



# Supporting Hygiene Promotion and Menstrual Hygiene Management in Puri, Odisha, India after Cyclone Fani

## SUMMARY

In the aftermath of Cyclone Fani, villages in Odisha were affected with a wide variety of challenges including increased open defecation, damage to toilets and latrines, the loss of key hygiene items, and the contamination of drinking water. The UNICEF WASH team in Odisha held participatory discussions with community members in 20 villages, including Badabenakudi, which revealed that there was an insufficient understanding of the link between safe sanitation, health, and how emergencies exacerbated these issues. It also found that villages are reportedly facing challenges in supporting menstrual hygiene management.

This note is a diary of UNICEF WASH staff in Odisha India, and their understanding is that WASH interventions need to be demand-driven and need to engage community members to be effective. Therefore, they focused on participatory facilitation and promotion techniques as well as training various stakeholders to support the campaign.

## Background

In May 2019 Cyclone Fani made landfall in Odisha, India. More than a million homes were destroyed affecting approximately 16.5 million people. Preliminary government figures estimated the cost of damage and loss at more than 120 billion INR.

UNICEF WASH team witnessed that the intense tropical weather in Puri district, the cumulative effects of the cyclone, heavy rains, and chronic vulnerability challenged the capacity of the Government and other organizations to meet the immediate needs of the affected populations.

Heavy rains and the cyclone left vulnerable populations at increased risk for water borne and vector-transmitted diseases.

**Figure 1: Map of India with Odisha highlighted**



## KEY STATISTICS

- *The Indian state of Odisha is situated in the eastern part of the country with an area of 155,707 square kilometres and a coastline of 480 kilometres.*
- *The state is divided into 30 districts, 314 blocks and 114 urban local bodies.*
- *Cyclone Fani destroyed more than a million homes.*
- *Approximately 16.5 million people in 14 districts and 16,659 villages were affected.*
- *Preliminary figures by the government estimate the cost of damage and loss were more than 120 billion INR.*

During the response phase in the aftermath of Cyclone Fani, I, as part of the WASH team in UNICEF Odisha, implemented a variety of WASH interventions including water distribution, latrine reconstruction/repair and hygiene kit distribution.

The combined effect of widespread heavy rains, temporary displacement, disruptions, and damage to WASH services, and the loss of livelihoods had the potential to result in high death and disease rates if not addressed in a timely manner.

## Story

We witnessed that in the aftermath of Cyclone Fani, villages in Odisha were affected with a wide variety of challenges including increased open defecation because of destruction, breakage or damage to toilets and latrines; individuals losing or lacking key hygiene items; standing pools of contaminated water in village drains and near hand-pump tube wells; as well as the contamination of drinking water.

We helped in participatory discussions with community members in 20 villages, including the village of Badabenakudi, which revealed that there was insufficient understanding of the link between safe sanitation, health, and how emergencies

exacerbated these issues. We found that selected villages also faced challenges in supporting menstrual hygiene management. When we interviewed girls, they stated that menstrual cloths were inaccessible due to the Cyclone Fani emergency. Those in need were not able to buy sanitary pads as markets were closed and communication had broken down.

**Figure 2: Hygiene Session with all female participants**



We saw that the Government of Odisha, national, and international agencies worked closely to identify needs and plan interventions. I & the WASH team in UNICEF Odisha worked through our partner OXFAM & sought to achieve several objectives including preventing the outbreak of communicable diseases, promoting good hygiene practices and facilitating Menstrual Hygiene Management (MHM).

We at UNICEF Odisha organized several trainings of facilitators using Community Approach to Total Sanitation (CATS) tools in identified villages. We found that the CATS approach aimed to establish a local understanding of the link between open defecation and diarrheal disease to encourage local demand for safe sanitation. We analyzed that while both women and men were involved, events tended to be held separately for men and women due to the cultural context. Thus, my team and I, and our partner OXFAM employed high-capacity female facilitators to work with women and girls,

while male facilitators targeted men and boys in the same community.

**Figure 3: Hygiene Session with young girls**



We knew that involvement of village leaders was critical to the success of these efforts. The CATS facilitation process proved successful and spurred community understanding of the connection between open defecation and poor health. We encouraged households and local masons to rebuild raised latrines, given that the village was low-lying and flood prone. We planned a short-, medium- and long-term hygiene promotion campaign based on the requirements of affected villages, including key risk hygiene practices and priority at-risk groups. We made sure that the campaign targeted community participation in all 20 villages and the distribution of hygiene kits in two-gram panchayats.

UNICEF Odisha addressed MHM by supporting MHM facilities, providing MHM supplies and communications. We continuously engaged and consulted with women, girls, men and boys as it was critical to ensure the MHM response addressed their needs and that it could adapt when needed. Our programme considered how women and girls use, wash, dry and dispose of sanitary materials along with local culture and preferences. Sanitary pads, buckets, and soap were provided. We helped in addressing the enabling factors for MHM, including access to private changing, bathing and disposal facilities. Given that menstrual hygiene is an intensely private subject,

we conducted special sessions with boys and men to raise awareness of the needs of women and girls, increase support, and address harmful cultural taboos or restrictions.

## Results and Impact

We at UNICEF Odisha and our partner OXFAM worked to support 32,000 households in the aftermath of Cyclone Fani. We leveraged its long-standing relationship with the Government of Odisha to strengthen coordination mechanisms and mobilize partners for a more effective humanitarian action.

- We encouraged men, women and children to take action to reduce public health risks by preventing contamination of and treating drinking water as well as practicing effective hand washing.
- The affected population helped care for and maintain WASH facilities, products and services.
- We identified & distributed appropriate hygiene items (including sanitary materials for women).
- We conducted water quality tests in randomly selected households which demonstrated water consumed at the point of use met drinking water quality standards in most cases.

## Challenges

- We found it challenging that communities often lacked basic hygiene knowledge and have poor hygiene practices. A lack of understanding in local communities regarding disease transmission, hygiene practices, and hand washing can prevent interventions from making important progress.
- Given the intervention took place across various communities, we faced additional challenges including interpersonal communication and adapting messages to

address different sociocultural practices and knowledge of water-related diseases and hygiene.

## Key lessons

- We found that hygiene promotion is not optional in a WASH emergency and should be integrated into all components of the WASH hardware response.
- We understand that hygiene promotion requires efforts beyond the dissemination of hygiene messaging. It should be based on participatory exercises and extensive interaction with the affected communities to address key issues being faced during an emergency.
- We believe that campaigns should target all groups including men, women, children, and those with disabilities. Campaigns should be based on their requirements and integrated to ensure an optimal use of facilities.
- We hope that enabling factors (e.g., toilets, soap) should be present to ensure hygiene promotion takes place in the intended way; such conditions affect the likelihood of sustained hygiene practices.
- While a variety of methods, media and approaches can promote hygiene and provide information to affected populations, we found that interactive methods may be more successful in mobilizing communities to make the best use of WASH facilities and to protect their health.

## Conclusion

Involvement of village leaders is crucial during the time of emergency. It was critical to the success of these efforts. Gaps and challenges were identified through a participatory discussion with the community members. The CATS facilitation process proved successful and spurred community understanding of the connection between open defecation and poor health. It is essential that

hygiene promotion especially during emergencies, should be based on participatory exercises and extensive interaction with the affected communities to address key issues being faced during an emergency.

## References

Government of Odisha, *Cyclone Fani: Damage, loss and needs assessment, Odisha, May, 2019*

## Photo Credits

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