**Hindustan Lever Limited Case Study Questions**

1. What is the innovation that HLL introduced in the area of diarrheal disease prevention?
* Hindustan Lever Limited proposed an inexpensive and effective solution to avoid diarrheal disease though reach and educate the poor about the need to wash their hands with soap before eating.
1. Why is handwashing an excellent preventive measure against diarrheal disease? \*
* It is because handwashing does a great job at significantly reducing incidences of infection. It kills the bacteria in our hands usually before eating.
1. Why is an MNC in the best position to influence behavioral change in combating diarrheal disease? \*
* It is because multinational companies (MNC) have the following capabilities:
	+ Deep experience in conducting and analyzing consumer research
	+ Marketing expertise
	+ Strong brands that can serve as routes for driving behavioral change
	+ Experience in adapting their products and messages
	+ Vast distribution networks
	+ Experience in sharing lessons learned and transferring best practices
	+ Accountability for achieving results
	+ Global reach
1. According to Yuri Jain of HLL, what is the connection between diarrheal disease prevention and HLL products? \*
* According to Yuri Jain, there is a great business imperative for both of the diarrheal disease prevention and HLL products. It is a “win-win” solution for both the BOP consumers and the company. Consumers will be having a much cleaner and safer hands to use while the company will have lots of profits.
1. According to Harpreet Singh Tibb, what is the connection for HLL between economy, beauty and health? \*
* The connection is the low usage among Indian consumers because they do not associate soap as a method of preventing diseases. In terms of beauty, they also do not consider soap as a means for beauty enhancement. This in fact decreases the economic stability of soap in India.
1. What was the impact of the Central American Handwashing Initiative to its beneficiairies? \*
* The handwashing programs resulted to 30% increase in hygienic handwashing behaviors to parents and decrease of diarrhea incidents among children.
1. What was the reason for Dr. Vedana Shiva's opposition to the PPP? Is it justified? \*
* Dr. Vedana Shiva wanted Kerala to export cleanliness and hygiene to the rest of the world. She insists that the World Bank Project is an insult to Kerala’s knowledge about hygiene and heath.
1. If you were in a position to decide how to go ahead with PPP while knowing the opposition how would you go about it? \*
* I would also do what HLL and PPP did, they went to other countries and made their mark there. They made use of the demographics and culture of the individual country to their advantage.
1. How did Lifebuoy re-brand itself? Do you agree with HLL Chairman Marvinder Sing Banga's decision? Why? \*
* Lifebuoy revisited their mission and changed it with a much improved one.
* I agree with HLL Chairman Marvinder Sing Banga because the improvement directly targets the much modern people. Their goals are much accurate with what people are wanting.
1. What is Chairman Banga's approach to costing Lifebuoy? Do you agree with this approach? \*
* The chairman’s approach to costing is implementing a challenge cost.
* I agree with because it somehow entails customers to purchase something with value.
1. What is the key to sustained community behavioral change according to Harpreet Singh Tibb? \*
* The key to sustainable community behavior is the community behavior. With this, the program should be low-cost, scalable, and sustainable.
1. The Lifebuoy Swasthya Cheetna program decided to go through the local school system? Would this approach work in the Philippines? \*
* Yes. I think so, because here in the Philippines, people are also looking for cheap but with value products. Cleanliness and safety for the children is also a concern in the Philippines especially to the parents.
1. What is the Lifebuoy Swasthya Cheetna's process for creating behavioral change? \*
* In creating a behavioral change, there are five key tactics and they are education, involvement, shock, reiteration, and reward.
1. Each exposure in the behavioral change process involved 5 key communication tactics?
* Yes. It has to go through the tactics for it to be effective.

1. Can you add or subtract to these tactics? Would these tactics work in the Philippines? \*
* No, I think it is good with what it is as of now.
* It really depends on the person who will be implemented within the Philippines. If a person would be stubborn, it would be difficult to implement and vice versa to an obedient Filipino.
1. Explain the germ-glow demonstration. Do you think it was effective? Are there any alternatives? \*
* Yes, it was effective.
* An alternative is just like the previous commercials here in the Philippines, the one where both hands are covered with dirt, then they would immerse their hands into different basins, one with just plain water while the other has soap mixed within it. (Is it a detergent? haha)
1. How did you think the Swasthya Cheetna program impact HLL? Was it a success? \*
* I think it went pretty well.
* Yup, it was a success.
1. How can wealthier Indian populations benefit from the health and hygiene messages? \*
* Health and hygiene isn’t only for non-wealthy people. It is a universal thing that should be focused on especially with children. Bacteria doesn’t choose if a person is wealthy or not.
1. Is the PPP scalable? What about the Swatshya Cheetna program? \*
* Yes, because PPP is much slower but has a greater and wider scale..
* Yes, because Swatshya Cheetna is much faster but not too widely scaled.
1. Yuri Jain claims that PPP has scale. Do you agree with him? \*
* Yes.
1. Why do you think PPP was slowed down while the Swathsya Cheetna program pushed through? \*
* It is because Swathsya Cheetna is able to design and implement their program much quicker than PPP.