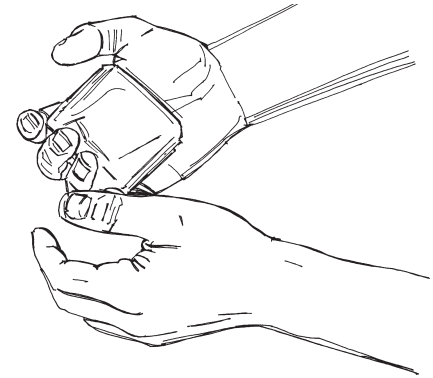


# Technical Note for Emergencies

## Hygiene promotion in emergencies

Communities affected by a disaster often lack basic water and sanitation facilities. They are also likely to be traumatized and vulnerable to disease. The disturbance to familiar and safe practices or the relocation to new environments can result in hygiene behaviour becoming unsafe. All these factors can contribute to the high risk of disease and epidemics. This technical note explains why hygiene promotion is important in emergencies and describes how to carry it out.



### Preventing the spread of disease

Effective hygiene promotion is widely believed to be one of the most valuable tools there is to reduce the toll of diarrhoeal diseases after a disaster. Despite this, hygiene promotion is still given far less emphasis than other water supply and sanitation initiatives.

Hygiene promotion is a general term used to cover a range of strategies which aim to improve people's hygiene behaviour and so prevent the spread of disease. This note focuses on behaviour related to water supply and sanitation.

By creating a series of barriers to infection, hygiene behaviour has a critical influence on the transmission of water- and sanitation-related diseases as shown in Figure 10.2.

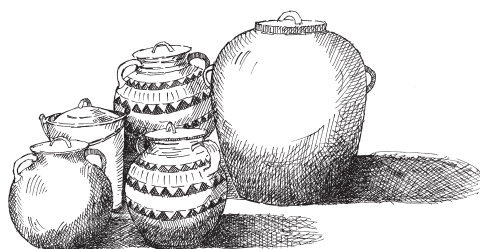


Figure 10.1. Covered water pots

The most important practices to target are:

- the appropriate use and maintenance of sanitation facilities;
- the safe disposal of faeces;
- handwashing after defecation and before food preparation (Figure 10.3 overleaf)
- clean water use and storage (Figure 10.1); and
- the control of flies and other insect vectors.



### Minimum standards

SPHERE sets out minimum standards for hygiene promotion which place strong emphasis on community mobilization and participation. They state that all facilities and resources provided should *reflect the vulnerabilities, needs and preferences of the affected population* and that users should *be involved in the management and maintenance of hygiene facilities where appropriate*.

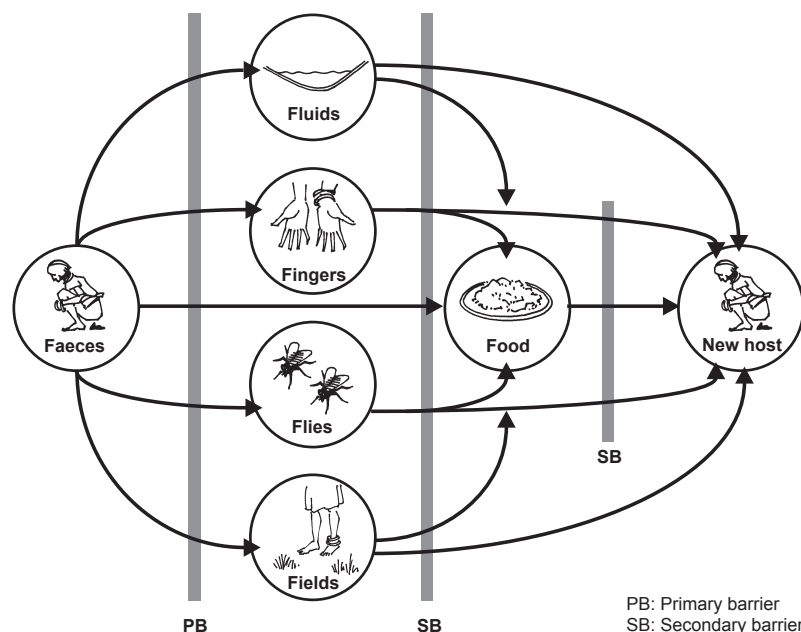


Figure 10.2. Hygiene barriers to the transmission of disease from faeces

## How to wash hands thoroughly

Hands should be washed with soap and under water for at least 20 seconds. Special attention needs to be paid to germs that may be trapped under nails and in crevices. The arrows in the pictures below show the direction of movement of the hands.

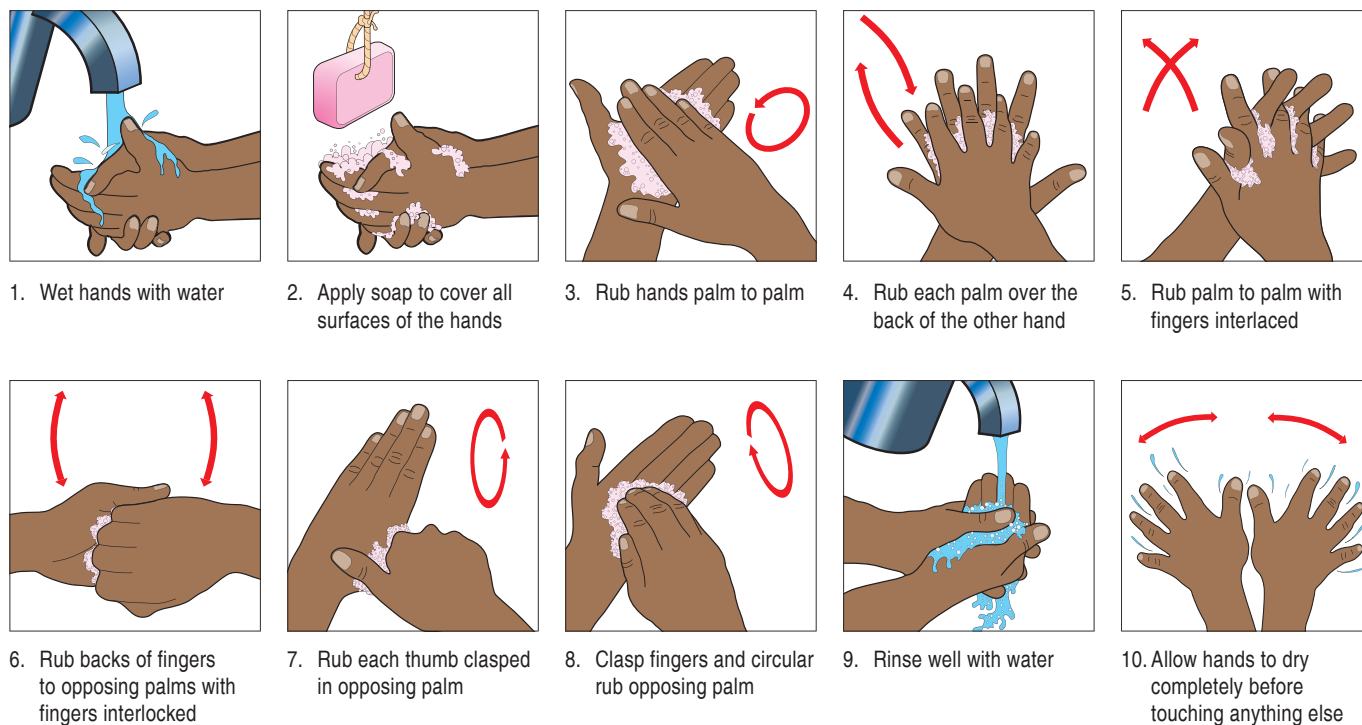


Figure 10.3. How to wash hands thoroughly

## Principles of hygiene promotion

- 1. Target a small number of risk practices.** Target the behaviours most likely to directly reduce the spread of disease first. These are likely to include handwashing with soap and safe disposal of faeces.
- 2. Target specific audiences.** Identify the sector of the community that has the largest influence on the changes you wish to promote and target your promotion activities at them.
- 3. Identify the motives for changed behaviour.** People often change hygiene practices for reasons not directly related to health, such as a wish to gain respect from neighbours, or personal pride.
- 4. Use positive hygiene messages.** People often learn best and can listen for longer if they are entertained and can laugh. Frightening people will stop them listening to you.
- 5. Identify the best way to communicate.** Traditional and existing channels of communication are easier to use and are usually more effective than setting up new ones.
- 6. Use a cost-effective mix of communication channels.** Using several methods of communicating with your audience reinforces the message and improves acceptance. However, there will be a trade-off to consider between the cost of using multiple channels and the overall effectiveness of the campaign.
- 7. Carefully plan, execute, monitor and evaluate.** Effective hygiene promotion is community-specific. Programmes must be designed to meet the needs of a particular community. This can only happen through careful planning, monitoring and evaluation of activities.

## Planning hygiene promotion

### Initial assessment

A baseline level of data is important for the development of the promotion campaign and to assess improvements achieved. The key questions to be answered by the assessment are shown in Box 10.1. In the first phase of an emergency a rapid assessment is all that can be undertaken. This may

## Box 10.1. Key questions for a baseline hygiene assessment

- What are the widespread risky practices in the community?
- Who and how many employ the risky practices in the community?
- Which risky practices can be altered?
- Who uses safe practices and who and what motivates and influences them to use them?
- What communication channels are available and which are trusted for promoting hygiene?
- What facilities or materials do people need in order to carry out the safe practices?
- How much time, money or effort are people willing to contribute for those facilities/materials?
- Where will those facilities/materials be available?
- How will people know that the facilities/materials exist and where they can be obtained?

## Box 10.2. Essential skills and knowledge required by facilitators

- Communication skills
- Knowledge of health problems related to sanitation in emergency situations and suggested prevention strategies
- Understanding of traditional beliefs and practices
- Knowledge of promotional methods for the use of sanitary facilities among adults and children
- Understanding of basic health messages and their limitations
- Knowledge of the appropriate use of songs, drama, puppet shows etc.
- Understanding of gender issues
- Knowledge of how to target various groups and especially vulnerable groups within the affected area
- Monitoring and evaluation skills

consist of mapping the community to show the location of important features such as water sources, latrines and community facilities, an exploratory walk through the area and some focus group discussions with representatives of the affected community and representatives of key organizations.

### Planning the promotion campaign

The main steps in developing a campaign are as follows:

- **Set a goal.** The goal will usually be to improve the quality of life (or to reduce the loss of life).
- **Identify hygiene problems.** These should have been identified by your initial assessment.
- **Identify key behaviours linked to the problems.** These could relate to activities such as handwashing or excreta disposal but could equally be related to poor technology, gender issues or the environment.
- **Determine the cause of the problems.** The more accurately the causes can be identified the easier it will be to target the campaign.
- **Prioritize actions.** Decide which problems to target first. This will depend on balancing the priorities for improving health with available resources.
- **Develop a strategy.** Decide which methods and tools you intend to use (see below).

## Facilitators

SPHERE suggests that there should be one hygiene promotion facilitator for every 1000 affected people. This number should be doubled during the early stages of an emergency response. There will not be sufficient time to recruit and train dedicated facilitators for the immediate phase of an emergency, but much can be done with volunteers identified through pre-existing organizations such as faith-based groups, health care workers or extension workers. If possible, use facilitators from within the affected community as they will better understand the local difficulties and be accepted by the community.

Facilitators must be trained (Figure 10.4). Box 10.2 lists the topics that should be included in training, but they do not have to be covered all at once. Start with very basic training in promotion techniques and provide short, regular programmes to gradually upgrade their skills



Figure 10.4. Training of facilitators

## Promotion tools and communication methods

- **Radio broadcasts.** An effective method of reaching a large number of people quickly. They should be brief, informative and entertaining with a memorable slogan or tune (jingle). Use a mix of voices in the form of a drama or interview.
- **Public address systems.** These can be used instead of radio broadcasts if the area to be covered is small or radios are

unavailable. Use loudspeakers in key locations or a mobile system attached to a slow-moving vehicle.

- **Posters.** Posters can be quickly and easily prepared, preferably in collaboration with the community. The main message should be displayed in the pictures, backed up by a few simple words. Test it by showing it to members of the targeted community, checking to see if they understand the message (Figure 10.5).
- **Drama and street theatre.** Drama is a powerful way of getting messages across. A simple story with exaggerated characters and plenty of audience participation is ideal.
- **Puppet shows and games.** Puppet shows and games are an excellent form of communication



Figure 10.5. Testing a poster for children

when the target group is children. Highly interactive entertainment is likely to be most effective.

- **Slide, film and video presentations.** If appropriate films or videos are readily available, they can reach many people very quickly. Their impact can be enhanced if they are followed by a group discussion to highlight the key points in the film.
- **Focus group discussions.** A guided group discussion can improve understanding of current behaviour patterns and the reasons behind them (Box 10.3).
- **One-to-one discussions and home visits.** This is a time consuming option but very effective where skilled facilitators are used. They can work with individual families to develop specific practices to suit individual needs (Figure 10.6).

## Other practical actions

There is little point in persuading people to change their hygiene practices if they don't have the tools to carry them out. The provision of a water supply, sanitation and handwashing facilities with soap

and food storage containers are all necessary before new hygiene practices can be adopted.



Figure 10.6. One-to-one discussions

### Box 10.3. PHAST

PHAST (Participatory Hygiene and Sanitation Transformation) employs a range of tools to help communities understand the need for behaviour change and to act upon it.

PHAST is primarily a development approach but it has been used successfully in emergencies where communities have remained together. (See below for sources of further information.)

## Further information

Harvey P., Baghri, S. and Reed, R.A. (2002) *Emergency Sanitation: Assessment and programme design*. WEDC, Loughborough University, UK.

Ferron, S., Morgan, J. and O'Reilly, M. (2007) *Hygiene Promotion: a practical guide for relief and development*, Practical Action, Rugby, UK.

Boot, M. and Caircross, S. (1993) *Actions Speak: the study of hygiene behaviour in water and sanitation projects*, IRC/LSHTM, London.

Action Centre La Faim (2005) *Water sanitation and hygiene*

*for populations at risk* – Chapter 15. Hermann Editeurs Des Sciences et des Arts, Paris ISBN 2 7056 6499 8

SPHERE (2004) *Humanitarian Charter and Minimum Standards in Disaster Response*. The Sphere Project: Geneva, Switzerland (Distributed worldwide by Oxfam GB) <http://www.sphereproject.org/handbook/index.htm>

Wood, S., Sawyer, R. and Simpson-Hebert, M. (1998) *PHAST Step-by-step Guide: A participatory approach for the control of diarrhoeal disease*, WHO, Geneva. [http://www.who.int/water\\_sanitation\\_health/hygiene/envsan/phastep/en/index.html](http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html)



**World Health Organization**

WHO Headquarters  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

Telephone: (+ 41 22) 791 2111  
Fax: (+ 41 22) 791 3111  
Telex: 415 416  
Telegraph: UNISANTE GENEVA

Prepared for WHO by WEDC. Authors: Frank Odhiambo and Bob Reed. Series Editor: Bob Reed.

Editorial contributions, design and illustrations by Rod Shaw

Line illustrations courtesy of WEDC / IFRC. Additional graphics by Ken Chatterton.

Water, Engineering and Development Centre Loughborough University Leicestershire LE11 3TU UK  
T: +44 1509 222885 F: +44 1509 211079 E: [wedc@lboro.ac.uk](mailto:wedc@lboro.ac.uk) W: <http://wedc.lboro.ac.uk>

**WEDC**