

HYGIENE PROMOTION IN EMERGENCIES 16/06/2022





AGENDA



- Terminologies
 - Hygiene education, health promotion, hygiene promotion
- The need for hygiene promotion in emergencies
- Sphere standards for hygiene promotion in emergencies
- Components of hygiene promotion
- Communication in hygiene promotion
- Hygiene promotion frameworks and approaches





HYGIENE EDUCATION



Definition

The **provision** of education and/or information to encourage people to maintain good hygiene and prevent hygiene related disease.





HEALTH PROMOTION



Definition

Health promotion is the **process** of **enabling** people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (WHO)

The focus is on broader health issues rather than just those associated with water and sanitation.





HYGIENE PROMOTION



Definition

Hygiene promotion is a **planned**, **systematic approach** that enables people to act in a manner that ensures that **water**, **sanitation** and **hygiene** facilities and services have a positive impact on health. The approach also promotes **participation**, **accountability** and **monitoring**, because it emphasizes the importance of listening, and employs dialogue and discussion (*UNHCR*)









Hygiene Promotion is NOT:

Hygiene Promotion should NOT be reduced to encouraging personal hygiene and handwashing only as it's main aim is to ensure the effective and sustained use of WASH facilities and to promote community capacity and action in order to improve public health.







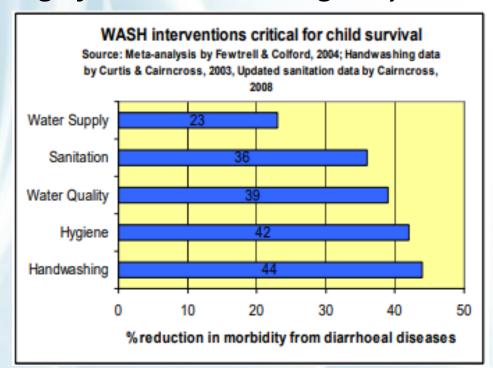
Findings from emergency settings

- Diarrhea and acute respiratory infections account for nearly 30% of deaths among children displaced due to humanitarian emergencies, with diarrhea causing up to 40% of child deaths in acute emergencies (Hershey et al. 2011; Connolly et al. 2004)
- Sanitation infrastructure can be overwhelmed quickly with the influx of displaced persons, and water quality can be poor contributing to the **high diarrhea risk** (Shultz et al. 2009)
- In a refugee camp in Malawi, regular provision of soap was associated with a 27% reduction in diarrhea and handwashing with soap was also shown to be an effective strategy against cholera outbreaks (Peterson et al., 1998; Reller et al., 2001; Hutin et al., 2003).





Findings from non-emergency settings



The relative importance of different WASH interventions and the need for **Hygiene Promotion.**







The **priority** focus of **Hygiene Promotion** in an emergency is the prevention of **diarrhea** through:

- Safe disposal of excreta
- Effective handwashing with soap
- Reducing the contamination of household drinking water

One of the most cost-effective ways of improving public health outcomes.

Other water and sanitation related diseases may also be targeted e.g. malaria or dengue.



THE NEED FOR HYGIENE PROMOTION global.com

To ensure the effective, sustained and optimal use of WASH facilities by all users

- Facilities may not be used or may be used in a way that was not intended.
- E.g If toilets are simply constructed without prior discussion with the users, it is very likely that they won't be used.
- E.g If there is no system for cleaning the latrines people will rapidly stop using them.







To support Participation and Accountability

- Involving people in decisions about the WASH facilities or outbreak response, such as the design, siting and management of facilities
- Hygiene promotion's emphasis on community engagement and participation can link humanitarian work to longer-term development (LRRD)







To monitor the acceptability of facilities and impact on health and well-being of communities







- The Sphere standards are a set of principles and minimum humanitarian standards in four technical areas of humanitarian response: WASH, food security and nutrition, shelter and settlement and health
- The minimum standards for WASH include: Hygiene Promotion, Water Supply, Excreta Disposal, Vector Control, Solid Waste Management and Drainage







Hygiene promotion standard 1:1 Hygiene Promotion

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them







Hygiene promotion standard 1:1 Hygiene Promotion

Steps to attain the Stds

- Identify the main public health risks and the current hygiene practices that contribute to these risks.
- Work with the affected population to design and manage hygiene promotion and the wider WASH response.
- Use community feedback and health surveillance data to adapt and improve hygiene promotion







Hygiene promotion standard 1:2: Identification, access to and use of hygiene items

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

Essential Hygiene Items:

- Two water containers per household (10–20 litres; one for collection, one for storage)
- 250 grams of soap for bathing per person per month
- 200 grams of soap for laundry per person per month
- Soap and water at a handwashing station (one station per shared toilet or one per household)
- Potty, scoop or nappies to dispose of children's faeces







Steps to attain the Stds

- Identify the essential hygiene items that individuals, households and communities need
- Provide timely access to essential items.
- Work with affected populations, local authorities and other actors to plan how people will collect or buy hygiene items
- Seek feedback from affected people on the appropriateness of the hygiene items chosen and their satisfaction with the mechanism for accessing them.







Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence

Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.







Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence

Steps to attain the Stds

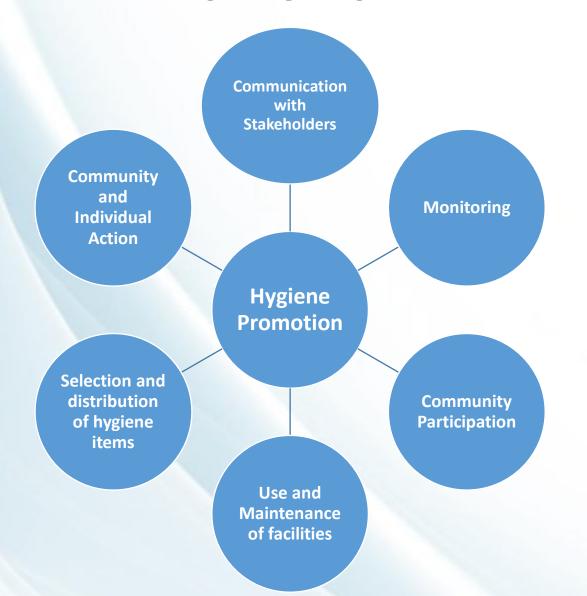
- Understand the practices, social norms and myths concerning menstrual hygiene management and incontinence management, and adapt hygiene supplies and facilities
- Consult women, girls and people with incontinence on the design, siting and management of facilities (toilets, bathing, laundry, disposal and water supply).
- Provide access to appropriate menstrual hygiene management and incontinence materials, soap and other hygiene items





KEY COMPONENTS OF HYGIENE PROMOTION





Source: IFCRC WASH Guidelines, 2017







Community Participation

- Consult the affected persons on the design of the facilities, the hygiene kits, identifying the vulnerable.
- Understanding the needs of different groups and allowing them to make decisions about the WASH intervention







Use and Maintenance of facilities

- Ensuring that facilities are acceptable to different users, well maintained and used sustainably.
- Encouraging ownership, responsibility, self reliance and sustainability







Selection and distribution of hygiene items

- Distribution of hygiene items or cash alternatives to ensure that people are enabled to maintain their hygiene and dignity.
- Involving women and men in the selection process and obtaining feedback on use and satisfaction
- People will not always use the items distributed for the purpose for which they were intended e.g Soap may not always be used for handwashing at key times







Community and Individual Action

 Using principles of behaviour change communication, training community based volunteers as Hygiene Promoters, organising community activities such as dramas, and engaging individuals with home visits







Communication with Stakeholders

• Collaboration of WASH partners and the government to prevent duplication and ensure the most cost effective use of resources.







Monitoring

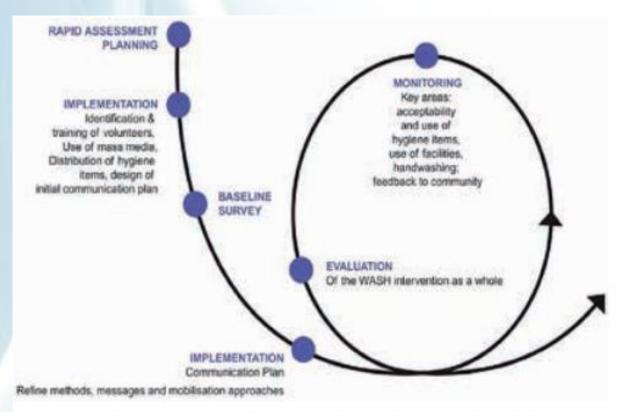
- Collect, analyse, and use data on:
 - Appropriate use of hygiene items
 - Optimal use of facilities
 - Community satisfaction with facilities
- Use the data to shape and adapt the programme





EMERGENCY HYGIENE PROMOTION PROJECT CYCLE





Hygiene promotion project cycle (Source: WASH Cluster, Hygiene Promotion – A Briefing Paper) Implementation follows a circular process, which begins with an assessment and ends with a review.

It is **iterative process**; feedback and lessons learnt must be incorporated to ensure the programme is always appropriate to the needs of the affected people.









- During emergencies, information is highly valued and communication is an important element of it.
- Communication facilitates hygiene promotion through active listening, information exchange and advice to target audience enabling them develop positive hygiene behaviours and practices.
- Communicators need strategies and tactics to create effective messages which motivate the target audience to protect families, communities and nations in an emergency.
- Identifying different target audiences is important for tailor-made communication to ensure inclusivity and a high degree of participation and ownership.







Hygiene information can be communicated in different ways

- 1) Participatory Communication
- This is based on dialogue, involvement and interaction. Examples include Household Visit, Focus Group Discussions, Transect Walks, Community Mapping, Community Drama and Puppet Theatre, Songs and Stories, Role Plays, Three-Pile Sorting, Pocket Chart Voting
- It aims to understand the perspective of the affected community and tailor interventions to their specific situation.
- It also encourages communities to play an active and influential role in decisions that affect their lives







- The use of participatory communication facilitates a better understanding of people's different perceptions, priorities and needs. WASH-related information can then be tailored to specific situations, feedback can be used to improve the response and problems can be identified early on.
- Participatory communication may be more challenging in isolated or remote areas or where insecurity or severe public health risk requires a remote response.
- Although participatory communication is relatively inexpensive it can require substantial numbers of staff and significant staff time







2) Mass Communication

- This include Public Announcements, Radio and TV, Text Messaging, Print Media and various IEC Materials e.g. posters, flyers or billboards.
- Allows for the dissemination of information and key messages to large numbers of people rapidly and cost-effectively- It is an important method for emergency risk communication
- It can also reach people who are otherwise isolated by geography or conflict.
- Information can potentially be (audio-) visualised and reach target groups who have limited literacy







- It is, however, mostly a one-way medium with little or no participatory elements, making interaction difficult.
- Mass communication is, however, rarely sufficient on its own and may require reinforcement by local hygiene promoters or health workers using more participatory communication means.
- Messages should evolve during a crisis; there will be a need for new mass communication materials that respond to changes in context or a deeper understanding of the situation.







Pre-designed mass communication materials may be available (e.g. IEC materials, However, materials and interventions should be adapted to the local context, through, for example, involving local artists or community members in the planning and design, or using locally produced or adapted images that can be understood and related to by the target audience.









Categories

- Participatory approaches focused on improving sanitation and hygiene conditions.
- Approaches targeting children or the immediate school environment.
- Approaches mainly targeting women and girls
- Approaches based on behavioural science.







HYGIENE PROMOTION APPROACHES

Participatory approaches focused on improving sanitation and hygiene conditions

CLTS- Community-Led Total Sanitation

The (CLTS) approach facilitates communities to conduct their own appraisal and analysis of open defecation, mobilising people to identify and find solutions to their sanitation and hygiene needs. CLTS encourages people to improve their situation by utilising local knowledge, technology and innovation.

PHAST- Participatory Hygiene and Sanitation for Transformation

(PHAST) is a participatory learning and planning methodology using a step-by-step approach designed for extension workers to promote hygiene and sanitation behaviour change, particularly in rural communities.

MMH- Mums Magic Hands

A handwashing behaviour change approach

Sani Tweaks

A series of communications tools and training sessions that promote best practices in sanitation through a continuous process of 'consult, modify, consult'.





HYGIENE PROMOTION APPROACHES Mums Magic Hands



Applied in emergencies and development context

- In 2014 Oxfam, in partnership with Lifebuoy and Unilever, examined the challenges to achieving effective handwashing with soap at key times.
- Research was conducted in to better understand the Motivators and Barriers to handwashing with soap.
 - Barrier and Motivator Analysis helps understand people's behaviour and what motivates their behaviours by assessing the factors that help or hinder behaviour change.
 - Motivators are positive drivers that motivate people to practise healthy hygiene behaviours and barriers are factors that prevent people from doing so.
 - Barriers can be physical (access to facilities such as soap, water, suitable toilets), social (norms and customs, lack of trust in health workers and health information) and biological (mental state).







- The research indicated that emotional motivators like nurture and affiliation can motivate mothers to wash hands with soap.
- **Nurture** (caring for and bringing up children) was found to be one of the most powerful motivators driving handwashing with soap among mothers.
 - Even during a crisis, mothers continue to nurture their children to ensure they develop and succeed in their lives.
- Affiliation (or belonging to a group) was also seen as a driver in emergency contexts.
 Mothers tend to unite together in emergencies, supporting each other and sharing resources







• The findings were used to design an interactive Behaviour Change programme called **Mum's Magic Hands** with a set of promotional activities, tools and a training programme for hygiene promoters and handwashing Champions with the aim of encouraging handwashing with soap to prevent diseases like diarrhea.







Materials and activities

- An engaging story forms the core narrative of the programme- The story of a mother and her heroic efforts to nurture her daughter with her magic hands.
- Other promotional materials and tools include games, interactive activities, rewards such as scratch cards and certificates and several nudges including stickers and visual reminders
- Participants are engaged through consultations and dialogue using the tools, which leads to actions by the target groups to ensure handwashing with soap



Materials and activities

Cues and Nudges

- Cues and Nudges are used to encourage behaviour change, facilitating rapid and improved individual decision-making through small changes to the environment.
- They make use of mental shortcuts so that the desired behaviour is actively supported or encouraged by the environment itself.







Mirror hung over communal handwashing facilities



To nudge people to visit the handwashing facility and to wash their hands with soap after using the toilet.

Concrete blocks with coloured painted footprints on top.



Placed from communal toilet to handwashing facility to serve as a silent nudge to trigger handwashing with soap after using the toilet.







Posters placed in strategic locations at households and in public areas

Stickers depicting scenes from the Mum's Magic Hands story distributed at household and community level.



To serve as reminders for HWWS and about the story of Mum's Magic



Stickers placed in strategic locations to serve as reminders for HWWS at critical times



Source: www.mumsmagichands.org/



Applicability

- Relevant to all emergency phases in promoting handwashing behaviour.
- MMH approach in emergencies is effective for targeting mothers and other caregivers.
- Caregivers continue to play a significant role in the wellbeing of the children, even in unpredictable contexts.

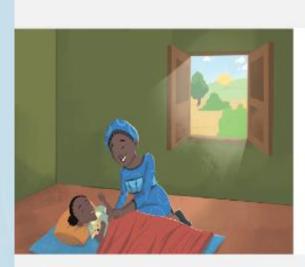
Evidence of Effectiveness

The MMH approach has been widely used across the humanitarian sector in different contexts.











- Mum's Magic Hands has been used to enhance WASH projects in over 25 countries.
- Mum's Magic Hands has been shown to increase handwashing with soap at key times by up to 70%.

Source: www.mumsmagichands.org/







- Is all about best practices in sanitation
- Research led by Oxfam titled 'Shining a Light: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps' led to development of the Sani Tweaks approach.
- Studies have shown that agencies often fail to adequately consult or collect and act on feedback from the users of the latrines they build. This leads many people — especially women and girls — to stop using the latrines as they find them inaccessible, unsuitable and unsafe.







Research from a number of latrine programmes showed that on average 40% of women are not using the latrines provided:









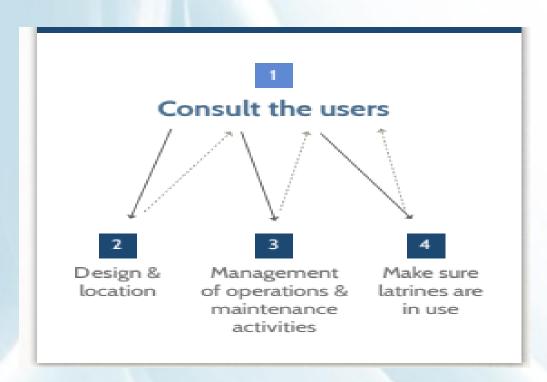


• If latrines are not used, time and resources are wasted and we are failing in our responsibility to the communities we work with. This may also result in greater levels of open defecation and other alternatives, which will put people at risk of disease.









- Consult and involve users at every stage of the process.
- Ask key questions to develop the most appropriate latrine
- Discuss practicalities with the community (Location & design, Maintenance, Handwashing, Operations)







Applicability

• The Sani Tweaks approach applies to all contexts. It is particularly relevant for emergency WASH responses where sanitation facilities are often constructed quickly with minimal consultation with users

Evidence of Effectiveness

• The use of Sani Tweaks tools has been shown to prompts practitioners to change their approach, consulting more regularly with users and 'tweaking' sanitation facilities to improve their privacy, comfort and safety.





JOIN HUMANITARIAN GLOBAL TODAY TO LEARN MORE!



REFERENCES



Hershey CL, Doocy S, Anderson J, Haskew C, Spiegel P, Moss WJ, 2011. Incidence and risk factors for Malaria, pneumonia and diarrhea in children under 5 in UNHCR refugee camps: A retrospective study. Confl Health 5: 24

Connolly MA, Gayer M, Ryan MJ, Salama P, Spiegel P, Heymann DL, 2004. Communicable diseases in complex emergencies: impact and challenges. Lancet 364: 1974-83.

Shultz A, Omollo JO, Burke H, Qassim M, Ochieng JB, Weinberg M, Feikin DR, Breiman RF, 2009. Cholera outbreak in Kenyan refugee camp: risk factors for illness and importance of sanitation. Am J Trop Med Hyg 80: 640-5

Sphere Association (2018): The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response 4th Edition

Oxfam (2018): Mum's Magic Hands. A Field Guide for Rapid Implementation of Handwashing Promotion in Emergencies

Oxfam (2018): Sani Tweaks. Best Practices in Sanitation







THANK YOU



