

Support for designing innovative HP (Hygiene Promotion) campaign

1. Introduction

Many of our hygiene promotion (HP) interventions are still facing the knowledge behaviour gap: at the end of the project, people are able to cite the hygiene behaviours promoted but they are not putting them into practice yet. To close the knowledge behaviour gap, we propose to apply a new hygiene promotion package, based on previous HP interventions that have proven to be successful in obtaining effective behaviour change (evidence-based):

The SuperAmma campaign in India by the LSHTM (London School of Hygiene and Tropical Medicine) has obtained 37% increase in handwashing with soap practices in 6 months: [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70160-8/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70160-8/fulltext)

2. Presentation of Concern's new hygiene promotion package

The general idea is that our hygiene promotion campaigns should be based on specific information collected, not general messaging, what experts in behaviour science call "insights".

Messages need to be tailored towards the real barriers (and enablers), working not only with the people who are expected to carry out the recommended behaviour but also with the influencing people to achieve behaviour adoption. For example, you might find out that the main barrier towards adopting chlorine as household water treatment is the taste: people might not like it. Then, your campaign can be based on the idea that "chlorine is like a drug who is good for the health: it does not taste good but it helps keeping you and your family healthy". And to get chlorine used in the targeted household you need to work not only with women as the main care takers of small children but with the head of the family who has control over how the income is spend and who is making decisions that affect the family as a whole.

The Small doable actions approach

Experience shows that we should not just deliver messages on hygiene behaviours but also support people to put these behaviours into practices.

Ex: Concern Chad has supported the Water committees to put in place a specific area nearby the water point to clean the jerrycans (peebles in soapy water).

Other examples: soap making workshop, how to make a tippy taps training, how to attach the lid to the jerrican, how to build dish racks, etc.

Table 1: main principles of the small doable actions approach

What we do not want to see any more

- Facilitators relying on black and white photocopies, A4 format, for performing HP facilitations. The same way engineers need good quality tools for installing a Handpump, facilitators need good support material to perform their facilitations.
- Posters like this: Too many information, long boring text, poor illustrations.



What we would like to see more

- To adopt new behaviours, people need information that resonates with their emotions. The text should be appealing: better a slogan than a long (boring) text.
- It is recommended to communicate on one topic at a time. Better to have a series of posters or drawings than to add too much information on one single support.
- All the illustrations should reflect people’s real life and particular context: depicting material and people clothes that are used in the particular context of intervention. If the illustration depicts a process (Ex: how to prepare chlorine solution), then one illustration per step is needed.
- Location is crucial for displaying the IEC material (posters): the closer to where the behaviour is to be performed the better. For instance, the inside of the latrine door for messages related to handwashing after defecation.
- A pre-test is needed before final printing to ensure the target audience understands the document as expected.

Table 2: Concern’s standards for designing visual support material

The main lessons learned from successful hygiene promotion campaigns:

- Focus on a limited number of behaviours: no more than 2 to 3 maximum.
- Messages should grab the heart and gut as well as the mind.
- Reach the target group through multiple channels and points of contact.
- Activities planned should aim at triggering an emotional response e.g. disgust, shame.
- Follow Concern’s standards for the design of any new information, education and communication (IEC) material (posters, leaflet, etc.): See Table 1
- Add a Small Doable Actions component to your campaign: See table 2
- M&E indicators should allow for differentiating between increase of knowledge and effective adoption of behaviours.

3. Specific activities to incorporate in a proposal for designing an innovative hygiene campaign

- Planning a barrier analysis or just focus group discussion using the barrier analysis standard questionnaire to identify insights regarding barrier/motivators.
- Setting up a competition with rewards in schools to identify new slogans based on the insights collected.
- In parallel, contracting a drama group and writing of a scenario based on the good and the bad character. The scenario will also draw from the BA analysis results (=should talk about the barriers identified).
- Organising the drama group touring

Note: Alternatively, if you do not have the budget for contacting a drama group, the theatre performance can be done by students (for them to turn the newly learnt practices into a drama they perform in front of their community).

- Planning video projection and discussions in crowded places (e.g. markets). You can use the following promotional videos for these HP sessions:

https://www.youtube.com/watch?v=2Vx_mdAimnM&feature=youtu.be
<https://www.dropbox.com/s/104vyc6jl68ymvx/THE%20PARABLE.mp4?dl=0>

- Elaborating and printing stickers with slogans identified, to be put nearby or inside the area where the behaviour promoted is supposed to take place.
- Adding the small doable actions approach (see examples provided above)
- Designing a robust M&E system to be able to distinguish between increase of knowledge and effective adoption of new behaviours.

Example for handwashing:

- % of people who are able to cite the 5 key moments for handwashing (measure knowledge increase);
- % of households equipped with handwashing station filled with water and soap nearby (effective adoption)

4. Frequently Asked Questions (FAQs)

4.1 What can be done when the notion that diseases are caused by “invisible germs” is not yet there?

- You can use the glow germs products: <http://www.hand-washing.co.uk/wg-cart-mini-kits.htm> , a special powder that can only be revealed under UV light.
- If you don't have the budget, you can do the chalk exercise for people to realise that dirt on hands can spread easily: <https://www.unicef.org/esaro/WASH-Field-HWWS-low-res.pdf>
- You can use promotional videos on making visible the invisible: (organise video projection and discussion in crowded places): <https://www.youtube.com/watch?v=w2qRcMTstzc>

4.2 Is there a contradiction between the current push within Concern for more integration in between sectors (and therefore for mainstreaming HP interventions in existing community health networks) and Concern newly defined hygiene promotion package?

Not at all. These are complementary approaches that should be undertaken in parallel: community health networks such as community health volunteers or care groups can help increase knowledge on different hygiene behaviours whereas specific HP campaign can be designed and implemented in parallel to obtain effective behaviour change on one or two specific behaviours.



Figure 1: examples of striking slogans and posters