

Hygiene Promotion in Emergency

**WatSan RDRT Refresher Training
November 2013**

Today's session

- You know the basics + more
- Recap: what is hygiene promotion (WASH cluster definition).
- Recap: **why** and **how** we do HP in emergencies – with a focus on WatSan related and hygiene NFIs.
- Understand key HP activities during the project cycle.
- Be aware of rapid KAP surveys and understand the basics of a communication plan for hygiene promotion.
- Understand what the HP Box is and how to use it.

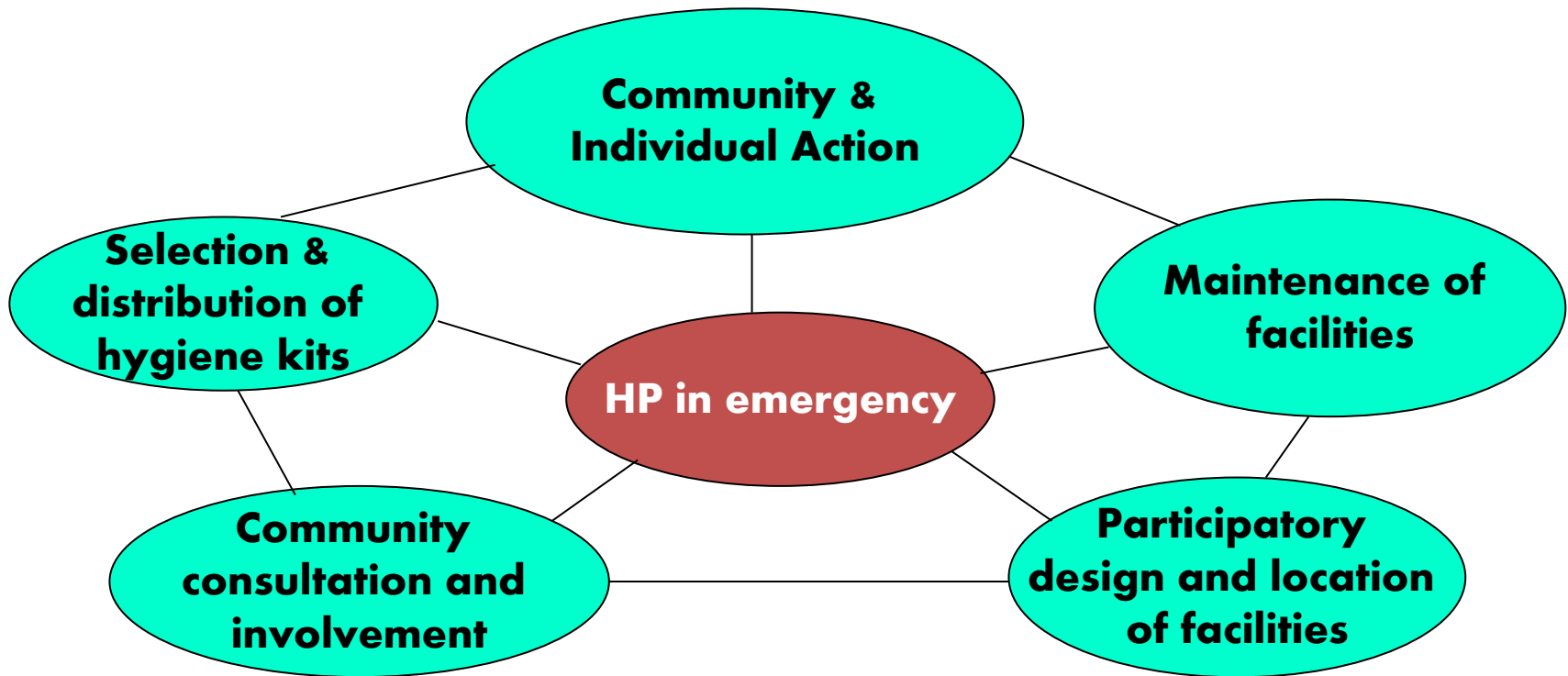
Hygiene Promotion...

... the systematic attempt to...

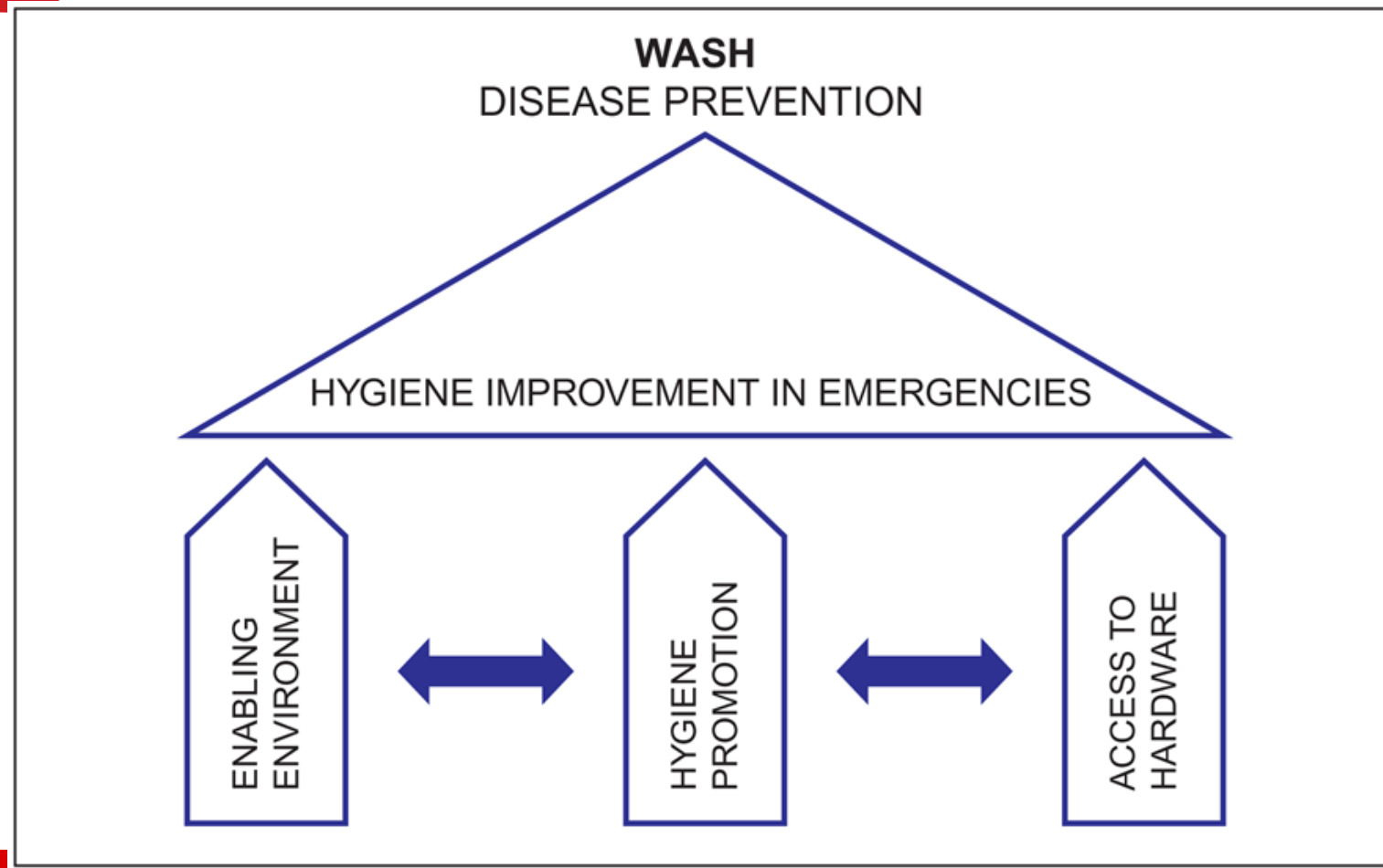
... enable people to take action to
prevent water and sanitation related
diseases...

... and to maximise the benefits of
improved water and sanitation facilities.

Hygiene promotion – WASH Cluster Definition



Hygiene Improvement Framework (HIF)



Why do we need Hygiene Promotion?

1. Enable people to practice safe hygiene and sanitation behaviours

- Safe water chain
- Food hygiene
- Environmental hygiene
- Personal hygiene



Why do we need Hygiene Promotion?



2. Optimal Use of Hardware Facilities

- Facilities may or may not be used or used in the way that was intended
- Systems need to be set up that ensure the cleanliness and maintenance of facilities
- Discussions with users can improve design of facilities

Why do we need Hygiene Promotion?



3. Enable participation and accountability

- Ownership
- Beneficiary satisfaction

4. Monitor acceptability and impact on health

5. Selection and distribution of hygiene kits and WatSan NFIs



- Coordination with relief teams
- Culturally accepted
- Beneficiaries satisfied with quality
- Distribution integrated with hygiene promotion activities (e.g. chlorine tablets, PUR sachets)

Selection of hygiene items / WatSan NFIs

Who selects NFIs?

- In your organisation
 - DM or logistics team?
 - You?
 - Affected men?
 - Affected women?

Assessment / Appropriateness

- What are the existing cultural practices?
- What items are familiar?
- What items are priority?
- What else is being distributed?

E.g. PUR vs Aquatab: Bucket vs Jerry-can

First phase – rapid response with life saving items

Communal hygiene

- Tools and equipment for digging and/or cleaning latrines or digging drainage (e.g. shovels, picks, wheelbarrows, buckets, boots etc.
- Disinfectants and protective gear



Special needs

- Women / adolescent girls
- Children
- Disabled
- Elderly
- Chronically ill

Assessment: you need gender and
disability disaggregated data!!

Post Distribution Monitoring

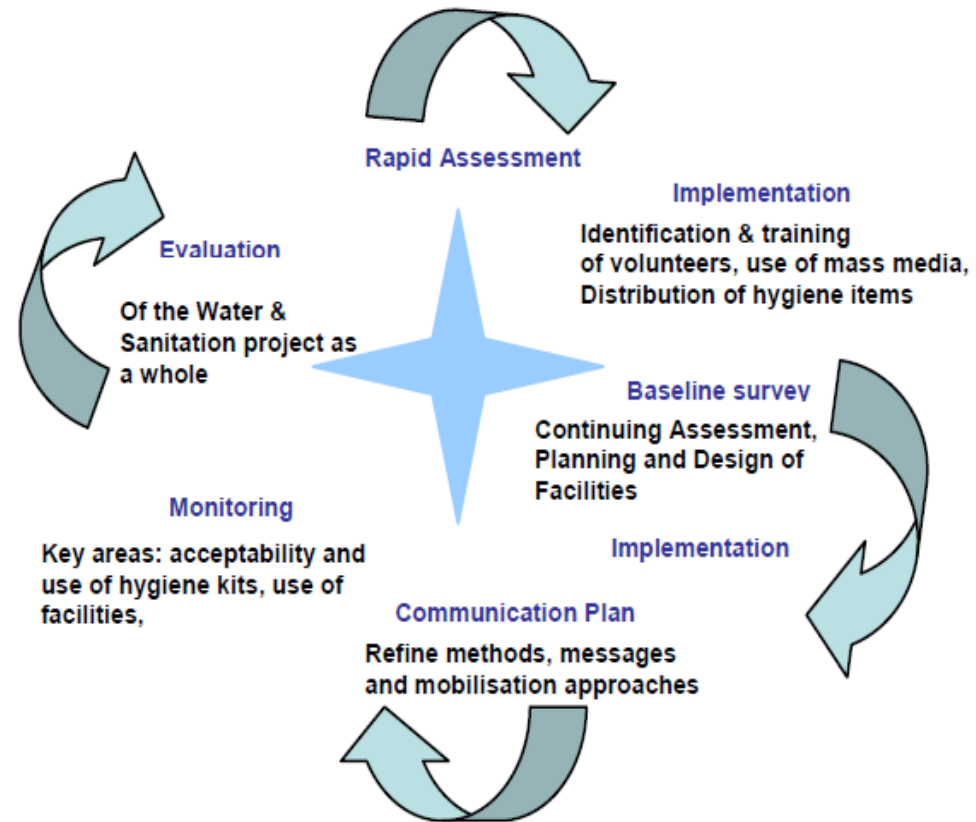
- Beneficiary satisfaction
- NFIs used? (or not)
- Are there unmet needs
 - For hygiene NFIs
 - Other needs

Hygiene kit monitoring form

Did you receive a hygiene kit?	Y e s	N o
What did you get in the kit?		
When did you get it?		
Did you receive any of the items from other NGO's? (List)		
Was it what you needed?	Y e s	N o
Was there anything you would have liked to receive in addition?		

How do we do Hygiene Promotion in emergency?

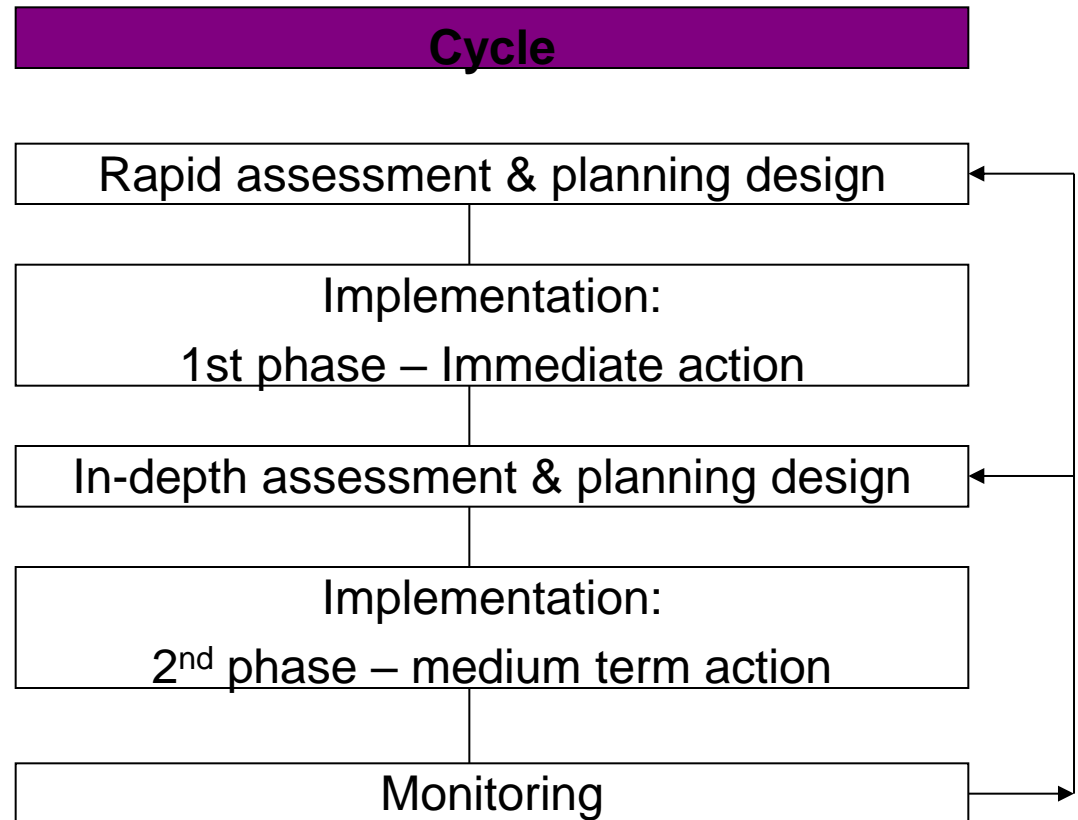
- In any emergency (chronic or acute), HP should follow the Project Cycle
- Include assessment, planning, implementation and monitoring.
- The stages may be condensed or take place in parallel with each other.



How do we do Hygiene Promotion in emergency?

Group exercise:

Put the HP activities under the correct phase of the project cycle



Methods and tools

Community Participatory approaches

- PHAST er
- Child to child

Individual channels

- Home visits by volunteers
- Targeting individuals in markets, churches, schools

Social marketing/ campaigns

- Popular media (drama, songs, movies...)
- Mass media (Radio, TV and mobile phones...)
- Loudspeaker

How do we select the channels and methods to use?

**Combine the three as soon
as the situation allows!**

It depends on:

- Needs
- Culture and context of target audience
- Number of target population
- Accessibility to the that affected area and/or population
- Budget and time
- Local human and material resources

Hygiene promotion in emergencies?

It is NOT just about message dissemination,
BUT ALSO:

**ACTION (behaviour change)
&
DIALOGUE**

Behaviour change in emergency

Behaviour change is usually associated with the idea that this always takes a long time

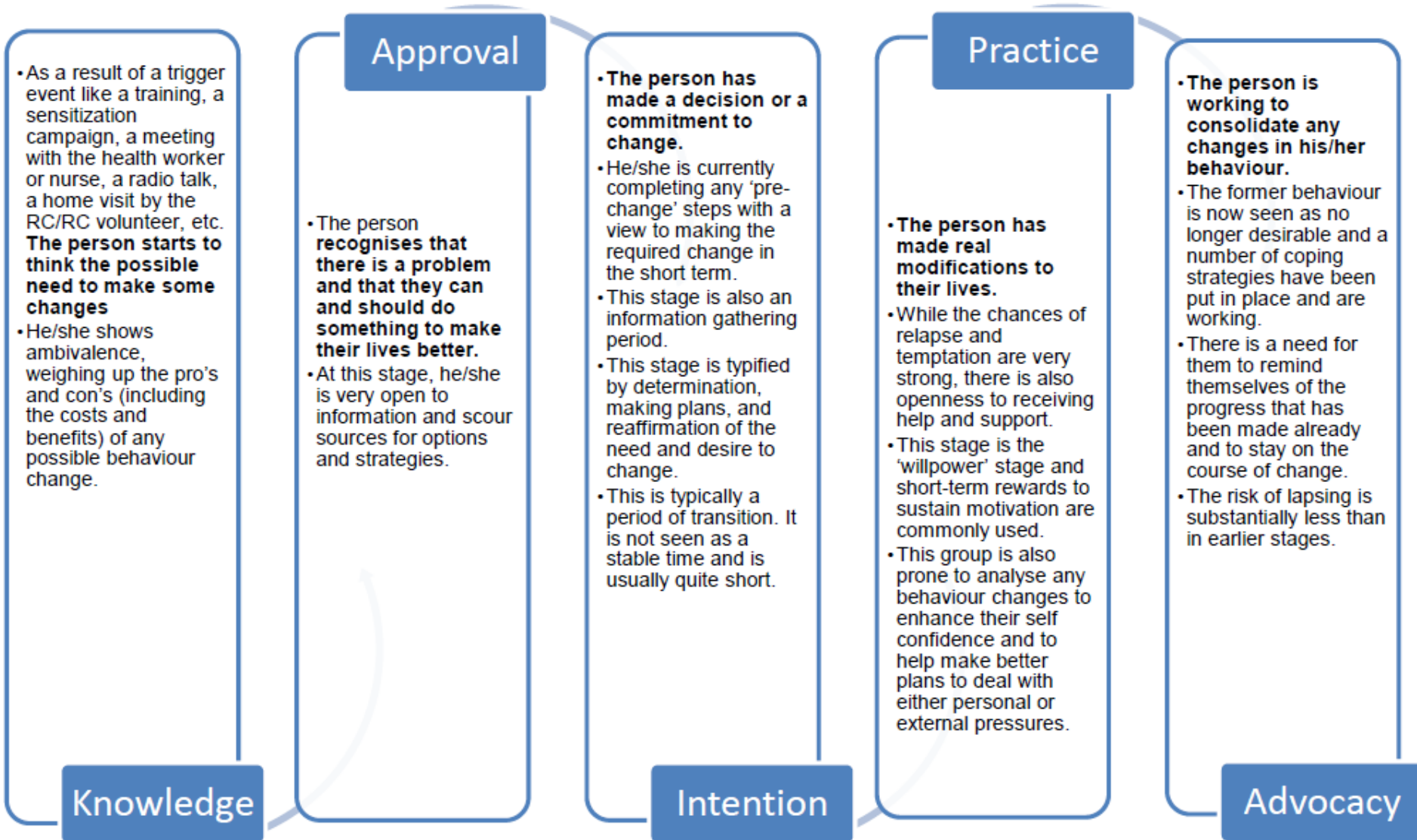
Can behaviour change happen quickly?



Process of behaviour change

- Can you put the steps of behaviour change into the proper order?
- Think about an individual person NOT community

Five stages to behaviour change – based on the on the transtheoretical model of behaviour change, by Prochaska and DiClemente, 1979. From BCC for community based volunteers, Trainer's manual, Malaria toolkit, International Federation of Red Cross and Red Crescent Societies, 2009.



We often...

- Rely on the use of IEC materials without strategic planning.
- Posters and leaflets are produced without clearly defined behavioural objectives and without a communication plan.
- Assumption is that behaviours will change if the affected people receive the "right" information.
- Messages are standard and based on the 'health gains' theory.

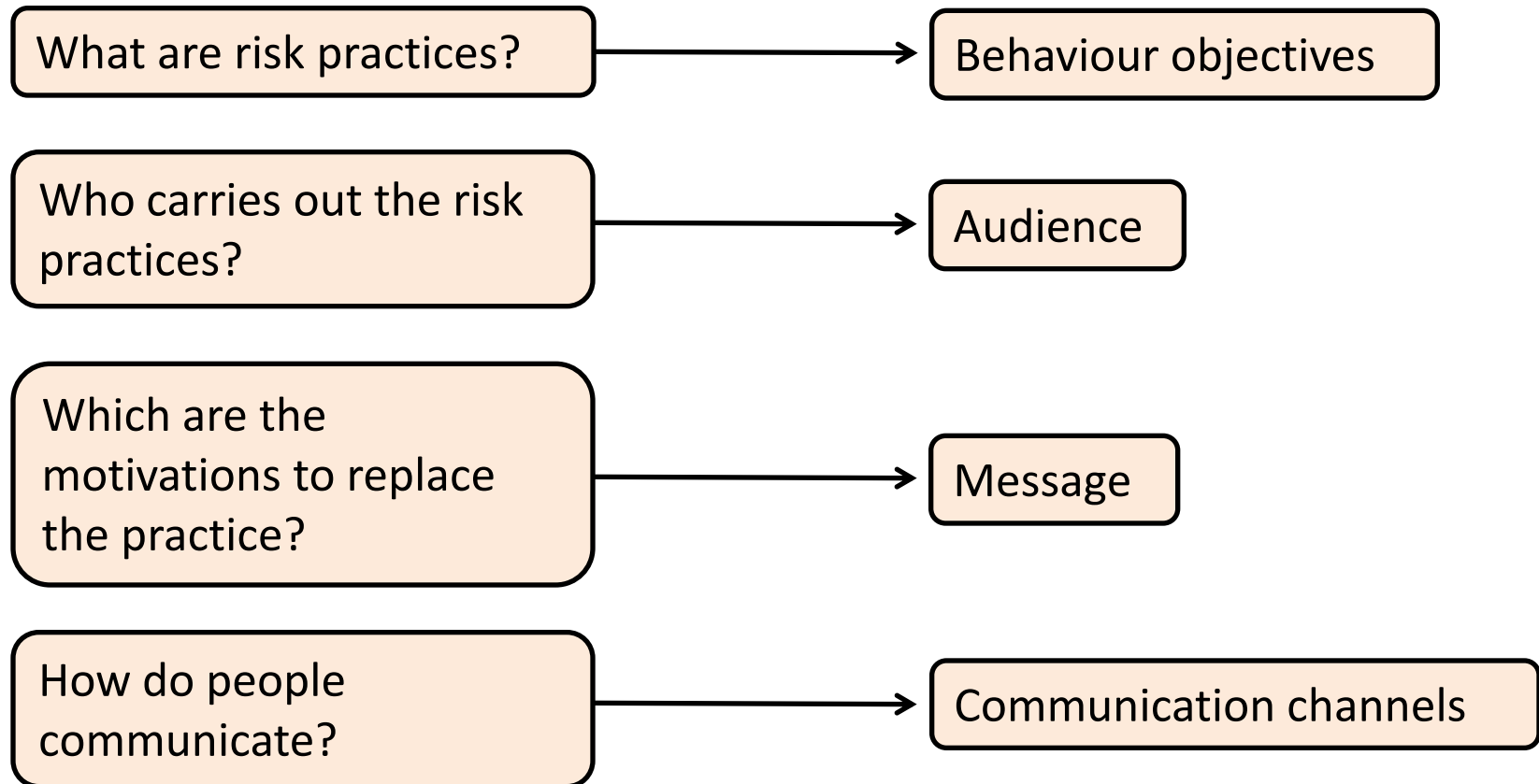


WASH Visual Aids Library

Providing information to affected populations or communities is essential...

...but it is only one step in the larger process of behaviour change.

Communication strategy: key parts



How to develop a communication strategy for hygiene promotion?

Communication plan for hygiene promotion and social mobilisation

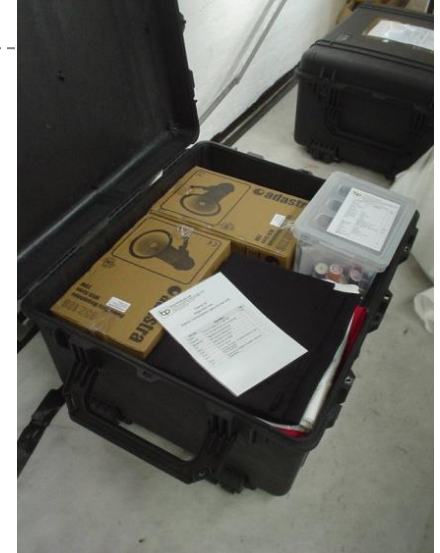
	1. What is the problem to be addressed? (What is the 'bad' behaviour?)	2. What is the desired behaviour? (What 'good' behaviour do you want people to change to?)	3. What are the main barriers for change? (What is stopping them from doing it?)	4. Who is the target audience?	5. What are their key motivations (or motivating factors) for practicing the new behaviour?	6. Key messages	7. Channels / HP Activities
GUIDANCE	What are the key health risks? Has there been any disease outbreak? What are the current bad (or negative) hygiene practices? What are the routes of transmission (e.g. water borne, mosquito borne, faecal-oral etc.)	Whose behaviour do you want to change? What are the new hygiene practices that you want them to adopt? Include a target number so that the objective is measurable.	What stops people from doing the new (or good) hygiene behaviour? Do they know why they should do it, and how to do it? Do they have the items (hardware) they need? If they are not motivated, why not?	Who are the key segments of the community you need to target? Which groups of people need to change their behaviour to see most benefit?	What are the attitudes and beliefs of the target audience? What do they perceive the outcomes or benefits of the practice to be? Are they motivated by social status, money, fear, the perceptions of others (rather than health)?	Your key messages MUST have the following three attributes: 1. Keep the message simple 2. State a benefit (relate to their key motivations) 3. Include a call to action (which hygiene behaviour do you want them to change to?)	How will you get the message across? Which channels are commonly used by your target audience? Think about: • Sensitivity/type of message • Number of people reached vs cost • Speed/timeliness
EXAMPLE	People do not wash their hands after using the latrine (high rates of diarrheal disease)	80% of targeted mothers in the camp wash their hands after visiting the toilet	<ul style="list-style-type: none"> •lack of knowledge about hands as a vehicle to transmit cholera •lack of skills for proper handwashing technique •limited availability of water and soap •limited understanding of 	Women (mothers) and other caretakers (sisters, grandmothers)	<ul style="list-style-type: none"> •Fear of getting infected with cholera and die. •Fear of social stigma (cholera associated with poverty) •Feeling of protection, caring and nurturing •Feeling of cleanliness (good smell) 	<ul style="list-style-type: none"> • Your hands may be dirty with cholera, wash them with soap after visiting the toilet • If you wash your hands you protect your children and family from cholera 	Printed materials (posters, leaflets, banners) Radio SMS Theatre/movies Household visits Puppets Songs Meetings PHAST-ER sessions

Rapid KAP survey – two reasons you should do it:

1. Measure the success or impact of hygiene promotion and WatSan activities
 - E.g. do more people wash their hands now?
2. Provides very useful information that you can use to guide and improve hygiene promotion messages and activities
 - E.g. most people use SMS and believe that smelly latrines give you infections or invite evil spirits
 - E.g. only men listen to radio; people are motivated to wash their hands with soap due to fear (of cholera) or because of the nice smell

What is the Hygiene Promotion Box?

- **Improving the quality** of our HP interventions in emergency
- **Speeding up HP activities** in the first phase of the emergency
- Items of the HP box should allow the team to undertake HP activities =
 - **directive** approach focused on provision of information (e.g. mass comm. campaign)
 - **participatory** approach focused on community action (e.g. PHAST-ER)



Why adapt the standard HP Box?

Having prepositioned hygiene promotion materials which are locally adapted and relevant, means we can:

1. Begin HP interventions quickly in the first phase of an emergency
 - no procurement required
 - volunteer training & mobilization can begin immediately
2. Using context relevant & materials already developed by NS
 - Cost saving by removing un-useful materials
3. Improve the quality of HP interventions in emergencies
 - greater impact in reducing water & sanitation related diseases

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Photo: Jerome Girmaud, IFRC



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