

Handwashing update

Recent thinking in handwashing promotion

The Global Public-Private Partnership for Handwashing (PPPHW) and its partners hosted 30 experts working on behavior change for a Handwashing Think Tank from June 20-21, 2012, in New York City. Participants came together to take stock of the best, identify the gaps, and articulate the way for forward for handwashing behavior change. The group came to a consensus on issues like critical times for handwashing. On July 17, the PPPHW hosted a webinar to share a summary of the Think Tank meeting and the next steps for those who had been unable to attend.

Some of the PPPHW suggestions

- Keep it simple e.g. wet, lather, rub, rinse
- Promote fewer critical times for handwashing for greater impact:

After faecal contact: after using latrine or cleaning baby

Before food: before eating or preparing food

- Use behavioural determinants of handwashing e.g. nurture to create an emotive response that makes handwashing desirable and a social norm

A webinar is available: [click here](#)

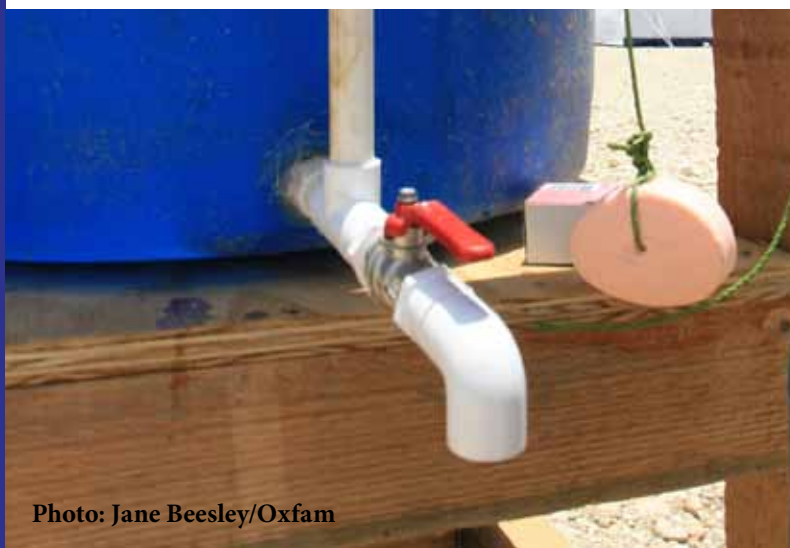


Photo: Jane Beesley/Oxfam

Please send contributions for the next newsletter, including photos, suggestions and field examples to:

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Measuring handwashing behaviour

Accurate measurement of handwashing behavior is important for monitoring the effectiveness of hygiene interventions. However, it can be challenging to measure handwashing reliably. WSP have produced a short document that discusses some of these challenges and that provides a set of handwashing indicators and recommendations to support the scaling-up of handwashing promotion and community-led total sanitation in six countries.

They describe five common methods used for measuring handwashing behaviour and discuss some of the uses and drawbacks to these five methods:

- Self report (knowledge or behaviour or both)
- Structured observations
- Hand microbial contamination
- Household observations of e.g. presence of soap and water and handwashing station at key locations
- Soap with motion sensors

Recommendations are made for measuring handwashing in 2 different scenarios:

1. Well funded handwashing and research studies: use soaps with motion sensors combined with structured observations
2. Handwashing promotion programmes with minimal funding: Use nationally representative surveys such as MICS using rapid observations as proxies for handwashing behaviour

The paper also suggests not using self-report of handwashing behaviour.

For more information [click here](#).



HYGIENE PROMOTION



Social marketing

Social Marketing

Social marketing makes use of marketing theories and techniques to influence and change behaviour that has a social value. That is, the goal of social marketing is not to maximise profits but to benefit society.

It might involve promoting the use of a specific product such as condoms or bednets (in order to prevent disease) or aim to change practices such as handwashing or recycling. In the WASH sector it has been used to promote the use of latrines and handwashing with soap but its use is not confined to these specific behaviours.

One of the most important aspects of social marketing is the emphasis on the consumer (or user) and understanding their perspective, preferences, aspirations and motivations rather than assuming that the consumer has the same understanding of the problem as the promoter. People will 'buy' or 'subscribe' to a product if it offers them something beneficial (that they want enough) in return.

In depth (or formative) research can help to understand these determinants of people's behaviour and

identify the most effective ways to motivate a specific target audience to adopt the proposed changes.

As in commercial marketing, an understanding of the 'four Ps' of Product, Price, Place and Promotion can help to shape the marketing intervention. The price can refer to direct or indirect economic costs or the psychological or social costs such as the amount of effort required to change behaviour.

Undertaking a social marketing programme in an emergency is not usually possible, as a significant amount of time is required to research and understand the problem and identify an appropriate strategy. However, the emphasis on understanding the 'consumer's' viewpoint, creating a demand for water, sanitation and hygiene and the use of alternative motivations such as disgust and nurture (as opposed to the threat of disease) are important principles that can be applied even in an emergency.

Where there are cyclical or longer-term emergencies e.g. repeated cholera outbreaks, social marketing has been used to good effect. [Click here](#) for more information on social marketing.

FOAM

FOAM is a framework designed to support the development of behaviour change programmes that draws on key social marketing principles.

The acronym FOAM stands for **FOCUS, OPPORTUNITY, ABILITY** and **MOTIVATION**.

Focus: on the specific target group e.g. mothers with young children or street vendors and on the specific behaviour e.g. washing hands with soap after defaecation. In social marketing this is often known as 'audience segmentation'.

Opportunity e.g. do people have access to handwashing facilities, to what extent are they influenced by other people handwashing or what other people think of handwashing (social norms), what attributes does soap have (smell, colour, size, type) that will encourage handwashing?

Ability e.g. do people know about handwashing with soap and feel confident in their capacity to carry out the behaviour (self efficacy)

Motivations e.g. do people feel at risk of disease, do they believe that handwashing will make a difference? How do they think other people will perceive them if they start washing their hands with soap



Image: Government of the United Republic of Tanzania / Rashid Mbago

HYGIENE PROMOTION



Non food items update



Introduction

New technology is being used to improve registration and distribution in emergencies and electronic cash transfers using mobile phones have been piloted in several humanitarian contexts.

Whilst most focus has been given to improving access to food, many of these technologies can be adapted to improve access to water, sanitation and hygiene.

Cash transfers

There are four different types of e-payment systems: prepaid debit cards, chip enabled smart cards, mobile money and electronic voucher systems redeemable through mobile phones.

Benefits

- Increased speed (including shorter queuing times)
- Lower costs
- Improved security for staff and recipients
- Improved accountability to donors and recipients
- Increased confidence and self respect of recipients

Challenges

- Poor infrastructure
 - Low literacy
 - Lack of technological know how
- 'Mobile money' was used in Haiti and involved partnership between a bank and a mobile network operator. Electronic currency is stored in an electronic wallet on a mobile phone and can be converted into cash with designated agents at any time and used to purchase goods or pay bills.

The Last Mile Mobile Solution (LMMS) has been developed by World Vision and is currently being used in Uganda, Zimbabwe and Haiti.

Household members are registered digitally using a hand held computer and are given a photo card with a barcode. Eligible households are then enrolled into suitable interventions and can be enrolled in multiple projects without the need for repeat registration. During distribution, the barcodes are scanned and visually matched using the photos on the database. [Click here](#) for more information.

Voucher Fairs

Voucher Fairs work in a similar way to

markets with traders offering goods that can be 'bought' with paper vouchers or coupons that have been previously distributed to specific groups of people. They can be used to meet emergency needs in a variety of sectors including hygiene items such as soap, water containers, menstrual protection and underwear.

Fairs allow people greater choice in deciding what they need and can compensate for volatility in market prices if they identify a commodity or service (e.g. a number of specific items or school fees) rather than a cash value. They provide a safer system than the distribution of cash in emergencies and encourage access to specific commodities such as hygiene items. They also provide a useful venue for providing information on a variety of important issues such as health or hygiene.

Local sellers must be reliable and willing to participate on agreed terms and conditions and the location of the fair must afford safe and easy access for both buyers and traders. The location should be identified through consultation and local stakeholders (including local authorities) must be consulted. [Click here](#) for more information.

Photo: WASH Visual Aids Library

Haiti handwashing research

In February 2011 four Oxfam affiliates, in partnership with Eawag research institute, carried out research into handwashing in Haiti. They attempted to answer the following research questions:

- *Which specific activities of a programme are associated with which behavioral factors and how strong is their effect on behavior?*
- *What recommendations can be given on the most effective health promotion programme for hand washing with soap in emergencies?*

Results

The analysis revealed that attitudes, norms and beliefs about ability (to perform a particular behaviour) are the most important factors in determining handwashing behaviour at key times while health risk beliefs and health knowledge are much less important.

In terms of promotional activities, the analysis revealed that hygiene radio spots, material distributions with instructions for use, information from friends or neighbours, and hygiene theatre were strongly associated with faeces and food related handwashing. In addition, radio programs with experts answering listener's questions fostered faeces related handwashing while community clubs were beneficial for food related handwashing.

However, some of the promotional activities were negatively associated with handwashing at key times. Respondents who attended a focus group, had experience of stickers, posters, paintings or hygiene songs washed their hands less often after any contact with faeces or before handling food than respondents who **did not** experience these promotion activities. Moreover, special hygiene days and home visits were also negatively associated with food related handwashing. Further analyses revealed that a combination of positively associated promotional activities (e.g. radio spots, material distributions, and community clubs) was more effective than one promotional activity on its own.

Interpreting the results

The research explored the correlations between experienced promotional activities, behavioral factors and behavior and **it is not possible to draw conclusions about causality from their results**. That is, the results illustrated certain associations between the different factors but it cannot be said for example that home visits caused a reduction in handwashing.

A variety of problems meant that only reported handwashing data (which is often unreliable) was used for the full correlational analysis rather than combining this with observational hand-

washing data.

It should also be borne in mind that the quality of the promotional interventions was not explored and there may be many reasons why there was a negative correlation between home visits and reported handwashing rates but future research will try to explore this finding.

Future recommendations

The researchers recommended that future promotional activities should pay special attention to:

- triggering the feeling that it is worthwhile and easy to wash hands with soap
- that it is disgusting not to wash hands with soap and
- that many others are washing hands with soap.

They also suggested that it would be effective to work with people to consider what hinders their ability to wash their hands with soap and support them to identify ways to overcome these barriers. [Click here](#) for the full research report.



Image: UNICEF/ United Republic of Tanzania

HYGIENE PROMOTION



Hygiene Promotion Training

[Redr WASH week - introduction to hygiene promotion](#)

Introduction to Hygiene Promotion in Emergencies is one of four courses that are being run as part of RedR's WASH Week. Other courses include WASH Essentials, Introduction to Water Supply in Emergencies and Introduction to Sanitation in Emergencies.

[Click here](#)

[Redr and the Austrian Red Cross - prepare to respond - hygiene promotion course](#)

The course is directed at humanitarian and development personnel. No previous knowledge in hygiene promotion is necessary. However, it will be an asset if participants have already gained experience in water and sanitation projects.

[Click here](#)

Date: 26 Oct 2012

Length: 1 day

Location: London, UK

Residential: No

Date: 6 - 8 Nov 2012

Length: 3 days

Location: Warsaw, Poland

Residential: Yes

Active links are available on the relevant page of the electronic newsletter. Alternatively use the website addresses below:

Handwashing webinar:

<http://www.washplus.org/resources/webinars>

Measuring handwashing behaviour:

www.wsp.org/UserFiles/file/PracticalGuidance_HWWS.pdf

Social Marketing:

<http://archive.k4health.org/toolkits/communitybasedfp/social-marketing-practical-resource-social-change-professionals>

Oxfam cholera guidelines:

<http://policy-practice.oxfam.org.uk/publications/cholera-outbreak-guidelines-preparedness-prevention-and-control-237172>

WEDC 'F' diagram:

http://wedc.lboro.ac.uk/resources/factsheets/FS009_FDI_Pages_Poster.pdf

NFI update:

<http://www.cashlearning.org/resources/library?keywords=Tools>

<http://www.lastmilemobilesolutions.com/>

Haiti handwashing research:

<http://www.oxfamamerica.org/publications/hygiene-promotion-determining-what-works/?searchterm=Haiti%20research>