Myth-busting from an operational perspective - MENA

Hygiene promotion is a planned, systematic approach to empower people to take action to prevent water, sanitation, and hygiene-related diseases by mobilizing and engaging the affected population, their knowledge, and resources

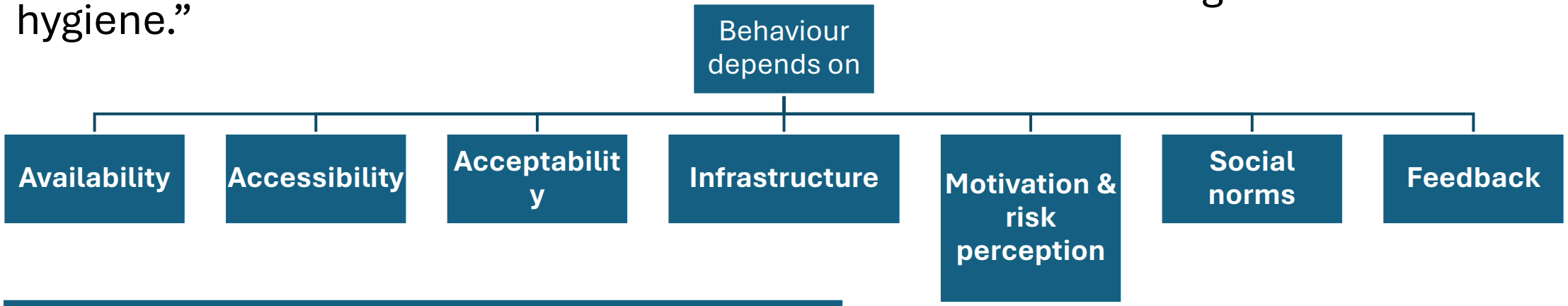
3 myths about hygiene promotion in emergencies

1. Kits and products = behaviour change
2. Sanitation and hygiene = women's issues
3. You cannot promote hygiene without enough water

MYTH #1: Kits and products equal hygiene behaviour change

The assumption: "If people receive soap, jerry cans and hygiene messages, they will automatically practise better hygiene."

The reality: Access to products is different than the ability to use them which is also different than behaviour change



Sphere explicitly notes that approaches relying mainly on **messages and distribution of hygiene items are unlikely to be effective**; hygiene promotion should combine community engagement, two-way communication and access to WASH services/materials.

Turn the myth around

If the barrier is	The response
No water	Increase/relocate water access
Water is too expensive	Cash/vouchers or support water access
Containers are difficult to carry	Appropriate-sized containers
No privacy	Adapt bathing/changing facilities
Latrine is unsafe	Improve location, lighting, design
Behaviour is socially unacceptable	Work with influencers/community
People don't trust the water	Risk communication + water quality action
People don't know how	Practical demonstration
Products don't fit needs	Co-design/adapt distributions

Instead of asking:

“What message should we give?”

Ask:

“What is stopping people from doing the behaviour?”

MYTH #2: Sanitation and hygiene are women's issues

"Women are responsible for hygiene."

"Community health clubs are for women and children."

"Pregnant women hate latrines."

Men and boys
Users of toilets and handwashing facilities
Household/community decision makers
Water collectors in some contexts
Community leaders and influencers

Women and girls
May face specific privacy, safety and MHM barriers
Often have specific household water and hygiene responsibilities
Need meaningful influence over WASH design
Pregnant women / older people / people with disabilities
May face mobility, accessibility, distance and privacy barriers

MYTH #3: You cannot promote hygiene with evident water scarcity

Prioritise, adapt and reduce the water burden

Prioritise critical uses

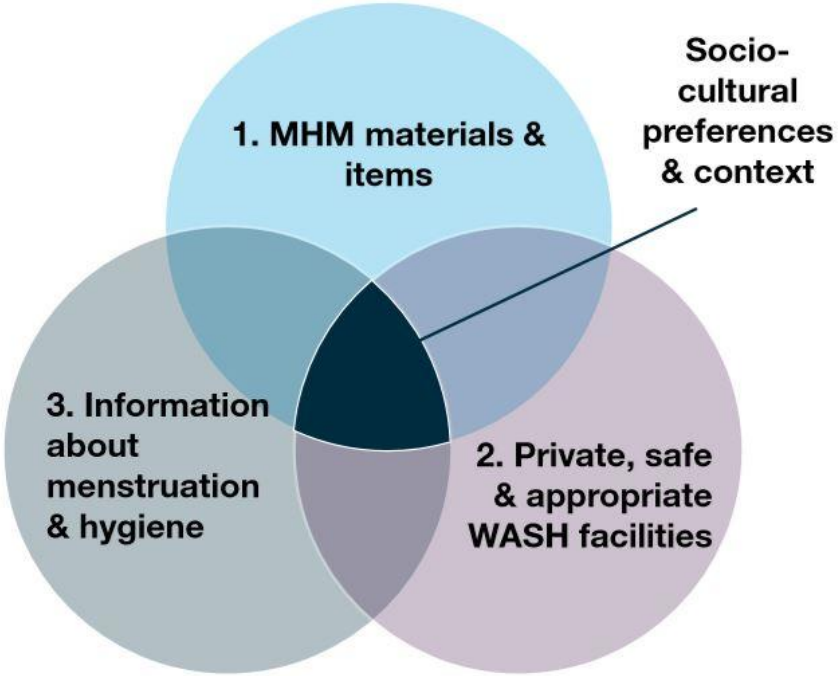
- Drinking and food preparation
- Hand hygiene at critical moments
- Safe management of faeces
- MHM needs
- Essential personal hygiene

Make water easier to access

- Water points closer to communities
- Appropriate household containers
- Support for transport
- Water trucking where appropriate
- Cash/vouchers where markets can safely provide water

Reduce water requirements

- Handwashing systems designed for low water consumption
- Appropriate cleansing options
- Household water treatment where appropriate
- Dry/low-water sanitation options where technically and culturally appropriate



IFRC's MHM guidance frames emergency MHM as more than products, including appropriate information and WASH facilities for changing, washing, drying and disposal.

Take-away message

Hygiene promotion in emergencies is:

✓Understanding behaviours and barriers

✓Influencing WASH design and services

✓Working with the whole community

✓Prioritising the highest public-health risks

✓Creating the conditions in which people can practise hygiene

Questions?

- For further readings please visit : IFRC's Water Security/WASH portal
- Please contact me: Jamilee.aldoueihy@ifrc.org

Thank you! شكرا