



# PROJECT HOPE

Phase 2



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## Foreword

We are pleased to release this report, capturing the conception and evolution of Project Hope, under the ambit of the Dettol Banega Swachh India (DBSI) programme, including the remarkable successes over the first and second year of implementation. As a strand of DBSI, Project Hope contributes to our overall strategic goal of transforming the sanitation and hygiene ecosystem in India, with a distinctive emphasis upon building a circular sanitation economy in the country.

We are striving towards a holistic and sustainable sanitation and hygiene ecosystem in India through DBSI, a comprehensive and cohesive multi-strand programme that is pivoted on instilling changes in behaviours, attitudes and habits towards sanitation and cleanliness as well as improving public health outcomes. Prime Minister Narendra Modi's flagship Swachh Bharat Mission and RB's core ethos of "Purpose led Business" have provided the motivating and guiding principles for this massive endeavor.

By targeting the most marginalised communities of Indian society and providing them with innovative health and behavioural tools, DBSI has not only saved, but also improved the lives of millions of people in the country, especially women and children, by enabling the empowerment of the former and the establishment of the latter, as responsible and productive citizens, who can effectively contribute towards the development of a New, Clean and Healthier India.

Turning our vision into reality, evident through DBSI's reach and influence, specifically in improving the lives of communities, has been exceptionally rewarding. RB's efforts have been ably fueled by Jagran's socio-economic commitment towards delivering integrated, sustainable and inclusive development in the Indian heartlands, by facilitating progress across 7 key sectors – education, health, water and environment, conservation, women empowerment, poverty alleviation and human resource management. Project Hope amalgamates these elements.

The flourishing RB-Jagran partnership is testament to a successful collaboration geared towards achieving overall good health and productivity in India, today and in the future. Our joint efforts have garnered immense national and international acclaim, with numerous awards, including from the President of India, and recognition among the Top 12 interventions at the 2nd Innovative Practices Awards for Sustainable Development Goals (SDGs) at the GCNI 13th National Convention, to name a few.

Project Hope owes its success to the proactive support of the state governments and local administrations, in addition to the commitment and hard work of the core teams at RB and Jagran and implementation / technical partners, Intellectap and GIZ.

**Gaurav Jain**  
Senior VP – AMESA  
RB

**Sameer Gupta**  
Executive President  
Jagran Peהל





## Editor's Note

Each one of the Dettol Banega Swachh India (DBSI) interventions are special as all of them have been instrumental in enhancing lives of millions of Indians through wide ranging interventions aimed at improving hygiene, sanitation and most importantly individual and public health. Yet the Dettol Schools Initiative due to its focus on the future; and this report's "Asha" (Project Hope) stand out.

The project empowers women to become economically independent and become entrepreneurs; in the process allow us to exemplify the very ethos of RB's purpose led business in practice – all the while improving health, hygiene, sanitation and supporting economic growth in some of the most marginalized communities in our country. That's why it is special and its success in the past couple of years has been a true source of inspiration to many, me included.

This report narrates the story of the journey of rural women from housewives to entrepreneurs and change leaders of behavior in homes and communities that create markets for their products – stories of inspiring leadership and commitment. Most importantly the willingness to be the change. And they have driven Project Hope to new heights in the second year.

Women play a critical role in the effective implementation of water, sanitation and hygiene (WASH) interventions globally. Unfortunately, this has not been suitably and fully leveraged in the Indian context. Thus, the raison d'être of Project Hope has been to empower women as change leaders and entrepreneurs, with the requisite knowledge and abilities to transform their local communities and significantly contribute to their local economies.

The first year marked the pilot project's success in fostering awareness about best hand-washing practices and creating market demand for affordable Asha soaps. The second year focused on reiteration and scaling-up across the target regions. Across both years, Project Hope surpassed expectations.

We extend our heartfelt gratitude to all our partners, the local government, state administrations, development organisations, but especially the core teams at RB and Jagran Peהל, for tirelessly working towards translating into reality, our corporate ethos as well as deeply cherished vision of helping people achieve better health, while making sustainable social and environmental impact. But most importantly, my grateful thanks are for those women in those rural communities who took up the gauntlet and became the change.

Sincerely,

**Ravi Bhatnagar**

*Director, External Relations & Partnerships – AMESA*

*RB*







## Executive Summary

## PROJECT HOPE

Project Hope, under the Dettol Banega Swachh India (DBSI) programme aims to alleviate the widespread scourge of preventable waterborne diseases, like diarrhea in India, which has devastating societal impacts i.e. poor health outcomes, massive socio-economic costs and failure to achieve many sustainable development goals (SDGs). These are disproportionately borne by the most marginalised sections of society.

Causes include lack of adequate sanitation/waste management infrastructure and hygiene standards. But, massive contributors remain the flawed mindsets and inter-generational cultural norms vis-à-vis sanitation and hygiene habits, exacerbated by lack of education and exposure to best practices. Washing hands properly with soap is particularly crucial for preventing diarrhea among children. The adoption of good sanitation and hygiene practices by women can lead to collective change in habits and behaviours.

Thus, Project Hope leverages the potential of women in influencing and shaping the sanitation and hygiene standards of their families and communities, thereby creating a strategic supply chain model and market demand for a sanitation economy, while uplifting their own socio-economic status. It encapsulates the dual aim of “bottom line success with public good”, by empowering women and their communities, with the best practices and knowledge of hygiene and sanitation as well as creating economic opportunities via employment or entrepreneurship.

Project Hope is a pioneering market-based, sustainable and scalable model that amalgamates DBSI’s principles of transforming behaviour and tackling public health challenges. It complements RB’s corporate goals of fostering partnerships to innovatively drive consumer health and penetrate rural Indian markets with affordable hygiene and sanitation products. It is built on a well-structured and integrated framework or Theory of Change, with focus on multiple pillars of change and applicability across multiple settings.

UNICEF has outlined a 7-point plan to reduce infant mortality caused by diarrhea, which emphasises upon changing behaviours through community involvement, education and health-promotion activities. Within this context, Project Hope was conceptualised to facilitate behaviour change and product access. This entailed leveraging the potential influence of women within their families and larger communities, vis-à-vis the improvement of health, sanitation and hygiene standards, while uplifting their own socio-economic status and opportunities for livelihood generation in society.

## Outcomes and Impact

60 female village entrepreneurs in 2017 and 200 village entrepreneurs in 2018 were successful in making an impact towards the improvement of hand-washing practices, awareness about sanitation and hygiene and creating demand for the Asha soaps.

### BCC-driven uptake of Asha soaps in Year 1 (2017) and Year 2 (2018)

In 2017, the total uptake of Asha soaps was equal to **47,000**

In 2018, the total uptake of Asha soaps was equal to **1,55,025**

Thus, the rate of growth in uptake of Asha soaps from 2017 to 2018 was a massive

**229%**



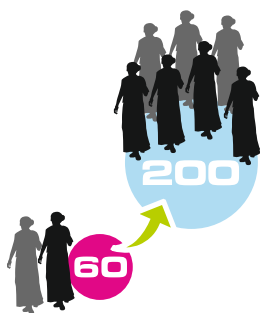
## No. of Households

**Aim of the Project:**  
Reach 72,000 households

**Actually achieved**  
**1,96,785 households**

**Total Number of People Reached**  
**1,96,785 X 4\* = 7,87,140 (approx.)**

\*average number of people per household 4-5 and this report is taking a conservative approach



Project Hope is currently providing livelihood to **200 Village female Entrepreneurs (VFE)**

**The numbers rose from 60 to 200 in a record time of 8 months**

There has been an **increase** in the monthly household income due to BCC-driven product uptake from INR 500 (5 GBP) to **INR 1,500 (15 GBP)**.



**Over the course of Project HOPE's implementation, several challenges were identified and tackled:**

- Spreading awareness about the utility of Asha soaps and informing people about the goal of investing the profits generated back into the community
- Building local sales channels for 24X7 availability
- Greater literacy and deployment of women health educators in utilising BCC tools and promoting Asha soaps
- Strengthening the reporting systems, given the low internet connectivity
- Determining village and district-specific sales targets based on market size and potential
- Improving the BCC material for generation of long-term interest and message recall

**As a way forward, RB and its partners aim to further strengthen the implementation of Project Hope by resolving the hurdles that have been identified and translating into reality the vision of DBSI and the objectives of Project Hope.**





## The Context

The lack of adequate public health, sanitation and hygiene standards and practices in India is reflected in the widespread scourge of preventable waterborne diseases, like diarrhea, in the country. The devastating impacts of these diseases are evident in the form of both, poor health outcomes as well as massive socio-economic costs, borne by society.

Globally, diarrhea is the fourth biggest contributor to deaths amongst children under the age of five. In India, diarrhea is the third leading cause of childhood mortality and is responsible for 13% of all the deaths annually, amongst children under five years of age. In addition to the fact that diarrhea results in more than a million children losing their lives annually and stunting amongst 50% of the children across all strata of society, the annual economic loss of \$120 billion to the country's GDP is another malignant impact of what is otherwise an easily preventable disease.

These poor outcomes can be attributed to factors like the lack of adequate sanitation and waste management infrastructure, but a massive part of the problem remains the flawed mindsets and cultural norms vis-à-vis sanitation and hygiene habits, which have been passed down through generations and exacerbated by lack of education and exposure to best practices. The adoption of preventive measures like using safe water, promoting exclusive breast-feeding, washing hands properly, adequately disposing excreta/other waste and ensuring food safety is critical for the prevention of diarrhea and other diseases. Hand-washing using soap is a particularly crucial measure to ensure the prevention of diarrhea among children.

Improvement of the sanitation and hygiene conditions in India, alongside the eradication of the prevalence of waterborne diseases like diarrhea is critical for the achievement of the 2030 Agenda for Sustainable Development and specifically, multiple SDGs, like access to adequate and equitable sanitation and hygiene for all (Goal 6), ensuring public health and well-being (Goal 3), cognitive development of children (Goal 8), quality education (Goal 4) by preventing drop-outs and illnesses etc.

The traditional roles and responsibilities as well as household structures render a special position of influence for women, especially in relation to the improvement of the health of their children and other family members. They usually do not hold decision-making powers in the family, but their actions and activities shape the overall health of the family. Thus, the adoption of effective preventive measures by the women, can have a spillover effect in terms of changing the behaviours of the rest of the family as well as community members.

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## The Partners



**RB** is the project sponsor and provided financial assistance for Project HOPE. In order to complement the efforts of Save The Children, across the selected districts and villages, RB hired an implementation agency to pilot Project Hope, thereby enabling the promotion and consumption of relevant sanitation products.

**Jagran Pehel** is the overall coordination agency for Project HOPE, working closely with the RB team. Pehel supported the pilot implementation of the project, communication and training, design and printing of collaterals (for the BCC campaign), sales monitoring and analysis as well as corrective action.



**Intellicap** is responsible for the overall management of the project, including steering and cost control. It extended support in the development of project management guidelines and standard operating procedures. It was also responsible for the compilation of monthly and quarterly reports for Jagran Pehel to show the consumption patterns for various SKUs, based on collated data and field visits.

In addition to this, Intellicap recommended the required course corrections on an on-going basis, provided the documentation for program learning and knowledge management as well as analysed the pilot success for recommending future scaling-up.

**GIZ** is the technical partner for Project Hope. It supports Project Hope in relation to the entrepreneurship module (workbook) and behaviour change communication. It enabled the development of the application module (mobile and website) and BCC tools. It also trained the key stakeholders i.e. field executives, Asha Ammas and project leads.



The delivery structure and operating framework for the implementation of Project Hope, comprises two teams:

### 1. Project Steering Committee      2. Delivery team





These were conceptualised keeping in mind the guidelines and expectations of Project Hope, to ensure timely progress and impact reporting.





## Awards and Recognition



-  Awarded by the Hon'ble President of India for **Swachh Maharashtra - Urban**
-  Awarded Flame Awards Asia Global as **Best CSR Campaign of the Year**
-  Awarded **Swachh Bharat Impact Initiative** by Paras Healthcare
-  **India CSR Health Impact – Award** for Swachh Bharat



Special Recognition Award for  
Dettol Banega Swachh Bharat at  
5th IHWS Summit Awards

Awarded to **Mr. Pankaj Duhan**,  
*CMO, RB South Asia Health*  
for Dettol Swachh Bharat campaign at  
5th IHW Summit and Awards



Felicitations for Women Empowerment at  
Outlook India's OutlookSpeakOut



#OutlookSpeakOut  
Ms. Sushmita Sen felicitated  
**Mr. Ravi Bhatnagar**  
*Director, External Affairs and  
Partnerships AMESA, RB*



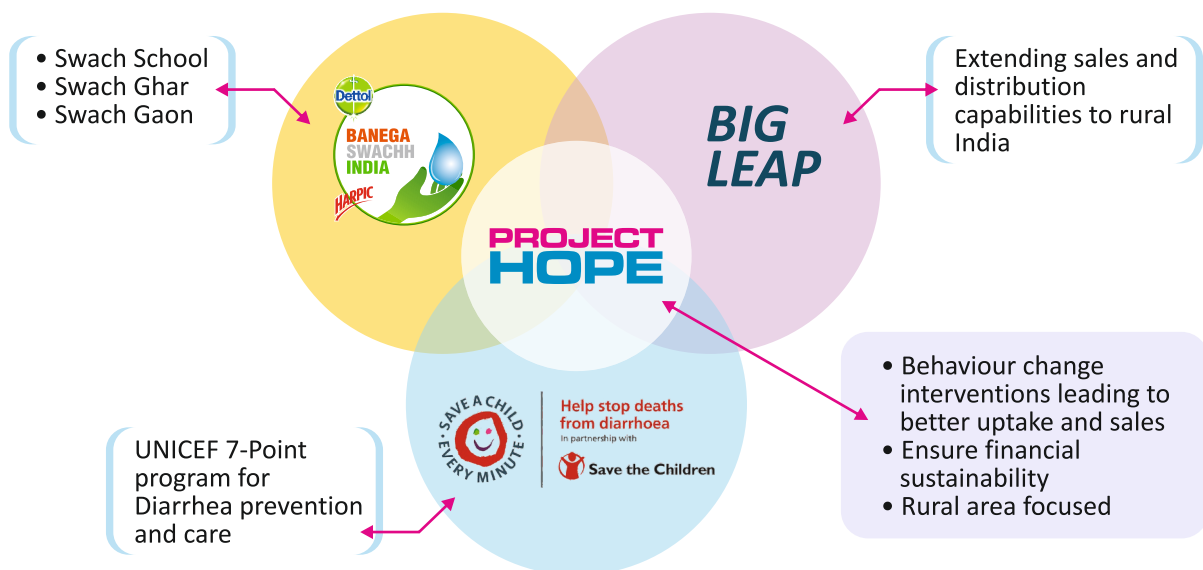
## About the Project

Project Hope is RB's pioneering market-based, sustainable and scalable model that aims to prevent the scourge of diarrhea. It is an amalgamation of the principles underlying DBSI i.e. the transformation of behaviour while tackling public health challenges. This model also complements RB's corporate goals of fostering partnerships that drive consumer health through innovation and penetrating rural markets in India, with affordable hygiene and sanitation products, especially those related to hand-washing and cleaning toilets.

Thus, Project Hope exemplifies RB's ongoing partnership with Save The Children's (STC) campaign of reduction and eradication of the devastating impacts of diarrhea on children by 2020. It encapsulates the dual aim of "bottom line success with public good", by empowering the communities, especially women, with the best practices and knowledge of hygiene and sanitation as well as creating economic opportunities via employment or entrepreneurship, to cater to the resulting needs and demands of the people.

**Image 1:**

**Project Hope at the intersection of 3 programs at RB**



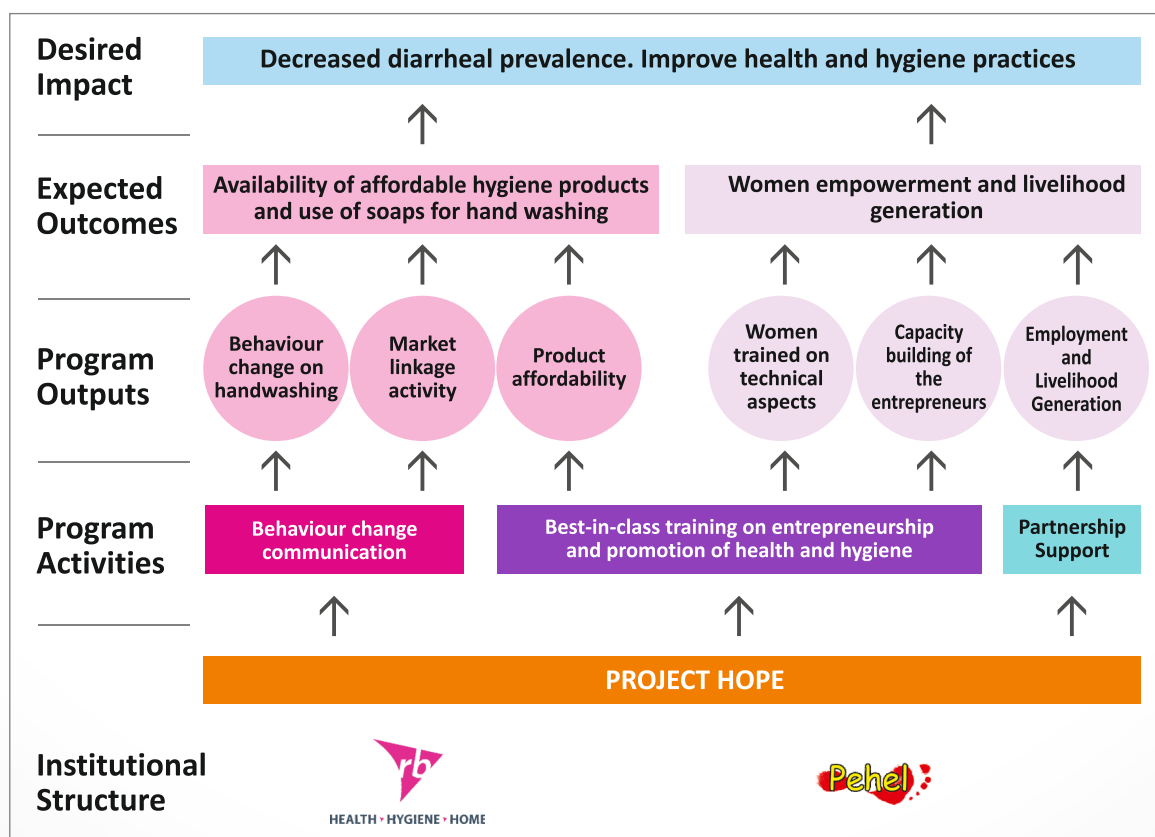




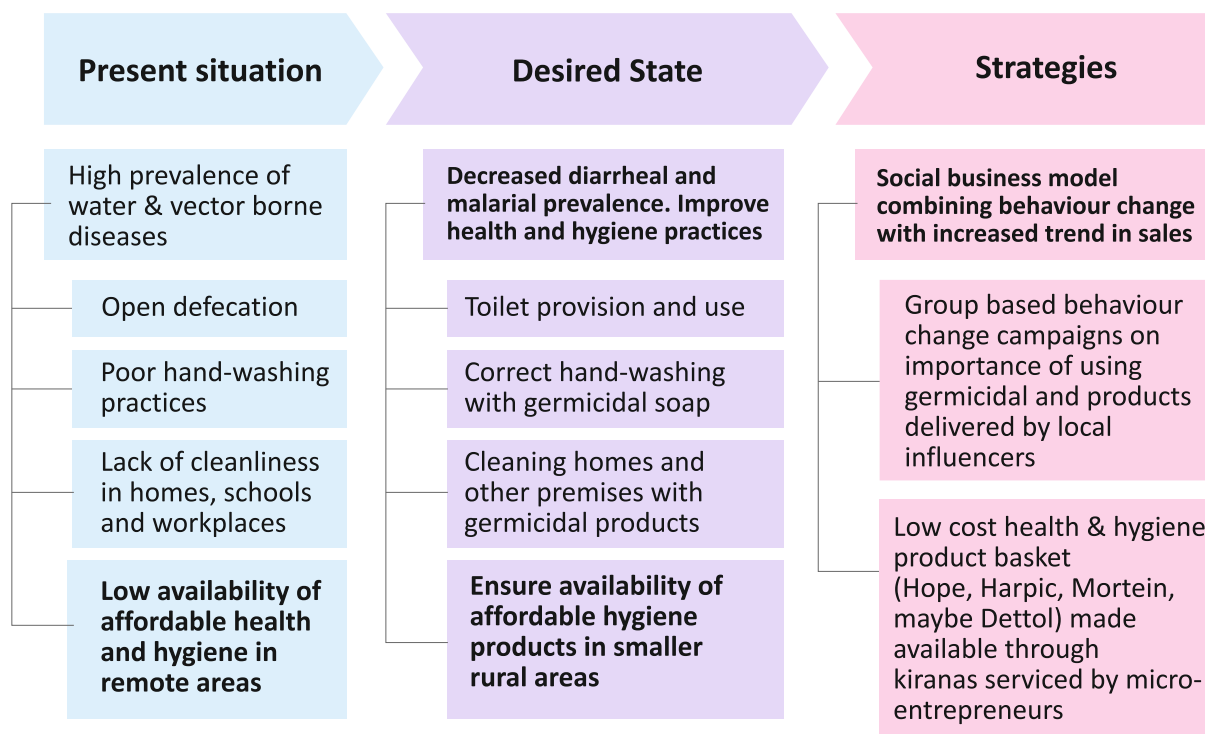
## Conceptual construct of Project HOPE

Project Hope is built on a well-structured framework or Theory of Change. This paradigm was adopted to create an integrated approach that moves beyond exclusively focusing on only certain dimensions of change, for example, social and behavioural changes. This conceptual framework integrates key constructs from different dimensions into a model of change, which can be effectively applied across multiple settings (populations, behaviours).

The diagram below lays out the framework of this Theory of Change that underlines Project HOPE.



The chart provided below effectively reflects the Intellectual approach underlying Project HOPE.





## Objectives of Project HOPE

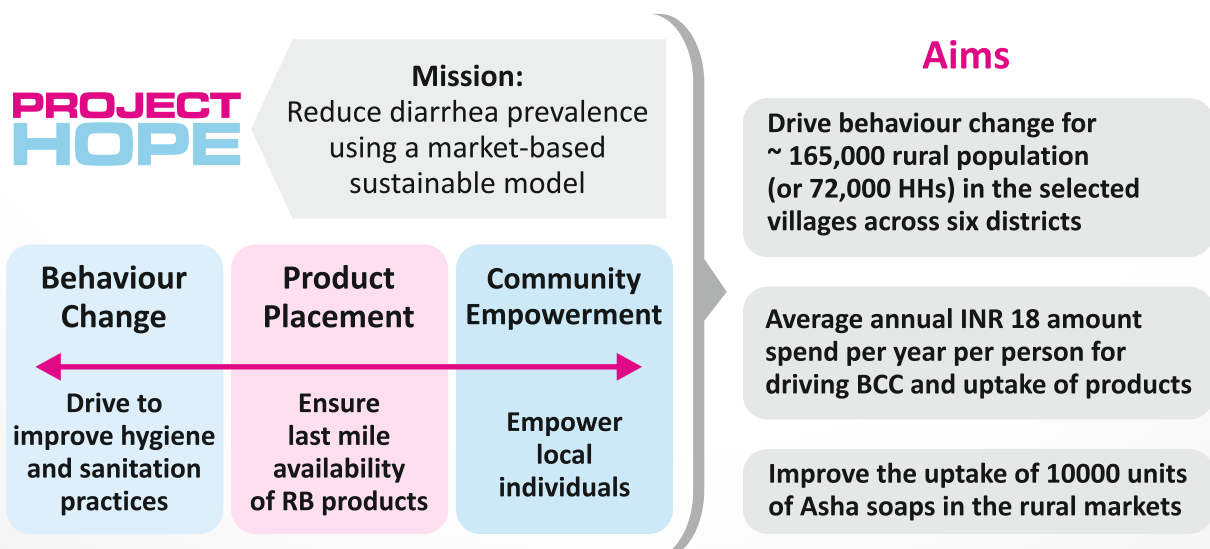
The two main objectives of Project Hope include:

- Drive **Behavior Change Campaigns (BCC)** for product adoption to reduce mortality and morbidity as well as impact co-morbidity, arising out of poor sanitation and hygiene
- **Encourage the uptake of products such as Asha soap**, specifically developed by RB under the pilot

These objectives of Project HOPE hinge upon a three-pronged vision:

- Drive behaviour change campaigns for product adoption
  - Create low-cost health and hygiene products for the BoP (2 products created thus far) and build a sustainable last-mile distribution and sales model especially for rural areas
- **Community Empowerment:** Empower the local community through knowledge and also by creating economic activities including entrepreneurial and employment opportunities (such as village level health educators and Asha Ammas)

A snapshot of the aims and objectives of Project HOPE is provided below:











## Behaviour Change Communication

One of the pre-determined key performance indicators of Project Hope was changing individual and collective behaviour across the targeted households and villages.

**In order to achieve this, the strategy of the Behaviour Change Communication (BCC) campaign was built upon the following six themes :**

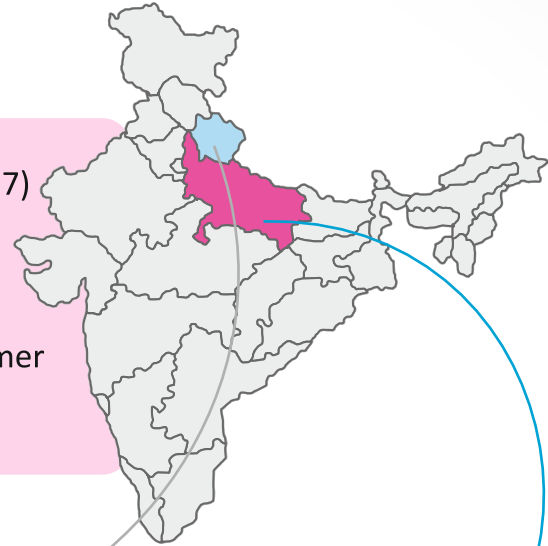
1. Health benefits through hand washing and improved sanitation 
2. General Hygiene 
3. Hand washing with soap 
4. When to wash Hands? 
5. Good sanitation practices 
6. Toilet Cleaning (not implemented in the pilot project) 

The sixth theme was not implemented in the pilot project because the Asha Powder to be used for cleaning toilets was not available for sale.

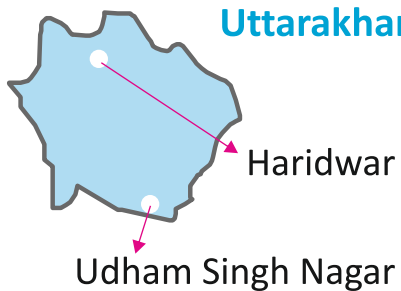


## Project Deployment

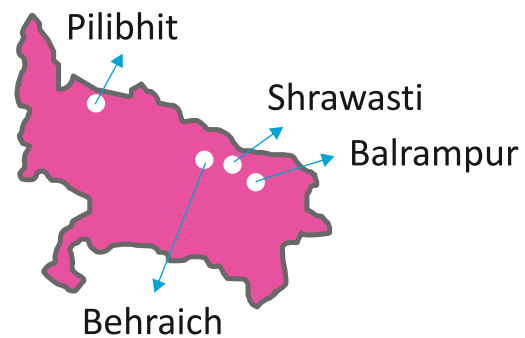
The pilot project in the first year (2017) and the scaling up in the second year (2018) took place across two states i.e. Uttar Pradesh and Uttarakhand, specifically in four districts in the former and two districts in the latter.



### Districts in Uttarakhand



### Districts in Uttar Pradesh



**125 villages from 6 districts selected**



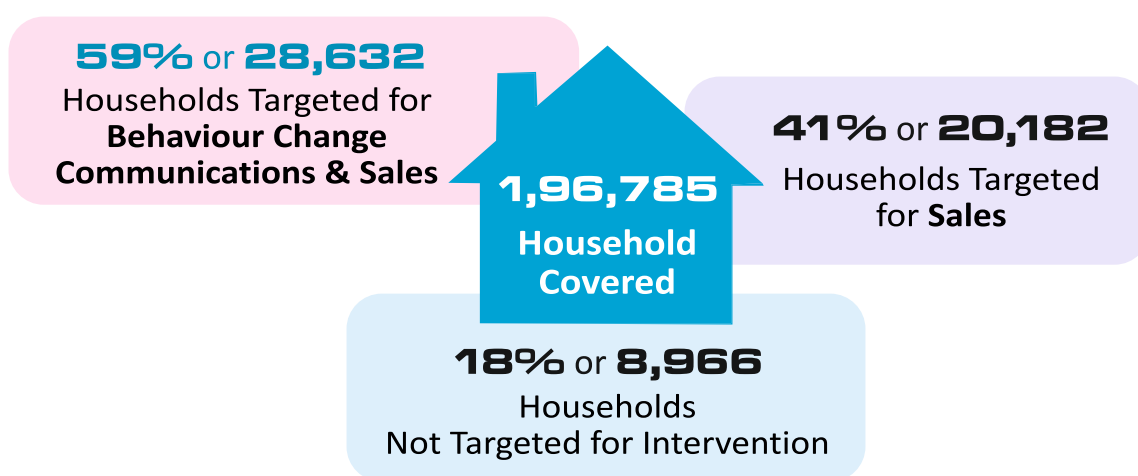
**Out of these 125 villages across 6 districts, 110 were targeted for intervention**



## Breakdown of Targeted Activities on Villages

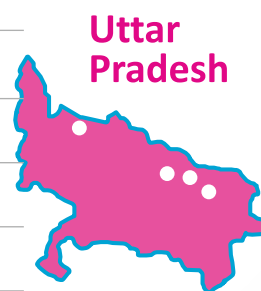


Based on the data available to the project team the villages were further broken into target households:



The villages were targeted in the following manner :

Districts	Block	BCC + Sales	Sales	Don't touch	Total
Shrawasti	Gilaula	3759	853	2024	4612
Bahraich	Payagpur	7736	4725	4219	12461
Balrampur	Tulsipur	5474	7448	1886	12992
Pilibhit	Amariya	8618	6011	—	14629



**Uttar Pradesh**

Haridwar	Laksar	1568	216	837	1784
Udham Singh Nagar	Sitarganj	1477	929	—	2406
<b>TOTAL</b>		<b>28632</b>	<b>20182</b>	<b>8966</b>	<b>48814</b>



**Uttarakhand**

## “Asha Amma” Woman Health Worker

### The Change Leaders



The Asha Ammas are the locally identified women champions. Their sole focus is to drive behaviour change in the local village communities, towards good sanitation and hygiene practices, by using the Asha soaps. They are not directly responsible for the door-to-door sales of the product.

Though there are no direct economic opportunities for the Asha Ammas involved in Project Hope, they still become empowered as change leaders to help other women adopt the best practices of hand-washing in their respective households.





**Project Hope is enabling the transformation of the lives of these women, as Asha Ammas, in the following manner :**

## Before the intervention

- Local village members with less knowledge in good health and hygiene practices
- Inability to influence households on general hygiene and hand washing
- Usually dependent on male members for income and recognition in the society
- Low skill base in community change interventions

## After the intervention

- Local community members with thought leadership in health and hygiene
- Influencers among new mothers and young children for hand-washing with soap
- Additional source of income for the household; recognition in society through events and facilitating
- Trained in community behaviour change interventions with possibility to be utilised in other programmes



**The efforts of these Asha Amma are recognized through**

- **Souvenir / Appreciation Certificate to each Asha Amma**
- **Facilitation of top 3 Asha Ammas in a village every quarter (through gifts)**
- **Social enhancement and feeling of being associated with a good cause**

The project benefitted from the participation of **64 Asha Ammas** who undoubtedly made an impact on improving hygiene and handwashing practices but also by creating demand for the Asha soap.

**The Asha Ammas, alongside the project team, underwent a detailed training regimen, to ensure that they were equipped with all the tools and tactics necessary for succeeding in the field. The training by GIZ, of the field executives and project leads took one day and that of the Asha Ammas took 10 days.**

## Technical Partner Support

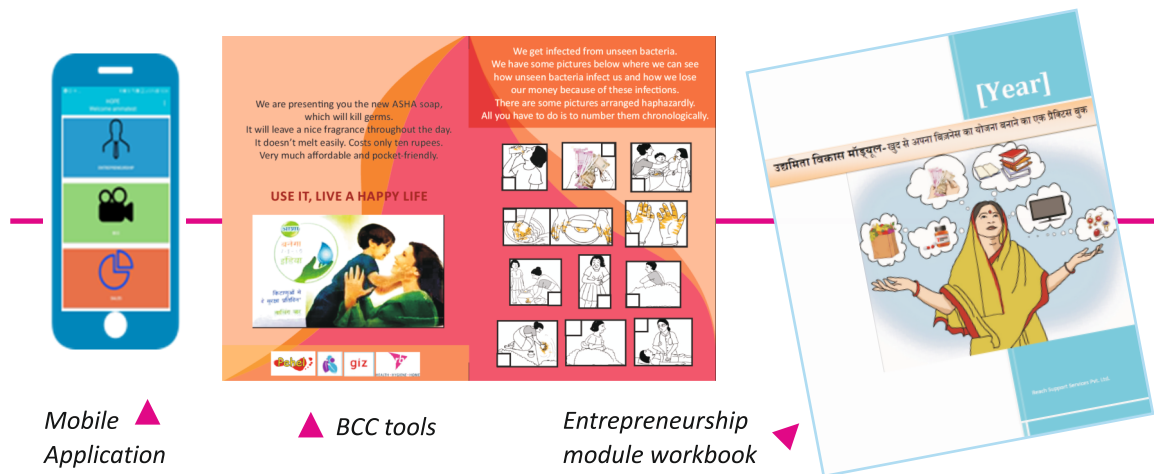


GIZ supports Project hope financially and technically through:

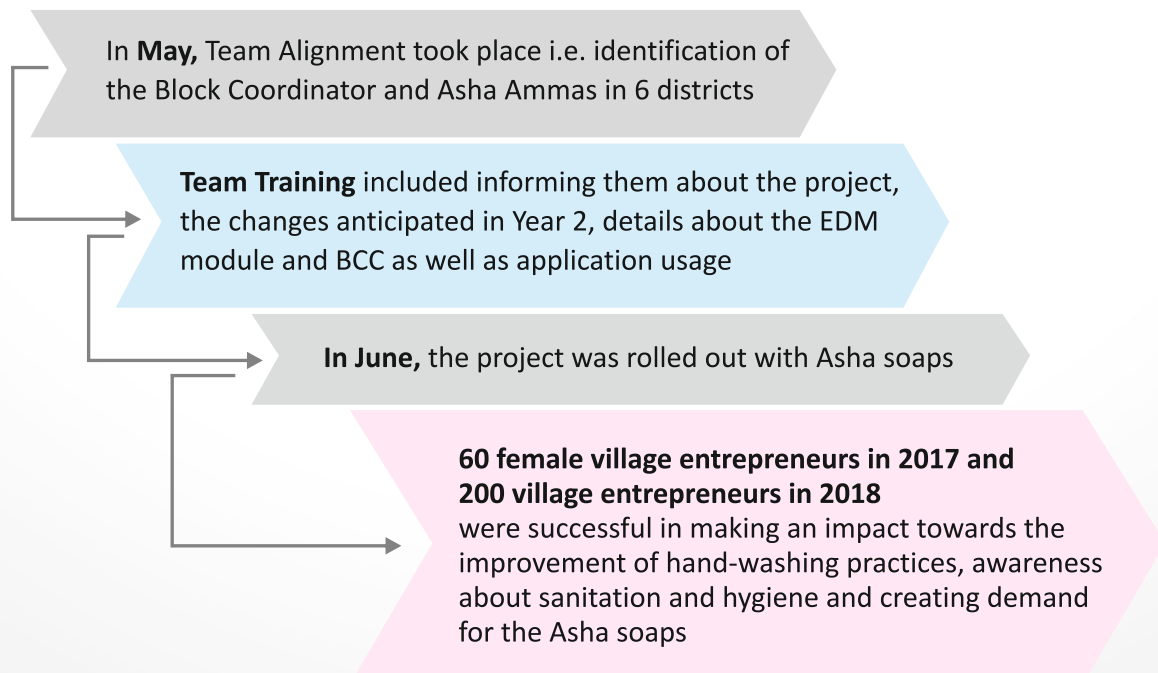
- **Entrepreneurship module**
- **Behavior Change Communication**

These entail the following:

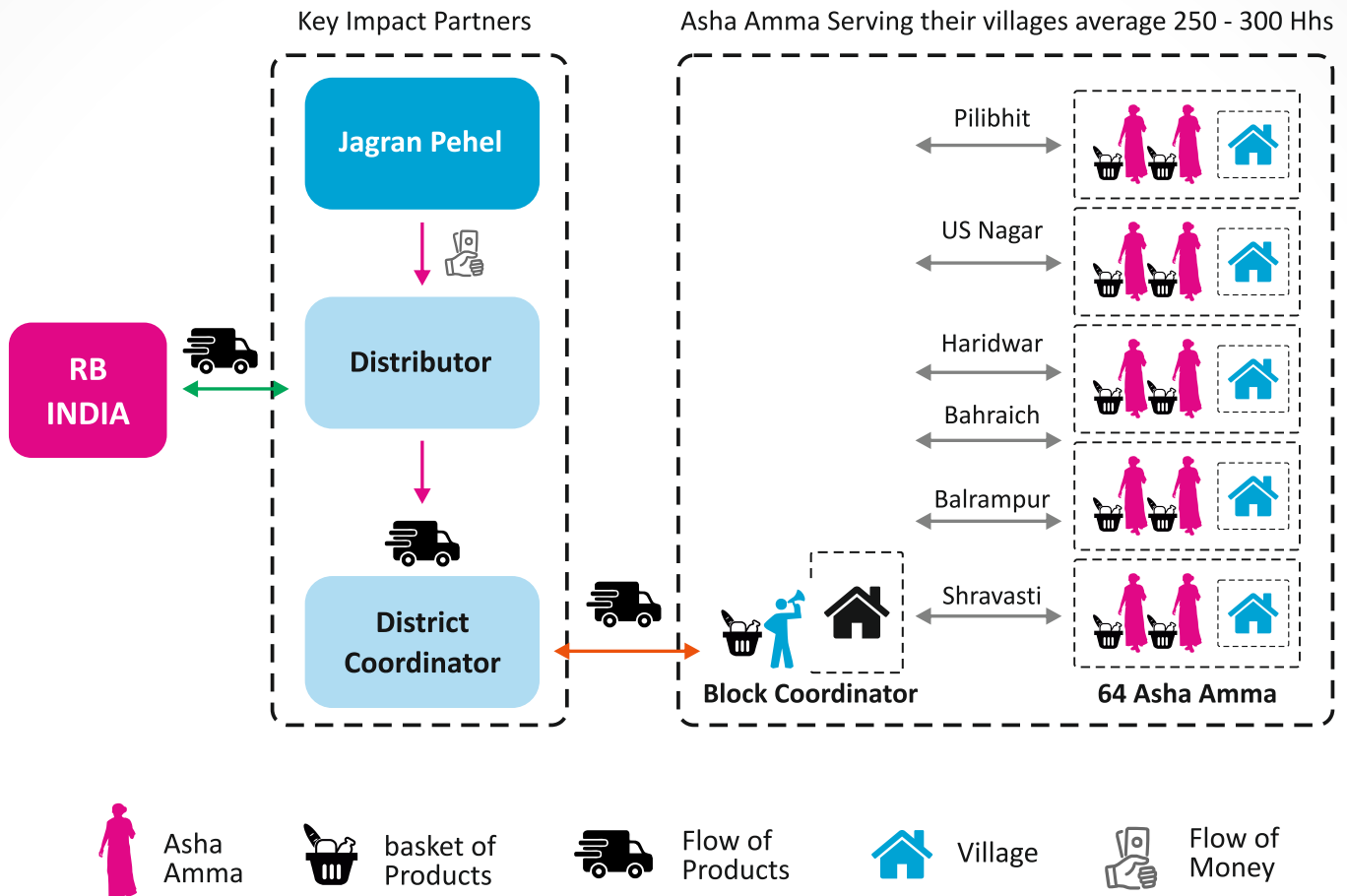
Development of Tools of Application (Mobile, Website and BCC tools)



## Timeline for Phase 2



## Supply Chain Model : Project HOPE



**STEP 1** Project lead transfers the amount to local vendor to procure the product

**STEP 2** District coordinator procures the product from the local vendor to then distribute to the Block Coordinator

**STEP 3** The Asha Ammas then collect the product from the Block Coordinator



## Outcomes and Impact

As in the first year, the outreach campaign under Project Hope exceeded expectations and out-performed in terms of the achievement of its objectives. The figures below provide snapshots and comparisons of the performance of the project across both years of implementation.

### Phase I: Scale-up target - 60,000 HHs in Yr 1 (2017)

Number of outreach households (Actual)	Number of outreach households (Target)	Results
<b>70,298</b> Households were covered as a part of outreach	<b>60,000</b> Households had to be targeted for BCC	<ul style="list-style-type: none"> <li>• 10,298 more households were covered than the target</li> <li>• Highest 10,000 households were contacted in Pilibhit</li> </ul>
<b>64</b> villages were covered as a part of outreach on BCC	<b>64</b> villages to be covered as part of outreach	<ul style="list-style-type: none"> <li>• Most of the target villages covered 3 to 4 times</li> </ul>

### Phase II: Scale up – road to 72,000 HHs in Yr 2 (2018)

Number of outreach households (Actual)	Number of outreach households (Target)	Results
Households were covered as a part of outreach till date <b>1,96,785</b>	<b>72,000</b> Households had to be targeted for BCC	<ul style="list-style-type: none"> <li>• Target achieved successfully</li> </ul>
	<b>110</b> villages to be covered	<ul style="list-style-type: none"> <li>• Most of the target villages covered 3 to 4 times</li> </ul>

#### No. of Households

Aim of the Project:  
Reach 72,000 households

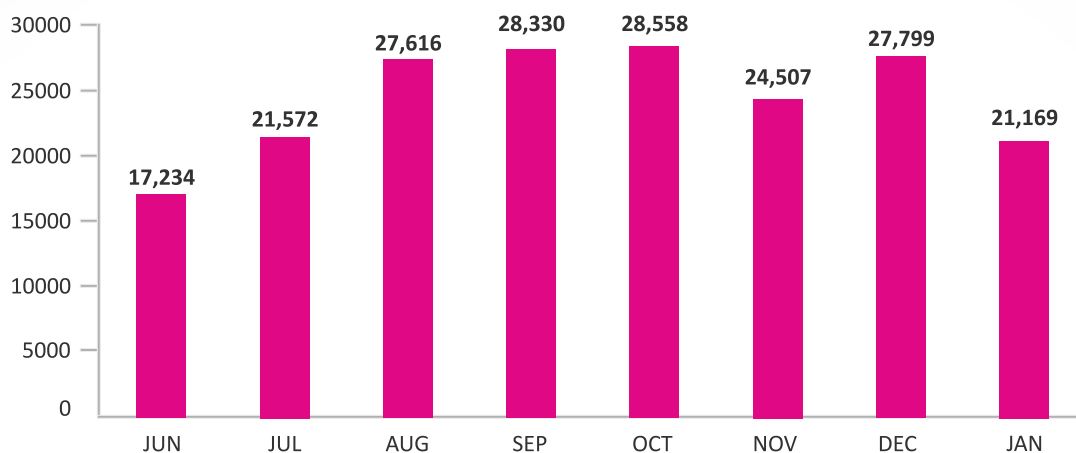
Actually achieved  
**1,96,785**  
households

Total Number of People Reached  
**1,96,785 X 4\* = 7,87,140 (approx.)**

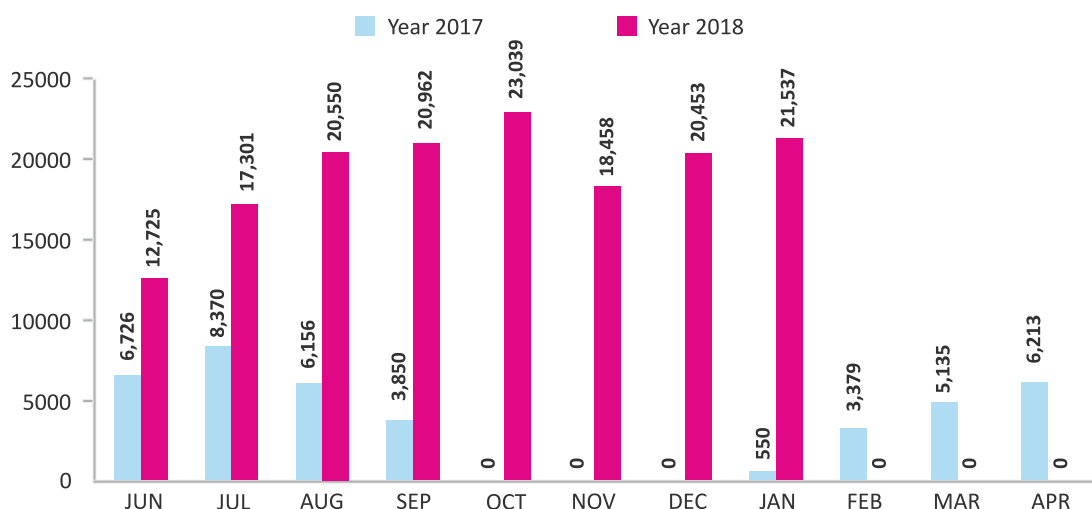
\*average number of people per household 4-5 and this report is taking a conservative approach



## Monthly Market Penetration in Year 2 (2018) Household Outreach



## Comparison of Monthly Market Penetration across Year 1 (2017) and Year 2 (2018)



\*In 2017, the project was closed October onwards

\*In 2018, the project was closed February onwards

## BCC-driven uptake of Asha soaps in Year 1 (2017) and Year 2 (2018)

In 2017, the total uptake of Asha soaps was equal to 47,000

In 2018, the total uptake of Asha soaps was equal to 1,55,025

Thus, the rate of growth in uptake of Asha soaps  
from 2017 to 2018 was a massive

**229%**

## Behaviour Change Communication in Year 2 (2018)

**200+ BCC** sessions were organised by the identified women health educators.

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
34	27	33	38	41	31	29	44

### Snapshots

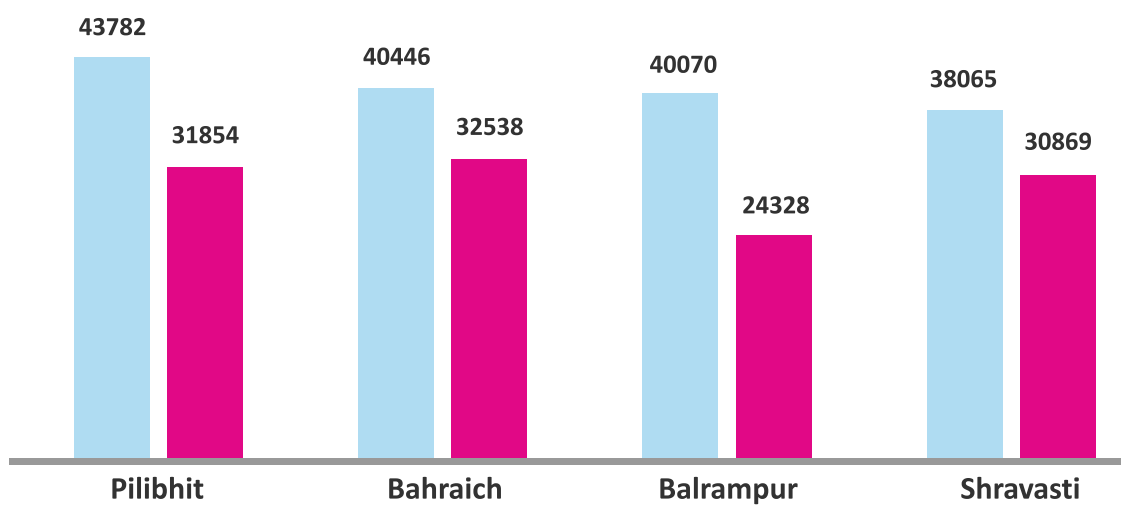




## Conversion Analysis

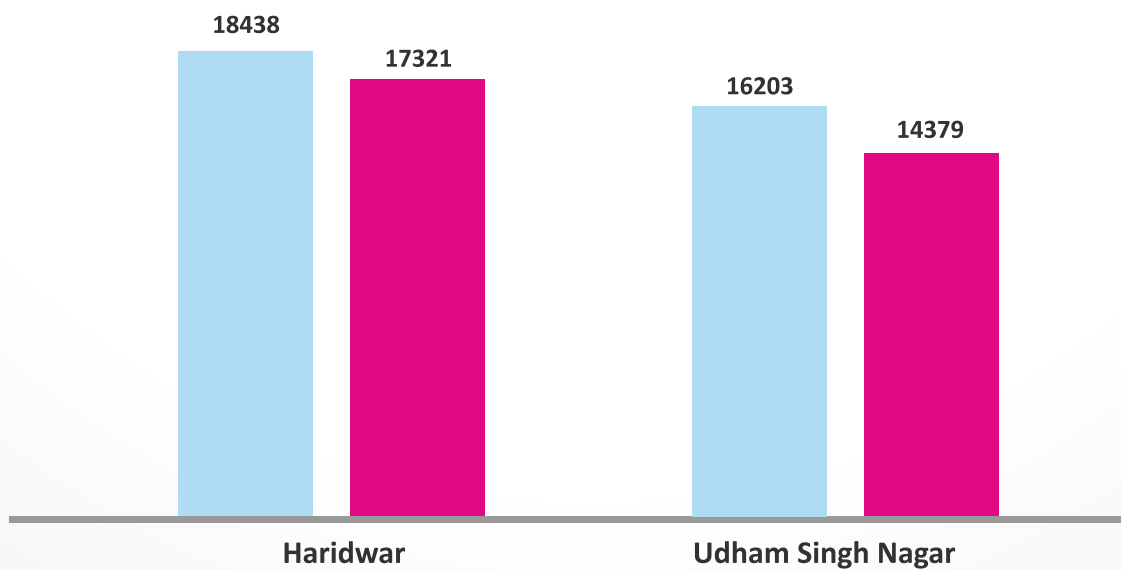
### Uttar Pradesh

■ Total No of HH Visited    ■ Uptake



### Uttarakhand

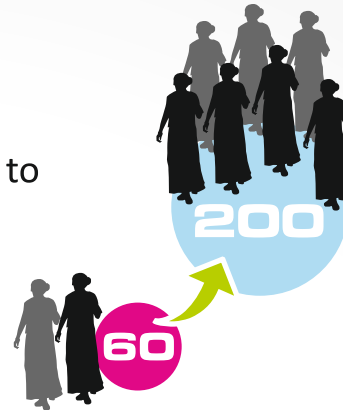
■ Total No of HH Visited    ■ Uptake





Project Hope is currently providing livelihood to **200 Village female Entrepreneurs (VFE)**.

The numbers rose from 60 to 200 in a record time of 8 months.



There has been an **increase** in the **monthly household income** due to BCC-driven product uptake from INR 500 (5 GBP) to **INR 1,500 (15 GBP)**.



## Community Perception: Year 1 (2017) v/s Year 2 (2018)

After the pilot launch, certain concerns were raised by the potential consumers, which were overcome during the outreach programme, aided by new and more effective communication strategies.

## Program Challenges and Action Taken

Project Challenges :  
What was observed during the first phase

Consumer's Thoughts



### Steps taken

Asha soap does not form lather.  
How do we know if it cleans effectively?

Focus on the germicidal properties of the soap while promoting it in the region

No promotions seen on TV or Radio or Newspaper for Asha soap. Is it genuine?

Use the local women health educators to spread messaging on the genuine nature of the product

Why is Asha soap sold door to door while it should be available in kirana stores?

Use the local sales channels in high potential and populous villages

Why is the soap named Asha?  
Is the government providing this for free?

Time taken to explain meaning of Asha. Also the community was informed that profits generated will be reinvested





In the process of implementing and scaling-up the project in the second year (2018), certain new challenges have emerged and some persist from the previous year (2017).

The resolution of these, by revisiting and modifying the strategies underlying market building and behaviour change communication, enabled the elimination of obstacles that could have possibly hindered the effective realisation of the objectives of Project Hope.

**These challenges include the following:**

- Lack of awareness about the benefits of RB's hygiene products
- Low per capita income impacting the purchase of products
- Competition from other low-cost products
- Customer expectations of purchasing the hygiene product at a discounted rate
- Lack of literacy among the women health educators caused failure in application usage
- Low internet connectivity in rural areas created problems in application usage
- BCC material needed to be designed in a more effective manner to generate long-term interest and recall of messaging

**The following solutions ensured the resolution of these challenges and achievement of targets in the second year of implementation:**

- Local women health educators were deployed in the villages and utilised for BCC and the promotion of Asha soap
- The communities were informed that the profits generated from the sale of the soaps would be re-invested in the village for overall betterment
- Product placement was ensured by making the Asha soaps available in the local selling channels i.e. kirana shops and small medical stores
- Simple reporting systems were used through applications like Whatsapp that required low internet bandwidth, ensuring that data is recorded regularly and corrective steps taken quickly
- The sales target for each village was determined based on the population (demand driver) and the spending power of the customers (supply driver)

**Despite the project challenges, the outlined targets were achieved successfully and the identification of these hurdles only enabled improvements in the implementation of the project.**



## Engage - Empower - Elevate

### Success stories



“ I never thought that I would ever step out of the house in my life and motivate others to change their lives.

But Project Hope has given me the opportunity to help others improve their hygiene and sanitation by teaching them about hand-washing. ”

**Pooja Tiwari**  
Village Female Entrepreneur

“ The work I am doing with Project Hope is not only helping the society transform for better, but the money that I earn is also helping me manage my household expenses ”

**Sanju Devi**  
Village Female Entrepreneur





**Project Hope** exemplifies RB's successful alignment of its corporate goals and responsibilities, in terms of generating profits from bottom-line sanitation and hygiene products to improve the health and quality of lives of those belonging to marginalized communities.

In the final year of the Dettol Banega Swachh India programme, RB and its partners aim to further strengthen the implementation of Project Hope by adequately resolving the hurdles that have been identified and translate into reality the broader vision of DBSI and particularly, Project Hope.

**This will also enable Save the Children to achieve its goal of eradication of diarrhea amongst children by 2020.**



# PROJECT HOPE

**Phase 2**

