

Effective Promotion of Good Hygiene Practices

*Key Lessons from the Learning Event organized by WaterAid Australia,
Melbourne on 9 June, 2010*

On Wednesday 9 June 2010, 45 practitioners and researchers on hygiene behaviour change met to share and discuss the lessons from 11 case studies and two keynote papers on the effective promotion of good hygiene practices.

To analyze hygiene promotion (HP) programs, a simple theoretical model was used: **FOAMS** (adapted from Devine, 2010): **F**: Focus practices and focus groups; **O**: Opportunities to practice the behavior, e.g. soap and water available, gender relations allow practice; **A**: Ability to practice, e.g. have money, equipment, time, required skills; **M**: Motivation to practice, e.g., cleaner environment, be modern, be like others, better life for children, readiness to try new things, cost savings; **S**: Sustainability of behavior change. Below are some of the main lessons emerging from the day:

1. **F** - Know your Focus Groups

- Understand the environment in which practices occur. Who can influence and support behaviour change? What would motivate behaviour change? Factors other than health? What are the key barriers to overcome, e.g. gender relations and work load for women?
- Research and pilot test behaviour change materials before going to scale.

2. **F** – Prioritise Focus practices and avoid message overload

- Focus on a single or a few behaviours at a time.
- Promotion of one set of practices, e.g. washing hands with soap, is suited for a campaign/social-marketing approach. This need not be national, can be local too.
- For Multiple Behaviours, adopt participatory methods with women and men, children, communities and small groups and in schools. Negotiate, discuss, and jointly identify problems and solutions for adoption of priority hygiene behaviours. Focus on small, easy, sequential steps, 'do-able' actions. Gradual change is easier to incorporate. Move from least desirable to ideal practice i.e. scaling the hygiene ladder. For knowledge, focus not on messages but an active understanding of locally high risk behaviours and good practices.
- Be wary of funding the development of new BCC materials, they are usually in plentiful supply but are often not used. Find out what exists before re-inventing the wheel. Learning tools can be self-made or (photo) copied and owned by local actors and groups, so that they are in charge of (re)use. BCC materials should not be taken away from the community, as this can reinforce a sense of change being pushed by the external agency, rather than being locally-driven and a community responsibility.
- Address menstrual hygiene management in schools.

3. **O** - Ensure that there is Opportunity to Change

- *At the community level:*
 - A designated, convenient and logical place where all the materials are available facilitates actual handwashing practice. Building low-cost (or no cost) handwashing stations can enable individuals to take the step from simply understanding the importance of handwashing, to actually practicing handwashing with soap.
 - Hygiene promotion with men has given women more recognition and support for their hygiene work from their husbands. Conflicts over water-related tasks have decreased. Participatory hygiene promotion for common goals also renewed trust and cooperation between communities that had been opponents in a preceding period of conflict.
- *At the institutional level:*
 - In integrated WASH programs, hygiene promotion requires the staff, skills, training and budget support that water supply and sanitation components receive.

- Consider the value of partnerships with the private sector. Often not a natural partner for NGOs or governments, but there is huge potential to raise awareness about hygiene through partnerships with private companies at the national and local level. This needs to be done in a way that protects against negative developmental effects e.g. market cheaper yet equally attractive brands for poorer households; do not crowd out small local soap producers. Successful partnerships may also exist outside of the soap sector e.g. food companies, banks, mobile phone companies. Companies can market and mobilise their customer base at a rate and speed which is hard for an NGO to achieve. Specific events such as Global Handwashing Day can represent an opportunity for partnership.
- Effective HP requires well-trained and supported Hygiene Promotion Cadres. Community participation approaches rely upon well-trained and confident cadres to encourage and facilitate behaviour change through action-planning and follow-up. Encourage a career structure for volunteers to enter paid positions. Female staff have gained self-respect from learning technical skills and male appreciation and support for hygiene has increased. The reverse is also true: when hardware and technical skills are afforded greater value in an integrated WASH project, the role and importance of Hygiene Promotion cadres is undermined, to the great detriment of the overall project. The cascade approach to training risks diluting the knowledge and capacity of cadres.

4. **A - Enable adults and children to acquire the Ability to practice good hygiene**

- Community role models can ignite interest amongst households to build their own handwashing station and spread knowledge about the different options. Community facilitators can demonstrate how to build a simple tippy-tap or a plastic storage bucket with lid and tap or make and market soap.
- Participatory methods help community women and men and school children to become aware of and understand the good and the risky local hygiene practices and to develop the knowledge and skills to plan, implement and monitor local action plans.
- Child-centred learning approaches, supplementing existing content on hygiene promotion in school curricula are an effective way to pass knowledge and skills to a large number of children.

5. **M - Motivate new behaviours through all the drivers, not just health**

- Disgust, the need to protect children (nurture); the need to fit in (affiliation), comfort, the need to attract others (attraction) are found to be the most powerful drivers of behaviour. The fear of disease, or health, is not the only and strongest drive for practicing good hygiene behaviours. A little time spent understanding drivers before designing HP programs is a very good investment.
- Health motivation comes from participatory assessments of good and risky local conditions and practices through a process of learning from peers, not from top-down education. Outsiders can facilitate learning, not enforce it.

6. **S - Determine if practice is Sustained**

- Only one study has been undertaken on whether practices are sustained afterwards – almost all practices were found to be sustained and better educated women practiced hygiene better.
- Better assess existing conditions and practices at the start, during, and the end of a HP program, and some time afterwards. It is better to measure a few indicators over time than a whole lot only at start and finish.
- Good evidence further requires good investigation methods. Answers to questions that relate directly to promoted practices result in inflated statistics, because people know what the answer should be. Typical examples are questions on whether toilets are used, hands are always washed with soap, and what the critical times for handwashing are. Techniques to generate more reliable and valid data are available and deserve wider knowledge.
- Preferably, hygiene measurements should be participatory. This is not contradictory to good research as quality methods for community (action) research are available. This recommendation stems from the lesson that participatory learning gives better results. It also stems from the development principle that communities and schools have a right to know their own condition and practices at start and be inspired by them to plan improvements and monitor progress for better local change management. We need much better information on the cost of hygiene promotion programs – only one case study included some information on cost. Without better information on cost it will be difficult to advocate for greater priority for hygiene promotion.