

# Hygiene Promotion by IRC and Partners from 1988 to 2011

## Overview and analysis of past work Potential directions for the future

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### 1. Introduction

This note has been made for IRC to strengthen further its already existing sector innovation role, with special emphasis on the H for Hygiene in the acronym of WASH. The objectives are (1) to give an overview and an analysis of what IRC has done on the promotion of hygiene in the past and (2) identify gaps and opportunities for its further development in the context of IRC's sector role as innovator and change agent. The intended users are (1) the members of the IRC S&H thematic group and (2) the composers of the rural sanitation materials package, a 2011 internal project and (3) the developers of IRC's new business plan (2012-2016).

### 2. Hygiene Promotion (HP) Work of IRC and Partners (1988-2011)

#### 2.1. Overview

**Effective approaches.** Until the mid 1980s, HP was part of IRC's work in "CPHE" (Community Participation and Hygiene Education) linked to projects for decentralised water supply. HP became a subject on its own with the publication of a field guidance document<sup>1</sup> and a literature review<sup>2</sup>.

The review distinguished *three HP approaches*: (1) hygiene education, which assumes that more information on what causes the spread of WASH-related illnesses and in which ways to stop these will make people improve conditions and practices; (2) hygiene promotion, which states that education can help, but that more mechanisms are needed to stimulate people to change conditions and practices, including social marketing of one single key practice/product at a time, and (3) community-managed hygiene improvement, in which communities are helped to do a local analysis, make and implement local action plans and monitor and evaluate change. The review also stressed that more good studies were needed to measure the effectiveness and costs of the different HP approaches and projects/programmes.

In a 1995 paper for UNICEF<sup>3</sup>, the *effective mechanisms* for HP were further detailed based on one behavioural change theory, and practical guidance was given, illustrated with field examples. IRC was also among the first to call for attention to gender in HP for effectiveness and equity<sup>4</sup>. A review of handwashing programmes was done for the Academy for Educational Development in 2006<sup>5</sup>.

In September 2003 IRC started a web-based series, Thematic Overview Papers or TOPs. They give the reader not only easy access to the latest literature and abstracts of key documents, but also point to leading organisations and contacts in a particular subject field. The first TOP was on HP. It was updated in 2005<sup>6</sup>. The WASH-in-schools TOP appeared in 2003<sup>7</sup>.

**Field activities & applied research.** Fieldwork began in Tanzania in end 1970, together with the Research Section in the Community Development Department of the Prime Minister's Office. A study of some 150 handpumps and public taps in 2 regions showed that 50 % of taps and pumps could not be used; another 25% were usable, but could not be used exclusively for drinking water, because of problems of distance, taste, queuing, etc. Finally, it was demonstrated that for the remaining 25% of improved water points, there were great risks of contamination of the safe(r) water, because of the ways users transported, stored, and drew the water at home. Other risks (sanitation, handwashing) were not investigated. Two other studies on rural HP were (1) a study on effective HP strategies in Dosso, Niger, which assessed the HP objectives with the participatory Objective Oriented Planning Procedure (OOPP) method<sup>8</sup> and the effectiveness and cost of promotion in Niger and (2) the sustainability of the effects of HP interventions, measured in six countries, with partner Resource Centres and the London School of

Hygiene and Tropical Medicine (LSHTM)<sup>9</sup>. Field and literature studies produced amongst others an article on measurement and findings on cost-effectiveness of HP<sup>10</sup>.

**HP support missions** and evaluations were carried out, amongst others, in Burkina Faso, Eritrea, Guinea Bissau, Kenya, Niger, Nigeria, Tanzania, Colombia, Honduras, Jamaica, Nepal, Vietnam, Indonesia and many states of India. Formal reports can be found through searching the electronic library of IRC<sup>11</sup>.

**Policy advice.** Some of the support missions also resulted in policy advice, e.g. in Niger, where after the project support<sup>12</sup> IRC facilitated a workshop on adjustment of the national policy for rural WASH<sup>13</sup>, and in India, where the support missions brought recommendations for incorporating and further development of the hygiene component in Indo-Dutch WASH projects in five states<sup>14</sup> and in the Government of India - UNICEF WASH programme. IRC staff also did missions for policy development on HP for UNICEF India and more recently UNICEF Kenya<sup>15</sup>.

**Behavioural change and capacity building.** IRC's earlier guide on the implementation of HP was followed by a workshop and two guidance documents on measuring behavioural change, in cooperation with LSHTM. The first book<sup>16</sup> set out *which types of interventions* will reduce the risky conditions and practices that transmit diseases that are water-borne, hygiene- and sanitation-related, water-related and related to vectors that breed in water and waste. A paper<sup>17</sup> addressed *proper research methods* to assess hygiene and sanitation conditions and behaviour. Another IRC Technical Paper<sup>18</sup> described the *organisational options* for HP projects and programmes, and their pros and cons.

These guidance documents were followed by an annual *short course* on HP in the 1990s. Participants were mainly agency and project staff involved in HP projects or components supported by external support agencies (ESAs) and staff from UNICEF field offices. Several IRC partners (NETWAS in Kenya, COSI in Sri Lanka) offered an adjusted course in their region in franchise with IRC. IRC's training programme (not only on HP but also other subjects) was stopped just before the second millennium, due, in part, to more training opportunities in the South and a declining demand for the costlier training in the North. Since then, IRC has used the lessons and materials from all its training courses (not only HP, but also on sanitation, gender and sustainability, to develop an integrated training package, called Washirika ([www.washirika.net](http://www.washirika.net)), for WASH governance at the intermediate level.

**Learning and sharing.** Throughout its existence, IRC has held meetings and workshops devoted to learning and sharing between sector practitioners. One of the first events was 'The Local Decade', where practitioners from southern NGOs, projects, governments and UN agencies shared experiences on participatory WASH projects, including HP. Between 2007 and 2011, IRC organised seven regional learning and sharing workshops on sanitation and hygiene<sup>19</sup>, in East, West and Southern Africa, South Asia and Latin America, in cooperation with a range of organisations<sup>20</sup>. Specific entries on HP included, among others, a paper on the evolution of HP in Bangladesh, menstrual hygiene, facilitating hygiene for people with disabilities and post-earthquake HP in Pakistan. One workshop focused solely on HP<sup>21</sup>. All papers are on line<sup>22</sup>. A book on experiences from South Asia was published together with WaterAid UK<sup>23</sup>. A summary paper on lessons learned in all regions is about to become available.

**Partnerships.** HP partnerships in the South exist between IRC and its regular resource centre (RC) partners. HP work such as field and case studies, evaluations and workshops has been carried out especially with NETWAS in Kenya, CREPA in Burkina Faso but also catering to francophone West Africa, SEUF in Kerala, India, COSI in Sri Lanka and Philippine Center for Water and Sanitation (PCWS). In 2007, a book of partners' case studies was published<sup>24</sup>.

Partnerships in the North were with LSHTM (research) and the Water, Engineering and Development Centre (WEDC) in Loughborough University. The research cooperation has been mentioned above. IRC, LSHTM, WEDC and local partners also ran the WELL project for knowledge sharing and development. Work on HP included web-based briefing notes<sup>25</sup>. The 2004 attempt to create a partnership with Unilever NL as hygiene-related corporate company in the private sector did not succeed. A group of other actors such as LSHTM, UNICEF, WaterAid Asia and WSSCC was more successful and established the Global Public-Private Partnership for Handwashing with Soap with a/o Unilever UK, but without IRC<sup>26</sup>.

**HP in and through schools.** IRC's role in promoting hygiene in and through schools deserves special mention. In 1987, IRC devoted a chapter to schools in its HP literature study. In 1988, it published a specific literature review<sup>27</sup>. This was followed by several action-learning projects with UNICEF. The

longest was with UNICEF India, with a concept paper, support missions, workshops, action research after doing a baseline study<sup>28</sup>, a teachers' guide and a resource book<sup>29</sup>. A second project was with UNICEF headquarters and country offices and national governments in six countries<sup>30</sup>. The third was with UNICEF headquarters, following up an international symposium in 2004<sup>31</sup> with a sharing and learning project in Kenya<sup>32</sup>.

An effort for a follow-up programme did not succeed. Neither UNICEF headquarters nor contacted country offices had a demand for support at the time. Development was sustained only by two short-term activities on demand: a project with Emory University in the US and Dubai Cares in Dubai<sup>33</sup> and a workshop on the development of a school environmental and hygiene programme in faith-based schools, organised jointly by the Alliance of Religions and Conservation (ARC), Ecological Management Foundation (EMF) and IRC. At present, neither activity has led to a longer programme, although learning, sharing and advocacy continued through the half-yearly 'Notes and News' newsletter<sup>34</sup>, a discussion group and a WASH in Schools website<sup>35</sup>.

The schools-related work of IRC and partners has resulted especially in a comprehensive series of publications: (1) Case studies on the value of WASH improvements in schools<sup>36</sup>; (2) a guidance book on child-friendly and sustainable facilities<sup>37</sup>, (3) a methodological book on learning<sup>38</sup> and (4) a guide on lesson plans<sup>39</sup>. It also inspired two films by partners, one on problems in schools in Kenya<sup>40</sup> and one on solutions in Nepal. The work also contributed to two projects, in Nepal and Pakistan, where pupils and teachers effectively promoted good hygiene and sanitation in homes<sup>41</sup>.

**Monitoring Behaviour Change.** Work on simple yet valid tools to monitor behaviour change in hygiene began with UNICEF in Rajasthan in 2003. From 2006 this has become a major activity. Workshops took place with WaterAid India in Madhya Pradesh and NEWAH in Nepal, using the QIS methodology (quantification of qualitative information system) to develop and test hands-on programme-specific indicators and participatory measurement tools. In Nepal training was provided and a simple excel data base was set up. In Indonesia, the methodology was combined with a conventional survey to measure impacts in WSLIC-2, and an AusAid supported WASH project with 2500 villages. A manuscript documenting the methodology and major findings has been submitted for the WEDC jubilee conference in July 2011<sup>42</sup>. The approach is now developed further with partner SNV in Bhutan, Cambodia, Laos, Nepal and Vietnam, with indicators and tools captured in an on-line guide<sup>43</sup> and with Simavi, UNICEF, PLAN, Dian Dessa, CD Bethesda and Rumsram in Indonesia (guide under finalization).

**Other specific subject areas.** One specific HP sub-field addressed by IRC is HIV-AIDS, with web pages, a concept paper, library collection, training material and two case studies, from South Africa and Kenya on the links between sanitation, hygiene, water and HIV/AIDS<sup>44</sup>. Efforts with South African partner Mvula Trust to expand the inventory and advocacy for this linkage did not get a positive response. Some work was done on HP in emergency and post-emergency situations, both independently and for SPHERE, but this was ended in order to focus more on core issues of HP.

**Promotion of HP services.** For some HP books IRC had special brochures. The IRC websites includes special web pages on HP<sup>45</sup>. A HP expertise and services A4 handout was prepared in 2003, but never updated.

**Recent HP outputs.** Recently a joint publication with WaterAid Australia and International WaterCentre called Promoting good hygiene practices was published<sup>46</sup>. During the 2011 WASH Conference in Brisbane IRC gave three presentations (one on planning and two on monitoring) and a workshop<sup>47</sup>.

## 2.2. Analysis

The above sections confirm that IRC was one of the first actors in the WASH sector to call attention to the development of HP. IRC has been particularly successful in documentation and sharing of HP experiences, approaches and lessons, building HP partnerships in North and South and training. The organisation has also become one of the prime knowledge centres on HP in school programmes.

IRC has been less successful in those conceptual developments that assist HP practitioners to focus on the essential 'what' and 'how' of HP. For example, IRC did not define the three key practices essential for

public health: proper sanitation conditions and habits, handwashing with soap at critical times, and safe water handling. It did not establish the participatory approach to HP (although IRC used PHAST and developed it further, and brought in an urban dimension, a focus on gender and poverty equity and institutional aspects of HP programmes). Nor did IRC get recognition for the community-managed approach to HP, which was one of the three approaches identified. IRC asked for, and contributed a little to more comparative data on cost and effectiveness of different HP approaches and sharing these insights with governments and practitioners, but so far it has not been able to stimulate demand and build capacity for a set of field studies of HP approaches and programmes to answer this important question.

Under training and capacity building, IRC has not analysed and addressed the development of HP policies, strategies and capacity development through national education and training centres. This means that frequently when HP staff are involved in a project or programme for or with HP, they need to be trained on recent content and skills for HP, because the HP educational system itself has not improved.

Finally, the many community-oriented HP activities of IRC have never led to a long-term programme for HP through the intermediate-level organisations that support communities and which are IRC's target groups. Nor has IRC activity sought to assess and develop the roles of the local rural and low-cost urban private sector in HP.

Improved practices and conditions in and through schools, the other major HP activity of IRC, has not moved beyond a series of time-bound projects with UNICEF New York and UNICEF India. UNICEF remains globally the key partner of national governments for this subject field. Hence it would be logical to continue our partnership for WASH in Schools with them, but try and move beyond a project approach which focuses on some countries only and try to become a global knowledge sharing and development partner for all UNICEF country officers.

### 2.3. Future directions and IRC internal development needs

To put HP more firmly on the agendas in the South and the North, two directions could be explored:

1. Develop a programmatic and long-term **approach and project/programme for advocacy and capacity building**. Advocacy would be needed because of the low status of HP in development programmes. Advocacy would be at (inter)national level and stress the cost-effectiveness for governments and the international community of strengthening HP programmes through capacity development for better budget use and programme planning and implementation. The capacity building would focus at capacity development of intermediate level stakeholders (from public, NGO and private sector) for effective HP. This could be done through partnerships with (i) local government (provincial/district) and its HP staff, (ii) local NGOs that also serve rural and urban communities or build capacities of the local promoters and (iii) *local providers in the hygiene-related private sector*. The latter would concern not only the soap suppliers, but also those selling handwashing devices and safe drinking water supply provisions, including for home treatment and rainwater harvesting. Such an initiative would thus go beyond the handwashing with soap partnership of the large companies to capacity building for the *local hygiene entrepreneurs*
2. Develop a project/programme for **assessing and improving the institutional capacity building of HP practitioners** in the national education and training institutes, through a partnership between international and national (or regional) HP capacity development institutions.

Two other, but less attractive options (since they deal with specific sub-sectors) are:

1. Develop and measure good (key) hygiene conditions and practices *in and through schools*. This could involve offering a programme of programmatic capacity development to the *intermediate education levels* (both authorities and teacher training institutes), which serve public *and* private schools. The latter are mainly faith-based; globally, some 60% of all schools are linked to a faith community, but are part of the national education systems. One mechanism would be to establish a WASH in Schools fund under UNICEF to which Northern governments and private

sector players (e.g. large publishing houses?) could contribute. The fund would finance a support programme on demand from a group of expert institutions in the North and in the South.

2. Focus again on the development of HP for better coping with *HIV/AIDS*. When IRC began this programme, it was probably too early. *HIV/AIDS* was only just beginning to become a chronic rather than an immediately fatal disease. The focus was still on prevention and treatment rather than coping. IRC and Mvula Trust then lacked a strong backer for linking *HIV/AIDS* with HP. The situation has now changed, and the BMGF could be the strong backer needed to make an impact. HP in this case would include linkages with water supply and sanitation services to ensure better hygiene practices, and so disease prevention from secondary infections.

IRC will use a part of its core funds to explore these directions and the formulation of a joint programme in the most needed and promising subject area. The latter will involve:

- 1) making an inventory of the key stakeholders in the above-mentioned areas in the public and private sector and their HP-related work, interests and demands;
- 2) establishing a learning dialogue with the most important of these stakeholders to bring together new partners, innovative views and exciting new horizons and goals for one or more development areas of HP;
- 3) jointly develop the projects/programme.

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