Promoting good hygiene practices:

Key elements and practical lessons

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AusAID

Images

Front cover: Top - Children washing their hands after using the child-friendly toilets, Karuvattupettai Slum, India. (Photo: Martin Argles, WaterAid). Right side - Handwashing demonstration in Nepal (Photo: Krukkert, IRC). Bottom - Family with HBC worker (Photo: Academy for Educational Development, Hygiene Improvement Project). **Page 1** - Linking with the community: Communities using soap bought from a school-based cooperative. (Photo: Live and Learn Environmental Education). **Page 8** - Latrine monitoring in India (Photo: Sijbesma, IRC). **Page 9** - Drama promoting hygiene in Nepal (Photo: Krukkert, IRC). **Page - 10** A mother with her baby washes her hands using a tippy tap(Photo: Water and Sanitation Program (WSP) Indonesia, World Bank).

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Overview

Introduction

The objective of this compilation is to strengthen the capacity of organisations to design and deliver effective hygiene promotion programs leading to the improved health of communities.

This compilation of three keynote papers and 31 case studies searches for answers to the question: What makes hygiene promotion work? The case studies are written by authors from a wide variety of organisations working in South Asia, South East Asia, the Pacific and Africa. They provide lessons and learnings from very diverse experiences which are relevant beyond the specific project location, and for programs in other regions too. The case studies were first written for workshops and publications organised by IRC and WaterAid between 2007 and 2010[1]. This compilation draws out a synthesis of key lessons and makes the case studies more accessible by providing a snap shot overview and access on an accompanying CD and a dedicated website at www.irc.nl/foams.

The keynote papers and case studies in this publication provide a wide range of information, in some depth, about hygiene promotion. All case studies offer practical lessons and tools so that we can reflect upon these experiences, and also consider applying some of the techniques in our own work.

To assist you in deciding what to read, the snapshot provides a brief description of each case study. The final section highlights some of the key learnings and is presented using an adaptation of the FOAM model (Coombes and Devine, 2009). The accompanying CD and www.irc.nl/foams includes the case studies, following the numbering provided in these tables.

The FOAM model describes four core elements of hygiene promotion programs that all need to be addressed in order to achieve behaviour change. An 'S' has been added to the model here, in order to draw attention to the importance of sustaining behaviour change.

The key elements of 'FOAMS' are as follows:

F: Focus practices and focus groups;

O: Opportunities existing in the external environment to practice the behaviour, e.g. soap and water available, gender relations allow the practice;

A: Ability to practice, e.g. whether an individual possesses the skills, equipment and time;

M: Motivation to practice , e.g. a sense of disgust, to be modern, to be like others, a better life for children;

S: Sustain and Study behaviour change; to determine if the behaviour has been sustained to the point of it being habitual.

Main themes

The case studies are a rich source of learning. Among the main themes that have emerged, four are highlighted here.

Management and intense support

An undercurrent in many of the case studies is the need for good management. This requires sufficient emphasis on hygiene in WASH and broader health programs, accompanied by skilled and dedicated staff and clear institutional responsibilities. Volunteers, local committees and staff must be trained, consistently supported and supervised. Another requirement is collaboration among people in communities, government, non-governmental and private sector for strong local support. Quality of interventions is a related issue.

For example, are participatory activities really participatory and carried out with sufficient care and skill?

Motives that matter

Hygiene promotion programmes should understand and target the motives people naturally have for changing hygiene behaviour. Different user groups (women, men, elderly, youth, farmers or shopkeepers, urban or rural households) have different drivers that will motivate them to move from knowledge to actual practice. Examples[2] given of using these motives - or drivers – specifically for handwashing with soap are:

- A television commercial which used the idea that there was unseen contamination on hands after visiting the toilet (disgust) and that this would be transferred to the child's food (nurture) - from Ghana
- An affiliation (the need to fit in) message saying: "Is the person next to you washing their hands with soap?" - from UK
- Fear of disease only seemed to motivate handwashing when there was a clear and present danger, for example from cholera.

For other practices, such as having and using a toilet, the drivers differ significantly from those for handwashing. For example, the status that having a toilet gives may motivate men, while the safety and privacy it gives may motivate women. The important point is that studies are needed with each specific target group to determine the most effective drivers. These need not be long and costly, for example focus group discussions with the different target groups split into adopters (for drivers) and non-adopters (for constraints) can quickly provide very useful insights.

Marketing versus community-based approaches

The first efforts to improve hygiene were conducted in a traditional way: by telling communities - especially women - what to do to improve health and trusting that change in practice would follow. Largely it didn't[3]. So hygiene education was changed to hygiene promotion and two main approaches developed.

One is the social marketing campaign which focuses on one or two major practices and uses formative research through focus group discussions and audience (market) surveys to develop messages that suit target audiences and communicates these messages, usually through mass media, in ways that reach and motivate the audiences.

The other approach, which we call community-based, uses many methods with groups in communities, including participatory activities, demonstrations, group meetings, trials, group planning activities, and so on. The community, rather than the program, should choose or prioritise the behaviours they want to improve.

Most of the community-based programs work for improvement in several hygiene practices.

Some projects use elements from both approaches. For example, campaigns may also develop interpersonal community-based communication to promote improved practices. A new publication (Peal, Evans and Van der Voorden, 2010) describing these approaches in detail is: *Hygiene and Sanitation Software. An overview of approaches*, which can be found at www.wsscc.org/node/745.

An important lesson learned for both approaches is the value of focusing on a single or a few behaviours at a time. Fewer practices are more effectively integrated into people's lives; too many are confusing.

Measuring the real practice

Do people wash hands before eating? Do mothers dispose the faeces of young children safely? It is difficult to measure such personal hygiene behaviours and difficult to learn about actual practices. But we must try to measure in order to learn to promote hygiene better and to know what programs are achieving. Anecdotes, that is stories of success in a particular case, show that hygiene practices can change, but not that everyone in the focus audience is changing. Asking people to report on their own behaviour is not helpful. These self-reports give results that are 2 to 3 times higher than shown by actual observations in homes[4]. Probably the best way is to use several tools—for example, through observations, spot checks, discussions and group ranking or voting—and compare the information. This is called triangulation and gives far more accurate results.

Conducting impact studies showing the health benefits from hygiene promotion and sanitation programs is complicated, expensive and must be done very carefully to show valid results. We know that if people have the materials and carry out certain practices, their health will be protected. The practices and status of facilities is what should be studied.

References

1. Sanitation and hygiene practitioners seminar East and Southern Africa, Moshi, Tanzania, 19 – 21 November 2007, Summary report and proceedings IRC 2008: http://www.irc.nl/page/44019; South Asian sanitation and hygiene practitioners' workshop, Dhaka, Bangladesh, 29-31 January 2008, Wicken, J.; Verhagen, J.; Sijbesma, C.; Silva, C. da; Ryan, P. (2008). *Beyond construction : use by all : a collection of case studies from sanitation and hygiene promotion practitioners in South Asia.* The Hague, The Netherlands, IRC International Water and Sanitation Centre; London, UK, WaterAid: http://www.irc.nl/page/40450 ; South Asia hygiene practitioners' workshop, Dhaka Bangladesh, 1-4 February 2010, Summary report, IRC 2010: http://www.irc.nl/page/53555; Learning day on hygiene promotion, Melbourne, Australia, 9 June 2010.

2. *From Semmelweis to Global Handwashing Day: What's the latest on hygiene promotion?*, Dr Valerie Curtis and Case study 18 *Designing evidence-based communications programs to promote handwashing with soap in Vietnam*, Nga Kim Nguyen

3. Case study 14 *Journey towards changing behaviour: Evolution of hygiene education in Bangladesh*, Rokeya Ahmed

4. Case Study 27 *Measuring hand washing behaviour: Methodological and validity issues*, Lisa Danquah

A snapshot of the case studies: Discover what you would like to read

Keynote papers

1 From Semmelweis to Global Handwashing Day: What's the latest on hygiene promotion?

Dr Valerie Curtis, The Hygiene Centre, London School of Hygiene and Tropical Medicine

A presentation of the latest information and data from epidemiologists and behaviour change scientists about hygiene behaviour change.

2 Coming into its own: Hygiene promotion for development

Dr Christine Sijbesma, IRC International Water and Sanitation Centre

An overview of the benefits of improved hygiene for development and analysis of approaches taken in hygiene promotion programs to answer the question: what can or should NGOs do?

3 Hygiene promotion in South Asia: Progress, challenges and emerging issues

Andy Peal

An overview of hygiene and behaviour change approaches and experiences in the sector, with focus on South Asia.

The case studies

Community-based approaches

1 Volunteering for water, sanitation and hygiene behaviour improvements

Timor-Leste national community health program

Heather Moran, BESIK (Bee Saneamentu no Ijene iha Komunidade)

- *The government policy on health promotion – utilising volunteer Family Health Promoters to extend the reach of behaviour change initiatives*
- *Family Health Promoters as hygiene role models*
- *Making and marketing local herbal soaps to increase demand for soap*
- *How to support a cadre of volunteer health promoters*

2 Stories from rural hygiene promoters in Vanuatu: PHAST, tippy taps and working with men and women

Vanuatu lessons learned from the islands of Tanna and Santo

Gabrielle Halcrow and Joanne Crawford, International Women's Development Agency; Jocelyn Loughman, World Vision Vanuatu

- *A local adaptation of PHAST (Participatory Hygiene and Sanitation Transformation), and the development of community action plans*
- *Climbing the 'Handwashing Ladder' and the use of Tippy Taps*
- *Working with women and men to promote hygiene*

3 Beyond tippy-taps: The role of enabling products in scaling up and sustaining handwashing

International and Vietnam design study

Jacqueline Devine, Global Scaling Up Handwashing Project, Water and Sanitation Program

- *Enabling factors improving opportunity for handwashing initiatives as well as motivation*
- *Development of handwashing stations and tippy-taps for convenient access to water and soap*
- *Case study from Vietnam on rural handwashing stations*

4 Tugeda Uime Waka for Helti Komuniti (together we work for healthy communities)

Solomon Islands remote rural communities

Sarah Davies and Donna Webb, Australian Red Cross

- *Use of PHAST, particularly community action planning*
- *Success and challenges in the implementation of PHAST – participation of women, incentivising and training volunteers*
- *Impact of hygiene promotion on local level conflicts*

5 Community health club approach: Case study of Katakwi in Uganda

Uganda rural communities and displaced people'scamps

Otai John Justin, Ministry of Health, Environmental Health Division

- *Multi-purpose clubs which have a hygiene component*
- *Health clubs integrate hygiene, sanitation, social activities and income generation*
- *Assessment of some results*

6 Contributions of Village WASH Committee in breaking the cycle of unhygienic behaviours in rural Bangladesh

Bangladesh 39,000 rural communities and small towns

Babar Kabir, BRAC

- *Hygiene promotion through Village WASH Committees: needs assessment, local planning, roles of women*
- *Hygiene promotion as the "backbone" of the WASH program*

7 The Role of Imams and different institutions in hygiene promotion of BRAC WASH program

Bangladesh mobilization in large-scale program

Babar Kabir, BRAC

Three communication aspects of hygiene promotion:

- *Specificially for men, series of talks by religious leaders on hygiene, sanitation and the position of women*
- *School hygiene promotion (including menstrual education in secondary schools)*
- *Promotion of hygiene through folk media*

A snapshot of the case studies: Discover what you would like to read

8 Participatory community hygiene education in Dhaka slums: DSK experience

Bangladesh large-scale program in urban slums

Ranajit Das, Dushtha Shasthya Kendra (DSK)

- *Participatory design and assessment with community groups in informal slum neighbourhoods*
- *6-step implementation program using many community channels*
- *Evaluation study of behavioural change through observations as well as questionnaires*

9 The practice of handwashing

Bangladesh large-scale project rural and towns

Laboni Shabnam, Dhaka Ahsania Mission, SSARA project

- *Large scale mobilization for handwashing among 1.5 million people, 300 schools, markets, food shops*
- *Post-assessment of handwashing practice before eating and after defecation*
- *Recommendations for future actions*

10 Hygiene Improvement Project: Why WASH Matters

Ethiopia, Kenya, Uganda, Tanzania

Renuka Bery, Julia Rosenbaum, Eleonore Seumo, Hygiene Improvement Project/ Academy for Educational Development and Elizabeth Younger, Hygiene Improvement Project/ Manoff Group

- *Hygiene for people living with HIV or AIDS and their families*
- *Why WASH needs to be fully integrated in existing HIV/AIDS programs*
- *Trials of improved practice: negotiating with families to improve hygiene behaviour*
- *Small do-able actions: easy steps for behavioural change*

11 Menstrual hygiene: Breaking the silence

Bangladesh national

Rokeya Ahmed, WaterAid Bangladesh

- *How menstrual hygiene programming was started with partner organizations in Bangladesh*
- *Development of IEC materials and design modifications of toilets*

12 Freedom of mobility: Experiences from villages in the states of Madhya Pradesh & Chhattisgarh India

India rural communities

Maria Fernandes, WaterAid in India

- *Survey results related to menstruation and menstrual hygiene, knowledge and practice*
- *Local best practices in the promotion, production, distribution and sale of sanitary napkins in rural areas*
- *Costs and micro-credit for production by women*

13 Hygiene promotion for men: Challenges & experiences from Nepal

Nepal rural and isolated communities

Ingeborg Krukkert, Carmen da Silva Wells, IRC and Yubraj Shrestha, Mangal Dash Duwal, Nepal Water for Health (NEWAH)

- *Why men should be involved in hygiene promotion*
- *Encouraging men's responsibility in hygiene improvements with a multi-step strategy and participatory training*
- *Need for effective field support for rural staff*

14 Journey towards changing behaviour: Evolution of hygiene education in Bangladesh

Bangladesh review of hygiene programs from 1970s to 2008

Rokeya Ahmed, WaterAid Bangladesh

- *Review of main hygiene programs in Bangladesh (SAFER, SOCMOB, IPE-CTLS, SHEWA and so on) over the past 3 decades*
- *Shifting from hygiene education to hygiene promotion*
- *Details of strategies and tools of the programs are shown in annexes*
- *Challenge of coordination among NGOs*

15 Thirty-five years of searching for answers to rural sanitation and hygiene in Bhutan

Bhutan reflections on national program

John Collett, SNV Bhutan

- *Bhutan's achievements in water and sanitation over past 35 years*
- *Challenges in achieving desired impacts, given continuing high mortality and morbidity*
- *Importance of hygiene behaviours and promotion and suggestions on program management*

Campaign approaches

16 Public-Private Partnership for Handwashing with Soap in Indonesia

Indonesia national level program

Ida Rafiqah and Isabel Blackett, Water and Sanitation Program (WSP), World Bank

- *The role of the private sector in the partnership*
- *How to link private sector with government agencies for handwashing promotion*
- *Campaign materials for partners to use to promote handwashing*

17 The development of an entertainment education program to promote handwashing with soap among primary school children in Vietnam

Vietnam national campaign and 512 schools

Nga Kim Nguyen, The Vietnam Handwashing Initiative, Water and Sanitation Program (WSP), World Bank

- *Development of a national handwashing campaign using mass media and interpersonal communication channels*
- *How to conduct formative research for school children*
- *School-based interpersonal communication activities to complement a national campaign*
- *Details of research and assessments*

18 Designing evidence-based communications programs to promote handwashing with soap in Vietnam

Vietnam campaign targeting mothers

Nga Kim Nguyen, The Vietnam Handwashing Initiative, Water and Sanitation Program (WSP), World Bank

- *Developing handwashing campaign for mothers, integrating mass media and interpersonal communications*
- *Practical advice on management, consumer research and pre-testing*
- *How to incorporate research findings into the design of social marketing campaigns*

19 Global Handwashing Day and beyond

International with examples from individual countries

Ann Thomas, UNICEF

- *What helped to make the Global Handwashing Day (GHD) a success*
- *How to improve public-private partnerships*
- *Establishing the differences between advocacy, education and behaviour change*
- *Harnessing the momentum of GHD to achieve longer-term success*

Focus on schools and children

20 Student-led hygiene promotion and empowerment in rural schools in the Western Pacific: A photo story

Fiji, Vanuatu and the Solomon Islands rural schools

Christian Nielsen, Live and Learn Environmental Education

- *Photos illustrating participatory techniques to facilitate active learning on topics relating to good hygiene behaviour*

21 Who is responsible for soap in Pakistani school toilets?

Pakistan urban schools

Syed Ayub Qutub, Pakistan Institute for Environment-Development Action Research (PIEDAR)

- *Study of handwashing, toilet use and maintenance of school facilities*
- *Use of triangulated tools to study handwashing*
- *Highlights importance of committed school administration and management*

22 Real involvement, real participation

Papua New Guinea rural schools

Miriam Layton and Steve Layton, ATprojects

- *Breaking down the stigma surrounding girls' monthly menstruation*
- *Use of Knowledge Sharing Workshops to enable end-users (girl students) to develop products to meet their needs*
- *Development of a simple low-cost washing facility to enable girls to practice menstrual hygiene in rural schools*

23 A strong foundation: Revising Cambodia's National School Health Curriculum to prevent and control intestinal worms

Cambodia national school curriculum development

Leng Wannak and Aminuzzaman Talukder, Helen Keller International – Cambodia, Pen Saroeun, Ministry of Education, Youth and Sport (School Health Department) , Kim Koporc, Children Without Worms

- *The process and findings from a curriculum review and situation analysis*
- *Survey revealing levels of knowledge about preventing worms among school children and teachers*
- *Recommendations on management and coordination in the national program*

24 Jakarta's impoverished kids lesson series: 10 take-home hygiene messages

Indonesia urban slums of Jakarta

Mindy Weimer, Yayasan Tirta Lestari and Mita Sirait, WatSan Action

- *Non-formal education for very poor children 8-12 years*
- *A series of 10 lessons on personal and household hygiene, with questions and activities*

25 Youth spearheading hygiene and environmental awareness: Kiambu Experience

Kenya, Nairobi slum area

Ruth N. Nzomo, Maji na Ufanisi (MnU)

- *Mobilizing youth and organizing youth club, children's club*
- *Participatory training and planning with PHAST in inner-city Nairobi*

Research and monitoring

26 Beyond traditional KAP Surveys: Need for addressing other determinants of behavioral change for more effective hygiene promotion

Pakistan Swat district

Mohammad Riaz, Mercy Corps, and Farooq Khan, North West Development Associates

- *Schools and child-to-child program*
- *Need to learn about pre-disposing and enabling factors for adequate planning*

27 Measuring hand washing behaviour: Methodological and validity issues

Bangladesh study of handwashing practices in rural areas

Lisa Danquah, University of Southampton, UK

- *Research that compares the accuracy of tools for measuring handwashing practices (observation, spot-checks, self-reporting, demonstration)*
- *Self-reporting about personal behaviours is less useful than other tools*

28 A study on personal and home hygiene in flood prone communities in the Philippines

Philippines Hygiene practices in flood prone communities in 2 provinces

Lyn Capistrano, Philippines Center for Water and Sanitation

- *Case studies of existing positive hygiene practices that can be built upon in developing hygiene programs*
- *Many practices are borne from necessity, context specific in difficult environmental circumstances*
- *Hygiene including aspects related to emotional and spiritual health*

29 Assessment of hygiene communication plan in the aftermath of the 2005 earthquake in Pakistan

Pakistan Isolated area of 2005 earthquake

Farooq Khan, Rabia Syed, North West Development Associates and Rutger Verkerk and Deirdre Casella, IRC

- *Assessment, one year after a major earthquake, of hygiene promotion activities and products provided*
- *What was the assessment strategy and the specially adapted tools*
- *Detailed recommendations for hygiene promotion and products in emergency situations*

30 Assessing and addressing hygiene issues of internally displaced persons of Swat, Buner and Dir

Pakistan Displaced people in North West Frontier Province

Syed Shah Nasir Khisro, Integrated Rural Support Program

- *Hygiene promotion with water and sanitation for internally displaced people*
- *5-step process to develop hygiene interventions in difficult circumstances*
- *Includes attention for menstrual hygiene among women*

31 Stages of hygiene monitoring: An operational experience from Nepal

Nepal program monitoring

Om Gautam, Barat Adhikari, Kabir Rajbhandari, Oliver Jones, WaterAid Nepal

- *Monitoring experiences of WaterAid Nepal and its partners*
- *7-step monitoring process is described*
- *Examples and learnings are provided*

Other case studies with major monitoring or research components are: 8, 9, 17, 18, 21 and 23.

Key lessons learned from the case studies and keynote papers

The key learnings from the 31 case studies are presented below using the FOAMS model (adapted from Coombes and Devine, 2009)

Focus

Know your Focus groups

- Understand the environment in which practices occur. Programs should begin with research or should assist communities to do self-assessments of their situation. The research and assessments lead to identifying good and bad practices, coming up with solutions and making plans to promote the good and change the bad. This is in line with the concept of targeted hygiene: identifying high-risk situations for transmitting pathogens in homes and communities and promoting feasible and appealing practices. Use this information to design programs and monitor behaviour change.
- The research and assessments also ask: Who can influence and support behaviour change? What would motivate behaviour change? What drivers motivate change other than health? Whose behaviour are we trying to change? Mothers? Fathers? Men? Children? Adolescents? Select one or a few focus groups.

Case study 17; Case study 23; Case study 26; Case study 28

- Consider gender. Who controls finance for hygiene and sanitation in households? Are men committed to improving hygiene? Hygiene promotion for men can result in more support for hygiene in the household and more recognition of the hygiene-related work undertaken by women in the home. Related issues are: Are women heard in planning and committees? Are there male and female field staff?

Case study 2; Case study 12; Case study 13

Prioritise practices and avoid message overload

- Four clusters of hygiene practices are known to have the greatest impact on people's health[1], especially children's: (1) handwashing with soap, (2) safe disposal of human excreta by all, (3) keeping drinking water safe from source to mouth, and (4) using enough water for hygiene. As hygiene is context-specific, other practices may also be important in a particular situation, for example, food hygiene, control of animals around the home, disposal of the dead.
- An important lesson learned is the value of focusing on a single or a few behaviours at a time. Fewer practices are more effectively integrated into people's lives.

Keynote paper 1; Keynote paper 2

- A campaign or social-marketing approach is suitable for promoting one specific hygiene practice such as washing hands with soap. A campaign needn't always be organised at a national level, it can be delivered to a smaller target population such as at the district level.

Case study 16; Case study 17

- Most of the community-based programs work for improvement in several hygiene practices, using participatory methods with target groups. Community members are helped to discuss, negotiate, and jointly identify problems and solutions for adoption of priority hygiene behaviours. For behaviour change, the idea is to focus not on messages, but on active understanding of high risk behaviours and good practices. The participatory activities and communication need to be of good quality, to motivate and empower the target groups, including the poor.
- Behaviour change programs such as PHAST (and others such as SARAR and MPA Methodology for Participatory Assessments) can be adapted to the local context. PHAST does not have to rely on health messages alone, but should instead focus upon target behaviours that will resonate strongly with the local audience.

Case study 2; Case study 5; Case study 8; Case study 25

- Many projects combine some elements of mass media and campaigns together with interpersonal community-based approaches to promote improved practices. For example, the Vietnam Handwashing Initiative is an example of an evidence-based communication campaign for handwashing with soap which also has interpersonal communication activities with mothers and participatory school programs with children. The community-based BRAC program used mass communication channels through religious institutions and through theatre groups.

Case study 7; Case study 18

- Several case studies focused on the management of menstrual hygiene. These cases combine intensive education with the development of small scale enterprises for the production and sale of menstrual products. As with other programs, it is important to invest time in finding out about current practices and identify what can be changed and how.

Case study 11; Case study 12; Case study 22; Case study 30

Opportunity - in the external environment

Ensure that there is Opportunity to change behaviour

Opportunity at the household and community level:

- People must have the opportunity to try out new behaviours and this requires certain enabling factors such as sufficient water, toilets, acceptable and affordable products as well as social support in the environment. For example, when households have a convenient and logical place where all handwashing materials are available, then actual handwashing practice is better. Building low-cost (or no cost) handwashing stations can help individuals take the step from simply understanding the importance of handwashing, to actually practicing handwashing with soap.

Case study 3; Case study 22

Opportunity at the institutional level:

- For hygiene behaviour change to be successful in integrated WASH programs, there must be a specific hygiene promotion strategy, a dedicated budget for hygiene, an M&E component for behaviour change and adequate skilled staff. The responsibilities of institutions and staff must be clear. Who really deals with hygiene in the government, in water programs and schools? Cooperation among government and NGO agencies should ideally be coupled with clear institutional roles.

Case study 1; Case study 14; Case study 15; Case study 21

- Volunteers often are at the centre of hygiene promotion activities, for example, as promoters or members of WASH or health committees. Effective hygiene promotion requires well-trained and supported promoters who help bring about change through community action-planning and follow-up. This crucial role needs to be valued and incentivised, for example through encouraging a career structure for volunteers to gradually enter paid positions. Similarly, the members of WASH committees need continuing support and capacity building.

Case study 1; Case study 6; Case study 8

- Success of hygiene promotion depends on the quality and commitment of field staff. Their difficult work needs to be valued. This should include repeated staff training on hygiene promotion, on-site supervision and discussions in staff meetings on problems that arise in their work.

Case study 1; Case study 4; Case study 13

- Consider the value of partnerships with the private sector, for example, food companies, banks and mobile phone companies, soap manufacturers, small manufacturers of menstrual pads. Private companies are not usually natural partners for governments and NGOs, but there is huge potential to raise awareness about hygiene through partnerships with private companies at the national and local level. 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. Partnerships need to be built in a way that protects negative developmental effects; for example, do not crowd out small, local soap producers.

Case study 16; Case study 17; Case study 19

Ability

Enable adults and children to acquire the Ability to practice good hygiene behaviour

- Programs now go beyond traditional training about how to carry out new practices. Some examples are:
  - Community role models can ignite interest among households to build their own handwashing station. Community facilitators can show how to build a simple tippy-tap, or a plastic storage bucket with lid and tap, or make and market soap or menstrual pads.
  - Participatory methods help community people to understand good and risky local hygiene practices, and to plan, implement and monitor local action plans.
  - Focus on small, easy, sequential steps, 'do-able' actions. Gradual change is easier to achieve. Move from the least desirable to the ideal practice, for example, by moving up the hygiene ladder. Negotiate with people to trial out new practices and discuss their good and bad experiences after these trials.

Case study 2; Case study 5; Case study 8; Case study 10; Case study 25

Be careful and slow to fund the development of new Behaviour Change Communication (BCC) materials. These materials are usually in plentiful supply but are often not used or not used as intended. Find out what exists before re-inventing the wheel. Promoters and teachers need good training and practice to use materials effectively.

Case study 17; Case study 18; Case study 23

Motivation to practice

Motivate new behaviours drawing upon the specific drivers of change, not just health. Move from knowledge to practice.

- Powerful drivers for behavioural change are: the feeling of disgust, the need to protect children (nurture), the need to fit in (affiliation), comfort, and the need to attract others (attraction). The fear of disease, or improved health, is not the only or strongest driver for practicing good hygiene behaviours. It is important to take time to understand the local "drivers of change" before designing hygiene promotion programs.

Keynote paper 1; Case study 16; Case study 18

- 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.

Case study 14

- Mobilize key leaders and their institutions to support an improved practice and to communicate it through their local groups. The groups can include: religious leaders/ Imams, local politicians, village WASH committees, health volunteers, youth groups, children from schools, women's groups and savings groups, health institutions, vendors/retailers and so on.
- Many programs set up new WASH or health committees whose activities include hygiene promotion. These committees require careful selection, good training and continuing support. There is a possible conflict between committees setting their own plans while, at the same time, being told to carry out work decided by others. The sustainability of these committees is an open question.

Case study 6; Case study 7; Case study 8

- Many case studies have a school component (Case studies 7, 8, 17, 19, 20 to 26) and give many interesting examples of child-centred, participatory learning approaches, including activities that are fun for children to promote hygiene behaviours and children's leadership.
- The success of the school health program depends on enabling factors that include durable toilets, good water supply and, very importantly, strong support from the teachers and education authorities for maintenance of facilities. For school programs to succeed, the facilities must be clean, maintained and soap must be available.

Case study 21

Sustain and Study

Determine if the behaviour has been adopted and Sustained

- Monitoring and evaluation (M&E) needs to be done much better. There was little data or information in any of the case studies about whether or not behaviours had been sustained over time, more commonly anecdotes from community members were supplied to suggest that change had occurred.
- Hygiene promotion programs should better assess existing conditions and practices at the start, then during, at the end of a hygiene promotion program, and then some time afterwards. It is better to measure only a few indicators over time, than a whole lot only at the start and finish.
- Use good tools to collect information. Asking a person to report on his/her own practice often gives different information from observing real behaviour. Thus in case study 27, the self-reports of handwashing with soap were 2 to 3 times higher than the observations. Data should be collected using several tools—for example, through observations, spot checks, discussions and group ranking or voting—and the results compared. This is called triangulation and gives far more accurate results.
- Do not do health impact studies in a project. They are complicated, expensive and must be very carefully done to show valid results. We know that if people have the materials and carry out certain practices, their health will be protected. This (the practices and status of facilities) is what should be studied.

Case study 8; Case study 18; Case study 27; Case study 29

- Hygiene promotion needs much better program monitoring to answer questions such as: Is the program being carried out as planned? Who is being left out? The poor? Those in isolated communities? Are the field workers carrying out their work as planned? Are committees active? What problems are the field workers, promoters and committees facing? What have they learned during their work? Keeping an eye on this will improve hygiene promotion and help keep programs flexible.
- 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.

References

1 See, e.g. Cairncross, S. & Valdmanis V, 2006. Water supply, sanitation and hygiene promotion. In D.T. Jamison et al., (eds.) Disease control priorities in developing countries. New York: Oxford University Press, http://files.dcp2.org/pdf/DCP/DCP41.pdf and Fewtrell L, Kaufmann RB, Kay D, Enanoria W, Haller L, Colford JM Jr. Water, sanitation, and hygiene interventions to reduce diarrhoea in less developed countries: a systematic review and meta-analysis. Lancet Infectious Diseases. 2005; 5(1): 42–52, http://www.ncbi.nlm.nih.gov//pubmed/15620560