



#DettolBanegaSwasthIndia

A PATHWAY FROM HYGIENE TO WELLNESS

SAVING AND ENHANCING QUALITY OF LIFE

“Our approach of *Vasudhaiva Kutumbakam* (The World Is One Family) can see magnificent results globally if all of us are healthy.”

A M I T A B H K A N T

- AMITABH KANT • GAURAV JAIN • SHOMBI SHARP • DR SOUMYA SWAMINATHAN • DR POONAM KHETRAPAL SINGH
- DR RANDEEP GULERIA • NAINA LAL KIDWAI • SWAMI CHIDANAND SARASWATI • SADHVI BHAGAWATI SARASWATI
- AKSHAY ROUT • MOHAMMED ASIF • NEERAJ JAIN • DILEN GANDHI • DR KOMAL GOSWAMI • NANDAN KUMAR JHA



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QUALITY OF LIFE



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Published by

Outlook Publishing (India) Pvt Ltd

AB-10 Safdarjung Enclave

New Delhi 110029

Printed at

Avantika Printers Private Limited

DSIDC Shed No. 38, Okhla Industrial Complex Phase- 1,

New Delhi - 110020

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Edited and Designed by Outlook Publishing (India) Pvt Ltd

HYGIENE AND HEALTH ARE INSEPARABLES

The more we pursue sophisticated and nuanced ways of achieving the highest standards of health, the more often we stumble upon simpler and easier options.

Vaccination may be a convenient method to develop immunity against some diseases, but the recent Covid-19 experience has reminded us that following hygiene practices comes before vaccination as a preventive measure till vaccines are discovered for emerging infections and also for keeping recurring infections at bay as the vaccine-induced immunity wanes.

This coffee table book makes a humble attempt to highlight the importance of hygiene in health with the help of eminent public policy experts, doctors, faith leaders and corporate captains like Amitabh Kant, Dr Poonam Khetrpal Singh, Dr Randeep Guleria, Dr Soumya Swaminathan, Shombi Sharp, Swami Chidanand Saraswati, Sadhvi Bhagawati Saraswati, Naina Lal Kidwai, Gaurav Jain, Ravi Bhatnagar and Mohammed Asif, amongst others.

Of course, the importance of hygiene in health is not a recent discovery. Our ancestors followed hygiene practices before eating food or even entering places of worship. Going forward, faith leaders Swami Chidanand Saraswati and Sadhvi Bhagawati Saraswati explain in this book their rationale of setting up Global Interfaith WASH Alliance to rally religious leaders to promote practices of hygiene drawing from their respective religious scriptures.

More attention to hygiene would particularly go a long way to help check diarrhoea and acute respiratory infections, which are two primary causes of mortality in young children. Handwashing with soap is a simple and powerful act that saves millions of lives in India and across the world, points out Dr Poonam Khetrpal Singh, Regional Director, South-East Asia, WHO, in her write-up.

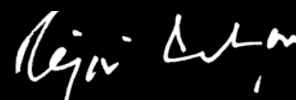
With new waves of the Covid-19 pandemic starting to sweep the world and the effect of vaccines waning, a self-care regimen of safe distancing, wearing face masks and practising hand hygiene with vaccination seems to be a safer and sustainable way forward. Dr Randeep Guleria, Former Director, AllMS-New Del-

hi, underlines in his write-up that handwashing, physical distancing and wearing masks will continue to be important in future outbreaks, too.

Going beyond improving health, the impact of adequate focus on hygiene can help achieve not only a sub-indicator of Sustainable Development Goal (SDG) 6 on clean water and sanitation, but also other SDGs and consequently productivity and GDP. There is good news on this count. Shombi Sharp, UN Resident Coordinator in India, says in this book that India's extensive political and financial commitments in providing clean water and safe sanitation to its population are rapidly changing lives.

A legally binding pandemic accord is also taking shape globally. Dr Soumya Swaminathan, Former Chief Scientist, WHO, adds that the next time there is a global pandemic or even an epidemic that affects some countries, it would be helpful to have in place a globally agreed upon plan of how data, knowledge and intellectual property are to be shared and how technology transfer would take place.

Under its G20 presidency, India has already proposed a G20 initiative on Data for Development to increase data harnessing to bridge the data divide, which should go a long way to address health-related challenges, too. Quite aptly, G20 Sherpa Amitabh Kant in his opening address in this book says that India's approach of *Vasudhaiva Kutumbakam* (The World Is One Family) can see magnificent results globally if all of us are healthy. Our progress is literally in our hands—clean hands.



(Rajiv Tikoo)

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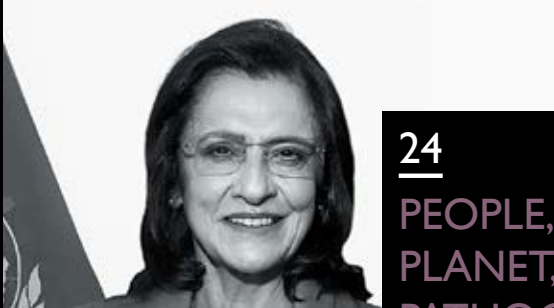


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AMITABH KANT

G20 Sherpa, India

*Former CEO, NITI Aayog; Former Secretary, Department for Industrial Policy and Promotion;
Architect of flagship national initiatives such as Startup India, Make in India and Aspirational
Districts Programme*

HAND HYGIENE IS A
HUMBLE START FOR A PROUD
DEVELOPMENT FINISH

A simple handwash is the silver bullet that can provide protection against several ailments, some of them even fatal



Our country is witnessing a transcendental change across economic and development spheres and has catapulted us in a position of power on the global stage. As India takes over the G20 presidency for 2023, it has been afforded both opportunities and challenges in spheres ranging from the present geopolitical situation, the continued Russia–Ukraine war, the alarming energy crisis, the looming global recession and the threat of a fresh wave of the pandemic to the slow progress in the realisation of Sustainable Development Goals (SDGs). Through the presidency, we are aiming to be agents of reform and action globally with continued partnerships from all participating nations. Our presidency is driven by the philosophy of *Vasudhaiva Kutumbakam—One World, One Family and One Future*.

Across the 13 working groups under the Sherpa track of India's G20 presidency, the Development Working Group focuses on accelerating finances for SDGs, which has the potential to serve as a springboard for taking on cross-cutting challenges across various sectors. Private investment is a key focus area, as the lack of adequate investments may stifle the realisation of the 2030 Agenda for Sustainable Development. In order to accelerate the progress towards achieving SDGs, India proposes a G20 initiative on Data for Development to increase data harnessing through a capacity-building network to bridge the data divide.

With the ongoing developments in global big data and applications, we are best suited to explore the possibility of using data for development purposes as it is something that should be easily accessible and readily available. India's incredibly impressive revolution in digital space could serve as an example for the world in terms of delivering and utilising data. The G20 Development Working Group in India will also bring to the fore a need to reprofile developing nations to negotiate better with multilateral international organisations.

Amongst other SDGs, India has done exceptionally well

on SDG 6 dealing with clean water and sanitation. Water, sanitation and hygiene (WASH) is a critical issue and has a wider impact as it percolates to other SDGs and affects them, impacting women, health, nutrition and livelihood. The Swachh Bharat Mission carried out in a mission mode serves as evidence that India is a model player in terms of action in the WASH sector. India has also harnessed technology in toilet construction under the mission, which is notable for its low water usage and consumption.

Poor sanitation and handwashing are the leading causes of a considerable number of deaths among children every year. This is in spite of the fact that proper handwashing is an activity of a few seconds with incredible benefits. The citizens of the country were vulnerable to infection during the Covid-19 pandemic because they lacked the habit of following basic hygiene practices. The simple act of handwashing is a silver bullet to deal with problems ranging from respiratory ailments to diarrhoea.

The Swachh Bharat Mission is the story of India's exemplary success. Various indicators related to health and malnourishment at Open Defecation Free (ODF) sites are improving more than at the non-ODF ones, and during the pandemic, hygiene in the larger WASH sphere gained a place of pride. The Swachh Vidyalaya, under Swachh Bharat Mission, played a significant role in building hand hygiene infrastructure and has not only helped in maintaining hygiene practices but also made children agents of change.

The positive impact of improved WASH practices in the changing times is not related to hygiene alone; it contributes to the Gross Domestic Product (GDP) of countries and realisation of interconnected SDGs. Our approach of *Vasudhaiva Kutumbakam (The World Is One Family)* can see magnificent results globally if all of us are healthy. The investment of capital in sanitation and hand hygiene is a humble start to realise a proud development finish. Our progress is literally in our hands.■



SHOMBI SHARP

UN Resident Coordinator, India

Former UN Resident Coordinator in Armenia; Regional HIV/AIDS Practice team leader for UNDP Europe and the Commonwealth of Independent States in the Russian Federation

ON THE CUSP OF A MASS MOVEMENT FOR CLEAN WATER AND SANITATION

India is playing a crucial role in driving progress both at home and globally for realisation of Sustainable Development Goals



The importance of water, sanitation and hygiene (WASH) to development cannot be emphasised enough. Access to clean water and sanitation is the foundation of thriving ecosystems, sustainable economic growth and healthy bodies—not in the least because we are, after all, mostly water ourselves.

Yet, this most vital of resources is under tremendous stress globally. A fourth of the world's population lacks access to safely managed drinking water, over 733 million people live in countries with high or critical levels of water stress and over 80 per cent of the world's wastewater flows back into the ecosystem without being treated or reused. All of this comes against the backdrop of the triple planetary crisis of climate change, biodiversity loss and pollution. In this region, water scarcity has exacerbated as the monsoon patterns and the Himalayan ecosystems upon which billions of living organisms rely are disrupted, leading to drought and flood alike.

When the countries of the world came together to agree to the 17 Sustainable Development Goals (SDGs) launched in 2015, they made sure that Goal 6 focused on access to clean water and sanitation as a critical factor for basic human wellbeing. While progress has been made, the United Nations estimates that the global pace needs to quadruple to meet the targets as we pass the halfway mark to 2030.

However, there is a lot of scope for optimism, and much of this comes from what is happening in India, arguably the most important country for achieving Goal 6. With a sixth of the world population depending on only 4 per cent of its freshwater resources, much of the progress required to achieve global SDG targets on water management will need to be made here in India.

The good news is that India's extensive political and financial commitments and significant achievements in providing clean water and sanitation to its population are rapidly changing lives, which is globally significant. High-

impact flagship programmes like the Swachh Bharat and the Jal Jeevan Missions have seen over 500 million people provided with access to toilet facilities, 120,000 villages with solid and liquid waste management services and over 60 million new tap connections in the last seven years. The coverage of rural households with tap water has increased from 17 to nearly 55 per cent since 2019, and almost all schools and pre-schools in the country have tap connections today.







Shanti, a villager who recently had a tap connection installed in her home in rural Himachal Pradesh, smiles proudly when she talks about how her family's life has changed. Piped drinking water has been transformational for millions of families like that of Shanti's, relieving the disproportionate burden on women and girls of carrying water long distances. It has beneficial impacts for their education, safety and household income. According to a study co-authored by Nobel laureate Michael Kremer, the success of the Jal Jeevan Mission, which aims to provide individual tap connections to all rural households by 2024, could save the lives of around 136,000 children every year.

The UN in India and our country team of 26 agencies are proud to be development partners of choice for the Government of India and communities in supporting the delivery of some of these incredible results. UN agencies have played key roles in supporting the alignment of national missions for the implementation of SDG criteria on sustainable water management and sanitation, while supporting continuity of WASH services through the Covid-19 pandemic as well as efforts to ensure that the needs and aspirations of the most vulnerable population groups, particularly women and girls, are met.

The UN Water Conference later this year, in which India is preparing to engage significantly, will provide scope for further action. And India's timely G20 presidency, which has placed SDG acceleration as a top priority, provides an important opportunity to advance the global goals on WASH, as well as the entire 2030 Agenda. Finally, Prime Minister Narendra Modi's Lifestyle for the Environment (LiFE) initiative, launched together with UN Secretary-General António Guterres in Gujarat last year, seeks to give rise to a new global *jan andolan* (people's movement) for sustainable consumption.

Taken together, it is clear that India is playing a crucial and growing role in driving significant progress both at home and globally for WASH and SDGs. As the UN Secretary-General noted in Mumbai last year, India has a "unique opportunity to shape the global agenda, as a principal player and model for others".■



DR SOUMYA SWAMINATHAN

Former Chief Scientist, WHO

Former Director General of Indian Council of Medical Research; Former Secretary of Health Research, Government of India; Foreign Fellow of the US National Academy of Medicine

R&D KEY TO EMERGING CHALLENGES

An important lesson of the pandemic is we need continued surveillance, including genome sequencing, to track emergence of new variants



We have seen over the last three years that there are ups and downs in the Covid-19 pandemic with different regions experiencing surges at different times. There has been a constant viral evolution and we have seen many different variants emerge, but there has been no major new variant of concern since Omicron in November 2021. What we see is the emergence of a large number of sub-variants of Omicron.

Some of these new sub-variants come with mutations which allow them to overcome immunity generated by previous infections, which is why people get reinfected or infected after vaccination. There are still a significant number of deaths due to Covid globally, according to the latest WHO figures. We cannot say we are out of the pandemic, yet. Individual risk depends on many factors including age, comorbidities, vaccination status, time since vaccination or natural infection and circulating variant.

The difference now is the availability of many tools to combat the virus. We have drugs for treatment, which reduce severity and mortality. We know how to prevent and we know that a booster shot is needed for a strong and broad protection. This is what many countries, including India, have not been able to scale up. We need to focus on getting the third dose, particularly to the vulnerable groups.

What we are likely to see is continuing waves of infection, including in India, as new variants come, but hopefully these will not translate into waves of deaths. That is the aim of the whole vaccination programme.

Immunity does wane. Antibodies wane, but they wane at different rates in different people. WHO has recommended a fourth dose of vaccine for high-risk and vulnerable groups. In India, many people have had natural infections, which means they have actually got three dosages plus natural

infection—this should provide protection against the severe form of the disease.

Research needs to be continued to develop better vaccines which can prevent infections. At the moment, our vaccines are quite effective in preventing severe disease but are not as good at controlling the infection. Though there is no cause for panic in India, there is need to be watchful, where we monitor





and anticipate and are prepared to put in place public health measures, depending on the emerging need, and inform the public on a regular basis. Cycles of panic and neglect do not help anyone. We have to accept the fact that this is going to be the status quo for some time. We should be prepared to handle it. Continued surveillance is important, including the strategic whole genome sequencing to track the emergence of new variants and to understand their transmission.

Research and development has played an important role with many companies developing vaccines and diagnostics rapidly. A gap analysis of the unmet needs in India based on the diseases that cause the biggest burden will allow us to leverage the large pharma industry to manufacture affordable medical products needed.

We need to prepare for future zoonotic diseases, particularly with their frequency increasing. What is needed is more interdisciplinary research. We understand that most new viruses with epidemic or pandemic potential will originate from a zoonotic source. So, we need to build on what is now called the One Health approach and focus on the health of animals, humans and the environment and linkages thereof. Strategic surveillance of humans, animals and the environment needs to be put in place. There is a need for robust data collection, and data sets need to talk to each other so that a combined analysis can be performed.

We also need to critically leverage digital infrastructure. India is ahead of other countries in establishing a good digital backbone, which has been widely used by the financial sector. What we need to do is to leverage it for health. Technology will have an enhanced and important role. Tools have to be used strategically. A lot can be done with technology, but it is the human beings who will be in charge. They need to ask the right questions, collect the right data and analyse and interpret appropriately. So, it is human intelligence plus artificial intelligence that will help us. India is in a good position to leverage existing infrastructure.

All this calls for different kinds of skill sets. We do not have the people to do all this, but we have an opportunity to train them. The government wants to provide jobs to millions of young people and we can make use of the demographic dividend that we have by skilling them. The focus has to be on quality and the type of skills people need

to get a good job. It can be viewed as an opportunity rather than a challenge: create jobs and improve the capacity of our workforce to make it a win-win situation.

We need more trained people at the district level and that is why all states need to set up public health cadres. There are only two–three states in India which have public health cadres. Unless we have a well-trained, multidisciplinary workforce, just putting in place more machines like genetic sequencers is not going to help.

A national roadmap needs to be developed for medical products like vaccines, medicines, diagnostics and medical devices based on our disease burden and unmet needs and then a public–private partnership model needs to be promoted, where the government provides funding for the initial R&D. The private sector is needed for scaling—one way to incentivise the process is the assurance that the government would purchase certain products from them. As universal health coverage is a high priority for the government, this is a good time to get the private sector on board to develop these products.

Globally, a legally binding pandemic accord is extremely important, because it is a once-in-a-lifetime opportunity to develop such a framework. The next time there is a global pandemic or even an epidemic that affects countries, there should be a globally agreed upon plan of how data, knowledge and intellectual property will be shared, and how technology transfer will take place. In the interim period, of course, we need to focus on upscaling the manufacturing capacity of countries or regions, such as Africa, which lack manufacturing capacity. The issue of equitable access can be addressed only if we build the capacity to manufacture locally and not depend on donations. Every region needs to be self-sufficient.

India is in a critical position now as Chair of G20, because we have both health problems of low- and middle-income countries and capacity, infrastructure and human resources to overcome some of these problems and do it in a way we can keep equity at the heart of the solution. We can take initiative and bring other countries together to push for a new global order where historical inequities and lack of access no longer exist.■

(As told to Naina Gautam, Senior Assistant Editor, Outlook Business)



GAURAV JAIN

Executive Vice President – South Asia, Reckitt

Held senior marketing and general management roles at Reckitt, including as Senior Vice President for the ASEAN Region and Senior Vice President, South Asia, Health

THE ZEAL TO BRING CHANGE

Children are the real harbingers of change; they are willing to stand up for a cause and are committed to doing what they believe is good for the world



Several infectious diseases can be spread by contaminated hands. Handwashing, also referred to as hand hygiene, is the basic requirement for an individual to lead a healthy life. The simple act of washing hands properly and regularly can prevent the spread of many diseases, especially among children, and is the basic form of prevention against any infection. Handwashing with soap consistently at critical moments during the day prevents the spread of diseases like diarrhoea and cholera. Sustaining a handwash practice is very important, and consistency leads to efficiency. Studies have shown that improved handwashing practices can lead to a better growth in children under the age of five. Therefore, irrespective of whether one is in India or anywhere else in the world, the importance of inculcating a handwash culture should be a top priority for everyone.

Handwash has always been the focus of hygiene conversations for Dettol. Through each initiative, our purpose is to educate people with the right knowledge that empowers them to take their health in their own hands. Our Dettol School Hygiene Education Curriculum is the first big step in making future generations healthy, with the programme focusing on primarily hand hygiene and inculcating the correct handwash practices among school children. Reckitt has always stood for building healthier and happier communities. We believe this can be achieved by investing in behavioural change through proper audio and video nudges, so that people's perception changes, and sparks conversations around the issue. The curriculum has been able to bring down the rate of diarrhoea cases among schoolchildren and helped improve attendance rates. Ultimately, kids' learning outcomes depend a lot on better health and hygiene.

While some important steps have been taken in the

right direction by multiple stakeholders, including the government and responsible organisations like Reckitt, there is a long road ahead. By the way of Dettol Hygiene Impact bonds, we will bring in more rigour to our investments and work on impact funding models to get concrete results in a time-bound manner. I have been associated with Reckitt ever since I graduated more than 25 years ago and it has been a great journey so far. At Reckitt, we make a conscious effort to drive behavioural change for the community and have been encouraging people to adopt better health and hygiene habits. As a socially responsible company, it becomes extremely important for us to drive the overall health agenda of India, while being able to make a difference in the lives of thousands of people.

Our focused efforts to drive home the importance of handwash have given me the privilege of working with children across schools in the country. Their zeal to drive change in the society is very different from what we see among adults. If you see examples of how children motivate others to stand up for causes and make a difference, you will realise that they are much more committed to what they believe is good for the world. It is extremely satisfying to see children ready to take the message forward and the future looks promising.

Reckitt is more than a company. It is a community in which people draw on each other's skills and work together to build healthier lives and happier homes. Through our continuous efforts towards achieving this, we have worked with multiple communities at the grassroots level. These visits make you take a step back and assess the privilege one lives with.■

Courtesy: Adapted from Outlook, 15 October-14 November 2019



OUR PENNY STOCKS,
OUR TOMORROW

The pandemic has left a generation-sized vacuum in the lives of our young ones, the most innocent victims of the Covid-19 catastrophe. We must invest in securing India's future—right now



Each generation has to go through an era-defining upheaval. It is mostly on a national scale, sometimes regional and occasionally, as was the case in the two 'World' Wars, near-global. Some of us lived through Independence and Partition, some through wars and some through the economic liberalisation of the 1990s. Nothing could have prepared us for this. And in turn, it would have been nearly impossible to prepare our children for it.

Nevertheless, they find themselves in the middle of it. An era-defining upheaval. A pandemic of a globalised world. A world where news of death, illness and misery across the oceans is barely an instant away. For the last year and a half, we have been united in the uneasy knowledge that we are all in this together, regardless of location, economic differences, religious beliefs and age.

The oft-repeated assertion entering the lay consciousness has been that children are safe from contracting Covid-19. A truer statement would be that they are relatively safer from severe forms of Covid-19. They are not immune to it, and the fact that the rate of mortality and severity is lower does not mean we let our guard down. It also does not mean we panic about the next wave where children are supposedly at disproportionate risk. As we have seen across time and space, the section of the population most at risk of contracting Covid-19 depends on a number of factors—behaviour, exposure, lockdowns, etc. We have seen that even the most stringent of precautions and most secure bio-bubbles are not foolproof. The steps we take as a society have been seen to have more bearing on the risk of contracting Covid-19 than physiological factors, which have not been properly studied yet.

This pandemic has exhibited a non-linear, complex nature; all predictions, whether based on complex mathematical models or past experience or even just instinct, have gone for a toss.

It would be prudent, therefore, to be cautious against any speculation or prediction unsubstantiated by hard evidence, especially like the one about the third wave specifically targeting children. All that it did was trigger unwarranted mental trauma in children and their caretakers, rather than preparing them for whatever lay in store. Usually, it is expected that every fresh wave would be weaker than the previous one, but the strange nature of the virus coupled with human behaviour has belied this. The second wave took a much heavier toll than expected and gave credence to the possibility that the third wave could be even stronger. The number of people infected was significantly higher in the second wave; proportionately, the number of children infected also increased. This remained a possibility even in the third wave, but there was no logical reasoning or evidence to believe the third wave would predominantly or exclusively affect children.

An ICMR survey conducted in December 2020 to January 2021 showed that the percentage of infected children in the age group of 10-17 years was around 25, the same as adults. Almost 90 per cent of infections in children were mild/asymptomatic. This indicated that while children were being infected like adults, they were not getting the severe form of Covid-19. As per data collected in the first two waves, even severe Covid-19 infections in children were less likely to require ICU admissions.

However, the impact of the pandemic on our children has not been limited to the actual disease, but a gamut of related issues and lifestyle changes forced upon them due to the pandemic. A study published in *Indian Pediatrics*, monthly journal of the Indian Academy of Pediatrics (IAP), found that almost a third of children had developed psychosocial problems, presenting as symptoms of anxiety and depression. The underlying problems for these ranged from the fear of acquiring Covid-19 infection

and not being able to attend school to not being able to meet friends. The thing they missed the most, as well the activity they intended to engage in as soon as the lockdowns were over, was to meet friends.

Socialising for children is even more important than it is for adults, for it contributes to their overall development into young adults. It builds social skills, teamworking skills, communication skills, not to mention the natural build-up of immunity in classrooms and playgrounds. Children are exposed to common viral and bacterial pathogens in these settings and develop immunity against them. The fact that they have missed out on this is worrisome, but on the cost-benefit ratio, somewhat justified considering the cost is the unchecked spread of a pandemic.

One of the more serious side-effects of the pandemic



has been the reduction in child hospital visits. Hitherto, any paediatrician could attest to parents bringing their children more frequently to their doctors, either for regular immunisation or even in cases of mild illnesses, than they would themselves. These used to provide a vital stopgap in diagnosis and management of chronic illnesses, which would have otherwise gone unnoticed, since routine check-ups have been almost non-existent in a large part of the country. Now, due to Covid-19, there is increasing reluctance to bring children to the hospital. Sure, telemedicine has taken over where it can, but there is no denying the value of an in-person visit for diagnosis of an underlying disease. Even routine immunisation has suffered and this can be disastrous in the long term. The pandemic indirectly might end up aiding the proliferation of a host of other illnesses.

Then there is the economic impact. Already marginalised communities have borne the brunt of it, with no jobs, no income, and savings exhausted. This will invariably have an impact on their child's nutrition, and in turn, their overall health. The challenges are many, and therefore, there cannot be one solution.

The other vacuum children are left with for now is schools. Schools are an inextricable part of a child's life; they spend at least a quarter of their day in school or travelling to and from it—vitally, being socialised all through. The stringent lockdowns necessitated by the pandemic brought a simultaneous need and opportunity for a paradigm shift in education. We know, now, that self-directed learning works, with children gaining more autonomy, responsibility and, in turn, more independence in setting goals and achieving them. The absence of an authority figure solely responsible for their education has provided a long overdue impetus in self-motivation and ownership in education. We are also more cognisant of the possibility that attending school is more important for socialisation and associated skills rather than mere learning. In view of this, and to better take care of our children's mental health, which has been tested time and again during the pandemic, there is an imminent need to redesign school curriculums, as well as performance assessment systems.

A holistic approach to child mental health needs to be adopted by parents and teachers alike, who need to be sensitised into minimising the stress on every child they are responsible for. Equating excellence in academic learning to self-worth merely serves to inflate an already competitive environment and

School attendance will ensure that children are not leading a sedentary lifestyle, are mingling with peers and developing a healthy immunogenic arsenal

does not work towards discipline and results. These positive traits need to be self-motivated if they are to sustain for the long term, and the self-motivation can only come from a place of mental calm and security. To build this, screen-time needs to be reduced for children. Yoga, meditation and other forms of exercise need to be taken up. And since we have already seen the psychological issues emanating from the pandemic, an exclusive helpline to combat adolescent suicide is long overdue.

It is true that the pandemic wrought unprecedented misery and chaos everywhere, but it also exacerbated existing problems like nutritional extremes. On one hand we are battling with issues such as malnutrition and anaemia. The Comprehensive National Nutrition Survey (CNNS) India 2016-18—which included data on 112,316 children and adolescents—revealed that only 6 per cent of infants are getting a minimum acceptable diet, the prevalence of wasting (defined as low weight for height, indicating acute malnutrition) and stunting (defined as low height for age, indicating long-term malnutrition) in under-five children are 17 per cent and 35 per cent, respectively; and 41 per cent of pre-schoolers, 24 per cent of school-age children, and 28 per cent of adolescents are anaemic. It is highly probable that the problem worsened during the pandemic, especially among children belonging to underprivileged communities such as manual labourers, daily-wage earners and migrant workers, who have been struggling to survive. There is an urgent need to address the lack of proper nutrition in these children, which can result in long-term stunting and developmental disorders. On the other hand, we have urban children living in economically stable households, who are at the other end of the nutritional extreme. In the last decade, options at home for junking have been on the rise, becoming ever-more prevalent during the lockdowns. A national consultative group constituted by the Nutrition Chapter of the IAP has





suggested a new acronym: 'JUNCS' foods, to cover a wide variety of concepts related to unhealthy foods. Think junk foods, ultra-processed foods, nutritionally inappropriate foods, caffeinated/coloured/carbonated foods/beverages and sugar-sweetened beverages. Consumption of these foods and beverages, we conclude, is associated with higher free sugar and energy intake, and with higher body mass index, while intake of caffeinated drinks may be associated with cardiac and sleep disturbances in children and adolescents. In view of these conclusions, it is necessary to have stricter policy on ultra-processed and junk foods, front-of-pack labelling and creating awareness about their adverse effects.

Exercising at home for children, including but not limited to yoga, is encouraged to increase physical activities, but it is not a substitute for schools, which provide them with a sense of normalcy. However, as an IAP task force put forth in its guidelines, they were to be opened "only when the local epidemiological parameters are favourable, the administration is equipped with adequate infrastructure and healthcare facilities, and the stakeholders (teachers, students, parents and support staff) are prepared for the new normal. In the meanwhile, remote learning (media-based and/or otherwise) should reach the last student to maintain uninterrupted education." School attendance ensures that children are not leading a sedentary lifestyle, are mingling with peers and developing a healthy immunogenic arsenal.

Speculation about a third wave that would predominantly affect children was an opportunity to better our paediatric healthcare infrastructure—historically inadequate in normal times, let alone during a pandemic. Not just district hospitals, but even many medical colleges in the country do not have intensive care services for children, be it in terms of trained specialists or essential equipment. The litchi epidemic was a stark example showcasing how woefully underprepared we are in dealing with a sudden spike of such nature. The motto has to be—build in peacetime, so that we are ready for war. Healthcare, especially for children, has to become a priority if we are to handle a pandemic. This does not simply mean buying more ventilators, procuring more equipment or creating more beds. It also means making sure the workforce responsible for our children is not scanty, starved or scared.

The writing is on the wall for anyone to read. We cannot



ART: TIYASHA SAHA, 7, GURGAON

think short-term and expect long-term gains. Dealing simply with Covid-19 will not erase decades of under-investment in child health. There needs to be a long-term commitment from all private and public stakeholders if we are to be prepared for the next era-defining upheaval.■

—Dr Piyush Gupta, MD, FAMS, is Former National President, Indian Academy of Pediatrics, and Professor and Head, Department of Pediatrics, University College of Medical Sciences, Delhi

Courtesy: Adapted from Outlook, Issue June 28, 2021



DR POONAM KHETRAPAL SINGH

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PEOPLE, PLANET, PATHOGENS

Access to hand hygiene can prevent deadly infections which are not only life-threatening but also major contributors to drug resistance



Handwashing with soap is a simple yet powerful act that saves millions of lives in India and across the world. Hand hygiene prevents healthcare-associated infections (HAIs), which affect 15 out of 100 patients in low- and middle-income countries, killing one in 10 patients. Globally, approximately one in four hospital-treated sepsis cases and almost half of sepsis cases with organ dysfunction treated in adult intensive-care units are HAIs.

HAIs caused by inadequate hand hygiene are major contributors to antimicrobial resistance (AMR), which occurs when mutations in bacteria reduce the efficacy of drugs. AMR is a growing crisis that, even before Covid-19, was projected to reduce GDP of low-income countries by 5 per cent and push 28 million people into poverty by 2050. Handwashing with soap can reduce diarrhoeal diseases by 30 per cent. It can reduce acute respiratory infections by up to 20 per cent. It is linked to reduced rates of school and work absenteeism and is a core component of safe reopening strategies.

In India and across South-East Asia, the pandemic highlighted the importance of hand hygiene in keeping individuals and communities safe from infection and diseases and promoting health and well-being. Here, as elsewhere, tremendous energy was invested in establishing hand hygiene facilities in public spaces—at the entrance to buildings, transport hubs, markets and shops, places of worship and schools. Healthcare facilities from primary level upwards have increased infection prevention and control measures, in line with WHO recommendations and the “5 moments for hand hygiene”, before touching a patient, before performing a clean/aseptic procedure, after bodily fluid exposure risk and after touching a patient and his or her surroundings.

However, there are indications that hand hygiene is starting to decline. Several factors may be responsible. In

previous outbreaks, we saw that fear is a short-term motivator for behavioural change and cannot be relied on for lasting population-level adaptations. Today, handwashing may be seen as less of a priority, especially given that adherence is not always visible. And as other preventive measures such as vaccination continue to be implemented, perceived risk may have decreased. Measures such as handwashing may be viewed as less important. But it is imperative that health and community leaders—and individuals—leverage this opportunity to sustain and accelerate momentum on hand hygiene.

First, policy makers have to focus on ensuring access to safe water, sanitation and hygiene (WASH). Globally, in 71 countries that provide data on WASH in healthcare facilities, 50 per cent have basic water access and 74 per cent have hand hygiene services at points of care. A global survey among more than a million women and girls found that access to hygiene services was listed among the top ways of improving healthcare. In the 107 countries that have data on handwashing services in schools, 57 per cent schools provide basic facilities and 25 per cent have no services. This means that 818 million students have nowhere to wash their hands while at school.

In 2020, 71 per cent people globally had access to basic handwashing facility, which means 2.3 billion have no basic services, including 670 million with no access to handwashing facilities. Globally, rates of change in access to handwashing facilities are slow, increasing by 4 per cent between 2015 and 2020. What we need is a four-fold increase to meet Sustainable Development Goals (SDGs). During this period, four countries in the region were among the fastest to increase coverage of basic hygiene, each achieving progress of more than five percentage points.

Second, behavioural change must continue to be a priority.





It is not just about providing right information; it is about influencing people. Efforts to promote hand hygiene have to be context specific; opportunities and barriers must be identified to create an enabling environment for people to adapt. They have to highlight new behaviour norms and underscore the power of collective action, drawing on and celebrating the massive efforts made in recent times.

Third, governments need to increase investments in hand hygiene. Studies suggest that such investments generate savings that are, on an average, 15 times the costs. In addition to direct costs—which can include medical treatment, out-of-pocket payments and travel costs for households seeking healthcare—poor hand hygiene has an array of indirect and avoidable costs in terms of lost productivity and education, and tourism. Investing in hand hygiene is a “no-regrets” investment.

To facilitate this, nations have to develop a strategic plan or roadmap that identifies targets aligned with SDGs. India is completing this process, building on the success of the Swachh Bharat Mission and other campaigns. Communities and NGOs need to increase advocacy, ensuring that policy makers are aware of health, social and economic impacts of hand hygiene, while building public support. Within WASH budgets, funding has to be increased. At present, hygiene accounts for 4 per cent of WASH budgets. This means that few countries have sufficient financial and human resources to implement hygiene policies, with only 9 per cent reporting sufficient funds. The Covid-19 crisis demonstrated the centrality of health to social and economic development, which depends on building resilient systems that provide access without financial hardship—in other words, achieving universal health coverage. But it has underscored the urgent need to better manage the delicate relationship between the people and the planet, and effectively address challenges at the critical interface between humans and pathogens. Achieving universal hand hygiene will contribute to these outcomes and accelerate progress towards the flagship priorities and SDG targets. It will also help fulfill the promise of Hand Hygiene for All Global Initiative, supported and launched in 2020 by WHO, UNICEF and other partners. Together, we must strive for universal hand hygiene to achieve a healthier, more resilient, productive and sustainable world. ■

Courtesy: Outlook, Issue November 21, 2022



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IT'S ABOUT
SPREADING
AWARENESS

***There is need for strategies to reach out to the masses.
Influencers can become role models and help spread
awareness about hand hygiene***



Handwashing has a crucial role in pandemics. It is one of the strategies we must adopt. In any pandemic, there are two phases. In the early phase, in which we have no drugs and vaccines available, we consider non-pharmaceutical measures to control the pandemic. Handwashing is important, so is physical distancing and wearing masks. This will continue in future outbreaks too.

Many infections can also be prevented by good handwashing by healthcare workers in hospitals and ICUs. Guidelines for healthcare facilities are there, but these should not remain only on paper. They have to be implemented in letter and spirit. This is why we must have champions and people to monitor and provide feedback and encourage others. In hospitals, we can develop strategies to make it a habit. We must follow good practices in restaurants and outdoor places too.

But we must remember that handwashing is a proper procedure. It is not rubbing soap on the palm. Rub your hands with soap and make sure the thumb is properly soaped and cleaned. Ensure that the back of your hand, especially the area between fingers, is soaped and nails are rubbed so that the nail bed is clean. It is also important not to touch the tap with clean hands. In a community where everyone washes hands before a meal, it can prevent infections. Even herbal products work if you are able to get good amount of lather, which helps remove pathogens from the hands.

Besides, what is important is to ensure sustainable handwashing behaviour. A number of initiatives have been taken by various organisations and we have to continue them, especially in emerging markets, rural India and among poor people. They may not be aware of how important handwashing is. We need public awareness campaigns. We need to work on developing strategies to reach out to people, increase awareness and have champions who push for handwashing in the country. Influencers



can be helpful if they become role models. They are important in terms of moulding society and starting a movement.

Even an organisation like the Reckitt Global Hygiene Institute is doing pioneering work. It started research and academic activities in emerging countries. It is raising awareness among policy makers. It is developing strategies to bring handwashing to the masses and look at what can be done in terms of control practices. The institute is looking at models of health economics to develop strategies for increasing public awareness. ■

(As told to Naina Gautam)

Courtesy: Adapted from Outlook, Issue November 21, 2022



NAINA LAL KIDWAI

Chair, India Sanitation Coalition

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THINK OUT OF THE BOX

In a country where half the government schools lack hand hygiene facilities, it is all the more important to introduce low-cost, easy-to-maintain and sustainable models to achieve SDGs



Hand hygiene is more important than most people perceive it to be. The Covid-19 pandemic brought the realisation that washing and sanitising hands is important to slow down the transmission of respiratory viruses and bacteria—SARS-CoV or the ones causing flu and common cold. The scientific knowledge about why soap and water are so effective in slowing down transmission of the virus must be taught and disseminated in schools. We need to create a belief around the behaviour emerging out of the underlying reason, even while we make this a custom or a habit. The India Sanitation Coalition (ISC) ran several campaigns in the hand hygiene space and explored multiple partnerships to pursue the objectives. Some of these are highlighted later in the article. But before that, let me share a rapid assessment of what existed in terms of infrastructure and practice in hand hygiene, until recently, in the country.

Hand hygiene is one of the critical steps in preventing the transmission of infectious diseases, including diarrhoea and respiratory illnesses like Covid-19. In many situations, however, both access to hand hygiene facilities and support for essential behaviours are lacking. Though the World Health Organization (WHO) has developed hand hygiene standards for healthcare settings and provides materials that are routinely updated, there is no globally accepted definition or normative advice on this health issue for families, schools or other settings.

In the Indian context too, the reach of such practices is far from expected. According to a recent survey undertaken by the National Sample Survey Organisation, over one-third of the household members reported washing hands before eating, while less than three-fourths cleaned hands with soap after defecation.

More recently, the Comptroller and Auditor General of India revealed in a sample survey of over 2,000 schools, which was tabled



There is a need to introduce, promote and scale up innovative products and solutions to promote handwashing with soap and water

in Parliament in September 2020, that over half of the government school toilets built by central public sector enterprises across 15 states lack even the basic handwashing facilities, which is an even greater necessity in these Covid-affected times.

These findings have guided the objectives of Swachh Bharat Mission (SBM)-Rural, Phase I and II. The primary objective was to “bring about an improvement in the general quality of life in rural areas, by promoting cleanliness, hygiene and eliminating open defecation”. As the nation achieved open defecation free status, the mission was shown to have saved millions of lives and made a lasting impact on health, environment, household incomes and savings, national income and savings, inclusion of senior citizens and the differently abled and safety and dignity for women. SBM is widely acknowledged as one of the biggest behavioural change programmes in the world. Amid expressions of praise and acknowledgement of success directed towards the SBM managers and stakeholders, the importance of hygiene, in general, and hand hygiene, in particular, has begun to emerge.

With the Covid pandemic came the realisation that a safely managed sanitation chain is essential to protect the health of individuals and communities and environment. ISC is deeply engaged in the solid and liquid waste management arrangements in over 600,000 villages of India through Phase II of the rural mission, whose outcome is improved general hygiene. However, hand hygiene and good handwashing habits cannot miss the attention of policy makers and

programme managers, as this behavioural change not only needs continuous reinforcement but also the provision of infrastructure to enable it.

We knew that the attainment of the targets on hygiene and handwashing was indispensable because of their correlation with other targets, such as those for child survival, nutrition, education, equity and gender. However, if we really wish to bring about a change and achieve these targets by 2030, we need to think out of the box and introduce, promote and scale up innovative products and solutions to promote handwashing with soap and water.

Accordingly, with an intent to make a small yet impactful difference in this space, the India Sanitation Coalition has organised a national-level hand hygiene hackathon to identify and reward innovative handwashing infrastructural products, which are low-cost, easy-to-maintain and sustainable models and promote/scale up the most relevant ones through the industry platform of FICCI. Besides, we picked the best infrastructure management systems at the community and institutional levels, through the same competition with a focus on operation and maintenance. All the awardees were given cash prizes and additional support, enabling the piloting of prototypes. The products are reported to be running well in the field.

Handwashing is an essential habit for a healthy and strong India, and the importance being accorded to this habit will help us achieve several of the committed SDGs.■

Courtesy: Outlook, Issue November 21, 2022







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HYGIENE MATTERS FOR HEALTH

Nations, businesses and communities must invest in preventive, rather than curative, healthcare strategies and policies that ensure equitable access and prioritise vulnerable populations



While India's celebration of the 75th year of Independence culminates on August 15, 2023, its G20 presidency will continue till November 30, 2023. The former has ushered in an era of promise to transform the lives of people for the better in the country, and the latter has enhanced India's standing globally to influence the world order with its approach of *Vasudhaiva Kutumbakam* (The World Is One Family).

G20 presidency has also given India an opportunity to share with the global community its progress in development, particularly in areas related to health and hygiene in recent times. Learnings vary from how individuals have become more aware of the need of personal hygiene, healthcare professionals and institutions have been tackling the Covid-19 pandemic challenges, policy makers have been taking proactive decisions and reacting faster, and civil society and businesses, along with other stakeholders, have been contributing to health literacy.

The government of India has been proactive in advancing initiatives, such as the Swachh Bharat Mission and the Poshan Abhiyaan programme focused on hygiene, sanitation and nutrition, to address problems of health and preventable diseases upstream.

Results are showing. For example, India's Maternal Mortality Ratio (MMR) has declined from 130 in 2014-16 to 97 per lakh live births in 2018-20. Infant Mortality Rate (IMR) has declined from 58 in 2005 to 28 in 2020. Similarly, India's under-5 mortality rate (U5MR-25) has dropped from 45 per 1,000 live births in 2014 to 32 in 2020, according to the Sample Registration System, Registrar General of India. And, India is set to reach its SDG target (MMR-70, U5MR-25) by 2030.

The Ayushman Bharat Mission and the Pradhan Mantri Jan Arogya Yojana (PMJAY) have also been instrumental in providing millions of poor citizens with protection from catastrophic

health expenses by making universal health insurance a reality for the poorest of the poor.

Reckitt's programmes, too, under the Dettol Banega Swasth India initiative have been aggressively adopting upstream thinking across its initiatives for hygiene, health and nutrition. By ensuring that programme priorities are aligned with national priorities, the Dettol School Hygiene Programme has worked with state governments and the central government to reach 24 million schoolchildren with hygiene education. Also, the recently launched Dettol Hygiene Olympiad seeks to enhance in children analytical and problem-solving skills to promote hygiene practices.

Reckitt is not only talking, but also walking the talk fuelled by its purpose of protecting, healing and nurturing a cleaner and healthier world supported by disruptive design thinking and empathy, which has led to intelligent bundling of products and messaging and innovative use of technology.

Under the Dettol Diarrhoea Net Zero Programme focused on saving 150,000 lives of those under-5 from preventable diseases, the Diarrhoea Net Zero kit bundles messaging and products in a compact and sturdy metal container. The information leaflet provides key facts and advice on prevention and treatment of diarrhoea in an easy-to-understand manner. The kit bundles Dettol sanitiser, soap, ORS packets and zinc tablets, along with a thermometer and treatment card for parents. The box has key messages for parents so that even after the contents are consumed and the box is used for other purposes, the information remains.

Pushing the envelope further, Reckitt is committed to leveraging technology. Reckitt has recognised the need to reimagine its partnerships to become more responsive by integrating the power of technology with agile ways of





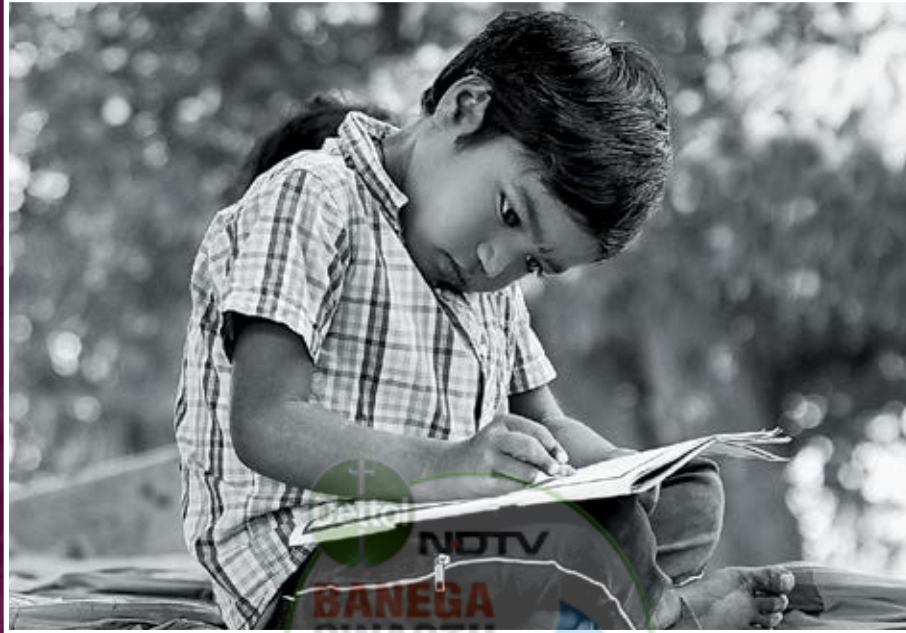
Proactive hand hygiene leads to lower levels of diseases and better well-being and aids GDP growth rates. The returns are multi-fold

working and using real-time data to inform decisions. Reckitt has made health messaging an immersive experience by partnering with new-age organisations like Digital Jalebi, a trans-disciplinary design studio anchored on experimentation through diverse media.

Whether it is disruptive design thinking or innovative use of technology, Reckitt is committed to doing all it takes to promote health and hygiene. A healthy nation is a wealthy one. The prospects of an economy improve exponentially if citizens are better off physically, mentally and emotionally. It makes huge economic sense if people, businesses, communities and policy makers invest in ensuring people's equitable access to healthcare products and services. Thus, nations need to invest more in preventive, rather than curative, healthcare strategies and policies that prioritise last mile and vulnerable populations. If we start early, the benefits are sustainable, long-term and have multiplier effects.

Proactive hand hygiene contributes immensely to lower levels of diseases, leads to better well-being, and aids GDP growth rates. The returns on investment are formidable and multi-fold. Reckitt's expenditure on the School Hygiene Education Programme generated a social value of 1:33-52, which implies 33-52 times for every rupee spent. The GDP multiplier in health-related areas is 2.5X—every rupee spent supports an additional Rs 1.5, according to a report by Oxford Economics. Stakeholders need to spread the message of health and hygiene expansively so that it percolates to the lowest levels, and help citizens to understand the benefits.■

Courtesy: Adapted from Outlook, Issue November 21, 2022



THE TEXTBOOKS
DO NOT TELL US...

***...how to build the future. It must be imagined
afresh, from the debris of our broken present.
It is an education for all of us***



The irrepressible Mark Twain once famously said: “I have never let my schooling interfere with my education.” His words have proved prophetic, though no one could have imagined the world-altering context that has seen education continue without physical schools as we know it.

The raging pandemic that halted the world in its tracks, and pretty much immobilised India, left everyone grappling with the surreal, dystopian nature of the new normal. It left shattered lives, families and communities in its wake, and was especially devastating in its impact on children. With schools experimenting with online and hybrid education, teaching and learning as we knew it changed, and probably forever. Whether this change was for the better or not was a longer debate set aside for another day. At that point in time, the imperative was to work out the logistics of the reality to ensure that no child or family was left out of the learning ecosystem. The economic realities of a country like ours meant that while a micro percentage of children and families could easily access all the tools to navigate the world of digital learning, a larger mass of the population grappled to access even the basics, whether it was a stable internet connection or a smartphone. In many huts and one-room tenements, even the idea of electricity—let alone connectivity, or a quiet learning space for a child—was an unimaginable luxury.

How then did schools navigate this hitherto unknown reality? And more importantly, how did our young children and young adults cope? A myriad questions continue, with no one answer fitting all.

A sudden change and a constantly fluctuating, unpredictable new normal can create anxiety in all, and our children were no different. If younger children exhibited stressful reactions such as bedwetting, disturbances in eating and sleeping patterns and

outbursts, older students struggled with missing out school life markers that they look forward to: sports events, graduation day, college visits, internships and the sheer *joie de vivre* of being together as the seniormost group on campus. At a stage in life when they were naturally expected to explore independence from parents, they were trapped at home with the family they were supposed to be gaining their independence from, while being cut off from the larger community and peer relationships that enable self-actualisation. Doctors reported seeing feelings of depression, helplessness, low energy, loss of interest in hobbies and hopelessness. Counsellors, doctors, families, schools and communities came together to support children. Online counselling, fun community events on Zoom and teacher connect time were put in place to scaffold children as best as possible. There was no dearth of online resources to seek help from or stay meaningfully engaged with.



SURESH K. PANDEY

The imperative was to work out the logistics of this reality to ensure that no child or family was left out of the learning ecosystem



A larger question that emerged then was: in the post-pandemic world, what would education look like? Governments, education systems and school managements ceaselessly engaged in dynamic interactions to chart the way forward. Around the world, they urgently recalibrated outdated systems and modernised them for the 21st century. Educators had an opportunity to reimagine learning and equip students with the cognitive, creative, social, emotional and physical skills required to navigate the future. But how were exams to be held? Would we go back to the comfort zone of physical schooling and exams, or would it be a hybrid blend? How was uniformity of implementation to be handled in a country as economically and socially diverse as ours? Could we ensure a level playing field, or at least one with fewer hurdles? The integration of technology in classroom teaching compelled educators to upgrade their technical skills. This was not without its challenges, and more so, came at the cost of stressed-out educators. They were already struggling to deal with the pandemic, often in their own immediate and extended families, and at the same time be a supporting scaffold to students.

Learning management systems (LMS) helped teachers deliver online lessons, share reading materials and grade assignments. These platforms streamlined much of the work for teachers and assisted with tracking student progress and connecting with parents. Virtual Reality (VR), which creates an immersive 3D environment that a user can explore, and Augmented Reality (AR), which superimposes digital elements such as visuals, sound and text onto a user's surroundings, proved they were both here to stay.

The pandemic that ravaged the world for several months was an immense challenge for education. Yet may it become a transformative watershed event to build more equitable and resilient education systems of and for the future. All stakeholders need to supportively collaborate because reforming our education systems and reimagining learning can wait no more.

If not now, then when

If not us, then who.■

—Manika Sharma, Director, The Shri Ram Schools
Courtesy: Adapted from Outlook, Issue June 28, 2021



ART: SAGRIKA KHANNA, 17, GURGAON



AKSHAY ROUT

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WHAT WE NEED IS A HYGIENE CULTURE

Perpetuating a culture of washing hands among the masses does not need a miracle. It can be done through an effective communication campaign



Covid-19 years brought home the stark reality of India falling short in the simple habit of handwashing with soap and, hence, remaining vulnerable to infections and their consequences. Handwashing, masking and social distancing became the three universally agreed critical measures to combat the virus, both before and after the arrival of vaccines. The government advised: “Frequent handwashing with soap (for at least 40–60 seconds) even when hands are not visibly dirty. Use of alcohol-based hand sanitisers (for at least 20 seconds) can be done wherever feasible.”

Swachh Bharat Mission (SBM), the largest sanitation programme in the world, focused on elimination of open defecation in its early years and shifted to freedom from garbage in the second phase. But the iconic mission had to step back in the two Covid-19 years, when saving life and protecting health became primary concerns. During this period, hygiene in the WASH (water, sanitation and hygiene) troika was seriously underlined in the public discourse and civic campaigns.

UN agencies report that approximately 40 per cent of the global population lacks a basic handwashing facility with soap and water at home. The least developed countries have a much larger share of the plight. Half of the schools, where children spend most of their time, do not have water and soap-supported handwashing facility, making 900 million children worldwide vulnerable to transmittable diseases. Healthcare facilities and healthcare workers represent a more difficult case of hand hygiene compliance. In India, the incidence of soap use for washing hands is similarly falling short. The National Annual Rural Sanitation Survey 2019–20 pointed out that while there was an overall observance of handwashing in almost all schools, only a third had both water and soap, and there was significant variation among states. Mid-day meals and food schemes for schoolchildren have





further underlined the inadequacy of the handwashing facilities.

Swachh Vidyalaya, a programme that started with the commencement of SBM in 2014, played a stellar role in hygiene access and promotion among 300 million schoolchildren in terms of requisite infrastructure, operation and maintenance and behavioural change. Swachh Vidyalaya Puraskar and Swachhata Action Plan were instruments to further propel WASH that prominently included handwash with water and soap. Children proved to be agents of change at homes and among local

communities. WASH facilities, especially handwashing stations, require consolidation and continuous and sufficient funding for operation and maintenance. In the sharply divided debate on the timing of opening of schools last year, an assurance that came from schools is a settled and somewhat upgraded WASH facility, more specifically handwashing stations with soap, along with properly distanced toilets and clean water stations.

Both in Indian traditions and in research findings, handwashing is rated among the assured preventives against

infectious diseases. It can reduce diarrhoea among children to about 50 per cent and respiratory infection by 25 per cent, both of which impact child mortality. Much of the preventive impact will be among the poor and the vulnerable. Children frequently remain absent from schools due to common cold and flu. The prevalence of stunting among a third of Indian children has a connection with the absence of handwashing.

WHO has called for scaled-up action on hand hygiene. Besides households and schools, institutions like *anganwadis*, health centres, public places and work sites deserve attention. An estimate by various agencies suggests that the return on modest investment in improved hand hygiene can be 15 times, thus preparing humanity against future infections and diseases in a prudent and cost-effective way. Scaling up hand hygiene can potentially prevent an estimated 165,000 deaths from diarrhoeal diseases each year. WASH in schools is not only a booster for SDG 6, which relates to clean water and sanitation, but also to SDG 4, which is about quality of education. Saturation of handwashing in India can help realise SDG 6.2 on sanitation and back up ongoing efforts in nutrition and maternal health, and economic benefits.



The prevalence of stunting among a third of Indian children has a connection with the absence of handwashing

This may require action in mission mode as demonstrated for the eradication of open defecation under SBM, and now replicated for water supply under Jal Jeevan Mission. Integration and mainstreaming will be the key in developing capacity, enabling environment, meeting supply requirements and galvanising and sustaining demand, which should not be impossible in view of India's gains from SBM.

Leadership at global and national levels is important, but stakeholders such as private sector, civil society and community influencers need to step in. School organisations and financial institutions have a special role to play. Current institutional arrangements may require strengthening and there may be a case for devising supplementary mechanisms. In the absence of any future emergency trigger to go for handwashing, the programme

will need passionate commitment and rigorous implementation as exemplified by SBM. Supplying hand hygiene products and services is a specific task that needs to be addressed.

Ultimately, strategies will have to centre on behaviour. Habits can change; it is proved through toilet usage in the last eight years. Consolidating and perpetuating a culture of washing hands may not need many miracles. Effective communication campaign can play the anchor that it was in SBM. There are sizeable initiatives to foster the habit of handwashing in the past, by both national and international agencies, but these are not sufficient as remediation is partial. It is time for the big push by getting all hands on the deck.■

Courtesy: Outlook, Issue November 21, 2022



SWAMI CHIDANAND SARASWATI
Co-Founder, Global Interfaith
WASH Alliance

President, Parmarth Niketan Ashram; founded the Ganga Action Parivar dedicated to the cause of a clean, green and free flowing River Ganga



SADHVI BHAGAWATI SARASWATI
Secretary-General, Global Interfaith
WASH Alliance

President, Divine Shakti Foundation, which focuses on women empowerment and education; Director, International Yoga Festival

KARMIC TAPESTRY

The Global Interfaith WASH Alliance (GIWA) is the first initiative to bring together faith leaders to promote sustainable Water, Sanitation & Hygiene (WASH)



After many decades of working to protect and preserve the waters of Mother Ganga, we realised—more than a decade ago—that the direness of the water problem was more than just the Ganga. Across the world, more people suffer and die due to lack of clean water, sanitation and hygiene than due to all forms of violence combined, including terrorism, domestic violence and communal violence. This was the primary inspiration to form the world's first alliance of interfaith leaders dedicated to clean water, sanitation and hygiene. Diseases like diarrhoea and cholera do not discriminate. Thus, the effort to fight them must be a united one. With this vision, the Global Interfaith WASH Alliance (GIWA) was founded

in September 2013 in New York at the UNICEF headquarters, in partnership with UNICEF, the governments of the United States and the Netherlands. GIWA (or *jiva*) literally means “life” in Sanskrit and GIWA was founded to protect the sanctity of life.

More than 84 per cent of the world's population subscribes to a faith and in India faith plays an even larger role. Hence, religious leaders have a great impact on sustainable behavioural change. We realised that by bringing together religious leaders and inspiring them to speak to their congregations, we could motivate everyone toward protecting our water and implementing improved sanitation and hygiene practices.

THE ESSENCE OF LIFE



BHIKKHU SANGHASENA
Founder, Mahabodhi International
Meditation Centre

Lord Buddha emphasised on cleanliness. I don't believe cleanliness is next to God, but it is godliness. In the monastery, we follow strict discipline. Without washing hands and feet, or without a bath, no one can enter the main shrine. We have rituals for water, which are considered the purest. We offer water to Buddha statues. Water costs nothing. Its nature is such that it cleans everything. So, water is Bodhisattva, which is the Buddha, who gave time and energy to reduce suffering of people. Water does the same: It cleans the ducts of the body and quenches thirst. It is used to clean dirty things, but it is compassionate.

I participate in interfaith programmes and have worked with

faith leaders to promote education, WASH and harmony. When we come together and share knowledge and wisdom, there is a lot to learn from each other. GIWA, for example, has organised huge gatherings. We are happy to create awareness and educate people on the importance of keeping hands clean. Because of Covid-19, there is more awareness on handwashing. The cleanliness of hands is more important than any other body part. During Covid-19, we organised talks on how we can protect ourselves from the contagion. Through social media platforms, we shared several posters and videos. We ran a campaign, “From Corona to *karuna* (compassion)”.

In washrooms, we do purification and beautification of the body. In meditation, we do the same thing, purification and beautification of heart, mind and soul. Cleanliness is a reflection of the mind. In Buddhism, everything starts from mind. Everything is conceived and created by it, and slowly manifests in the form of matter. All good and bad things start with hands; therefore, it is important to do handwashing regularly. We have to think and work together to promote hygiene and cleanliness of mind, body and outside environment.



HOLY BOOST

Father (Dr) Stephen Mavelly
Rector and Vice Chancellor,
Don Bosco University, Assam

As a member of a worldwide movement, we have been successful in inculcating some healthy practices in many villages. With increased awareness through social media, government projects and TV channels, people are more receptive to practical suggestions. Such messages from faith-based groups find better acceptance among people. To the Jews and to many of the great religions that arose from the Middle East, hand hygiene was given a rather exaggerated place. Arising out of the sheer need to wash and purify oneself before entering the house and place of worship, these practices were given a religious sanctity and presented as mandatory observances.

In Christianity, handwashing is often given a religious significance. The priests do it frequently. Sprinkling congregation with water is considered a sign of purification. Water comes into play when a person is baptised. There are references to handwashing in the Bible, dealing with historic origins (dictated by the need to be clean in arid land). Exodus 30:17–20 requires priests to wash hands and feet before offering sacrifices or entering the Tabernacle. According to 1 Kings 7:38, Solomon's Temple contained 10 brazen lavers for washing. Biblically speaking, outward cleanliness has no connection to godliness. Jesus made it clear that men are defiled by what is in their hearts and godliness is not attained by what we eat or do not eat, or by how often we wash hands. The Pharisees, who questioned Jesus, failed to understand this truth. As Jesus took liberties with the exact observance of these rituals, especially washing of hands and feet, the Pharisees considered him a sinner.

The old Babylonian adage, “cleanliness is next to godliness”, sounds attractive. The use of sanitisers has to be dispensed with. But the habit of handwashing, especially before eating food, needs to stay with us, long after Covid-19 becomes a distant memory.

When we started, approximately 1,600 children under the age of five were dying every day due to open defecation in India alone. Approximately, 600 million people in India were defecating in the open. When Prime Minister Narendra Modi came to power at the Centre and launched the Swachh Bharat and Open Defecation Free India campaigns, our “Worship to WASH” movement became a powerful and significant contributor to the great success of these campaigns. GIWA's leaders helped bring about a revolution in people's acceptance of toilets and their willingness to build and use them. Through harnessing the power of faith, we were able to break taboos around using toilets.

In our many massive Kumbha Mela activations, we promoted the concept of ‘From Shivalaya to Shauchalya’ (From Temples to Toilets). Slowly, faith leaders realised the importance of the message, even though they were sceptical in the beginning. During the world's largest gatherings of humanity—including the Kumbh Mela, Ganga Sagar Mela and Kanwar Yatra—millions of pilgrims come. Over the last decade, we have inspired both leaders and followers at these gatherings to live and work for a clean and green Kumbh, clean and green India and clean and green world.

Seeing the success in harnessing the power of faith to change beliefs and behaviour around open defecation, we opened conversation on the taboos of menstruation, because the lack of education and awareness on this issue was causing approximately 23 per cent of girls to drop out of school around the time of puberty. We launched a massive campaign bringing together diverse religious leaders and influencers, especially women leaders, to break the silence and taboo around menstruation in the first ever Shakti Kumbh at the Prayagraj Kumbh Mela in 2019.

In another powerful campaign, ‘Pehle Shiksha, Phir Shaadi’ (First Education, Then Marriage) launched at the Kumbh Mela, we partnered with UNICEF to end early child marriage. We collected signatures of our followers on our flag pledging to say “no to child marriage and yes to education”, and even won the Guinness Book of World Record award for the greatest number of signatures on a flag.

GIWA is also committed to harnessing new technologies from across the world in wastewater management to learn and adapt them within our Indian context.

In Hindu scriptures, including the *Bhagavad Gita*, Patanjali's *Yoga Sutras* and Ayurveda, purity and cleanliness are given great importance. *Saucha* (cleanliness) is a fundamental practice in Hinduism, which is not limited to handwashing alone but also covers



CALL OF FAITH

Dr Kazim Malik
Muslim Scholar and Educationist

“Cleanliness is the half faith.” These are the words of Prophet Muhammad. The Holy Quran mentions purity and hygiene of the body. Surah 5, Ayat 6 says: “Believers! When you rise to [perform] prayers, wash your faces, and your hands (forearms) to the elbows, and wipe over your heads, and wash your feet to the ankles. And if you are in a state of full impurity, then take a full bath.” Surah Nisa in Chapter 4, Ayat 43, says: “O’ believers! Do not approach prayer

while intoxicated until you are aware of what you say, nor in a state of full impurity—unless you merely pass through the mosque—until you have bathed.” It is mentioned in Hadith (the sayings of Prophet Muhammad) by Hazrat Ayesha (Prophet’s wife) that if he wanted to eat or drink, he would wash his hands.

Washing hands is the foremost aspect of *wudu*. In Islam, it is mandatory to perform ablutions before namaz five times a day. *Wudu* takes care of hygiene of exposed parts of the body. During large gatherings, such as on Eid, people perform *wudu* at homes and congregate at mosques. Islam emphasises cleanliness and purification of physical, mental and spiritual well-being. Handwashing is important, but people should clean their hearts and minds, too.

cleansing one’s body, mind and thoughts. The focus is on both external cleanliness and internal purity. The Vedic *mantras* emphasise on this as an integral part of life. This is why Mahatma Gandhi valued cleanliness as more important than independence itself.

During Covid-19, GIWA continued to spread these messages through webinars, social media and online conferences. We adopted unique and innovative mediums to share these key messages of sanitation and hygiene. Our partnership with faith leaders had a great, positive impact during the fight against Covid-19.

It is crystal clear that water is life. Without water, none of us can survive. Therefore, GIWA is deeply committed to ensuring everyone everywhere has access to safe and sufficient water.

One of our primary initiatives is the 3H programme of health, hygiene and harmony. As we unite faith leaders in the name of health and hygiene, harmony among the leaders themselves is an inevitable byproduct.

Hand hygiene is essential for overall good hygiene. To improve the health of masses, especially the marginalised and underprivileged, handwashing is one of the easiest, quickest and most effective ways. In order to bring about improved health through better hygiene, GIWA has built handwashing stations in schools and *gurukuls* across the region. This benefits both children and local communities.

Additionally, our water schools programme teaches young children the importance of protecting water, environmental conservation, personal hygiene and sanitation. The children then spread the message to their communities. We are passionately

vocal about WASH, because there is nothing as simple, inexpensive, and powerful to fight diarrhoea, cholera or other illnesses.

In fact, one of our great achievements is the World Toilet College. At this revolutionary college at GIWA’s secretariat in Rishikesh at Parmarth Niketan, we have trained thousands of people, including women toilet masons through our ‘Women for WASH’ programme. The trainees from the college serve as community leaders. Companies like Reckitt have helped greatly to spread the message through their CSR and we encourage everyone to come forward. We also encourage the media to fulfil their “media social responsibility” to spread the message. People should know that they can make a difference: one toilet, one handwashing station at a time.

We must remember that handwashing is not just a process but a life-saving activity. A few seconds can save not only your life but the lives of many. Besides, it is important to realise that the core message is not about handwashing only. It is also about our interconnection with society. The Covid-19 pandemic taught us that we cannot be healthy unless everyone is healthy. We cannot be safe unless everyone is safe. As we commit ourselves to improved sanitation and hygiene practices and to protecting water, it is also an opportunity to remember that each of us is a thread woven into this *karmic* tapestry that we all share of our beautiful nature and beautiful planet. ■

(As told to Naina Gautam)

Courtesy: Adapted from Outlook, Issue November 21, 2022



NEERAJ JAIN

Country Director, PATH India and Director, PATH South Asia

*Formerly with WaterAid India, Children's Investment Fund Foundation and Vestergaard Frandsen;
Former member of the management committee of Food Safety and Standards Authority of India*

WASH, VACCINES: THE TWIN ANTIDOTES

An integrated approach to good health requires a collaborative partnership among the government, the private sector and the civil society



There is an inextricable link between safe water, sanitation and hygiene (WASH) and good health. The notion of universal health coverage is meaningless if it does not include WASH. Around 829,000 people in the world die from diarrhoeal diseases each year due to unsafe drinking water and unhygienic sanitation practices. In India, the prevalence of water-borne diseases is common among not only children but also the elderly, especially in rural areas. Some studies have found that clean water, decent household toilets and good hygiene with routine childhood vaccinations and nutrition support can save as many as 697,000 children from death annually and prevent millions of cases of diarrhoea and pneumonia in children below the age of five.

Sustainable Development Goal (SDG) 6 of “Water and Sanitation for All by 2030” reinforces the focus on improving WASH for long-term prevention of health risks faced by vulnerable communities. In December 2022, the World Health Organization (WHO) released a report on the status of SDG 6 across 120 countries. While 45 per cent of the countries are on track to achieve the internal targets they have set on drinking water coverage, only one-fourth are on track to achieve sanitation targets set at the national level.

The benefits of scaling up safe WASH go beyond reducing the diarrhoea burden. It helps in reducing malnutrition, controlling the spread of intestinal worms that cause neglected tropical diseases, promoting school attendance especially among girls by improving separate sanitary services, and increasing safety for women since they will not have to defecate in open spaces anymore. In the long run, safe WASH has a positive impact on economies, too.

WASH and vaccines are the two most effective preventive measures against water-borne diseases. Both are essen-

tial components of primary healthcare necessary for protection from diseases. They together provide dual protection to communities. Vaccines and WASH also complement each other. Healthcare facilities that have better access to WASH serve as appropriate sites for vaccination, which improves the quality of care delivered and reduces the chance of infection for health workers and patients. Immunisation sessions also provide a suitable platform for effective communication on safe WASH practices that can promote good hygiene behaviour.

A look at India’s progress on SDG 6 paints a promising picture. India has made strides in improving WASH and the impact of the government’s efforts is visible. In 2015, 568 million people, nearly 50 per cent of the country’s population, defecated in open due to lack of access to toilets. In October 2019, India achieved an open defecation free status. This remarkable feat is attributable to the Swachh Bharat Abhiyaan and other efforts.

The India Sanitation Coalition too has played its role well. It is a network of organisations that supports safe and sustainable sanitation and facilitates financing on WASH with a focus on the private sector partnerships to enable action on sustainable sanitation, curating and disseminating good practices and contributing to policies.

Coordinating WASH and immunisation efforts even in the absence of an integrated programme offers huge potential for amplifying impact. Collaborative partnerships between the government, private sector and civil society organisations can be leveraged to develop an integrated approach to WASH and immunisation that ensures accessibility to services and enhances its adoption, which takes us a step closer to achieving SDG 6.■



DILEN GANDHI

**Regional Marketing Director, South
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*Handles marketing strategy and operations
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DR KOMAL GOSWAMI

Chief of Party, Plan India
*Active in areas of adolescent sexual and
reproductive health rights, inclusive nutrition
for maternal and child health, and inculcating
hygiene culture among children*

SHARED VALUES FOR COMMON GOALS

A multi-pronged approach to healthcare, which targets different sections of the society, can help plug gaps faster and in a more effective manner



Brand perception is more important than ever before. Delivering products based on consumer expectations is critical to stay ahead of the curve and build brand loyalty.

With brands expected to play an even bigger role towards consumers, employees and the environment, trust has emerged as the cornerstone of brand equity for Dettol, India's most trusted germ protection brand. Consumers instinctively know it will keep their loved ones safe and healthy from harm and illness.

This unwavering trust and credibility are because our product interventions help break the chain of many infectious diseases, including diarrhoea. Our efforts towards creating a cleaner and healthier world are, therefore, not an option but an imperative.

While discussing the merits of building trust is easy, drilling it down to specifics is another matter. Dettol's hallmarks of consistency, sharing common values and congruity between words and actions have endeared trust in a dynamic and challenging world where people gravitate towards familiarity, which they equate with confidence.

Such familiarity is a function of time and memory structures, which result from actions, forms and assets built by a brand over time. Dettol's careful nurturing of its long legacy helped it maintain this consistency, making it easier for people to trust it.

Moreover, innovation is crucial for any product to maintain its relevance and stay in sync with changing societal needs. Fortunately, Dettol has a long history of innovation.

Formulated in 1929 by Albert Leopold Reckitt and Dr. William Colebrook Reynolds, Dettol was used as a post-surgery antiseptic skin wash in hospitals. Over time, this went beyond cuts and wounds towards sanitising hands, surfaces and clothes, which are breeding grounds for bacteria.

As our understanding of germs evolved with technology, so did Dettol's portfolio of products. It now encompasses a wide range of antibacterial products from soap to handwash to household cleaning products.

Since hand hygiene is the foundation of good health, this has always been core to the brand's purpose of preventing illness and enabling healthier families, communities and, ultimately, a healthier world. It continues to utilise scientific expertise to formulate high-quality and efficacious products that create a cleaner, healthier and safer world. Reckitt understands that consolidation and perpetuation of a culture of washing hands does not need miracles, but introduction, promotion and scaling up innovative products and solutions to promote handwashing as small changes make big impact.

The foaming handwash range launched this year was built on the premise of moisturising hands while delivering the brand's promise of complete germ protection.

Taking a completely different route is the recently launched powder-to-liquid handwash that offers an innovative hygiene solution to value-conscious Indian shoppers. This is our endeavour to make quality products accessible to an extensive consumer base at an affordable price.

Over the past more than eight decades, Dettol's purpose has been to protect life. As one of India's most trusted brands, we feel we are in a position of responsibility to tackle the spread of germs and illnesses due to poor hygiene behaviours.

While crafting new models and frameworks to overcome hygiene obstacles, we follow relevant life stages and map out inflection points to reach consumers appropriately.

Our communication builds on the power of good habits to overcome tough situations. Without instilling fear, we emphasise



that protection is exceedingly important since threats exist due to bad hygiene habits.

We have an opportunity to play a meaningful role in ensuring that hygiene behaviours remain relevant, which is where innovative messaging comes in. Every campaign underlines the clear link of the brand's ultimate purpose, which is rooted in consumer insights.

When the nation was battling various health-related issues during the pandemic, Dettol engaged with its consumers consistently. From the viral #HandWashChallenge on TikTok in March 2020, which garnered 50 billion+ views across the globe, to the Dettol Salutes programme, which saw Dettol replacing the iconic logo on its handwash bottle with images of frontline warriors. The “Mil Ke Harayenge” anthem also emphasised on the need to adopt good practices during tough times, be it

washing hands or getting vaccinated.

Traditionally, brand assets like logos, fonts, colours and labels are sacrosanct and changed only during rebranding and re-strategising exercises. By modifying its packaging for the Dettol Salutes initiative, the brand showed that it stood with the Covid-19 warriors at a turbulent time.

Successful brands must allow contemporary consumers to engage in a conversation. Deep consumer immersions give us clearer insights to convey our message, enhancing credibility of our actions and building long-term trust.

While the underlying principles behind great marketing communication have primarily remained intact, the context, platform and media realign to remain relevant. Dettol has been at the forefront of adapting to changing times. Whether it has been the skillful use of traditional media-like TV and print-or

the adoption of digital platforms like TikTok, its campaigns befit its position of being among the most trusted brands in India.

Hygiene is the foundation of good health, breaking the chain of infection of many transmissible diseases, especially post-Covid. Despite increased awareness about personal hygiene, many neglect it, leading to an increased risk of infection and illness.

Our research over the years found that diseases were caused by germs contracted during daily activities, which can be prevented by following basic hygiene practices. Numerous diseases, including diarrhoea, spread because of unclean hands. In a country where we eat food with our hands most of the time, it becomes even more critical to keep our hands clean by washing them frequently.

We look at closing hygiene gaps prevalent in India with our products and programmes to create a healthier nation. The sword on every Dettol pack depicts killing harmful germs and the shield symbolises protection.

Reckitt has always tried to deliver its brand promise as a purpose-driven company by working in partnership with its customers and industry stakeholders rather than in isolation. This promise extends to ensuring that consumers have access to the products, which has been the driving force behind the expansion of the distributor network that has crossed 5 million outlets across the country.

The other side of purpose is social impact and Dettol has been at the forefront in supporting purpose-driven campaigns and programmes that have achieved impact at scale across the country. The Dettol Banega Swachh India (DBSI) campaign, launched in 2014, (and pivoting to Dettol Banega Swasth India in 2019) has seen the growth of its school hygiene education programme reach 24 million children across India. Dettol School Hygiene Education Programme's reach to children from early years to inculcate behaviour change in hygiene increased knowledge, enhanced attitudes and inculcated good practices.

With almost 230 million people in India lacking access to proper sanitation, the Dettol School Hygiene Education Programme has emerged as a proven intervention to enhance knowledge and usher in positive changes in attitudes, practices and behaviours around hygiene.

The programme helped improve the status of handwashing practice among children from a baseline of 11 per cent to 86



per cent. Knowledge about handwashing practices among children went up from a baseline of 35 per cent to 99 per cent. The percentage of children with positive behaviour towards sanitation went up from a baseline of 21 to 80. Knowledge on safe handling of drinking water went up from a baseline of 46 per cent to 94 per cent. Those who always followed sanitation practices recorded a hike from a baseline of 6 per cent to 75 per cent. Respondents with positive attitudes towards sanitation practices went up from a baseline of 44 per cent to 86 per cent. School absenteeism went down from 36 per cent to 23 per cent.

Other programmes, such as the recently launched Dettol Diarrhoea Net Zero programme, focus on advancing hygiene behaviours as key to reducing preventable deaths because of diarrhoea in under-5 kids. Initiatives like the Dettol Hygiene Olympiad also help engage parents and children and place hygiene knowledge as a symbol of excellence. It is imperative to remember that hygiene is the foundation for a healthy nation and children act as change agents to bring a positive change in hygiene culture for a healthy future. In fact, hygiene and sanitation are basic needs for all for a healthy living. It is the right of every citizen and not a privilege enjoyed by a few sections of the society.■

Courtesy: Adapted from Outlook, Issue November 21, 2022



THE PSYCHOLOGICAL PANDEMIC

Social isolation and other restrictions mandated by Covid-19 have affected children and adolescents the most, perhaps irreversibly



Covid-19 brought the entire world to a grinding halt; all activities of progress, growth, development were stalled. While an effective cure remained elusive, and vaccination proceeded at a glacial pace, the only real resort the world had were the public health measures being implemented across the globe: repeated handwashing, masking and social distancing. Simple measures, but of course things that made daily lives a struggle. Caught up in our own frustrations, however, we often forgot how much more difficult this abnormal phase in the planet's life was for the young ones. Explaining the various virus containment strategies to them was already an arduous task—enforcing them took a real, continuous toll on their mental well-being. The guidelines of relaxing mask use for children below five years of age allowed the young ones to breathe freely. But what about social distancing and school closure? The adults had resigned to these two states of being, as it were, but they continued to hold our young ones hostage within our very homes. There was a need to find ways of saving the young generation from the intangible demons unleashed by Covid-19.

Medical literature considered SARS-CoV-2 a predominantly adult infection; chances of children getting infected remained significantly lower than those for adults. In general, children were not the source of infection for their parents; it was usually the parents who infected their children. Even if the children were infected, they suffered mild symptoms. Severe symptoms were seen in children with coexisting medical conditions. Many experts questioned the role of school closure in containing the virus. Continuous indoor stay with reduced opportunity to go out, and increase in screen time, was the perfect recipe for future myopia (near-sightedness). Not to speak of the risk of chronic diseases

like obesity, stress, diabetes, hypertension and cardiac conditions, which are vastly enabled by a sedentary lifestyle, unhealthy caloric intake and lack of physical activity. With this unnatural phase, we were looking at a nightmare future scenario where these were bound to increase in our young population.

So we physically caged our children with enforced lockdowns, social distancing and school closures. And that threatened a cascading psychosocial disaster. Opportunities for learning, growing and gaining social skills were severely thwarted. There were reports that even developmental milestones were getting delayed. A seemingly simple task such as acquiring language needs a whole gamut of stimuli, which includes the hearing of language, the sight of muscle and joint movements producing speech and the accompanying facial expressions and gestural components. Mere exposure to a screen might not be sufficient to ensure a healthy development of the language faculty. Developing the ability to recognise human emotions in all its myriad nuances needs social

interactions; communication skills also need social opportunities. In the crucial phase of infancy, environmental stimulation is essential to make the brain grow structurally to its full potential. It is well-known that limited exposure to appropriate cognitive and social stimuli during vital periods of an infant's life usually results in delays and deviance in cognitive and social-communication development. Medical research has established that during the SARS epidemic of 2003, Chinese infants experienced a delay in walking, speaking, attaining toilet training and did not gain age-appropriate weight and height. Only time will reveal the damaging effects of our Covid-related social restrictions on the generation of "pandemic babies".

What was true for cognitive development



ART: JIA DUSHYANT VASANI, 5, GURGAON

among babies was extendable, in qualified ways, to adolescents: they were losing vital avenues for growth and development. The adolescents earned the name of “the lost generation”. Forced social distancing critically compromised their physical and psychological growth. This crucial period where adolescents already struggle with establishing their identity is a phase of turmoil. Under normal circumstances, this tumultuous phase works as a bedrock for many emotional, psychological and behavioural disorders. Some 50 per cent of all mental disorders appear by adolescence. The future mental health trajectory of the adolescent is determined by environmental factors shaping their gene expressions. Among those factors now, count a pervasive fear of Covid-19 infection, isolation, quarantine, enforced distancing, reduced opportunities for social contact and loneliness. Think of it as a pandemic of insecurity and fear—a hidden psychological pandemic.

self-esteem, build on peer interactions and communication skills. The skills involved in joining in conversations, holding an argument and conflict resolution need social opportunities. Social solitude set the stage for loneliness, stress, anxiety and depression. Those belonging to poor households, whose parents lost a stable source of income or who were already living in adverse situations with abusive caretakers, lost the respite that was earlier provided by schools, colleges, playgrounds, teachers and trainers. The second wave orphaned over 30,000 children across India; the National Commission for Protection of Child Rights (NCPCR) collects and maintains the data at a state level. The ‘Bal Swaraj portal’ of the NCPCR collated data in which 2,902 children in the 0-3 years age group, 5,107 in the 4-7 age group and 4,908 in the 14-15 group lost a parent, were orphaned or abandoned. The NCPCR explored provision of welfare services and facilities for adoption.

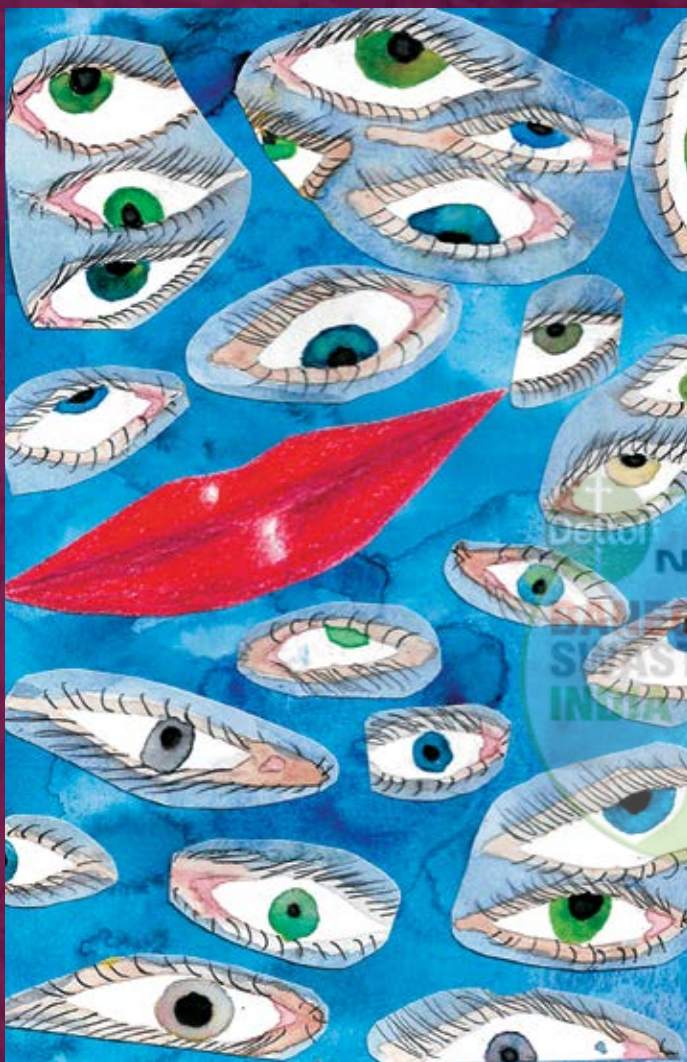
Earlier, for vast numbers of children in India, schools used to

Psychiatrists and policymakers joined hands towards creating a framework plan for mental health support during the pandemic

The effects were visible. High levels of psychological stress, anxiety, depression and post-traumatic stress disorder were reported in this vulnerable population. A study published in The Lancet Psychiatry from Iceland documented the mental health deterioration among adolescents—the study was unique in comparing mental health facts relating to adolescents during the pandemic with the pre-Covid period. The authors found an increase in rates of depression and worsening all-round indices relating to mental well-being among the “lost generation”. However, rates of smoking and alcohol intoxication decreased during the pandemic, which naturally owed to reduced socialisation.

Decreased socialisation might have proved beneficial for some adolescents; some seemed to be able to take it as an opportunity for self-growth. Adolescents reported learning new skills, spending precious time with family, and even providing a helping hand in the household. The protective factors of belonging to a secure home with a stable income—which also ensured online learning opportunities—provided a psychological buffer to some well-to-do adolescents. However, restrictions in socialisation reduced opportunities for adolescents in general to create their self-image, improve their

be the only source of nutritious meals and learning opportunities. The closure of schools and other extended networks provided the perfect ingredients for toxic stress, adversity, the experience of loss of caretakers, prolonged abuse/neglect, and even blocked access to social support and child welfare services. How Covid-19 precipitated an all-round disruption in social structures, and how that produced toxic psychological stress for the young ones needs to be better understood. Being exposed to toxic stress at a tender age disturbs the architecture of the growing brain. Connections between neurons in the brain regions—particularly the prefrontal cortex and hippocampus, which are crucial for emotional regulation and memory—are reduced due to the experience of toxic stress. The absence of resilience-promoting factors like environmental support, nurturance by caregivers and the psychological security provided by parents and teachers further increases the risk of developing future mental disorders. Structural changes in the brain and lack of protective factors at a young age can cause depression, substance use, anxiety, obesity, and physical diseases like diabetes and heart diseases later in life. The circumstances that prevailed during the lockdowns forced clinicians to provide their services on



ART: SAGRIKA KHANNA, 17, GURGAON

an online delivery model, with various clinical interventions provided on the e-platform. Tele-helplines functioned to help kids in crisis; an Australian helpline designed for kids reported an escalation of calls during the Covid-19 period. Calls related to infection, mental health concerns, relationship problems and suicidal/self-harm tendencies showed an increasing trend. Among the helpline callers, adolescent girls constituted the majority. Emergency psychiatry ser-

vices documented an increase in suicidal behaviour in children and adolescents, raising concerns across the world. A research paper that compiled emergency psychiatry service use across 10 European nations reported a rise in adolescent self-harm behaviour from 50 per cent in 2019 to 57 per cent in 2020. In the Indian set-up, clinical psychiatry services were badly hit, with only a few specialised centres being able to provide online services.

Psychiatrists and policymakers joined hands towards creating a framework plan for mental health support during the pandemic. Efforts were made to provide online guidance to parents, caregivers, service providers, children and adolescents to tide over the crisis. International agencies like WHO and UNESCO made available parent tips on ensuring a daily schedule, sharing information about Covid-19 with children, how to take care of the self and the kids. Parenting support in graphics, audio-visual aids, comics and e-posters were also available for free access to help parents in home-schooling, and even manage mental health issues in children. The website <https://www.covid19parenting.com/audiovisuals> offered a big bag of options for parents to help their kids at home. For infants and young children, <https://data.unicef.org/topic/early-childhood-development/covid-19/> from UNICEF and <https://reachupandlearn.com/package> from the University of West Indies contained excellent parent manuals and audio-visual aids to provide stimulating environments at home that could enhance learning for young kids in different age groups.

With adverse household situations, loss of income, not having supportive parents and orphanhood, our children became vulnerable to abuse, neglect, child labour, child marriage and even trafficking.

The onus is on the policymakers to prepare a safety net to protect our precious future generation from falling into the trap of poverty and deprivation, a threat Covid-19 exposed. The welfare services planned by the government of India have been a laudable approach; however, much needs to be done to strengthen the support system around the vulnerable children. Provision for mental support needs to be integrated with nutrition, housing, safety and education for children. Only then can we look forward to safeguarding the future of our precious young generation. Otherwise, what we will be giving our children is a form of social orphanhood. ■

—Dr Suravi Patra, Additional Professor, Psychiatry,
AllMS, Bhubaneswar

Courtesy: Adapted from Outlook, Issue June 28, 2021



MOHAMMED ASIF

Executive Director, Plan India

Leading voice on subjects related to social sector, maternal and child health, HIV, TB and nutrition; actively promotes education and hand hygiene among schoolchildren

GOING BACK TO TRADITION

Hygiene and environmental sanitation are an integral part of our social rituals and celebrations. It is time to integrate them in our daily routine



Over the centuries, Indian culture and traditions have emphasised the importance of hygiene and environmental sanitation for personal and community health and wellness. Almost all our festivals, rituals and social celebrations start with bathing, handwashing, house cleaning and environmental sanitation activities. While these age-old practices still continue on special days and occasions, many people and families have not yet made personal hygiene an integral part of their daily routine. Reckitt and Plan India are working closely with children, youth, families, schools, local self-governments and public health officials to mainstream the Indian traditions of hygiene from the local to the global.

Millions of children, young people, parents and caregivers from all walks of life have joined hands with the Dettol Banega Swasth India (DBSI) initiative. It seeks to promote holistic hygiene practices—defined as personal, household, community and food hygiene—to achieve the overarching goal of preventing the transmission of diseases and creating a healthy community environment. However, an oft-asked question is: How is hygiene linked to wellness?

Wellness, as we all know, is understood as the personal act of practising healthy habits to attain optimal physical, social and mental health. It is not only about the absence of disease and illness but also about people's ability to take positive actions that help them grow and develop to achieve their full potential in society. On the other hand, hygiene is defined as an individual and/or societal act of building awareness and promoting practices that have been scientifically proven to prevent or mitigate the

transmission of disease and illness. A common example of personal hygiene is handwashing with soap. It is well established that children who have adopted the handwashing behaviour on key occasions, like before every meal, after going to the toilet and after playing, have fewer morbidities and illnesses than those children who do not follow handwashing practice. This has positive outcomes for their wellness.

Driving social and behavioural change communications (SBCC) with millions of people, particularly those at the base of the economic pyramid, on hygiene and wellness continues to be one of the most important public health challenges. In my experience, the SBCC challenge has three interrelated components: first, enabling millions of children, youths and their parents to understand the deep connect between hygiene and wellness; second, helping people to unlearn those behaviours that are not helpful in advancing hygiene outcomes for themselves and their communities; and third, enabling them to learn the right hygiene behaviours.

While many efforts have been undertaken by the government and NGOs through the flagship Swachh Bharat Abhiyan in promoting handwashing and other hygiene behaviours, not much has been done for promoting awareness on the important connect between hygiene and wellness. More recently, the Central government's Ayushman Bharat scheme has placed significant emphasis on school health and wellness with a strong focus on all schoolchildren growing up healthy. Putting the spotlight on the rich and long-standing Indian tradition of hygiene and wellness for all can be an effective way for the pupils and their parents to adopt hygiene as a way of life and pathway to wellness. ■





NANDAN KUMAR JHA

Founder and Secretary-General, Gandhi Mandela Foundation
*Instituted Gandhi Mandela Award; Chairman of Interactive Forum on Indian Economy;
Founder of the Champions of Change Award*

ATTAINING PEACE THROUGH HEALTH AND HYGIENE

Physical well-being, which is central to a peaceful existence, depends on cleanliness and purity of the self and the surroundings



Peace is the quiet nature of Mother Earth that sustains existence with the city, society, forest, mountains, flora and fauna. Health is the manifestation of its physical structure.

Health has physical, mental and spiritual aspects. Science today believes in physical and mental health, but it has still to reach out to the spiritual side of health and probably that will be the peak of human evolution when science and spirituality co-exist.

Sanitation is important for achieving good health. India has four levels of sanitation—first is *Swachhata* or cleanliness. The second level is *Shuddhata* or purity. The third is *Pavitrataa* or piousness and the fourth is *Divyataa* or divinity. The pensive cultural heritage of India has a rich treasury of thoughts on sanitation.

Looking at the reality of the world today. All of us are concerned about finding ways to help the world exist in the era of wars and weapons with nuclear capabilities. So, peace most of the times nowadays seems only a hypothetical entity, but a belief in *Karm Yoga* encourages us to expect the world to keep existing as long as it has to, as decided by providence.

For living in a supposedly peaceful world, we do need health and hygiene. Obviously, a being cannot survive without physical wellbeing. If health is the house, hygiene is breathing and we exist in there as the representation of peace.

When we talk about peace, health and sanitation, it reminds me of the motto “mind, body and soul towards divinity” quoted by Mahamandelashwar Swami Avdheshanand Giri Ji Maharaj (Chairman, Gandhi Mandela Foundation). In a special interaction during the conferment of Gandhi Mandela Award to the 14th Dalai Lama, he mentioned that peace does not emerge overnight in someone, it is a journey throughout the life. Peace may not be only determined

with mind and body but a soul finding peace in every soul is peace. Health and sanitation lead to the divine path of peace. A healthy body leads to a healthy mind and that finds a happy soul.

If health is for existence, hygiene is for peaceful existence. Neither an agnostic nor an atheist would like to take umbrage to the saying, “Cleanliness is next to godliness”. Certainly, for here, the reference is more to what we actually mean by ‘divine’ instead of meaning an entity that we like to address as ‘God’.

Undoubtedly, both outer and inner cleanliness are vital to support the efforts for evolving as better human beings.

With inspirations from Mahatma Gandhi and his motto of *Swachhata* (cleanliness), Indian Prime Minister Narendra Modi launched the Swachh Bharat Abhiyan to achieve a clean and healthy India. The motive was to make citizens aware about the mission of Swachh Bharat, Swasth Bharat (Clean India, Healthy India). The renowned supporter of the campaign, yoga guru Swami Ramdev, founder of Patanjali Yogpeeth, has mentioned that *swachhata* (cleanliness) and *swasthata* (health) are not only physical values, but are also accorded high significance in the dictionary of yoga values. A peaceful soul is achieved only through the journey of healthy and hygienic lifestyle.

The future does lie in togetherness and in living as harmonious communities on the surface of earth, but we need to crank up our civic consciousness along with the standards of personal and environmental hygiene for triggering a cultural revolution which could subsume all such ideological movements. Clean surroundings along with a pure consciousness alone can foment positive ways of thinking and peaceful way of living. ■



BEYOND WALLS AND MIRRORS

When schools closed down due to the Covid-19 pandemic, children found themselves “lost” and deprived of opportunities that would have ensured their physical and mental well-being



Run around the park to chase a dragonfly. Climb a tree to shock onlookers. Jump into a puddle to splash the dirty water on a friend, and get your uniform dirty while returning from school. Get into a scrap with friends over who gets to bat first in cricket. Plan a sleepover with friends and stay awake discussing boyfriends.

Childhood is a tender age when worldly pleasures do not move you often. You might bawl for a smartphone, but once you get it, you do not spend hours tinkering with it. The bigger rewards are apparently insignificant things like a smile, a hug, praise and applause.

Not anymore. For several months since early 2020, life for kids across the globe got confined to homes that were likened to a jail. And the massive psychological changes and challenges that followed were barely understood or addressed.

Kirti Sharma (name changed), then four, is a single kid of working parents living in Gurgaon. During the lockdown, the world collapsed into their 2BHK house. Bored of her toys, TV, crayons and board games, she would tell her mother, “*Maa, kitna boring hai* (Mom, this is so boring)”. Her bemused parents had no idea how to manage her.

“The tender age of learning was being ruined,” said her mother, who was worried that the daughter was missing key learning milestones. “We had our limitations. The kinds of peer learning kids absorb at this age from school and the playground were missing. It may not reflect now, but my biggest fear was that as she grows up, peer

learning and socialising would become difficult for her if she spent more time at home with us.”

The story was no different at other households, cutting across economic class and location. On top of this, lockdowns, social distancing and pandemic restrictions led to increased dependence on gadgets, and not just for children. The extended lockdowns led to disturbed family life with rise in fights, physical and mental abuse—all under the shadow of illness and death. Over time, the lack of space, of movement and exposure to the outdoors started preying upon minds. This was especially true for adolescents, just at a time when they would have normally begun to venture out on their own, beyond the protective veil of their parents. In urban India, cheek-by-jowl existence forces

a type of socialisation that was tamped down, replaced by forced isolation, unease, fear and suspicion that especially preys on the minds of kids, resulting in irritability and anger issues.

Pooja Bakshi Jaitly, counselling psychologist for air force personnel and their families, said the impact was different for every age group. Those below 10 years were, according to her, full of anxiety and fear, rising largely from their immediate environment, particularly since their parents’ attitudes had a direct bearing on them. And there was no school and friends to fall back upon for emotional support. Meanwhile, even after schools reopened, there was the fear that some of the children might face separation anxiety. After all, for more than a year, they had got used to



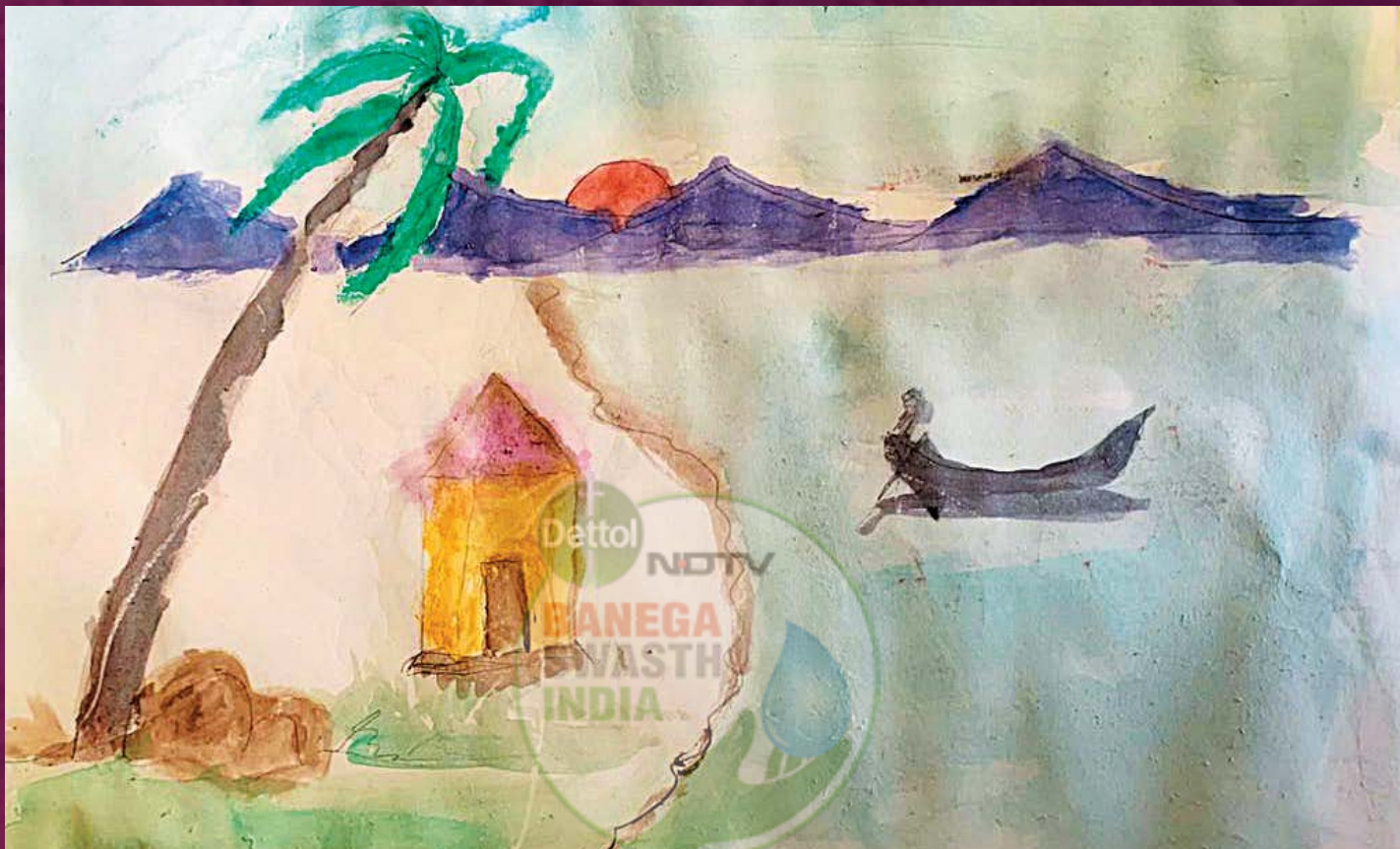
having only their parents and family members around them the whole day. On the other end, some parents had to get special permission to take their children around their empty schools to help calm them down.

With adolescents, who were already undergoing a lot of physical, emotional and psychological changes, the pandemic period was traumatic. Adolescence is a period when normally, there is a high degree of brain development. That was missing as there was no structured pattern to their daily routine. This is a time when calibrated interaction with parents is crucial.

But often, parents—themselves mired in their own existential worries—did not have the patience, demanding discipline instead of trying to understand their kids.

In a study *Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations*, published in Elsevier Public Health Emergency Collection, the researchers said the nature and extent of impact on children and adolescents depended on many vulnerability factors, including educational status, special needs, pre-existing mental health conditions, economic standing, fear of quarantines, etc.





The researchers concluded that there was a pressing need for planning longitudinal and developmental studies, and implementing evidence-based elaborative plans of action to cater to the psychosocial and mental health needs of vulnerable children and adolescents, both during the pandemic and afterwards. There was a need to ameliorate children and adolescents' access to mental health services geared towards providing measures for developing healthy coping mechanisms during the crisis.

According to several reports, mental health issues were becoming huge among children in India, with some reports indicating a 42 per cent rise in depression.

"The key idea here is to quickly and often reward good behaviour, to engender a virtuous cycle," Mumbai-based

psychiatrist Dr Anjali Chhabria had said then. "For example, if you want your child to wear a mask, instead of calling them out when they don't, reward them with affirmations such as a high five when they do so. Using punishment frequently will lead to the desired action being completed with a mindset induced in fear, which is not only detrimental for the parent-child relationship, but also the child's psychological wellbeing. Using reinforcement and having a discussion with your children about why you want them to perform certain behaviour will manifest in healthy habits that stand the test of time," she added.

The school environment was crucial in fostering a motivation to learn, because children were not used to studying in isolation. In the absence of peer discussion and teacher

interactions, online schooling resulted in low motivation. Besides not being able to physically go to school, students were unable to form new connections or maintain old ones online— quickly losing the sense of belonging they once had.

“All children naturally have high energy levels, but with extracurricular activities also inaccessible, they were at a loss of places to spend their energy,” Chhabria explained. “As a result of online schooling, children were cooped up in their

room in front of a screen all day long, which could make them highly irritable and frustrated.”

The onus was on parents to keep communication channels open and constantly interact with their children, in order to build an emotional language with them. “In those times, parents themselves were impatient and restless, and ended up being dismissive of their children’s grievances, which may have seemed petty, but mattered a lot to the child,” said Mumbai-based psychologist Dr Seema Hingorrany. Her advice then was to speak to them instead, understand their problems and answer their questions patiently. Or try to seek therapy instead of taking out your own frustrations on the child.

Toddlers and pre-schoolers had not even encountered schools, staying away from parents for a stretch of time, or interaction with people other than family. “During my sessions, I saw a lot of nervousness and restlessness in toddlers when they got exposed to a crowd,” Hingorrany recalled, adding, “They were shy to interact with outsiders, often clinging to their parents.”

Having the entire family at home can be enjoyable, but when it gets extended for months on end, especially given the space constraints in big cities like Mumbai and Delhi, conflict is inevitable. “Before the pandemic, children who shared rooms could co-exist better because of avenues outdoors,” Chhabria said. “Since restrictions were imposed, they were often at loggerheads as they were unable to assert the same degree of autonomy and independence within the confined space. Besides, children of different age groups also have conflicting needs. Essentially, parents were faced with difficulty in communication, having to juggle between unique needs of their children, leading to familial distress.”

Peer interactions and relationships are how kids learn not only about cooperation, trust, loyalty and support, but also about themselves, understanding and expressing their own emotions, making well-thought-out decisions, coping with challenges and accepting responsibility. The pandemic snatched away two main sources of their social interaction—immediate neighbourhood and school. As a result, children were not only missing classes, but also the simple everyday interactions like walking to class together, eating lunch together, playing and creating together. And this had a domino effect on them.

Even schools acknowledged and tried to address this.



Actress and UN Equality Champion Celina Jaitley had fixed a routine for her children exactly as per the school schedule, including the breaks. She would wake them up at 6.30 am on weekdays

Manit Jain, co-founder of Gurgaon-based Heritage Xperiential Learning School, said they were cognisant of the fact that the effect of the pandemic would remain with the children even after normalcy returned. The school had designed a curriculum and practices to help ease the children back to the physical school, with a lot of emphasis on their social and emotional needs. It put together a social-emotional learning team and a counselling team, which worked closely with the students when they returned.

Since the start of the pandemic, parents noticed changes in their children's behaviour, including restlessness, outbursts, extreme irritability, mood swings, disturbed sleep and melancholia. Chhabria encouraged parents to refrain from dismissing the worries and anxieties of children below the age of five, and instead try addressing these to foster strong bonds.

For kids of age 6-12 years, psychologists stressed on the need to maintain routines, even during vacations, in order to not disturb their body cycles. Any form of physical activity—from dancing to a YouTube video to doing dishes—is essential, as it secretes hormones in the brain that are responsible for psychological well-being, they explained. The other challenge, with schools going online and academic pressure rising, especially for teenagers, was to be mindful of screen time, as excessive exposure could cause headaches and sleep disturbance. Chhabria advised teens “to stay engaged at home, by contributing to household chores”.

Actress and UN Equality Champion Celina Jaitley, who was in Austria, had fixed a routine for her children, “Her kids had been home for a year and a half, since the onset of the pandemic. The parents and the sons would “sing Happy-Birthday two times’ together while doing daily chores 6-7 times a day, said Jaitley when contacted during the lockdown. They isolated themselves completely, and focused on eating lots of fresh organic fruits and veggies. The twins were fully aware of the global nature of the pandemic, Jaitley said, adding that Arthur, my three-year-old, believed Corona and Monster Zombies were first cousins.

Celina felt one of the biggest challenges she faced as a parent was the fear of the pandemic in the mind of her kids. “As parents, they had to work consistently to balance the new realities while teaching the children to handle their fears. They also made a strong endeavour to stick to the children's school



routine. They would make effort to wake them up at 6.30 am on weekdays and do their studies at home exactly as per the school schedule, including the breaks.”

Covid-19 has taught us that as parents and elders, it is our responsibility to understand that the psychological and behavioural changes we notice in our children are valid, and allow them to express their emotions in whichever way they want. ■

—Jyotika Sood, Lachmi Deb Roy and Lola Nayar,
Former Staffers, Outlook

Courtesy: Adapted from Outlook, Issue June 28, 2021



DRIVING HYGIENE BEHAVIOURS – ESSENTIAL ELEMENTS OF UNIVERSAL HEALTHCARE?

Report of a high-level virtual roundtable discussion on the ways in which changing hygiene behaviours could lead to better health for the individual, the wider population, and the economy



Hygiene is a critical foundation of health. Good hygiene saves lives, promotes growth and well-being among children, and significantly reduces the economic, societal and personal toll of illness. It can also play a role in reducing socioeconomic and gender-based health disparities and inequities.

While behaviour drives hygiene, the ability to be hygienic is supported by appropriate infrastructure, such as access to clean water and soap. Therefore, the largest impact from inadequate hygiene is estimated to come from LMIC countries, where access to WASH (water, sanitation, and hygiene) is limited.

Water is just one part, albeit pivotal, of the hygiene debate. It is essential not only to health, but also to poverty reduction, food security, peace and human rights, ecosystems and education. Nevertheless, countries face growing challenges linked to water scarcity, water pollution, degraded water-related ecosystems and cooperation over transboundary water basins. In addition, funding gaps and weak government systems hold many countries back from making necessary advancements.

Developments in pharmaceutical options in the 20th through to 21st centuries have diluted the focus on basic hygiene as an intervention. The emergence of novel coronaviruses causing SARS, MERS, and Covid-19, and the lack of immediate pharmaceutical solutions then, had brought hygiene sharply to the front of our minds once again. While the emphasis of conventional hygiene practices has been on fecal-oral diseases, the Covid-19 pandemic prompted a focus on respiratory hygiene practices beyond hand-washing/keeping clean and relevant to transmission of acute respiratory infections (ARIs).

Global community leaders have work ahead of them to expand access to good hygiene. The UN has set access to clean water, sanitation and hygiene as a Sustainable Development Goal, but sound sanitation services reached little more than half

the world's population as of 2020.

Reckitt Global Hygiene Institute (RGHI) and Chatham House convened a high-level virtual roundtable on the ways in which changing hygiene behaviours could lead to better health for the individual, the wider population, and the economy. The meeting took place under the Chatham House Rule.

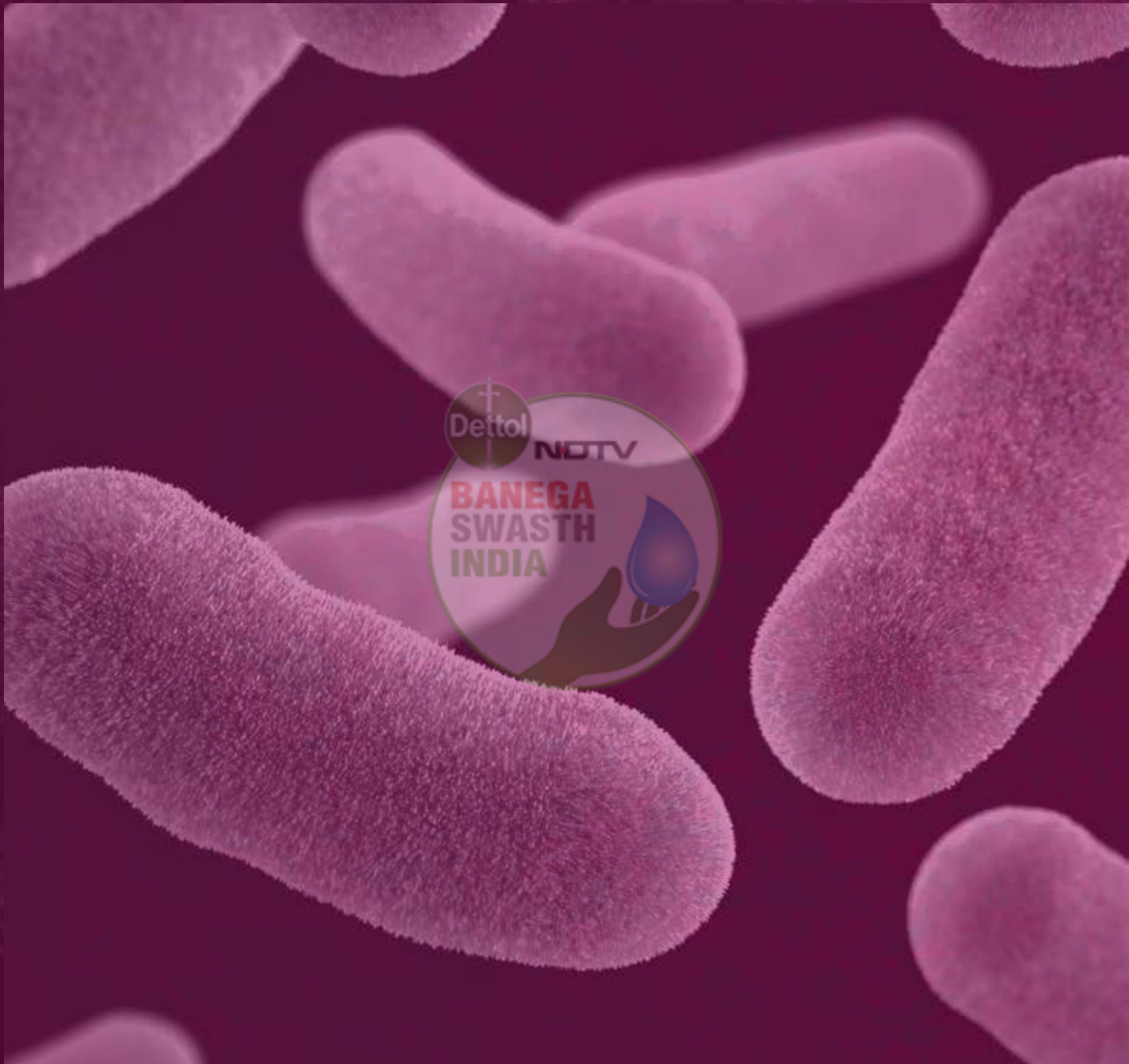
This meeting summary reports on the findings from the summer 2022 virtual roundtable “Driving hygiene behaviors – essential elements of universal healthcare?” where 32 international experts, including politicians, policymakers, academics, physicians, behaviour experts and others representing international charities and ministries of health discussed:

- Quantifying the potential contribution of hygiene to population health;
- Understanding the motivations for change; and
- Identifying how to build hygiene into a universal healthcare system

DEFINING HYGIENE

A universally acknowledged definition of hygiene is yet to be agreed upon by key stakeholders, such as academics, policy makers and NGOs. Once a framework is in place, community activists and public health scholars can work to ensure that good hygiene has a place on the political agenda in both low-income and wealthy countries. Hygiene is often included within the WASH agenda, and a strong hygiene definition will allow it to create a clearer presence and differentiation within the current WASH parameters.

Meeting participants agreed that a concise meaning and understanding of hygiene is essential as this affects all hygiene behavior and helps to differentiate it within WASH. Language is an imperative when discussing hygiene to create a critical frame-





While around 74 per cent of the world's population has access to handwashing facilities with soap and water, it is estimated that handwashing with soap after fecal contact only occurs in about 26 per cent of events globally. Even in high-income countries where access to handwashing facilities is reported to be “near-universal”, people are estimated to only wash their hands with soap after about 51 per cent of potential contacts with fecal material



work within which behaviour change can happen. This definition needs to be concise to create a common benchmark that provides practitioners with a mutual understanding of what is meant by hygiene. This is the starting point for change. Equally, if political commitment at the highest level is to be secured, it is important that the industries and practitioners working in the field know what they are collectively referring to.

The group agreed that the underlying question that will set the best definition is “hygiene for whom?”. Hygiene plays different roles in different settings and sectors, and creates better health outcomes, prevents disease, delivers dignity, reduces school absenteeism and brings with it a return on investment. A flexible definition to tackle multiple behaviours is necessary.

The evolving nature and narrative around hygiene must also be considered when deciding on a definition. In the past, hygiene has been centred around sanitation and handwashing. The present narrative has expanded to include environmental and agricultural hygiene. The future narrative will expand into climate change and environmental sustainability, respiratory and menstrual hygiene.

EFFECTIVE INTERVENTIONS IN HYGIENE BEHAVIOUR

Human behaviour is influenced by a combination of environmental, societal and cultural factors. Despite the evidence and commonplace understanding of the significance of hygiene practices, there is huge room for improvement.

Investments in intervention must go beyond research to

build workable, scalable interventions, and to build “customer demand” and hygiene needs awareness in populations at a national level. Communities in rural and LMIC countries are often unaware of their right to sanitation and that their hygiene needs are not being provided by the government. This awareness needs to be fostered within such populations.


If LMIC rural communities are enabled to become productive through technology and agriculture, they are empowered to afford basic hygiene requirements. Starting behavioural discussions early in life, within school policies addressing behaviours that increase hygiene, is a valuable approach.

Multimodal strategies for interventions are important, whether through implementation of infection prevention and control in the healthcare sector, toilets and hand hygiene infrastructure or training for schoolchildren.


To influence behaviour, visual reactive cues and nudges that trigger an emotional reaction have been shown to have worked for organisations such as WaterAid in home, school, faith and community settings. Understanding what motivates and influences people is vital when designing an intervention package to change behaviour.

WHY IS HYGIENE NOT ON THE POLITICAL AGENDA?

A lack of safe water, sanitation and hygiene results not only in loss of dignity, safety, health and education, but also economic potential. It is at the heart of “human capital,” not only for the current working generation, but for generations to come. How-



The annual cost of behavioural change promotion to those with no handwashing facilities represents 4.7 per cent of median government health expenditure in least developed countries, and 1 per cent of their annual aid receipts. These costs could be covered by mobilising resources from across government and partners and could be reduced by harnessing economies of scale and integrating hand hygiene with other behavioural change campaigns where appropriate



ever, the subject of hygiene has never been near the top of the political agenda, something that needs to change.

Ensuring the health sector take the issue more seriously is imperative and building a multisectoral approach, akin to that employed for HIV and AIDS, may lead to a political breakthrough. Global communities dealt with Covid-19 quickly because of its disruptive nature to the world economy, especially western economies.

This has not been the case with hygiene-related diseases prevalent in Africa such as tuberculosis, HIV/AIDS, diarrhoea, dysentery, cholera and upper respiratory tract infections.

In places where basic water and sanitation are not available and hygiene is poor, public health interventions aimed at preventing diarrhoeal diseases are extremely cost-effective, according to the World Bank.

WHAT EVIDENCE NEEDS TO BE BUILT?

For politicians to see the significance in hygiene, it must start with communities. It is not as tangible as other aspects of WASH, so communicating the overall benefits, savings and the return on investment must be expressed in the language that politicians and ministries of finance understand.

There are multiple papers that estimate cost-effectiveness of hygiene behaviours and the subsequent economic benefits, but these are not enough. The public health sector still needs more information on the cost benefit of hygiene behaviours and the return-on-investment in the workforce.

The evidence gap is lacking, leading to weak investment cases when convincing policy makers. If more evidence were collected around the economic development that hygiene supports, not only on the outcomes side, but also on the job creation aspect, it could create compelling data. Currently, this level of evidence does not exist. Fundamentally, there is a lack of science linked to policy-influencing outcomes.

The impact of preventable diseases also needs to be demonstrated. Evidence connecting this to economic development, including employment, products and services is scarce and unconvincing. The global community needs to show the catalytic effect of public sector investment in hygiene.

WHICH ACTIONS NEED TO BE PRIORITISED?

Popularising hygiene and finding champions—politicians or celebrities—to highlight the importance of hygiene could help the elevation of hygiene on the popular and political agenda, while enabling parliamentary champions requiring cross-party support. Having champions of WASH in multiple countries to form a knowledge network could also help make hygiene a priority in international and national settings.

WHAT IS THE FIRST STEP TO ENSURE THAT HYGIENE BECOMES AN INTEGRAL PART OF UNIVERSAL HEALTH?

The majority of those taking part in the roundtable work within their communities and LMIC countries as healthcare stakehold-







In a world where one billion people still practise open defecation and over 600 million do not have access to even a basic level of drinking water, it is important to prioritise the basics of hygiene such as handwashing and consider a country's environmental and institutional arrangements

ers. The issues discussed throughout the panel were widely seen as requirements in building national healthcare systems.

Defining and quantifying the impact of hygiene measures is imperative if hygiene is to be built successfully into a national health system. While hygiene promotion can improve the benefits of water and sanitation programmes in developing countries, there are few studies with data on the costs and effectiveness of individual programmes, and even fewer comparing the cost-effectiveness of different promotional approaches.

In parallel, the ability to measure the impact of new physical infrastructure (latrines and wash stations, for example), and behaviour change linked to using new substructures is a key piece of data that is currently missing. A consolidated measure, such as a hygiene index, could be useful.

Hygiene should be linked to universal healthcare because of the global understanding and political traction associated with it. Currently, hygiene is under the United Nations' SDG 6 umbrella. However, if there is a strong will to make hygiene part of the health agenda, there needs to be more evidence gathered and questions asked about how to motivate the health sector to act, and the best way to integrate hygiene effectively into health programmes.

The investment case for making hygiene a critical element of universal health is a pivotal part of the conversation and a call to action going forward.■

Courtesy: Reckitt Global Hygiene Institute



KEY TAKEAWAYS

Four main points are clear where action is needed

1. Hygiene will always be included within the WASH community. However, there is a need to strengthen its presence to ensure other areas of hygiene, such as menstrual and respiratory hygiene, have a place. Building a universal understanding of the wider scope of 'Hygiene' is essential.
2. It is evident that efforts are being made within the global community to link hygiene to policy-influencing outcomes. However, there is a need for more fundamental science that evaluates that link and establishes return on investment (ROI) to drive policy change.
3. Investments are needed beyond research. Firstly, to build workable, scalable hygiene interventions, and secondly to build "customer demand" and hygiene needs awareness in populations at national levels.
4. While hygiene has long been seen as beneficial to health, it now needs to be understood as a connected part of the basic requirements in building national health systems.



IT'S A
GOAL

As the world's second-most populous country, India must overcome several challenges to realise the 17 SDGs laid down by the UN. For this, it needs reliable and trustworthy partners



The path to UN's Sustainable Development Goals (SDGs) is a long and arduous one. But India is moving ahead with indomitable resolve and perseverance to realise the 17 SDGs laid down by the global multilateral institution. In 2015, the UN General Assembly came up with them to make this world better, sustainable and prosperous. Also known as Global Goals, they call for action to end poverty and hunger, and facilitate justice, peace and social and economic equality, among others, by 2030.

In the Sustainable Development Report 2022, which covers 163 nations, India ranks 121, with an SDG Index score of 60.3. As the world's second most populous country, there are several challenges that pose obstacles on the country's path to achieve SDGs. To traverse this onerous journey, India needs trustworthy and reliable companions. One of them is Reckitt—a name synonymous with hygiene and nutrition, Reckitt has made a seminal contribution to the economy in the last few years, thereby influencing the progress towards SDGs.

CONTRIBUTION TO GDP

A report by Oxford Economics estimates that Reckitt supported a contribution of Rs 78.8 billion to India's GDP in 2021. It notes: "This is the sum of three channels of impact. Some Rs 31.6 billion was generated by Reckitt itself—its direct impact. Reckitt's sizeable procurement spending with suppliers in India stimulated a further Rs 33.7 billion contribution to GDP— its indirect impact. Finally, the payment of wages by Reckitt and the firms in its supply chain supported a Rs 13.5 billion contribution to GDP—its induced impact." In 2021, India's GDP jumped \$506 billion and stood at over \$3 trillion dollars to record a growth rate of nine per cent.





#DETTOL SALUTES

Covid-19 was challenging for India. The country reported 43,710,027 infections and 525,604 deaths. The crisis dealt a severe blow to the economy, and resulted in job losses, lost incomes and shuttered businesses. Corporate players like Reckitt stepped in to address the situation. In the first wave, it collaborated with state governments, civil society, industry bodies, global agencies and media to distribute eight million soaps, 2.9 million masks, and 18,000 PPE kits. During the second deadly wave, the company gave oxygen support, masks, soaps and ICU equipment. In Gurugram, it set up oxygen generation plant, and procured cylinders for the Uttarakhand government.

Reckitt communicated, as it has in the past, the importance of handwashing. During Covid-19, it took on the challenge to induce behaviour change. Dettol launched The Hand Wash Challenge campaign on TikTok, which had 20 billion views within a week. It decided to pay tribute to Covid-19 warriors who worked tirelessly to save lives. A campaign, #DettolSalutes, replaced the corporate logo on company's products with an image of a "Covid protector", along with her story. Around 100 people graced Dettol's liquid hand-wash packs. A platform, www.DettolSalutes.com, was created to share stories and acknowledge Covid-19 protectors on social media channels. The website was visited by 250,000 users, and 180,000 of them created their customised virtual packs. This innovative campaign inspired people and filled them with hope and positivity.

JOB CREATION

The company created more than 69,000 jobs in 2021. While it directly employed 3,367 people, another 39,110 jobs were supported along its supply chain. According to the Oxford Economics, the wage-induced spending of its employees, and those employed in its supply chain, sustained a further 27,090 jobs. For every 100 jobs created by Reckitt, 2,000 other jobs were supported elsewhere. Reckitt's workers are paid around nine times the average salary in India. These contribute to SDG 8, which deals with decent work and economic growth.

HEALTH AND WELL-BEING

Health and well-being for all are central to development. SDG 3 lays down this importance. Reckitt engages in research in insect/vector-borne disease transmission. It has three R&D facilities in Gurugram, Baddi and Mysore. The one in Gurugram employs over 170 scientists and houses the Entomology Centre of Excellence. The objective is to control the spread of vector-borne diseases in India.

When 6,500 children were saved from malnutrition through its initiative, The Reach Each Child Programme, the company made progress on SDG 3 on health and SDG 2, which deals with zero hunger. The Global Hunger Index 2022 ranks India 107 out of 121 countries, which underlines the severity of the issue of hunger. Child malnutrition, wasting, anemia, low birth weight, lower levels of breast-feeding and childhood obesity remain key challenges. In this light, the campaign which prioritises nutrition and supports mothers and babies in the first 1,000 days of a newborn's life assumes significance.

SANITATION AND HYGIENE

Almost 230 million people in India lack access to proper sanitation, making them vulnerable to diseases. Reckitt made crucial interventions in this area. The Dettol Banega Swasth India Purpose Programmes reached 116 million people, whereas 20 million children were educated through the Dettol School Hygiene Programme. Over 15,800 sanitation workers were trained through the Harpic World Toilet College Programme in partnership with Gramalaya, an NGO dedicated to promote water, sanitation and hygiene, and eradicate scavenging.



GENDER EQUALITY

Gender parity remains a thorn in a country that boasts of 660 million female population. Earlier this year, Global Gender Gap Index 2022 ranked India 135 out of 146 countries. Reckitt looks at improving this. It has consciously created jobs for women. It employs and supports 16,450 females across direct, indirect and induced channels. The Oxford Economics report states: “Over

half (51%) of women employed by Reckitt earned more than Rs 2 million in 2021, more than double the 21% share of men earning over Rs 2 million.” ■

—Shailaja Tripathi,
Senior Assistant Editor, Outlook Business
Courtesy: Outlook, Issue November 21, 2022

ROCK IT RECKITT

Healthy habits matter. Data shows that simple habits, along with quality and accessible products, can impact children's lives



Swasth Bharat

116 million
Total number of people reached

13 million
Children reached every year

1:33
₹1 spent has social impact worth ₹33

Source: Oxford Economics; *Creating the Hygiene Culture*

Clean Children

Rise in knowledge on hygiene corners and toilets

32%

39%

Decline in school absenteeism

32%

Can handle drinking water

51%

Increase in sanitation practice

57%

Improvement in knowledge on handwashing

37%

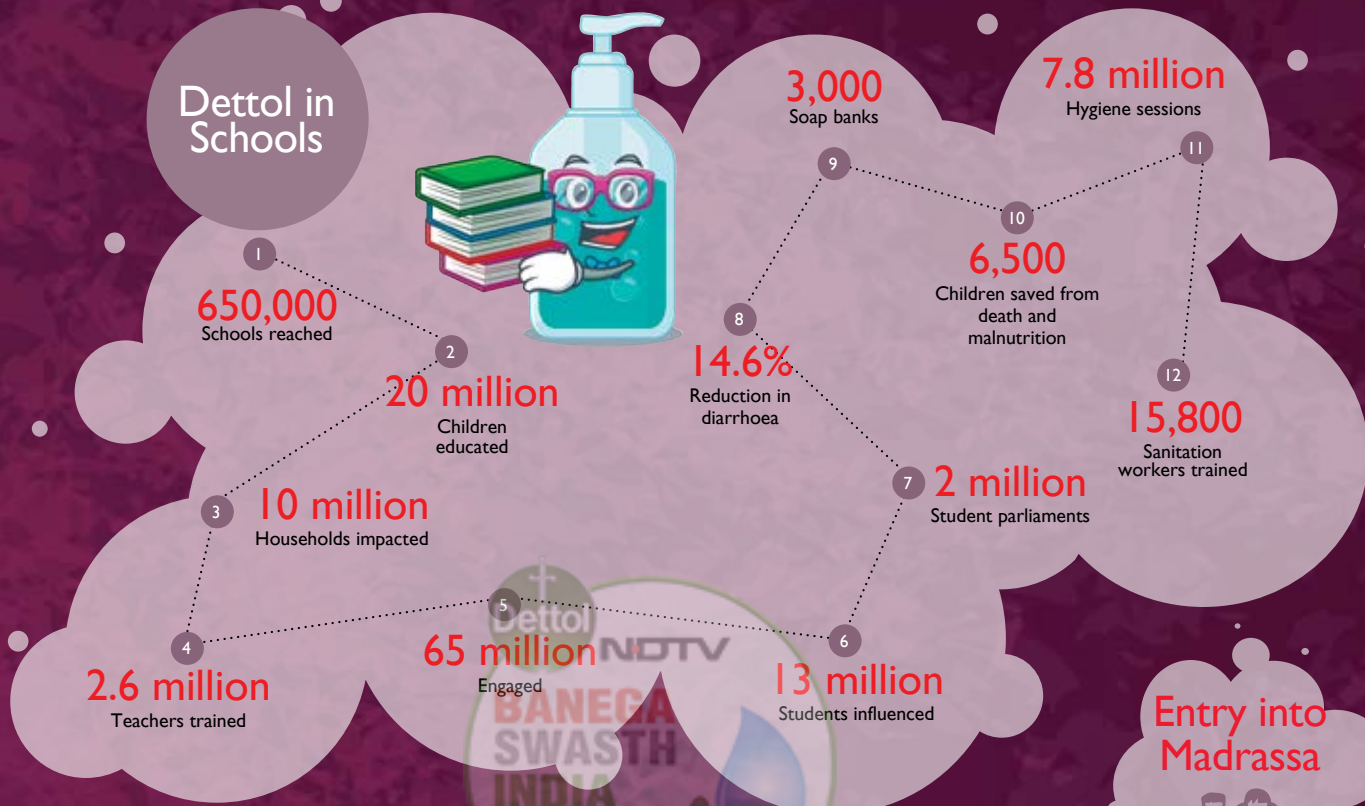
Growth in clean drinking water practice

54%

Improvement in handwashing practice

14.6%

Reduction in diarrhoea in schools



Unhygienic Costs in India

One child dies every two minutes due to preventable diseases (like diarrhoea and pneumonia)



Non-handwashing cost

\$23 billion

Respiratory infections preventable

\$6.18 billion

Diarrhoea prevention through handwashing

\$1.7 billion

Source: Creating the Hygiene Culture

Entry into Madrassa



2.4 million

Children reached



₹941 million

spent



Social Value created

₹48.6 billion



Budget to social value ratio

1:52





“(It is) commendable journey of Dettol Banega Swasth India to put the nation on a path of hygiene-based approach to overall wellness. (It is) a transformative approach that can make current generations future ready.”

— Dr Bulaki Das Kalla, Minister, Education (Primary & Secondary),
Sanskrit Education, Art, Literature, Culture & ASI, Government of Rajasthan



“The social and economic arguments around the impact of poor hygiene are such that we must constantly innovate to find solutions to this simple, yet complex issue. This book lays out a defining pathway to what can become a universal example by Dettol Banega Swasth India and its journey to put India on a ‘wellness’ course.”

— Dr Mahendra Mohan Gupta, CMD & Editorial Director, Jagran Prakashan Ltd and
Ex-Member of Parliament (Rajya Sabha)

“What is wellness, but an act of practising healthy habits on a daily basis to attain all round wellness; to thrive, and not just survive. (This book is) a great testament to Dettol Banega Swasth India’s pathbreaking approach and initiative.”

— Lakshmi Narayan Tripathi, Trans Rights Activist and Social Entrepreneur

“Dettol Banega Swasth India’s (DBSI) objective to educate the masses on the need to practise healthy habits to imbibe these as a sustained behaviour for it to become a way of living is further amplified through this book. The contents of this book will help the readers understand better the dynamics involved in this initiative of DBSI, which endeavours to make our country strong by creating healthier societies.”

— Shankar V Subramaniam, Business Head, Hindu Tamil Thisai, The Hindu Group



“Hygiene is the most important preventive against all diseases. Reckitt’s Dettol provides an immediate defence against viruses and germs of all kinds and keeps you safe!”

— Sanjoy K Roy, Managing Director,
Teamwork Arts, which organises Jaipur Literature Festival