



# ABOUT ABBOTT

Abbott has been active in India for more than 100 years, helping people live the best lives they can through good health. Today, we offer more than 500 healthcare products in the country, with a distribution network that includes more than 5,000 stockists and 500,000 pharmacies. Our medical devices, nutrition products, diagnostic solutions and pharmaceuticals meet the healthcare needs of people in both rural and urban areas through direct distribution to consumers and patients, as well as through hospitals, blood banks and laboratories.

## Focus Area

Water, sanitation and hygiene (for e.g. Provide access to high quality, safe drinking water, access to proper hygiene and sanitation, WASH, health and family planning services)

---

# TARGET STATE

## Mumbai

# OBJECTIVES

According to the 2011 census, nearly half of India people have no toilet at home. This situation has a significant negative impact on human health, and awareness of the need for improved sanitation has risen with initiatives such as Prime Minister Narendra Modi's Clean India campaign. Abbott was determined to help by developing a holistic solution. We examined the challenges surrounding this issue and took a multidimensional approach: investing in sanitation infrastructure, ecosystem building and changing mindset and habits. The aim was to achieve open-defecation free status for the targeted villages through construction of household toilets and cultural changes. Abbott made a Rs 3.4 crore (USD \$500,000) investment in sanitation in the Bharuch district of Gujarat, focusing on two villages Dadheda and Talodra where nearly 70 percent of the households were without toilets. Measuring the impact of the project was a critical component to ensuring its success. Key performance indicators (KPIs) included the number of individuals using toilets, incidence of sanitation-related illnesses and school attendance.



# COMPANY BRIEF

## **COMPANY HEADQUARTER**

Mumbai

## **GEOGRAPHICAL AREA(S)**

### **WHERE THE INITIATIVE IS**

### **OPERATIONAL**

Gujarat

## **MENTION THE NAMES OF THE SPECIFIC DISTRICTS/ VILLAGES/ AREAS IN THE CHOSEN STATE**

Talodara and Dadheda in Bharuch District of Gujarat

## **THE INITIATIVE TAKEN BELONGS TO WHICH OF THE FOLLOWING CATEGORIES?**

CSR

## **IF THE INITIATIVE BELONGS TO THE "OTHER" CATEGORY IN QUESTION 5, PLEASE SPECIFY.**

NA

## **IMPLEMENTATION**

Abbott approach focused on infrastructure development, education and building awareness to drive long-term change. The key steps that we worked through over the 18-month long active engagement involved: needs assessment, demand generation, toilet construction, behavioural change programs, community feedback/ownership, monitoring through a sophisticated IT platform, and a formal impact assessment towards the end of our program. We made a p3.4 crore (USD \$500,000) investment in sanitation in the Bharuch district. This investment was guided by a detailed research and analysis process. We consulted with local government authorities to identify the villages to target with the scheme, and then conducted a preliminary situational analysis of both villages.

We then completed a detailed needs assessment study to identify the requirements of the community and individual households regarding sanitation and waste management.

We helped to build and maintain toilets in homes, schools and villages

We supported community education efforts to raise awareness of the connections between sanitation and health, and teach appropriate use and maintenance of the new facilities

To increase the effectiveness of our investment, we worked with the Federation of Indian Chambers of Commerce and Industry's Social and Economic Development Federation (SEDF) to develop targeted awareness and behavioural change programs. We targeted our awareness program at important and influential groups such as students and women.

At the same time, we trained village residents to take over the running of the awareness program and support the use of the facilities once they were in place."

## **SPECIFY THE TARGET GROUP OF THE INITIATIVE.**

All residents of Dadheda and Talodra villages

## **WERE THERE ANY PARTNERS IN THE INITIATIVE?**

Yes

## **IF YES, WHO WERE THE IMPLEMENTATION PARTNERS IN THE INITIATIVE?**

NGO/Development organisations

## **SPECIFY THE NAME OF THE PARTNERS INVOLVED IN THE INITIATIVE.**

Sulabh International SEWA Mahila Housing Trust

## **WAS THERE ANY BASELINE STUDY?**

Yes

## **IF THERE WAS A BASELINE STUDY, WHAT WERE THE FINDINGS OF THE STUDY?**

We consulted with local government authorities to identify the villages to target with the scheme, and then conducted a preliminary situational analysis of both villages. We then completed a detailed needs assessment study to identify the requirements of the community and individual households regarding sanitation and waste management. The gaps found through this exercise were in the areas of access to toilets, water supply, cultural sensitivities, inconvenience for elderly, unsafe environment for women/children, among others.

## WHAT WERE THE FINDINGS OF THE END-LINE STUDY?

Impact assessment findings (through an independent agency):

1. Open Defecation Free status for Talodara and Dadheda- The villages are in the process of getting their ODF certifications (the first stage has been approved, they are in the last stage of getting the certification)
2. Infrastructure Building, Usage, and Maintenance:  
Toilets Constructed: 512 household toilets, 7 school and community toilets  
100% households in the villages have access to toilets (up from 30%, during baseline)  
100% respondents use the newly constructed toilets (up from 25%, during baseline)  
72% respondents cleaned and maintained their toilets regularly
3. Awareness and Capacity Building  
100% households participated in community awareness sessions  
Helped do away with cultural stigmas associated with toilets at homes
4. Improved Health and Convenience  
65% respondents reported improved health condition. Households having at least one diseased member fell from 40% to 7%  
45% respondents reported improved privacy level
5. Benefits for Women  
99% women reported increase in safety and privacy
6. Increased Productivity, Time-saving and, Attendance  
7% respondents reported increase in income due to time-saving  
0% students took leave because of health issues in the week preceding the survey

## ARE YOU LOOKING FORWARD TO PARTNERSHIPS OR COLLABORATION IN FUTURE?


Yes

## IF YES, WHAT TYPES OF COLLABORATIONS ARE BEING THOUGHT OF?

Basis the phenomenal success of our demonstration model, we have been enabling the expansion efforts along with our program partners.

## ACHIEVEMENTS

Impact assessment findings (through an independent agency):

1. Open Defecation Free  status for Talodara and Dadheda- The villages are in the process of getting their ODF certifications (the first stage has been approved, they are in the last stage of getting the certification)
2. Infrastructure Building, Usage, and Maintenance:  
Toilets Constructed: 512 household toilets, 7 school and community toilets  
100% households in the villages have access to toilets (up from 30%, during baseline)  
100% respondents use the newly constructed toilets (up from 25%, during baseline)  
72% respondents cleaned and maintained their toilets regularly
3. Awareness and Capacity Building  
100% households participated in community awareness sessions  
Helped do away with cultural stigmas associated with toilets at homes
4. Improved Health and Convenience  
65% respondents reported improved health condition. Households having at least one diseased member fell from 40% to 7%  
45% respondents reported improved privacy level
5. Benefits for Women  
99% women reported increase in safety and privacy
6. Increased Productivity, Time-saving and, Attendance  
7% respondents reported increase in income due to time-saving  
0% students took leave because of health issues in the week preceding the survey

## **DO YOU HAVE ANY PLANS TO SCALE UP THE CURRENT INITIATIVE? IF YES, PLEASE MENTION DETAILS OF WHERE, WHEN AND HOW.**

We are working at building a broader acceptance for community driven model that focuses on capacity building for total sanitation.

## **MENTION ABOUT THE SUCCESSFUL CASE STORIES THAT HAVE EMERGED FROM THE IMPLEMENTATION.**

Increased Safety & Convenience for women

Everyone knows where you are going and I used to find it extremely shameful. I could not drink water the entire day for fear of having to go out in the fields to urinate. Improved productivity

We had to go to a spot 2-3 kms away every day just for this. We are old now. Now that we have a toilet, we are saving at least 3 hours daily.

Influencing progressive thinking

Because of Abbott, I got a toilet and I was motivated to fulfill my other need (for a pucca bathroom). I used my savings and bought some building material to construct the bathroom

## **CHALLENGES**

As a commitment to enabling India's resolve in the areas of sanitation, hygiene and education, Abbott India worked towards the goal not just by building toilets, but by changing mindsets and habits. Changing habits has been the most challenging part of the project as it involved complete change in mindset and enabling people to understand the importance of toilets. However, with consistent efforts of implementation team, we were successfully changed the picture of the village and made it open defecation free village.

## **MAJOR FINDINGS/ FINAL ANALYSIS**

The findings demonstrate the positive impact of the program: One hundred percent of households participated in community awareness sessions, and 100 percent of respondents said they use the newly constructed toilets. In addition, 99 percent of women reported an increase in safety and privacy. The increased number of toilets also resulted in improvements in other aspects of healthy living. Overall, 65 percent of people reported an improved health condition. Households having at least one diseased member fell from 40 percent to 7 percent. Productivity and time saved also increased: 7 percent of respondents reported increased income due to saving time, and in the week prior to taking the assessment survey, zero students took a leave of absence from school due to health issues. Talodara and Dadheda announced as open defecation free

## **NOTE FROM THE CEO/MD/ PROGRAM IN-CHARGE:**

QUOTES Amal Kelshikar, Managing Director & General Manager, Abbott Nutrition Abbott commitment to this project was built around capacity building through community-based organizations, demand generation, addressing cultural sensitivities surrounding the idea of using toilets, and several benefits linked to overall health, safety, privacy and convenience. These areas were vital in bringing about a meaningful change that could not only be replicated across other geographies but could also develop a self-sustaining model in the process. Through an 18-month long intervention around several sensitivities associated with behaviors and habits, we have succeeded in making both Talodara and Dadheda 100% Open Defecation Free. The most encouraging aspect of the impact we have seen is the way communities have embraced the change and are experiencing the benefits that it has brought along especially in the areas of safety, privacy, convenience and overall health. These are factors that women, young girls and elderly value immensely and that brings Abbott the greatest satisfaction.