers
- ESAs

- Wait for 2 years because we need to bring something from Ghana/Kerala to the table?
- More groundwork on organisation/infrastructure to ensure success, secretariat?
- Package of materials for own pilot
- trust fund money?
- Movement, not a programme
- WSSCC role?
- Coordination in schools

# *PUBLIC-PRIVATE PARTNERSHIP IN HANDWASHING (PPPH)*

## *GHANA*



## *Country Background*

Ghana is centrally located in the West African sub-region and has a total area of 238,539 square kilometres.

## *Politics*

Ghana gained independence in 1957 and became republican on 1st July 1960.

Ghana operates a parliamentary government based on multi-parties; and has an elected President.

## *Economy*

The primary sector dominate in terms of its contribution to output, employment, revenue, and foreign exchange earnings.

## *Demographic profile.*

The population of Ghana is 18,412,247 persons (9,025,019 males 49% and 9,387,228 females 51%).

The pattern of morbidity has virtually remained unchanged over the years, and the general populace seems to be afflicted largely with the same diseases such as malaria, upper respiratory infections and water-borne diseases.

## *Developmental Policies*

The Ghana Government has in the past few years pursued various economic reform policies and enacted a number of Acts of Parliament which have impacted on the water sector.

# CWSP2

The National Community Water and Sanitation Program (NCWSP), formulated in 1994 by all key stakeholders, is based on a strategy in which individual communities manage their water facilities, the private sector provides goods and services for planning, construction and maintenance, and the government (public Sector facilitates the process.

## Rationale and Justification for the PPPH Initiative

The focus of NCWSP with respect to sanitation is to improve health through achieving behavior change and creating a market for sanitation through intensive promotion to generate demand and capacity strengthening of the private sector to construct facilities.

The hygiene education and sanitation (HES) strategy which proposes to target communities and schools consists of the following:

- Participatory analysis of community practices, data collection of hygiene and sanitation baseline information
- Hygiene education and behaviour change with much focus on personal hygiene and environmental sanitation
- Program communication activities, including intensive marketing strategies
- Community level animation on training, construction and maintenance
- District and community-based monitoring for an effective program that goes beyond the project implementation period

- Diarrhoeal diseases kill 2 to 3 million children globally every year, is one of the most important causes of morbidity and morbidity in Ghana and accounts for almost 80% morbidity in children under 5 years old.
- Most diarrhoeal disease are caused by ingesting excreta
- Diarrhoea can be prevented by stopping excreta from reaching the environment through proper sanitation and hand washing
- Handwashing with soap alone could reported cases of diarrhoea in half

## *2. Hygiene, Handwashing, Sanitation status in the country*

## *2.1. Sanitation Coverage*

**About 65 per cent of the urban and rural combined population have access to safe drinking water.**

**Only 32% of the population has access to sanitary means of excreta disposal.**

## Distribution of Households by Locality and Source of Drinking Water (percent)

| Source of Drinking Water | Urban | | | Rural | Ghana |
|---|---|---|---|---|---|
| | Accra | Other Urban | All | | |
| Pipe-borne | 100 | 72.8 | 80.3 | 18.8 | 41.6 |
| Indoor plumbing | 9.3 | 5.0 | 6.4 | 1.1 | 3.1 |
| Inside standpipe | 38.7 | 21.0 | 26.0 | 1.8 | 10.7 |
| Water vendor | 15.6 | 4.4 | 7.5 | 1.2 | 3.5 |
| Tanker | 0.3 | 0/1 | 0.1 | 0.8 | 0.6 |
| Neighbour | 22.3 | 8.0 | 12.1 | 1.1 | 5.1 |
| Private outside standpipe | 13.1 | 14.9 | 14.4 | 2.6 | 7.0 |
| Public tap | 0.2 | 19.3 | 13.9 | 10.2 | 11.6 |
| Well | - | 15.1 | 10.8 | 47.2 | 33.9 |
| With pump | - | 2.8 | 2.0 | 31.6 | 20.8 |
| Without pump | - | 12.3 | 8.8 | 15.6 | 13.1 |
| Natural sources | - | 12.2 | 8.8 | 33.9 | 24.6 |
| River/spring | - | 11.8 | 8.5 | 33.6 | 24.4 |
| Rain | - | 0.4 | 0.3 | 0.2 | 0.2 |
| Other | - | - | - | 0.1 | 0.0 |
| All | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Sample size | 620 | 15.79 | 2199 | 3799 | 5998 |

*Source: Ghana Statistical Service: Ghana Living standards Survey Report of the Fourth Round (GLSS4), October 2000

## Distribution of households by locality and type of toilet used by the households (percent)

| Type of Toilet | Urban | | | Rural | | | | Ghana |
|---|---|---|---|---|---|---|---|---|
| | Accra | Other | All | Coastal | Forest | Savannah | All | |
| Flush toilet | 25.0 | 10.1 | 14.3 | 3.6 | 1.1 | 0.4 | 1.5 | 6.2 |
| KVIP | 34.5 | 50.0 | 45.7 | 24.5 | 19.8 | 8.4 | 18.1 | 28.2 |
| Pit latrine | 18.217. | 17.2 | 17.5 | 44.2 | 67.0 | 21.9 | 50.2 | 38.2 |
| Pan/bucket | 35. | 11.7 | 13.3 | 2.3 | 5.2 | 0.3 | 3.3 | 7.0 |
| None | 50.0 | 11.0 | 9.3 | 25.5 | 6.9 | 69.0 | 27.0 | 20.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Sample size | 620 | 1579 | 2199 | 899 | 1940 | 960 | 3799 | 5998 |

* Source: As above.

## 2.2 Level of hygiene knowledge and practice

**An assessment of the above revealed that;**

- **Respondents can confidently speak about good and bad hygiene and sanitation issues ranging from personal hygiene to environmental cleanliness with ease.**
- **There is general awareness of the need to cover water, storage and transporting containers, washing hands before handling food and after visiting the toilet, safe disposal of waste water and solid waste.**
- **People could trace the effects of certain hygienic practices to ailments such as cholera, malaria, and others.**

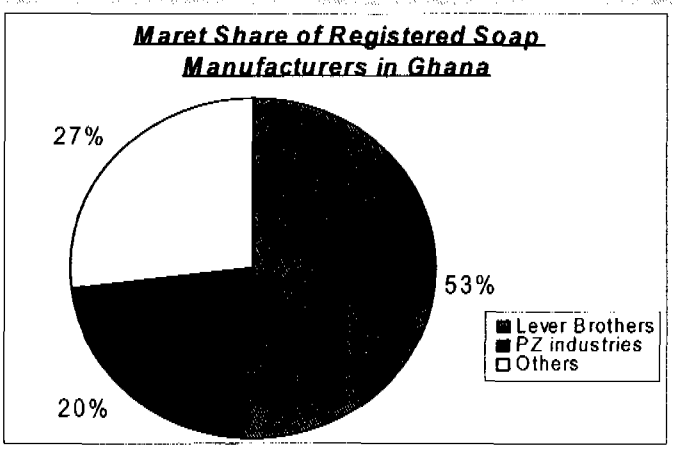
- ❑However, the proper knowledge of hygiene and sanitation issues does not correlate with actual practice.
- ❑Faecal matter could be seen in the bush during transect walks.

***Reasons why knowledge is not transformed into practice include the following:***

- -Inadequacy of sanitation facilities, as such safe disposal of human excreta is hindered;
- -Generally people's perception, attitude and practices change at a slow pace, because some people turn to stick to their past practices;
- -Partly, because of the approach in delivering hygiene education, e.g. Field workers coercing/ forcing/ threatening with court summons as a strategy in delivering hygiene messages more than educating/ advising the people;

## 2.3 Market share for soap

**There are 11 soap manufactures registered with the Association of Ghana Industries (AGI).**




**Source: Internet**

## 3. Actions already undertaken in the FDH Initiative

### 3.1 Initial discussions

- *Unicef*
- *CIDA*
- *DANIDA*
- *Unilever*
- *DFID*
- *WHO*
- *School Health Education Programme (SHEP)*
- *PRONET*
- *Ghana Social Marketing Foundation (GSMF)*
- *Ministry of Health- Public Health section*

## Terms of Reference for Consumer study

- **Background**
- **Rationale for a Hand Washing Initiative**
- **Objectives of this assignment**
- ***Methodology***
- **Output**
- **Timing**

## Terms of Reference for Market study

- **Background**
- **Rationale for a Hand Washing Initiative**
- **Objectives of the Market Study**
- **Outputs**
- ***Methodology***
- ***Final Products***
- **Time Schedules**
- **Literature Review**
- ***A study on the General health of School children***
- ***The looking back study by Pronet***
- ***25 years of CIDA***
- ***A KABP study carried out by NORRIP***

## 4. Action Plan

### 4.1 Key actions Planned

| | | |
|---|---|---|
| Identify and contact collaborators and stakeholders | Already completed | CWSA |
| Preparation of draft background report on Handwashing activities in Ghana. Literature review, project review:- produce inventory of all activities, surveys that have or are taking place in Hygiene education with special reference to handwashing | July 31 | Consultant |
| Hold first meeting of Co-ordinating Committeee | June 14 | PPPH |
| Finalise TOR for studies | June 20 | PPPH |
| Finalise Action plan | June 20 | PPPH |
| Procure the two agencies for the studies | August 31 | ZP |
| Conduct studies | Sept/Oct | Firms |
| Analyse results and draft report | October | Firms |
| Stakeholder workshop | November | PPPHC/Consultant |
| Dev't. of campaign strategy and testing | December | PPPHC |
| Implement and monitor campaign | Jan-June 2002 | PPPHC/ZP |
| Impact assessment | Sept.2002 | Cosultant |

**PPPHC-CWSA Public-Private Initiative Partnership for Handwashing Co-ordinator**
**ZP- Zonal Planner**

## *4.1 Questions/Challenges*

- ☞ Convince the indigenous of the need for handwashing
- ☞ Develop culturally accepted messages on handwashing
- ☞ Building consensus on adoption and practice of handwashing as defined by the initiative

## Definition of Handwashing:

- Rubbing both hands (i.e. Palm, in-between fingers, inside finger nails, back of palm) up to the wrist for a number of strokes under safe running water using soap, ash or other acceptable substance.

- Rubbing both hands (i.e. palm, in-between fingers, inside finger-nails, back of palm) up to the wrist for a number of strokes first in a bowl of safe water, using soap, ash or other acceptable substance and then rinse in another bowl of safe water.

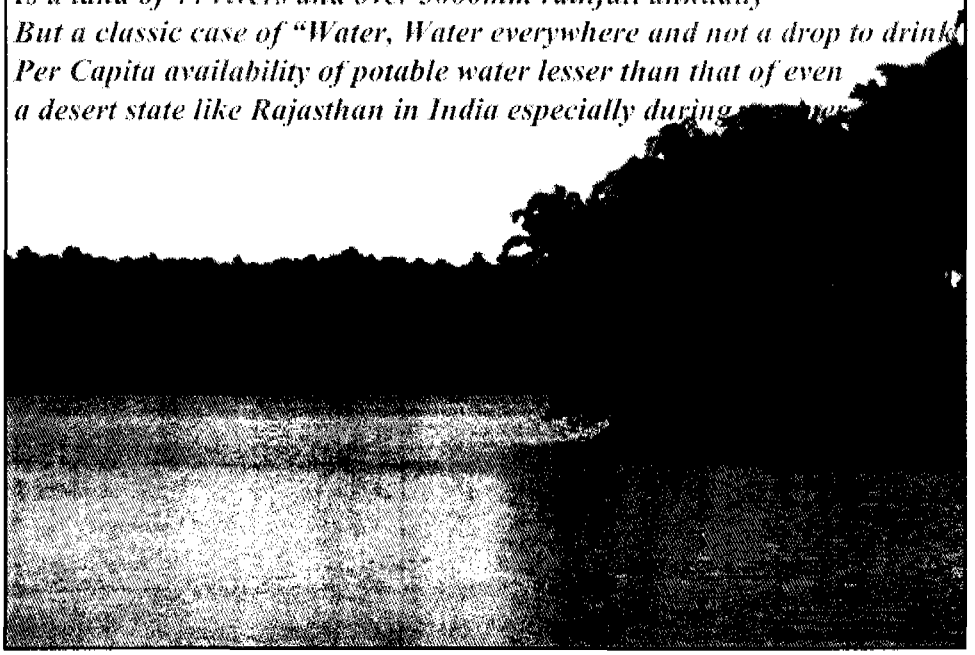
## Conclusion

- Washing of hands is not very common
- Washing hands a method of preventing disease is even less common

Strategy must note the following barriers:

- Water: Water must be available in areas where the PPPH initiative is to takes place
- Soap must be locally available and affordable
- Campaign messages must take the specific cultural beliefs and practices intoConsideration; program must use local inhabitants and resource persons as much as possible

*Kerala - acclaimed as "God's Own Country"*
*Is a land of 44 rivers and over 3000mm rainfall annually*
*But a classic case of "Water, Water everywhere and not a drop to drink"*
*Per Capita availability of potable water lesser than that of even a desert state like Rajasthan in India especially during [illegible]*



## Kerala - a backdrop

- *One of the smallest states in India- 1.3% of the total area of the country*
- *Total population over 30 million*
- *Population density 747/Sq.km -much higher than the natl. average of 267*
- *Three natural divisions- viz.., Sandy Coastal Region , Midland region and the Western Ghats.*
- *Has 44 monsoon fed rivers.*
- *Major portion of the precipitation is lost as run-off.*

## Kerala - a backdrop Contd..

- Increasing material prosperity.
- breakdown of traditional joint family structures leading to independent, homesteads
- Ever- increasing demand for water, and consequent depletion of sources
- Against VII Plan target of 100 % water coverage, achmt. till date is only 51%(Rural), & 77%(Urban)
- Real coverage is much less if per capita availability of water is taken into account
- Sanitation coverage is 51.%(urban) and 44%(rural). But use of wrong technology aggravates the problem of ground water pollution.

## Water quality problems in kerala

- **Studies show widespread bacteriological contamination of fecal origin in open wells, bore wells and surface sources.**
- **The well, the latrine, the cattle shed and the garbage pit are all located in close proximity in homesteads with the risk of contamination of water source**
- **Prevalence of acute diarrhea diseases mainly related to water quality problems and worm infestations caused by poor personal hygiene and environmental sanitation.**

## The Kerala paradox

- **Large numbers of rivers and high rate of precipitation but low per capita availability of potable water especially in summer months.**
- **Almost all health indicators are favorable but some are dismal**

## The KRWSS Project

- In this context, the WB assisted Kerala Rural Water supply and Sanitation project was designed.
- provision of adequate quantities of safe drinking water to the rural population is ensured through meaningful Integration of complementary components -
  - Sustainability and adequacy of source ensured through ground water recharge component,
  - quality of water assured through sanitation and hygiene promotion- personal, domestic and environmental
  - sustainability of system ensured through social mobilization and economic empowerment

## Rapid Survey on Personal Sanitation Practices

- Quick random survey on personal hygiene habits as a part of the project showed that 26% bathe twice a day, 49% bathe once a day and 14% bathe once in two days. A small group of 8% bathe twice a week and 4% just once a week
- However, hand washing **with soap** before food intake was only 1% though 92% did wash hands with water.
- Only about 15% used soap for washing hands after defecation

## Soap Market in Kerala

- Major popular Brands- Hindustan Lever, Colgate- Palmolive, Godrej, Tata Oil Mills, Wipro and local manufacturers.
- Market Study of Soap Industry showed higher coverage and availability even in the rural areas
- But, Per Capita Consumption in rural areas is much lower than in the urban areas
- General perception is that soap is only meant for bathing
- Validated by the results of study mentioned earlier on hand washing habits

## Survey on Domestic Sanitation Practices in rural areas

- As for Domestic Hygiene, Composting domestic waste not popular
- Similarly, unsanitary disposal methods of faeces of children is prevalent
- Open air defecation still widely practiced
- Thus, the high contamination of drinking water is also related to personal & community hygiene practices - Practices as related not only to protection of sources but also at points of storage and means of utilization

## Sanitation, Health & Hygiene Promotion

- Hence, in the Kerala context, we need to focus on all locations of the water handling- source, harvesting, conservation and usage
- To bring about meaningful changes, baseline information essential on present practices, awareness levels, attitudes and perceptions, barriers to change, if any etc.

## Action taken under PPP Initiative on HW

- One Workshop was held on 31st Jan. 2001 attended by over 40 experts in fields of sanitation, health and hygiene
- All partners reached consensus about the importance of this initiative
- Need to expand the scope of Study to incorporate the angle of upgrading quality of drinking water was accepted during further discussions among stake holders.
- Draft TORs prepared

## Statewide Study

- Statewide Study planned on Health, Sanitation and hygiene practices -"Cluster of Hygiene Practices"
- Cluster A deals with Sanitation & Excreta Disposal, Cluster B deals with handling Water at Water Sources and Cluster C deals with handling Water at Users end and personal hygiene

## Study Details -1

- ✔ Cluster A - Sanitation Excreta Disposal:
  - ✔ Location of Defecation Sites
  - ✔ Latrine Maintenance - Structure & Cleanliness
  - ✔ Disposal of Children's Faeces
  - ✔ Hand Washing at critical times - after defecation, after feces handling/ disposal
  - ✔ Use of soap and cleaning material

## Study Details -2

- ✔ Cluster B- handling Water at Sources
  - ✔ Protection of Water Sources
  - ✔ Siting of latrines in relation to water sources
  - ✔ Maintenance of water sources
  - ✔ Water use at the sources
  - ✔ Other activities at the sources
  - ✔ Water collection methods & utensils
  - ✔ Methods of transporting water

## Study Details -3

- ✔Cluster C - handling Water at Users end and personal hygiene
  - ✔Water handling in the house
  - ✔Water storage & treatment in the house
  - ✔Hand washing before and after certain activities
  - ✔Bathing - children & adults
  - ✔Washing Clothes

## Methodology of the study

- This Study is proposed for a suitable sample size selected by purposeful random sampling method
- Tools also to include Structured observation, Health Walk, Informant Interview , Community Mapping of Gender Role and Task Analysis & Focus Group Discussions
- Study Time Frame is 6 months from June to November2001
- This study will also incorporate additional information required for PPP initiative on consumer behavior

## Risks involved in taking up the study

- Opposition of activists groups against the over usage of polluting chemicals like detergents
- Ideological opposition against the teaming up of WB and MNC's.
- hurt feeling to the self esteem of the people

## Opportunities provided by the study

# A base line data regarding the health and hygiene practices of the community would be created.

# The Sanitation and hygiene promotion component under the KRWSSP can be planned accordingly.

#The PPP on HW can be planned and implemented properly and the deaths and morbidity owing to diarrhea can be reduced drastically.

BUT THE OPPORTUINTIES OUT WEIGH THE RISKS AND HENCE THE STUDY

THANK YOU .....

# Hand Wash
# India

## Diarrhea in India

- 19.2% of children in India suffer from diarrhea *(Source: National Health Survey, 1998-99)*
- India contributes to 30% of all diarrhea deaths in the world
- One child succumbs to Diarrhea every 30seconds

*Source: UNICEF*

**Four key pathogen carriers : Drinking water, Flies and other insects,Physical contact with fields, Human hands**

# Hand wash for Diarrhea Prevention

**If hands not washed properly pathogens from fingers enter the body**

**Washing of hands with soap reduces diarrhea attacks by 48 %** *(WHO Report 1998)*

**As Personal Wash experts, Unilever India willing for partnership to improve hand wash habit**

# Hand Wash in India

- Although penetration of soap is 95%, extremely low frequency of usage of soap
  - 26% Urban Indians (173mn) do not use soap everyday
  - 74% rural Indians (492mn) do not use soap everyday

- 665mn Indians do not use soap everyday

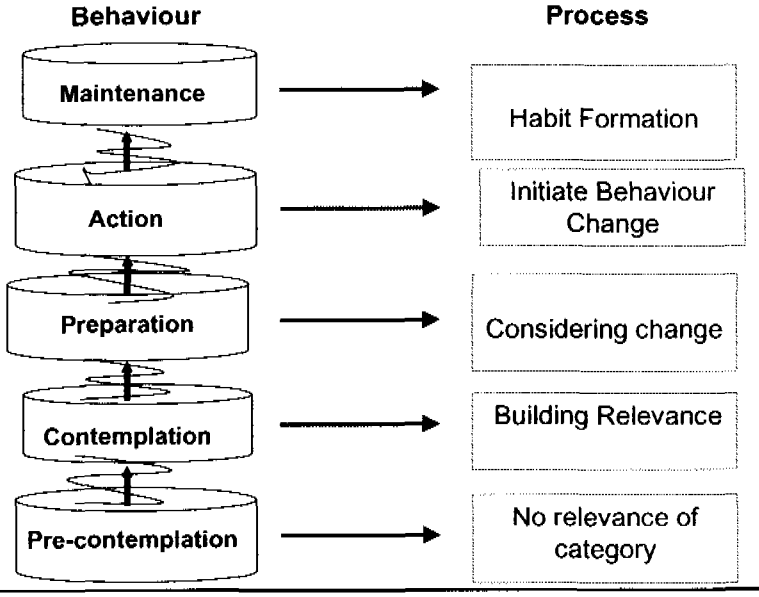
**Soap usage for Hand Wash before eating and after defecating even lower**

# Marketing Task

| | Maintain Share | Grow Share | Grow Market |
|---|---|---|---|
| High Competition | **Active Defense Loyalty Building** 3+ | **Relaunch (Major/Minor) New Film** 4+ | **Launch** 6+ |
| Low Competition | **Maintenance** 2+ | **Maintenance** 2+ | **Launch** 5+ |
| | Maintain Consumption | Increase Penetration | Stimulate Penetration |

**Stimulating penetration in a High competition market most difficult marketing task**

# Communication Task



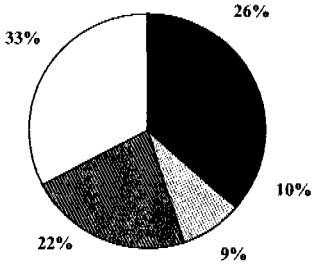
# Task Complexity

- Degree of difficulty in achieving habit change is directly proportional to:
  - Relevance of category
  - Cost advantage with the nearest competitor (Ash/Mud/Water)
  - Media Reach
- Unfavourable conditions on all above make task extremely difficult

**Multi media communication at high decibel levels**

# Infrequent Users - Dispersion

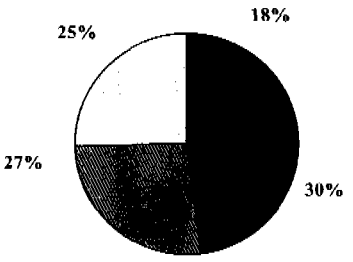
URBAN




■Top 8M ■Oth 1mn+ ▫0.5-1mn ▩0.1-0.5mn □<0.1mn

Base: 177 mn

RURAL




■5000 + ■2k to 5k ▩1k to 2k □> 1000

Base: 488 mn

*Source: NRS 2000*

**Target Audience:**
**Urban Poor in Small Towns (<0.1mn)**
**Rural across All Pop Strata**

# Market Prioritization

- Markets prioritization based on target audience dispersion

Urban Poor (< $ 43 MHI, 56 % of urban population)

| Priority | States | % |
|---|---|---|
| P1 | Rajasthan, UP, Maharashtra, MP, WB | 60% |
| P2 | Gujarat, Bihar, TN, Karnataka, P/H/C, AP | 34% |
| P3 | Delhi, Orissa, Kerala, NESA | 6% |

Rural All

| Priority | States | % |
|---|---|---|
| P1 | Rajasthan, UP, Bihar, MP | 67% |
| P2 | Orissa, Gujarat, Karnataka, P/H/C, WB | 17% |
| P3 | Maharashtra, TN, AP, Kerala, NESA | 16% |

# Behaviour Alteration Strategy: Rural

**Understanding the target audience**

- 83% have an MHI of < Rs.2000 ($43 / month)
  - Average household size: 6
- 68% are illiterate
- 74% do not use any water purifying method for drinking water
- 56% do not have access to any toilet
- **72% are unreachable by mass media**

**Direct Contact Program the only route**

# Rural Contact Program

- Communication package for intensive contact developed
- Pilot study in rural Uttar Pradesh & Madhya Pradesh
- Scale and Resources for Pilot
  - 32 villages
  - Managerial : 2 each from Unilever and implementing agency
  - Implementers : 2 vans with 16 members each
    - Communication hardware (AV, audio visual equipment, flip charts, interactive games, hand wash demo kits)
  - Cost per village : Rs. 3000 ($64)

**19250 van days required to cover 35 % of rural India**
**$10.4mn required for one contact**

# Rural Contact Program - Road Map

| Year | Market | Pop Strata | % villages | No. of villages covered | % Pop covered | Cost $Mn |
|---|---|---|---|---|---|---|
| Y1 | P1 | 2-5K | 100 | 25120 | 13 | 1.6 |
| Y2 | P1* | <2 K | 15 | 40459 | 4 | 3.5 |
| | P2 | 2.5K | 100 | 16107 | 9 | 1.0 |
| | P3 | 2-5K | 40 | 6296 | 3 | 0.4 |
| Y3 | P1 | <2K | 15 | 40459 | 4 | 3.5 |
| | P3 | 2-5K | 40 | 6296 | 3 | 0.4 |
| Total | | | | 134,736 | 35 | 10.4 |

** Cost per village for less than 2k is Rs. 4000 ($86)*

**Scale requires Financial resources, beyond reach of any Unilever brand**

## Behaviour Alteration Strategy : Urban Poor

- 43% of the TG is unreachable by media
- 2 pronged approach
  - Media Reachables : Mass media (TV with radio)
  - Media Dark - Direct contact program

## Media Reachables

- 2 infomercials developed ; 8 new routes being explored
  - Different communication routes to be used to address different consumer mindsets
- Cost per infomercial (production)
  - With Celebrity : Rs. 7mn ($0.15mn)
  - Without Celebrity : Rs. 2mn ($0.04mn)
- Infomercial airtime limited, available on low reach programs
  - Necessary to buy air time on high reach programs
  - Costing done at full air time costs

# Media Reachables - TV Plan

- Unilever media recommendation for building penetration in a high competition market
  - Frequency / Reach - 6+ / 60 %
  - 60 % of target audience to be exposed to the communication 6 times
- Translates to 900 GRPs per month
- Duration - 26 weeks of the year
  - Total cost of air time for 3 years - $ 16.5 Mn

**Media spend comparison - SFXL spend in 3 years : $10 mn**

# Media Unreachables: Urban

- Direct contact programs to be conducted at schools & health centres
  - Key influencers to be targeted
    - Doctors / Midwives and school teachers
- Urban Contact Program - Road Map

| Year | Market | No. of Small Towns | Cost (Rs. Mn) | Cost ($mn) |
|---|---|---|---|---|
| Y1 | P1 | 5373 | 32 | 0.7 |
| Y2 | P2 | 4520 | 27 | 0.6 |
| Y3 | P3 | 5126 | 31 | 0.7 |

# Communication Cost : Breakup

| Media | Year 1 Rs. Mn | Year 2 Rs. Mn | Year 3 Rs. Mn | Total Rs. Mn | Total $Mn |
|---|---|---|---|---|---|
| Television | 231 | 254 | 279 | 765 | 16.5 |
| Radio | 39 | 43 | 47 | 129 | 2.8 |
| Urban Contact | 32 | 27 | 31 | 90 | 1.9 |
| Rural Contact | 74 | 227 | 181 | 482 | 10.4 |
| Outdoor | 69 | 56 | 116 | 241 | 5.1 |
| **Total** | **445** | **608** | **654** | **1707** | **36.7** |

# Total Cost Implication

| Costs | Year 1 Rs. Mn | Year 2 Rs. Mn | Year 3 Rs. Mn | Total Rs. Mn | Total $Mn |
|---|---|---|---|---|---|
| Communication cost | 445 | 608 | 654 | 1707 | 36.8 |
| **Costs to Unilever** | | | | | |
| Creative Agency Cost | 3 | 3 | 3 | 9 | 0.2 |
| Media Agency Cost | 9 | 9 | 19 | 37 | 1 |
| Manpower Cost to HLL | 20 | 25 | 30 | 75 | 2 |
| Cost of Production | 56 | 0 | 0 | 56 | 1 |
| Cost of Research | 2 | 2 | 2 | 5 | 0.1 |
| Total Unilever | 90 | 39 | 53 | 182 | 4 |
| | | | | | |
| **Total** | **535** | **647** | **707** | **1889** | **41** |

**Unilever India to bear cost of creating communication**

**Media Cost proposed to be borne by World Bank**

# Cost For Abridged Plan - 1 Year

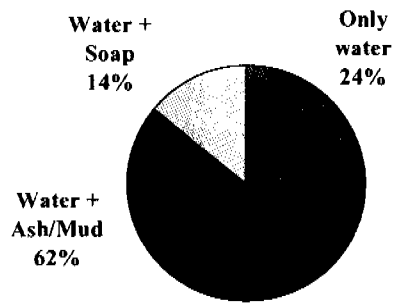
- Assuming rural and urban direct contact in P1 markets only

| | | | |
|---|---|---|---|
| **Communication cost** | 377 | 377 | 8.1 |
| Television +radio | 270 | | |
| Urban contact | 33 | | |
| Rural contact | 74 | | |
| **Costs to Unilever** | | | |
| Creative Agency Cost | 3 | 3 | 0.1 |
| Media Agency Cost | 9 | 9 | 0 |
| Manpower Cost to HLL | 20 | 20 | 0 |
| Cost of Production | 56 | 56 | 1 |
| Cost of Research | 2 | 2 | 0.0 |
| Total Unilever | 90 | 90 | 2 |
| | | | |
| **Total** | **466** | **466** | **10** |

# Appendix

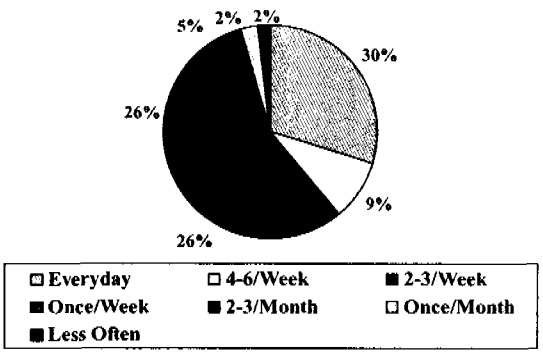
# Personal Hygiene in India

- Findings from the survey on hand wash after defecating and before & after every meal




*Source : International Scientific Forum on home Hygiene Rural Study*

# Toilet Soap Usage In India




*Source: NRS 2000*

- Although the penetration of soap is 95%, extremely low frequency of usage of soap
- Only 30% of soap users use soap everyday

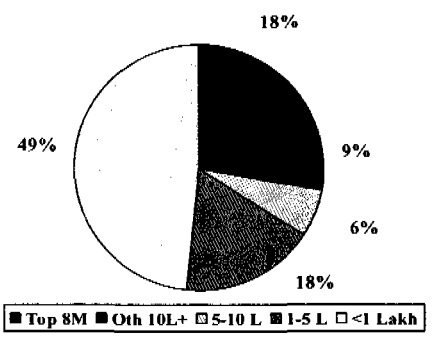
**422 mn people do not use soap everyday**

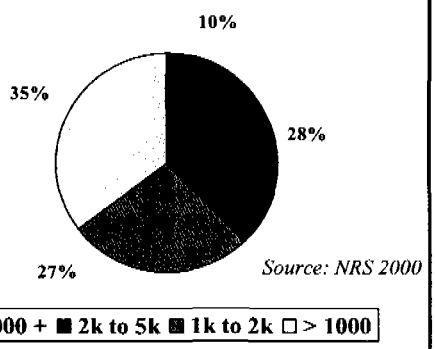
# Barriers to Soap Usage

- "I do not need soap as water and mud are enough"
- "I do not believe there is a connection between soap and health"
- "Soap is expensive hence to be used only for special occasions"

**Deeply entrenched behaviour patterns**
**Need for intensive measures for behavioral change**

# Non Users - Dispersion



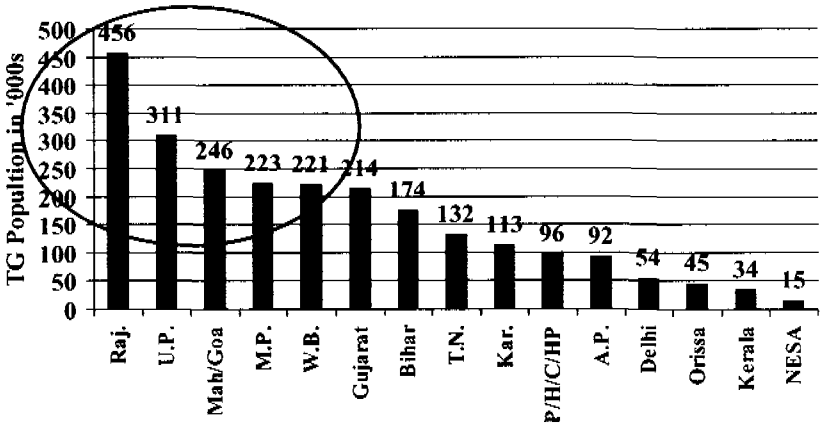




*Source: NRS 2000*

•Dispersion of non-users similar to that of infrequent users

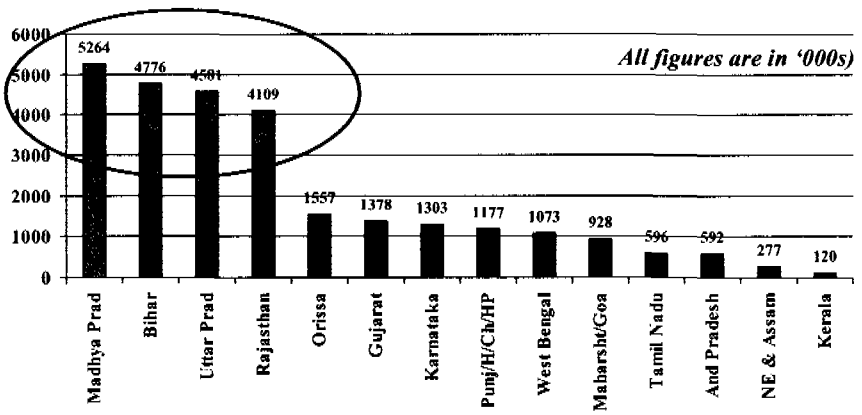
**Urban - Small Town focus**
**Rural - Focus across pop strata**

# Non-users by States : Urban




**Rajasthan, UP, Maharashtra, Goa, MP & West Bengal contribute to 60%of the non-user segment**

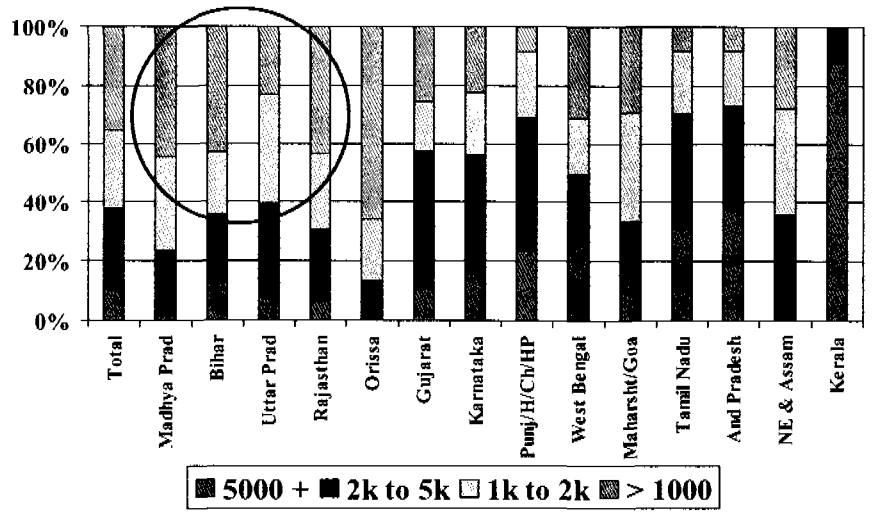
# Non Users by States : Rural




**MP, Bihar, UP and Rajasthan contribute to 67% of the non-user segment**

***Source: NRS 2000***

# Distribution of TG by Population strata




The penetration of non-users increases in lower population strata especially in the top 4 states

*Source: NRS 2000*

# Media reach - Urban

| Media | Priority Markets | | |
|---|---|---|---|
| | P1 | P2 | P3 |
| Press | 22.6 | 26.3 | 43.9 |
| TV | 38.1 | 56.5 | 67.1 |
| C&S | 9.2 | 22.5 | 12.6 |
| Radio | 10.1 | 16.5 | 32.8 |
| Cinema | 6.1 | 12.1 | 12.8 |

*Source: NRS 2000*

# Statewise Media Reach : Urban

| State | Press | TV | C&S | Radio | Cinema |
|---|---|---|---|---|---|
| Raj. | 19.3 | 31 | 5.7 | 6.4 | 6.7 |
| U.P. | 19.1 | 26.8 | 3 | 7 | 2.4 |
| Mah/Goa | 36.8 | 52.8 | 18.8 | 12.2 | 6.3 |
| M.P. | 13.7 | 34.7 | 8.4 | 4.4 | 7.5 |
| W.B. | 27.1 | 56.1 | 15.2 | 25.3 | 8.2 |
| Gujarat | 24.6 | 60.3 | 27.5 | 10 | 7.5 |
| Bihar | 15.3 | 36.2 | 3.5 | 17.7 | 8.9 |
| T.N. | 35.4 | 57.9 | 30.8 | 16.1 | 19.7 |
| Kar. | 31.3 | 63.5 | 27.7 | 26.8 | 18.3 |
| P/H/C/HP | 23 | 62.8 | 17.6 | 11.7 | 1.5 |
| A.P. | 35.2 | 68.5 | 33.5 | 22.1 | 21.2 |
| Delhi | 37.1 | 75.8 | 18.3 | 27.8 | 14.6 |
| Orissa | 39 | 53.4 | 9.6 | 28.2 | 11.9 |
| Kerala | 69.6 | 81.5 | 10.4 | 48.8 | 15 |
| NESA | 24.8 | 43.5 | 5.8 | 28.4 | 4 |

43 % of TG media dark

# Media Reach - Rural India

| Media | Priority Markets | | |
|---|---|---|---|
| | P1 | P2 | P3 |
| Press | 4.6 | 5.1 | 5.4 |
| TV | 16.8 | 18.2 | 20.4 |
| C&S | 0.8 | 1.4 | 1.1 |
| Radio | 9.4 | 14.9 | 25.7 |
| Cinema | 2.3 | 6.4 | 2.4 |

*Source: NRS 2000*

# Reach of media - Rural

| | Press | TV | C&S | Radio | Cinema |
|---|---|---|---|---|---|
| Total | 4.9 | 17.5 | 1 | 12.5 | 3.8 |
| Madhya Prad | 3.4 | 23.7 | 1.7 | 6 | 2.4 |
| Bihar | 2.3 | 7.9 | 0 | 12.9 | 4.5 |
| Uttar Prad | 4.9 | 12.1 | 0 | 11.9 | 2.2 |
| Rajasthan | 5.6 | 12.5 | 0.7 | 8.2 | 0.8 |
| Orissa | 2.5 | 18.2 | 1.4 | 23.7 | 1.5 |
| Gujarat | 5.4 | 16.1 | 0.1 | 6.3 | 1.9 |
| Karnataka | 5.8 | 23.3 | 3.3 | 22.2 | 12.5 |
| Punj/H/Ch/HP | 8.4 | 43.5 | 0 | 19.1 | 1.4 |
| West Bengal | 6.1 | 12.5 | 0 | 17.6 | 7.5 |
| Maharsht/Goa | 4.7 | 23.9 | 0 | 11.5 | 3.2 |
| Tamil Nadu | 14.9 | 34.7 | 1.1 | 30.6 | 23.9 |
| And Pradesh | 9 | 27.9 | 13.9 | 10.7 | 11 |
| NE & Assam | 1.8 | 23.8 | 0 | 21.3 | 8.2 |
| Kerala | 44.6 | 38.7 | 0 | 66.4 | 0 |

**Overall reach of mass media is very low**

# Media Cost : Costing Assumptions

- Television
  - Average rate/30 sec: Rs.150000 ($3234)
- Radio
  - Average rate/10 sec: Rs300 ($6.5)
- Outdoor
  - Wall painting: Rs. 4 /sq. ft ($0.09)
  - Hoardings: RS.15,000 per hoarding ($323)

# Seasonality of Activity

- Two main seasons :
  - Pre-monsoons & Monsoon
  - Highest incidentce of diahrrea during monsoon
- But, direct contact will be difficult during monsoons
  - concentrated pre and post monsoon

**Activity period for mass media: May - October**
**Activity period for Direct Contat: April - June / Oct - Dec**

# Dispersion villages by states

| | States | 2-5K | <2K |
|---|---|---|---|
| P1 | MP | 3118 | 67358 |
| | UP | 11400 | 104206 |
| | Bihar | 7392 | 62056 |
| | Raj | 3210 | 36108 |
| **P1 Total** | | **25120** | **269728** |
| P2 | WB | 4829 | 21532 |
| | Guj | 3292 | 13595 |
| | Mah&Goa | 4598 | 35758 |
| | Karnataka | 3388 | 23152 |
| **P2 Total** | | **16107** | **94037** |
| P3 | TN | 4682 | 14823 |
| | Punjab | 1628 | 10944 |
| | Haryana | 1622 | 4593 |
| | AP | 6245 | 19272 |
| | Orissa | 1460 | 45606 |
| | Kerala | 102 | 23 |
| **P3 Total** | | **15739** | **95261** |
| **Grand Total** | | **56966** | **459026** |

# Principles of Public Private Partnerships in the Health Sector



## Objectives

- Review successful experiences with Public Private Partnerships (PPPs) in the health sector
- Document lessons learned and their applicability to the Global PPP to Promote Handwashing

## What are PPPs in the health sector?

- Generally, a spectrum of possible relationships between public and private actors for the co-operative provision of health services.




## Range of Collaboration in Health

| | Infrastructure | Education & Training | Research | Donated Medicines |
|---|---|---|---|---|
| | Improving the lives of AIDS orphans. | Improve treatment and reduce incidence of global worm disease. | Reduce mortality from malaria. | Reduce infant mortality due to pneumonia and meningitis. |
| | Improving local healthcare services. "Step Forward...for the world's children" (Abbott Laboratories) | Personal Hygiene and Sanitation Education (PHASE) in schools and health centres. (GSK) | Research and development of anti-malarial drugs. | Donation of Hib conjugate vaccine to GAVI by American Home Products/Wyeth |

## Key Obstacles

- Reciprocal mistrust and lack of understanding across sectors
- Absence of locally available information on, and experience with, public private partnerships
- the underlying legal, political and institutional obstacles to forming effective PPPs



## Success Factors for PPPs

1. **Communication**
2. **Governance**
3. **Campaign design**

## 1. Communication

- From the time the private sector is approached to the end of the pilot
  - ✓ Private sector incentives should be clear
  - ✓ Institutional arrangements: ways to meet and discuss ongoing activities, opportunities to make changes in strategy, partnerships, direction
  - ✓ Example: Salt Iodization in Pakistan



## 2. Governance

- Who's in charge/coordinating/ensuring public health good?
- Enforcement of responsibilities
- Example: Roll-Back Malaria Initiative

## 3. Campaign design

- know your target population, market segmentation
- strategic approach based on knowledge of social, economic and political context
- common body of knowledge between partners
- Ex. Social Marketing of ITNs in Tanzania & Kenya, PPP with Condom Manufacturers in Indonesia, PHASE



## Challenges Facing the PPP for Handwashing with Soap

- Communications: building trust
- Governance (institutional arrangements)
- Defining the country contexts to building strategic approaches
- Monitoring impact

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