

Case Study :

Sunita Biswal, Hygiene Promoter : The Story Untold

Introduction

Undaunted by the vagaries of aftermath of the FANI Cyclone in a small village of Harsapada, Bindhani Gram Panchayat, Kansa Block of Puri district, Ms.Sunita, aged about 24 years with her group of adolescent girls set out to promote hygiene and specifically Menstrual Hygiene Management (MHM) the inevitable fear after the cyclone.



- Village: Harsapada
- Gram Panchayat: Bindhani
- Block: Kanas
- District: Puri

Harsapada is a small village in the Kanas Block with approximately 182 households. The village has acute water quality problem even though there are 4 hand pump tube-wells. All are affected by high iron content. So people resort to pond water for all domestic purposes. And after cyclone the water quality has aggravated but thanks to some champions of the village who have mobilised people for safe WASH practices.

"Without clean drinking water, a person can only live for a few days. And without careful attention paid to hygiene and the safe disposal of fecal wastes, the deadly diseases they trigger can race through our small community with devastating consequences. Ensuring people have the right knowledge and materials they need is vital to improving the health and wellbeing of communities, helping them meet their basic needs for clean water and sanitation is absolutely essential. It saves lives." said Sunita when asked why it was important for her team to venture into the response mode.

Odisha Government with support of organisations like UNICEF, Odisha played a significant role in responding to the calamity and ensuring safe drinking water in the shortest possible time.

"Hygiene and the safe disposal of waste were just as critical to protecting lives. It may sound like a small thing, but the importance of hand washing can't be over-stated." articulated Sunita. She has learnt it previously from various training

Sunita Biswal, a 25 year lady of the village and a barefoot natural hygiene volunteer identified by OXFAM / Unicef. Sunita's family home collapsed and they were living with an aunt. But still she wanted to volunteer because "these people do not enough about dangerous diseases like diarrhoea. I want to help them and save their children". Sunita along wither team mates doing village cleaning in Harsapada village, a poor interior village of Kanas Block.

programs on WASH. That's why much emphasis she has put on hygiene promotion besides water supply. In the villages of Puri district and particularly villages near the banks of Chilka Lake faced the maximum wrath of the fury and were devastated of the basic facilities like house and partially or fully damaged toilets making them resort to open defecation and thereby increasing the vulnerability of the safety of the water supply. Sunita along with her team of adolescent team members made a small but significant contribution in working incessantly to avert outbreaks of deadly water borne diseases and promoting with the community members for safe hygiene practices.

"From the public health women, I learned to cover food to keep away flies because they transmit diseases. I also learned about keeping things clean our buckets, kitchen utensils, latrines, and many children in my village wash hands now. " said Srutimayee; the co-team member of Sunita.

"Previously, my children didn't wash their hands before they ate. They were often weak and not healthy. Now, they wash their hands before eating. They don't suffer from diarrhea, and if they happen to get sick, it isn't something serious."

Menstrual Hygiene Management (MHM)

Sunita was very concerned about menstrual hygiene management which according to her was very critical and more so because the community being very orthodox in discussing or managing menstrual management and in such calamities it is usually overlooked as per her experience. She recalls how the drudgery she has faced during such critical times. She has always understood that women & adolescent girls were at greater risk during such emergencies because of lack of access to clean clothes or sanitary napkins and private places for changing and availability of water. She agrees even though Government and other organisations are actively supporting MHM nonetheless addressing the menstrual hygiene management (MHM) needs of adolescent girls and women in emergency settings, this issue is often overlooked and neglected.



Cyclone FANI has been one of the worst of its kind to hit villages in Puri district with millions of lives across 14 districts of Odisha affected. Women and adolescent girls across the villages were in urgent need of hygiene kits, clean water and private bathing areas to enable them to maintain their hygiene. The effect of cyclone was so devastating that toilets were broken thereby limiting the access of privacy for women, limited access to clean water supplies and soap whilst they temporarily live in broken shelters and schools due to the mass overcrowding; and they are also in need of items to help them manage their periods.

UNICEF, Odisha as a part of Humanitarian Response has distributed Hygiene Kits as an interim measure to maintain family hygiene and specifically women hygiene. Sunita and her team members had understood that it was easier to distribute sanitary pads than ensuring its being used appropriately by girls and women in an orthodox and taboo driven village. Undaunted by the rejection and frustration she continuously engaged and made consultation with women & girls besides consulting with men and boys which was equally critical to identify barriers and other socio-cultural determinants for improved menstrual hygiene.

She along with her team mates made a simple but significant effort not only ensuring good health, dignity and safety of women and girls, but also in ensuring that women and girls do not forego important livelihood and productive activities or engagement at school because of the shame and stigma associated with being unable to manage their periods.

Unicef approach for MHM in FANI Cyclone

UNICEF, Odisha supported three essential components during FANI as a part of emergency response:

- MHM materials and supplies in shape of Hygiene Kit,
- MHM supportive facilities in terms of re-building broken toilets and making water supply arrangement and soaps
- MHM counselling



Sunita made continuous engagement and consultation with women & girls to ensure the MHM response addresses their needs and challenges, is appropriate and can adapt when needed.

Culture and MHM in emergencies

Harsapada is an orthodox village and is highly sensitive to discuss on issues on menstruation management and Sunita was well aware of such cultural understandings and it was a major challenge in emergencies. For personal and cultural reasons, it may be particularly difficult for women and adolescent girls to raise concerns about MHM to male humanitarian responders. It was considered as 'shameful and dirty' and myths and taboos around menstruation confine these issues to the private, female domain. And poor knowledge further complicated and was a challenge in the aftermath of cyclone. It was more particularly a challenge when the Hygiene Kit contained sanitary products that were unfamiliar to women and girls.



Handwashing

Sunita had learnt from one of the hygiene sessions with AWW that diarrhoea can cause deaths in acute emergencies and chronic malnutrition may contribute to diarrhea and respiratory infections in such precarious situations where water quality can be poor contributing to the high diarrhea risk. In such situations hand hygiene is of substantial concern for her community affected by cyclone.

"People are generally focused on making provision for essentials such as shelter, food, drinking water. Hygiene and hand washing promotion, which are considered less of a priority, become secondary. This is in part because hygiene and hand washing promotion require that populations are stable and a basic infrastructure is in place with materials such as soap and water available, and that accompanying mobilization and communication strategies, which were described as far more challenging to implement, can be implemented" expressed her concern.

Sunita always believed no amount of communication will lead to change in behaviour unless facilities or hardware is integrated with it. With soap provided in the hygiene kit, it enabled the Sunita to demonstrate with children and adults

Harsapada village has not yet been Open Defecation Free (ODF) and was ravaged by cyclone FANI with partially or fully damaged toilets. As a part of program interventions under Swachh Bharat Mission (Gramin) the community was already exposed to hygiene promotion interventions. Since the community was exposed to strong hygiene behaviors prior to the emergency they adhered to the same hygiene and hand washing practices once soap and water were available.

Sunita was always aware that when she is dealing with behavioural change issues pertaining to hygiene practices, it is of crucial importance that she and all her fellow promoters interact with the communities and act as role models by showing good hygiene practices, that created an environment for the community that they were more likely to adapt to hygiene related changes..

Sunita had all the hygiene and sanitation related training so that they know all sanitation & hygiene behaviour practices, and the management approach at the community and household level.

Challenges faced on MHM post Cyclone

Despite the fact that poor MHM has serious consequences on the health of girls and women, MHM is not prioritised. Menstruation and menstrual practices still face many social, cultural, and religious restrictions which are a big barrier in the path of menstrual hygiene management. In many parts of the country especially in rural areas girls are not prepared and aware about menstruation so they face many difficulties and challenges at home, schools, and work places. Girls and women have very less or no knowledge about reproductive tract infections caused due to ignorance of personal hygiene during menstruation time.

