WASH Cluster
Water Sanitation Hygiene

HYGIENE PROMOTION GLOBAL
TECHNICAL WORKING GROUP

GLOBAL
SPEAKER
SERIES

Handwashing after the pandemic: Sustaining hygiene behavior change at scale

Welcome

Aarin Palomares

Global Handwashing Partnership

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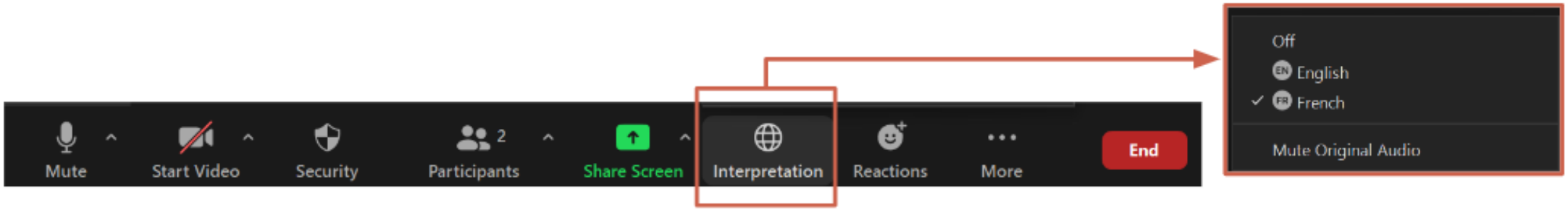
Click “interpretation” in your Zoom toolbar and select the language that you would like to hear.

Cliquez sur « interprétation » dans votre barre d’outils de Zoom et sélectionnez la langue que vous souhaitez entendre.



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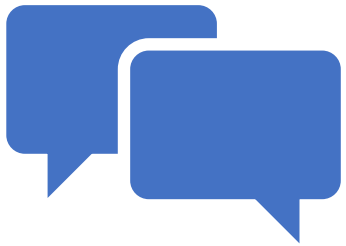

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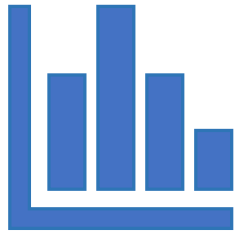


Please answer the polls throughout the webinar

Why this webinar series?

1. To share research and learning within the sector and reflect on how this can be used to strengthen capacities and programmatic work
2. To draw attention to issues that are often overlooked in humanitarian crises
3. To develop a repository of webinar recordings that can be used as a reference for WASH practitioners

GLOBAL SPEAKER SERIES

Handwashing after the pandemic: Sustaining hygiene behavior change at scale

Lisa Rudge, FCDO

Hygiene & Behaviour Change Coalition: A public-private partnership

Dr. Robert Dreibelbis, London School of Hygiene and Tropical Medicine

Reflections from the COVID-19 Hygiene Hub

Dr. Om Prasad Gautam, WaterAid

WaterAid's multi-country hygiene response to COVID-19 at scale: Applying behavior-centered design to drive behavior change

Panel Discussion

Hygiene & Behavior Change Coalition

Lisa Rudge
UK Foreign, Commonwealth &
Development Office

Foreign, Commonwealth & Development Office

HBCC Hygiene & Behaviour Change Coalition | UKaid from the British people | Unilever

Hygiene & Behaviour Change Coalition

A public-private partnership with Unilever

Global WASH Cluster – 31st January 2024

Hygiene & Behaviour Change Coalition | Unilever

Public-Private Partnership: March 2020 - March 2023

FCDO:
- £70m funding
- Global network

Unilever:
- £50m in-kind donation
- Global media capacity and expertise
- Management capacity

UN and Non-Governmental Organisations:
- Hygiene and WASH expertise, local knowledge and intervention capacity
- 21 partners in 37 LMICs

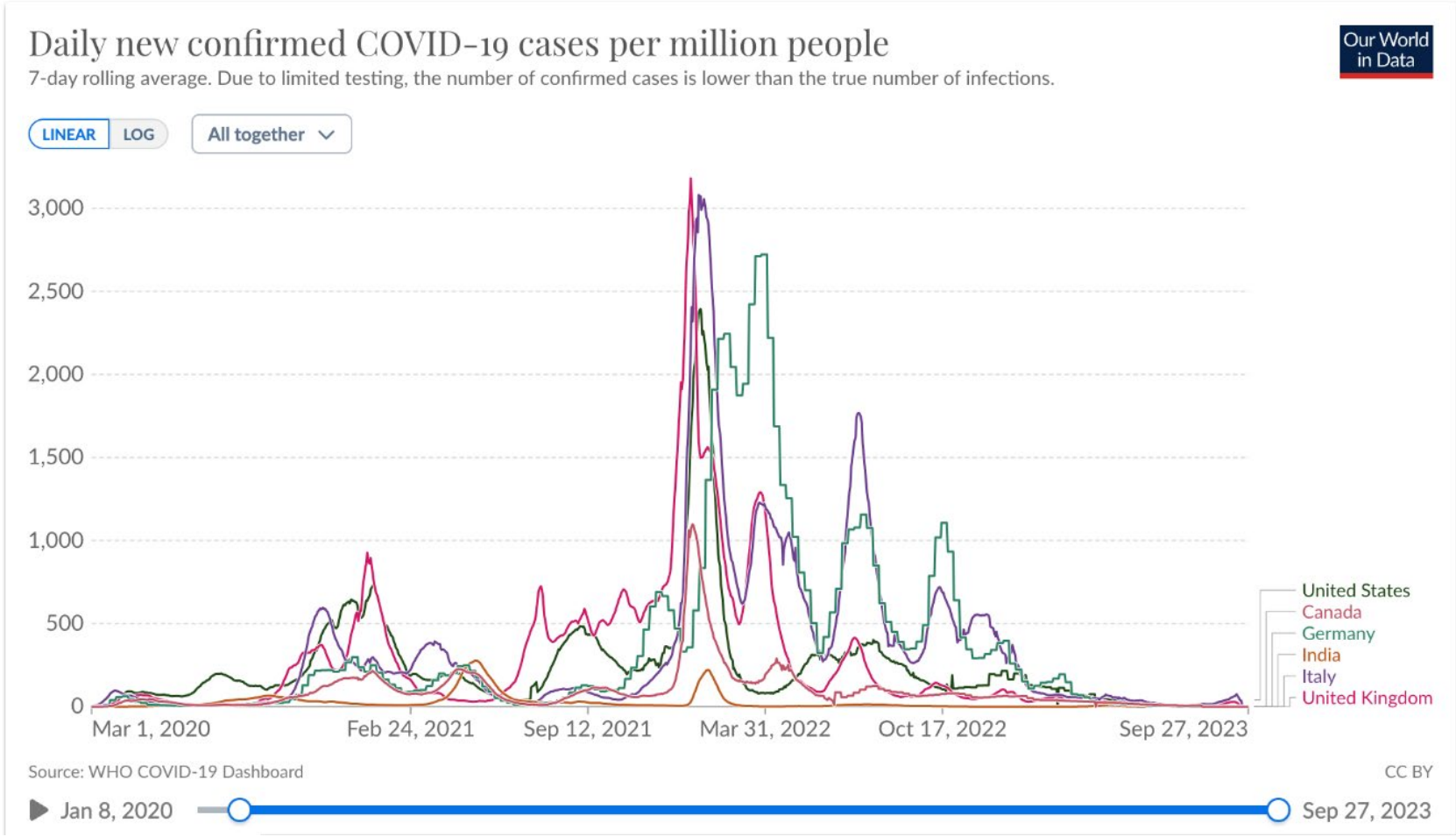
London School of Hygiene and Tropical Medicine
- Technical expertise and research capacity
- Access to range of experts and academic networks

Adapting throughout the Pandemic

Dad's Magic Hands - Oxfam Syria

WSUP

Covid Superheroes; IRC Pakistan



Achievements

HBCC Phase 1

- >1.2 billion reached with COVID-19 messages
- >27 million hygiene products distributed and >280,000 WASH services
- >480,000 staff trained to deliver COVID-19 programmes and campaigns
- >14,000 HCFs were supported with >2.3 million hygiene products and >6,000 WASH services
- HBCC created a network between partners, FCDO, UL and LSHTM

HBCC Phase 2

- >750 million people reached with messages on COVID-19 and vaccines
- >290,000 hygiene products and >4000 WASH services provided
- >111,000 staff trained globally
- 1,010 HCFs supported with >36,000 hygiene products and 312 WASH services
- 389 meetings, events or activities held with network and >12,000 people attended

A public-private partnership model: lessons learned

COVID-19 HygieneHub

Collaboration

- Align objectives; set jointly-owned goals
- Local partnerships, networks and hygiene/ behaviour change platforms
- Engage private sector (e.g. media, hygiene- related)

Amref - Kenya

Adaptive

- Behaviour Centred Design
- Context-specific – mass media, digital, in-person
- Ability to scale - robust monitoring, feedback loops and strong systems

Password campaign – Phase 1

Evidence-based, monitoring and learning

- Start with what you know
- Create dynamic learning environment
- Monitoring Outcomes with clear common indicators from the outset

Password campaign – Phase 2

Sustaining hygiene and behaviour change

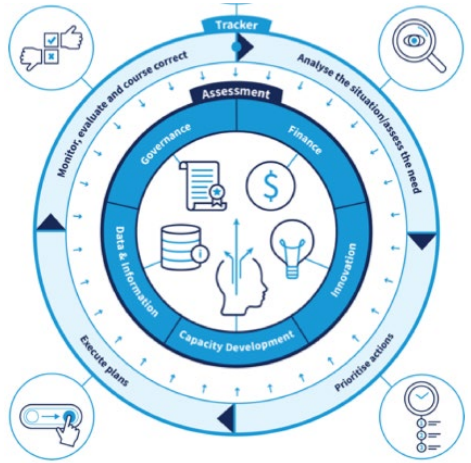
Systems lens

- Build on existing systems (Health, Education, WASH: Contributes to ownership and improved preparedness for future public health emergencies
- Use tools such as the HHAFT as a framework for identifying where to focus: Planning, finance, monitoring, governance..
- Build monitoring capacity, a common monitoring framework and an active learning community of practice
- Make inclusion deliberate: Work with representatives of national and local organisations representing women, minority groups, people with disabilities, other at-risk or potentially marginalised groups

Vaccine Facility locator tool – PSI Kenya

Capacity

- Longer term Hygiene and Risk Communication and Community Engagement Strategies include the use of Behaviour Centred Design
- Clear roles and responsibilities amongst stakeholders, including local leaders. Include influencers and build capacity of front-line delivery workers
- Promote and sustain innovation and adapt content



Hand Hygiene Acceleration Framework Tool – Hand Hygiene for All

Integration

- Integration with other sector initiatives in Education, Health….
- Create collaborative platforms at all levels to align approaches, and achieve scale (e.g. this was critical for including vaccine promotion)

Thank you!

If you'd like more information:

Hygiene & Behaviour Change Coalition | Unilever

COVID-19 | Hygiene Hub

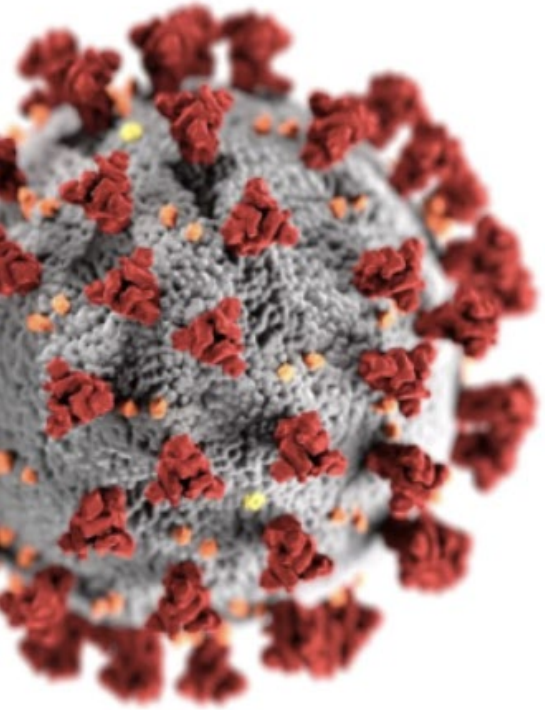
HBCC
Hygiene & Behaviour Change Coalition

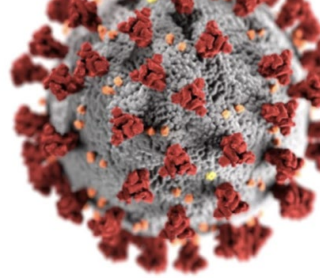
UKaid
from the British people

Unilever

COVID-19 Hygiene Hub

Robert Dreibelbis
London School of Hygiene and Tropical Medicine





Reflections from the COVID-19 Hygiene Hub

Robert Dreibelbis, LSHTM

Director, COVID-19 Hygiene Hub

COVID-19 HygieneHub

What was the Hygiene Hub?

A service to help actors in low- and middle-income countries rapidly share, design, and adapt evidence-based hygiene interventions to combat coronavirus.

Resources

Draw on a wealth of up-to-date resources which synthesise the evidence and provide practical recommendations

Get technical advice

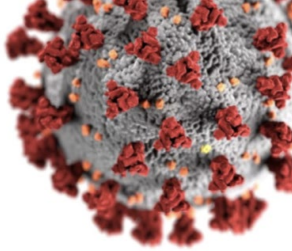
Can't find an answer to your question or want contextualised guidance? Get technical advice in real time

Connect with others

Share your great ideas with us and tell us what your organisation is doing to respond to COVID-19

www.hygienehub.info

The Hygiene Hub in numbers



16 Academic & technical institutions	**65** Technical advisors across 5 continents	**9** Steering Committee members	**324** Organisations receiving rapid support	**73** In-depth technical collaborations	**36** Organisations with long-term support
4 Languages for all outputs	**12** Learning briefs developed	**65+** Case studies developed	**200+** Technical resources	**295** Projects shared on-line	**60+** Webinars /conferences

650k+ Unique website visits since March 2020

6k+ People reached through the webinars

3mil+ People reached through social media

What did we learn?

Improving future outbreak response and resilience

Reinventing the wheel

- Action prioritized over reflection and building on past experiences and existing knowledge base.
- Assumption that because the SARS-CoV-2 was a novel pathogen our learning had to start from scratch too.

Opportunities to improve

- Long term repositories of outbreak related learning
- Strengthening behaviour change capacities at national levels
- Remember the key principles of BC (e.g. view behaviour holistically; go beyond health messaging)

What did we learn?

Behaviour change

Challenges

- Long term inequities in basic infrastructure and materials will continue to exist
- Focus on messaging (often health based) over behaviour change
- Sustainability of behaviour change often ignored
- Limited costing and policy data

Coordination and Financing

Challenges

- Ability for donors to disperse funds rapidly
- Coordination provided limited support for programme design, M&E, capacity strengthening
- Reliance on global orgs, limited support and engagement for country partners

Community Engagement

Challenges

- Often delayed, after response programmes designed
- Limited financial support and costing for community engagement
- Limited technical capacity or capacity strengthening on mechanisms for community engagement

What did we learn?

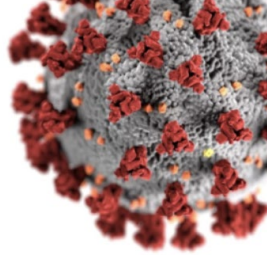
Adjusted scope of work for BC professionals and implementers

Opportunities to improve

- New and novel behaviours require different skills for promotion and potentially new channels, but can learn from previous experience
- BC professionals are likely to be key frontline staff in future emergencies; capacity building on outbreak response could support improved future responses.
- Adjust to continued remote work, Increased attention should be directed to staff health and wellbeing

What did we learn?

Innovation and learning within an outbreak context is possible



Learning Brief: Digital and mass media approaches to support hygiene and vaccine uptake during the COVID-19 pandemic

Written by Fatima Ahmed
Updated over a week ago

PAKISTAN

Using bulk voice messaging to increase COVID-19 vaccination uptake in rural Pakistan

Country and Region: Pakistan, in Baluchistan, Sindh, and Khyber-Pakhtunkhwa provinces

Organization: Save the Children

Point Person and Role: Vee Snijders, Behavioral Scientist
Behavioral Insights for Children (CUBIC), Save the Children

Ahmed Lodhi, research design support at Save the Childre

Population served by the programme: (# of people) Mor
in three provinces in Pakistan were targeted with a pre-reco
importance of the COVID-19 vaccine as part of the trial, an
were sent the bulk voice message (BVM) message after the

Unique characteristics of the setting: The intervention tar
provinces of Baluchistan, Sindh, and Khyber-Pakhtunkhwa i
lowest vaccination rates across all districts in the country. D
vaccination statistics obtained from Pakistan's Expanded Pr
(EPI), which is the focal agency for procurement, distributio
19 vaccines. These districts are predominantly rural, have lo
literacy levels. Urdu is also not the predominant language a
reasons, Save the Children hypothesized that the populatio
previous COVID-19 communication efforts.

Number of cases and deaths due to COVID-19 at time o
the start of COVID-19: 1.57 million; total deaths: 30,645.

Number of COVID-19 vaccinations at time of publishing
now been fully vaccinated, which is 60% of the population.

Briefly describe the key componer
19 or WASH response programme

This intervention used Bulk Voice Message (BVM) to test the

AFGHANISTAN, SOMALIA

Using research informed media communication to reduce the spread of COVID-19 among vulnerable populations

Country and Region: Afghanistan and Somalia

Organization: BBC Media Action

Point Person and Role:

Mursal Abrar, Project Manager, BBC Media Act

Hodan Ibrahim, Senior Researcher, BBC Media

Katherine Michie, Research Communications C

Population served by the program: (# of peo

A combined reach of 15.1 million of the adult p
Somalia and Afghanistan (4.8 million in Somali
BBC Media Action's media output reached a bi
developed for vulnerable groups including inte
girls, people with disabilities (PWDs), and nom
Afghanistan.

Unique characteristics of the setting:

On top of the public health challenges brough
people in Afghanistan and Somalia face multip
extreme poverty and unemployment, conflict,
by the 7.8 million people in need of humanitar

DEMOCRATIC REPUBLIC OF THE CONGO

Sustainable handwashing stations in Bunia for COVID-19 prevention

Country and Region: Democratic Republic of the Congo (DRC), Bunia the capital city of Ituri Province

Organization: UNICEF Democratic Republic of the Congo, in partnership with managers of the central market of Bunia, officials of the Town Hall of Bunia, and hygiene staff from Mutuelle de Santé Canaan (MUSACA)—a local NGO who provided daily caretaking and maintenance of the handwashing facilities installed at the central market.

Point Person and Role:

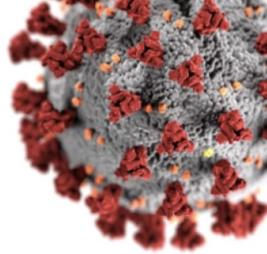
Dr. Ibrahim Cisse, Chief Bunia Field Office, UNICEF - conception

Nyalundja Ciza, WASH officer Bunia, UNICEF – implementation

Bah Elhadj Oumar, WASH manager Goma, Bunia, Bukavu, UNICEF – support

Peter Maes, Chief of WASH RDC, UNICEF – support

Population served by the program: (# of people): The main market of Bunia has more than 3,000 stalls, more than 1,000 shop doors, and welcomes around 50,000 people who



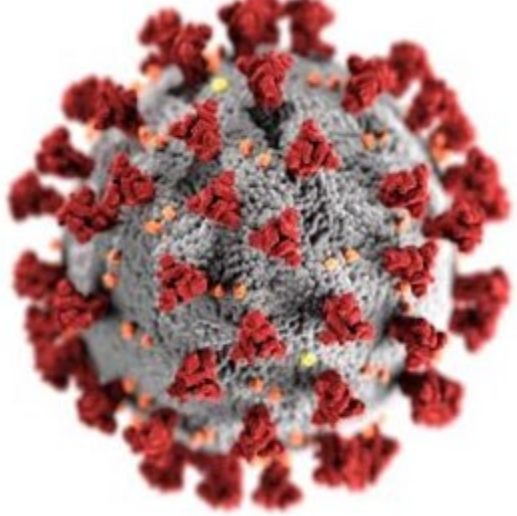
What do we need?

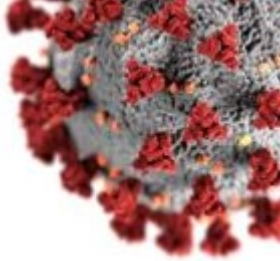
Addressing the BC challenges now and the future

Capacity building and capacity strengthening on understanding behaviours and the design, delivery, and evaluation of BC programmes

Move beyond information sharing towards collaboration and integration

Ensure that behaviour and behaviour change is part of appropriate system strengthening efforts





COVID-19 HygieneHub

hygienehub.info

support@hygienehub.info

The COVID-19 Hygiene Hub is housed at the London School of Hygiene and Tropical Medicine (LSHTM) and developed in partnership with Centre for Affordable Water and Sanitation Technology (CAWST) and Wash'Em

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

CAWST

Wash'Em

UKaid from the British people

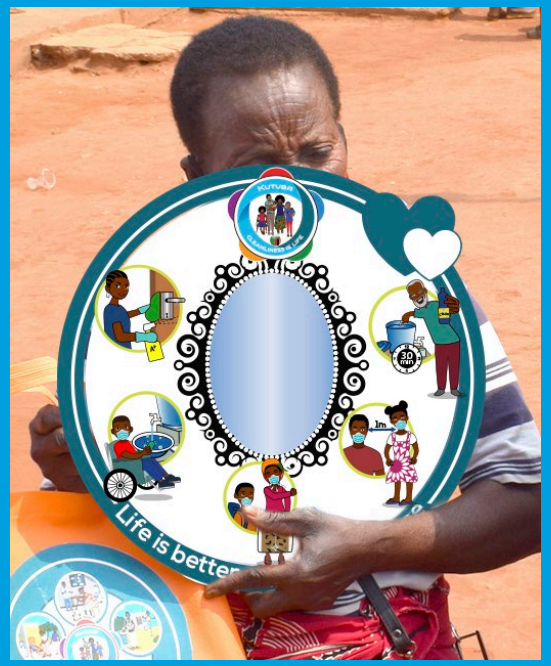
The Hygiene Hub is funded by the Foreign, Commonwealth and Development Office (FCDO) and the Bill & Melinda Gates Foundation

This project was made possible by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.

WaterAid's Multi-Country Response

Om Prasad Gautam
WaterAid UK

WaterAid's multi-country hygiene response to COVID19 at scale: Applying Behavior-Centered Design to Drive Behavior Change



Dr Om Prasad Gautam, PhD, MPH, MA

(Behaviour Change Scientist and Public Health Expert)

Senior WASH Manager – Hygiene

WaterAid UK

WaterAid

WaterAid's multi-country hygiene response to COVID19 at scale

"Hygiene is a key line of defense to COVID-19"

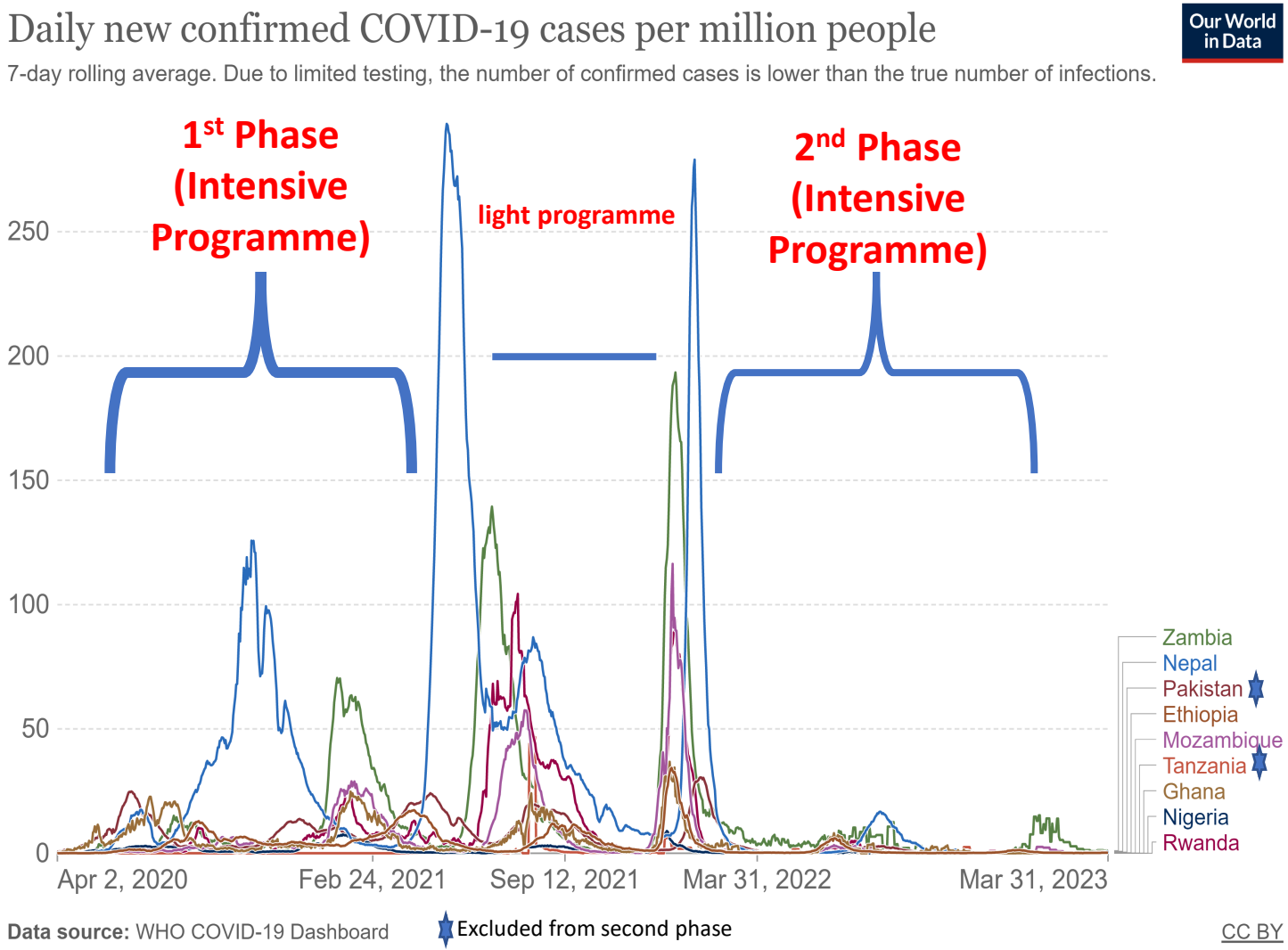
- Multi-county initiative: **intensive programmes in 9 countries** in phases (while light response also implemented in remaining 17 countries).
- Target population: 120 million diverse target population (71 million in 1st phase and 49 million in 2nd phase).
- Multiple settings: Households / community, schools, HCFs, public places, workplace, institutions.
- Desire outcomes: Improved awareness, increased COVID19 sensitive hygiene behaviours, functional handwashing facilities, & sector coordination to contribute in reducing the spread of COVID-19.
- Budget: ~9million GBP
- Donors: FCDO/Unilever, HAF + others
- Leveraged existing Gov led campaigns to promote hygiene supported by WA:

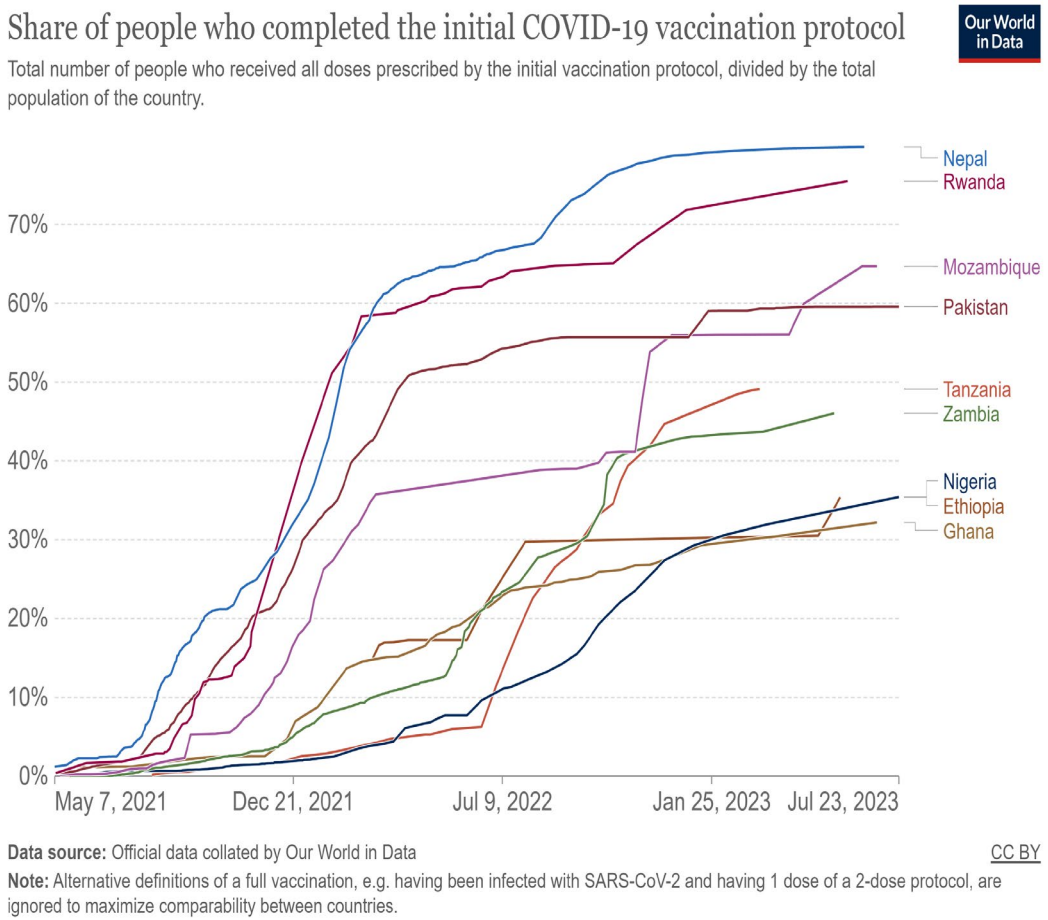
#SHISHOZA

Hygiene response to COVID19 in two phases

First phase: 1 year intensive programme in 9 countries (April 2020 to March 2021)

Second phase: 1 year intensive programme in 7 countries (April 2022 to March 2023)





Focused Key Behaviours

Based on the disease epidemiology, proven and recommended behaviours to prevent the transmission of COVID-19 from WHO and wider learning from the WA's COVID-19 response.

Primary behaviours	
Handwashing with soap	
Wearing mask and maintaining respiratory hygiene	

Primary behaviours	
Maintaining physical distancing	
COVID-19 vaccine uptake **(second phase only)**	

Community based hygiene intervention also included the routine other few key hygiene behaviours including COVID19

Approach: Simplified '**Behaviour Centred Design - BCD**' Approach

5. Evaluation

- **First phase:** MTRA, ongoing monitoring / reporting, final evaluation and learnings.
- **Second phase:** baseline & endline, final evaluation.

Rapid application of **Behaviour Centred Design** (BCD) approach - **ABCDE**

1 & 2. Assess and Build:

Contextual analysis, defined design principles and behaviours, ToC, identified motives, barriers, delivery channels. Second phase – learnings from 1st phase + FR.

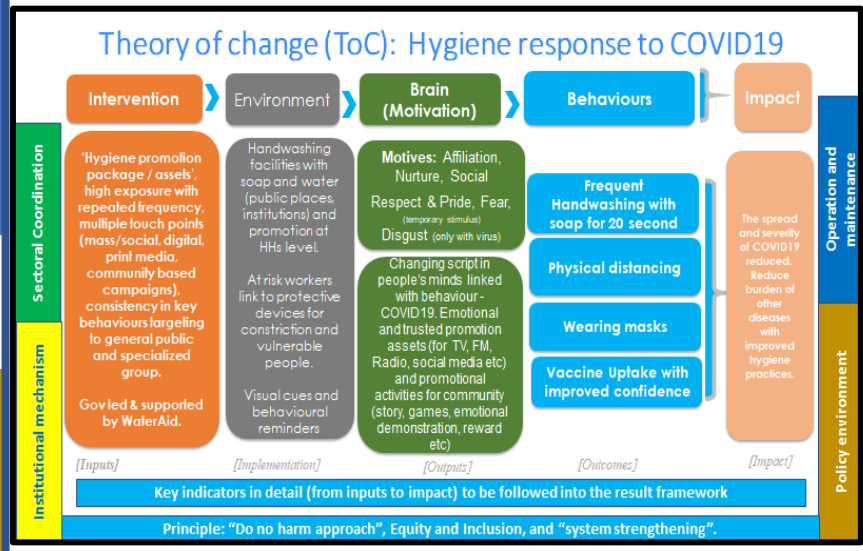
3. Creative process:

Designed, reviewed and re-designed comprehensive package materials, tools / assets in progressive order - mass media assets, community based promotional packages and nudges / cues and handwashing design

4. Delivery / implementation:

Repeated exposure through mass, digital, social media, non-contact methods, ramp-up community campaigns and strengthen sector coordination. Added COVID19 vaccine promotion into exiting HBC campaign vice versa. installed HW facilities.

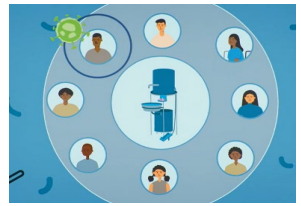
Theory of change



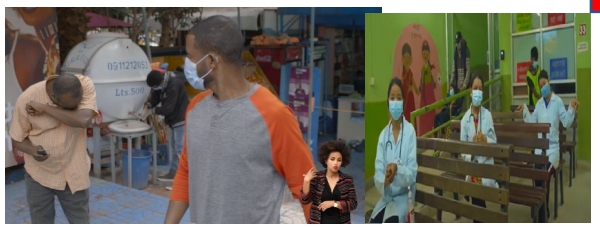
Focus motives: Affiliation, nurture, pride/status, safety, disgust (for virus), Fear (temporary) for changing key behaviours.

Delivery: Hygiene response using mass media, digital, social media

Progressive assets: Shift from promotional TV videos to emotional to trusted assets to reinforce key behaviours: reached **239 million** people at least 82 to 360 times.



Knowledge / science

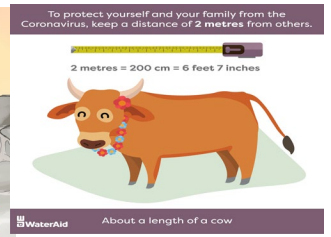


Motivational drivers (people's emotion)

Trusted & motivational (celebrities, comedians)

Reaching the hard to reach and the most marginalised – multiple exposure: Radio, milking, loud speaker, mobile camp, etc.

Promotion through the digital and social media: and cues / nudges.



Delivery: Hygiene response using community based intervention

Hygiene through community based intervention in communities/HHs: high fidelity using manual, tools / materials. Reached **3million** people at least 3 to 8 times.

Story, games, competitions, social / status appeal, emo-demo, behavioural nudge / takeaways, letter exchange, etc

Hygiene through the schools, HCFs, Workplace, Religious places.

COVID19 vaccine through the hygiene response and hygiene through the vaccination

Innovative and inclusive handwashing facilities in public places





Inclusive permanent and semi-permanent 3,000 facilities installed



Temporary facilities with it's own lifecycle

Wheel-chair and disability friendly

Height adjustable basin

HW facilities in slum settlements with proper cues to maintain distance





First Phase Evaluation: Eight Country Mid-term Rapid Assessment (n=3,529)

Key behaviours	Knowledge	Reported Behaviours – always	Reported change due to intervention	Social norms*
Wearing mask	98%	54%	87%	66%
Maintaining Physical Distancing	84%	26%	78%	51%
Handwashing with soap: critical times (as below)				
After defecation	84%	84%	83%	67%
Before feeding	93%	91%		
When entering / leaving home	32%	32%		
After touching frequently touched surface	35%	34%		
After sneezing / coughing	22%	22%		

we asked respondents to think of **10 people in their immediate community and asked them how likely those 10 people would be to practise certain behaviours.*

- **Overall Reach: 93%** reported hearing or seeing hygiene intervention on preventive behaviours against COVID-19.
- **The top 3 behaviours:** handwashing with soap, wearing a mask in public and maintaining physical distance.
- **The top four sources were**: TV (45%), radio FM (24%), health workers at a HCF (11%) and social media (10%).
- **Top four motives**: Fear, Nurture, Affiliation and Pride / status for changing hygiene behaviour.

Significant behaviour predictors: Descriptive norms (other people are practicing) for handwashing but both injunctive norms (other people expect me to practice) & descriptive norms for remaining behaviours.

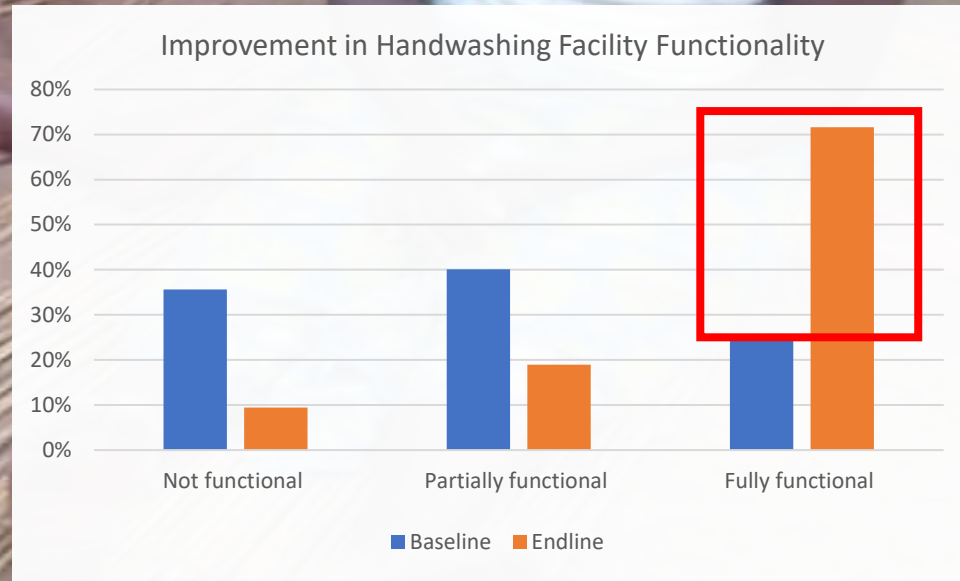
WaterAid

Second Phase Evaluation – 4 countries

1,300 household interviews at baseline and endline

650 households structured observation

Results	Baseline	Endline	Change
Observed washing hands with soap after toilet	84%	91%	7%
Observed washing hands before eating	76%	91%	15%
Observed washing hands before feeding a child	66%	74%	8%
Observed washing hands after coughing or sneezing	17%	35%	18%
Perception-vaccine prevents risk of serious illness or death (COVID19)	67%	81%	14%
Perception - vaccines are effective and safe	46%	60%	14%



Five key learnings from the at scale implementation

Science and evidence based HBC campaign

- Target disease sensitive behaviours – behaviour should prevent and or block the disease transmision route.
- Rapid application of science based proven approach such as BCD to inform programme is possible during emergencies.
- FR and creative process is must to inform design process and develop context relevant intervention package.
- Application of emotional (using motives beyond fear), attractive and context specific intervention is possible during emergencies.

Focus on higher reach, exposure using trusted assets maintaining fidelity

- Higher reach with repeated frequency using multiple assets is key.
- Trust - use of celebrities, influencers, branding is important.
- Assets/Package need to be in local languages, progressive to avoid campaign saturation & fatigue.
- Diversity in assets is important while targeting multiple target groups.
- Standard package including manuals, tools/materials and capacity building initiative to institutionalized promotors is must to ensure the fidelity.

Five key learnings from the at scale implementation cont…

Integrated programme is possibe but need to demonstrate mutual benefits and strengthen system

- Feasibility of integrating hygiene and vaccine is possible but integrated programme must demonstrate mutual benefits (improve behaviours and increase coverage).
- Emergency response programme can also transform health system such as building capacity, deepening coordination, leveraging financing and monitoring.

Pre-design inclusive technology / products and O&M is key for sustainability

- Contracting takes times.
- Context specific inclusive technological / product design need to be ready for emergency to ensure efficiency.
- Ideally install permanent and or semi-permanent facilities with its O&M plan. If temporary, it should be with its own operation plan.
- Visual cues/nudges need to be attached with facilities.
- Disability & accessibility audit is must for inclusive design
- Longitudinal monitoring of installed facilities (HWFs) is key.

Five key learnings from the at scale implementation cont…

Focus on inclusivity and partnership

- Be intentional to use E&I framework since start.
- Use target population focus touch points to reach the un-reached.
- Gov leadership is vital for large scale HBC programme / campaign during emergencies. Use existing campaigns if available.
- Cross-sectoral coordination is vital to minimize duplications.
- Partnership with private sector is important for product/facility innovations and its availability.

Thank you!

Thanks to all WaterAid country programmes, FCDO / Unilever, HAF, and all other donors (Gov, foundations, individuals) for the support. Thanks to all implementing countries, respective Governments, WA and partner's staffs.

For more detail, visit WA's Hygiene Response to COVID19 Report:
https://globalhandwashing.org/wp-content/uploads/2022/03/WAs-Hygiene-Response-to-COVID-Brief_EN.pdf

For further details contact Dr Om Gautam: OmPrasadGautam@wateraid.org

WaterAid

GLOBAL SPEAKER SERIES

Question & Answer Session

GLOBAL SPEAKER SERIES

Handwashing after the pandemic: Sustaining hygiene behavior change at scale

Jenala Chipungu
Head of Social and Behavioural Science Research Department at CIDRZ

Dejene Tagesse
Programme Quality and Innovations Manager at WaterAid

Obert Gonye
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THANK YOU!