

Overview

- The Hygiene Cost Effectiveness Study in Bhutan aims to analyse and compare the costs and outcomes of hygiene promotion interventions. It is based on IRC's WASHCost methodology, designed to help determine the costs and efficacy of WASH-related hygiene promotion interventions.
- In Bhutan, it is part of SNV Bhutan's Sustainable Sanitation and Hygiene for All Programme, which provides technical support to the Ministry of Health for the further development and scaling up of the national Rural Sanitation and Hygiene Programme (RSAHP) with support from the Australian Government. IRC supports in terms of performance monitoring, knowledge and learning.
- The hygiene cost-effectiveness study includes:
- Capturing behaviour change using the effectiveness ladder; Capturing costs of hygiene interventions;
 Comparing costs against behaviour changes.





Findings by wealth quintile



Why a Hygiene Cost **Effectiveness Study?**

We all know that unless improved water and sanitation services are used hygienically, health and socioeconomic benefits will not be realised. We have limited knowledge of financial benchmarks for water and sanitation improvement and this is even less for hygiene improvement. To encourage people to improve hygiene behaviour, many hygiene promotion activities are being developed and carried out worldwide. However, planners and policy makers still often face

- questions on the need for hygiene promotion:
- Why invest in hygiene promotion?
 What works, where, and why? How much is enough? How do we know if, and to what extent, inputs are achieving outcomes?

Baseline study

The baseline study in Samste focused on three key behaviours:

- 1. Handwashing with soap at critical times 2. Hygienic usage of a sanitary toilet 3. Safe household water management
- Before starting the intervention, more than 50% of the households practiced hygiene behaviour that was below the basic level of an effectiveness ladder with four levels:
- Not effective Limited
- Dooio Improve



60% 54% 50% 40% -30% -20% -10% Below Basic basic and above Sanitary toilet and toilet use

Results per indicator

from faecal matter.

households either:

dug well; or

Either have no toilet or no shared toilet; or

For the indicator on sanitary toilet and use, 54% of the households:

Households do have a (shared) toilet but it is not used as a toilet; or

For the indicator on handwashing, 58% of the households either:

For the indicator on safe drinking water management 52% of the

• Their drinking water sometimes comes from an improved source; or

Households have a specific place but no soap available.

Have no specific place to wash their hands within 10 m of the toilet; or

Households have a specific place but no water available (at time of measurement); or

safely but not stored safely, or it is stored safely but not drawn in a safe manner.



Below and above basic practice level per indicator

Household members do use their toilet but the toilet is not sanitary: it does not separate users

Use drinking water that comes from an unimproved source: surface water OR unprotected spring OR

• Drinking water comes from an improved source but the water is not collected safely, or it is collected

above Handwashing

Below Basic basic above Safe drinking water mgt









Baseline study area







What costs are captured?

Cost for water installation and use

re Software costs: e.g., training of material development, workshops Operational costs: transport, salaries

Using a hygiene effectiveness ladder & flow diagram

Compare costs with the hygiene practice levels

 The next round of monitoring will take place in 2016 If hygiene interventions are working we would expect an improvement in

impact this increase (or decrease if they are ineffective) has on intervention cost.

Hygiene effectiveness ladder

	Do you use a shared latrine?		Hygiene practice levels	Latrine & use	Handwashing with soap	Safe drinking water management
			<section-header></section-header>	 There is no toilet OR There is a toilet or shared toilet BUT It is not used as a toilet 	 Household members have no specific place to wash their hands within 10 m of toilet OR There is a facility BUT no water available (at present) 	 Drinking water comes from unimproved source: surface water OR unprotected spring OR dug well
	<section-header></section-header>			 There is a toilet or shared toilet Toilet is used as toilet BUT Toilet does not separate users from faecal matter 	 Handwashing facility within 10 m of toilet AND Water BUT No soap or substitute 	 Drinking water sometimes comes from an improved source OR from a safe source BUT not collected safely OR collected safely BUT not stored safely OR stored safely BUT not drawn safely
				 There is a toilet or shared toilet Toilet is used as toilet Toilet is sanitary: separating users from faecal matter BUT Not all HH members have access 	 Handwashing facility within 10 m of toilet Water available Soap or substitute available HH members do not know 2 critical times (after defecation and before eating) 	 Drinking water always comes from an improved source Water is collected safely Water is stored safely Water is drawn in a safe manner BUT Water is not treated
			Improved	 Sanitary toilet is used: separates users from faecal matter Toilet is maintained (cleanliness) and all HH members have access 	 Household members have no specific place to wash their hands within 10 m of toilet OR There is a facility BUT no water available 	 Drinking water comes from unimproved source: surface water OR unprotected spring OR

