Emotional demonstrations (emo-demos) of handwashing with soap at vaccination centres

Introduction

Emotional demonstrations (emo-demos) are used in behaviour-centred design to trigger behaviour changes, such as handwashing with soap, by creating disgust and shame.

Through the Sustainable Sanitation and Hygiene For All (SSH4A) programme, vaccination centres in villages were found to be an ideal place to raise awareness of the importance of washing hands with soap among pregnant women, mothers and caregivers.

Mothers are typically the main caregivers of children and tend to have a high sense of nurture (desire to care for one's offspring[1]). If a triggering session focuses on the importance of mothers and other caregivers washing their hands with soap for the benefit of their child's health, it is highly likely they will be motivated to change their behaviours.

This case study presents the emo-demo for triggering behaviour changes at vaccination centres. It provides practical information for implementing an emo-demo of this kind, and a brief discussion on the remaining challenges and lessons learned by the SNV team and their partners on the ground.

[1] Greenland et al. 2013.

Vaccination centres are good places for triggering as mothers and caregivers attend them regularly for children check-ups. Photo: María F. Rieiro

About SNV Tanzania and the SSH4A programme

SNV has been present in Tanzania for over 40 years, aiming to achieve inclusive growth and development through effective solutions with local impact.

The Sustainable Sanitation and Hygiene For All (SSH4A) programme is SNV's attempt to ensure equitable and sustainable access to improved sanitation and hygiene. It supports district-wide rural sanitation and hygiene services. Developed since 2008 in Asia, the SSH4A approach is currently being implemented and scaled up across 15 countries in Asia and Africa.

In Tanzania, the SSH4A programme has been implemented since 2014, in Arusha Rural, Babati, Chato, Geita, Hanang, Itilima, Karatu, Kwimba, Maswa,

Misungwi, Monduli, Msalala/Kahama and Shinyanga districts. The programme integrates best practices in sanitation demand creation and supply chain strengthening, hygiene behaviour change communication, governance, gender and social inclusion. SNV focuses on strengthening the capacity of local stakeholders to plan, implement, monitor and sustain sanitation and hygiene interventions[2].

About the intervention

Objective: Raise mothers' and caregivers' awareness of the importance of washing hands with soap after changing their babies' nappies to prevent the spread of diseases transmitted through the faecal-oral route.

Practical information: The stakeholders involved are:

* Those attending the vaccination centre: pregnant women, mothers, caregivers and others.
* Those attending the health centre: single women, fathers, men and elders.
* Health workers (clinicians, nurses and health attendants) who facilitate the intervention and make the household follow ups.
* Village health workers (volunteers – missing in some villages) who have similar responsibilities to the health workers.
* Local capacity builders, ward and district health staff and district health officers (DHOs) who monitor the intervention.

The emo-demo can happen once a week, once every two weeks, or once a month in outreach clinics. The day of the emo-demo changes depending on when there is likely to be a high number of mothers and caregivers attending the clinic (for example, for vaccinations, child check-ups, prenatal care, and family planning sessions). As a result, there tend to be different participants in every session.

Awareness and practice are necessary to change behaviour and make it a habit. It is easier for people to remember something they practise regularly, than to remember words.

This intervention was designed as a continuous process, to create awareness about handwashing with soap while also helping to sustain the behaviour of those who are already triggered.

The facilitator should highlight the importance of washing hands with soap at the five critical times. Photo: María F. Rieiro

Materials needed: disposable or reusable baby nappy, biscuits (or any food that can be shared), water and soap

[2] SNV 2017.

Implementation, step by step:

1. The facilitator welcomes the participants (they should not say what it is going to happen next).
2. A mother changes her baby's nappy in front of the group and does not wash her hands after changing it.
3. The mother takes out a packet of biscuits and offers them to the group.
4. The facilitator asks those participants who did not accept the biscuit the reason why.
5. The facilitator asks the mother who changed her baby's nappy what she could have done differently, and about her handwashing practices at home.
6. The facilitator explains to the group the diseases they can contract, especially their children under five, if they are not washing their hands properly.
7. The facilitator asks the group if they have toilets and handwashing facilities at home.
8. The facilitator asks the group to state the five critical times for handwashing with soap.
9. The facilitator repeats the five critical times (after cleaning a baby's bottom, before feeding a baby, before preparing food, after using the toilet, and before eating).
10. At the end of the discussion, the facilitator demonstrates how to wash hands with soap at the handwashing facility.

Tip: Participants should not know about the emo-demo in advance; they should be attending the clinic for their regular check-ups and be surprised by the triggering session.

Water and soap should be available to explain to the participants how to wash their hands with soap at the end of the session. Photo: María F. Rieiro

Outcomes

By triggering mothers and other caregivers, the emo-demo is sensitising the whole community about the importance of handwashing, as well as about the five critical times for handwashing with soap.

When mothers and caregivers practise handwashing with soap through the emo-demos, it is easier for them to remember and incorporate the new hygiene behaviour.

The emo-demo has reportedly generated a positive attitude towards building and taking care of household handwashing facilities.

Further evidence supports these results. A survey of Misungwi district in 2018 found the rate of

handwashing with soap in the household increased from 20% to 40%.

Sustainability of the intervention

Health workers and local leaders attend community meetings to sensitise people on the importance of visiting their health centre for regular check-ups. In Monduli district, for example, Maasai women did not want to attend the health centres. After triggering during community meetings, there has been an increase in their number (especially visiting the health centres after delivery of their babies).

Health workers are trained on how to facilitate the emo-demo by the local capacity builder (local NGO staff who ensures a high quality of the implementation and results) and SNV staff. Local capacity builders also supervise the implementation of the emo-demo, usually visiting one or two health centres each month. They write a report about how the health workers introduce the intervention and later give feedback to them. After the session, they ask the participants questions to see if the intervention created real awareness on the importance of handwashing with soap.

The health workers ask the participants about the critical times for handwashing during the session. They should also do monthly house-to-house follow ups on the construction and use of handwashing stations. Health workers observe whether there are handwashing facilities close to the toilet and/or the kitchen, soap, and any sign that the facility is being used. Health workers ask questions to see if people are truly triggered about the importance of handwashing with soap.

Additionally, health workers must fill in a monitoring form every month recording whether mothers and caregivers have changed their behaviours and the disease burden in children. The form monitors the number of people who have attended the clinic, the number of people triggered, the number of households with handwashing facilities, and the number of diarrhoea cases in the last month. It has to be submitted to the local capacity builder or health centre head, who later sends it to the ward executive officer and DHO.

Remaining challenges

Fostering community participation. Health staff report that some women consider the emo-demo to be a practical joke. They do not believe they can contract a disease if they do not wash their hands. Many say they have not washed their hands at critical times and have yet survived. Some women find a mother changing their baby's nappy disgusting, asking the mother, "Are you OK? Why are you showing this in front of us?" during the session.

Disgust can sometimes make participants walk out of the session. The facilitator must stress its relevance for improving children's health. Photo: SNV Tanzania

Reaching the most vulnerable. Village leaders try to identify the poorest and most marginalised people; however, districts tend to have limited information on vulnerable mothers and caregivers with disabilities and from excluded groups.

There is a need to make the most vulnerable people part of the emo-demos intervention, bringing them to the clinics by giving them the confidence that the sessions are for everyone.

In some areas of Monduli district, Maasai do not have access to public transport and walk extremely long distances to reach a health centre, meaning they can miss medical check-ups. In some areas of Msalala-Kahama district, women miss their appointments because they cannot afford to pay the transport costs.

Engaging health staff. Health workers do not practise emo-demos every week, or even at all, because they are busy with other activities. Health workers reported that the main reason for skipping the triggering sessions is the limited number of staff; however, an underlying cause could be the lack of institutionalisation of the practice, and, in consequence, its limited monitoring.

Incorporating emo-demos in the national agenda. For the emo-demo approach to be sustainable and easy to scale up it should be incorporated in the national government's agenda, something which is still missing. If this becomes the case, the village, ward and district will be encouraged to incorporate it into their own policy and monitoring agendas.

Reflections and lessons learned

- To increase the number of people attending the emo-demos, it is first necessary to raise awareness of the importance of visiting the health centre for vaccinations. This can be done through community meetings and house-to-house visits. Sensitising men through community meetings could be a crucial step towards increasing their low attendance rate, especially by raising awareness of the need for the mother and father to visit the clinic together to check the baby's health.

  Creating incentives for the community to attend health centres has shown positive results. In Tanzania, a nutrition programme gives a small amount of money at the end of the month only to those community members who show an updated clinic card. Attending their appointments at the health centre is what allows them to access the funding.

  Keeping a record of the participants attending the demonstration, something that is missing in many of health centres, can help to identify those households where people have not been triggered on handwashing with soap and those with an erratic attendance record.

  Health workers highlighted the need to naturalise talking about faeces, the act of defecation and the cleaning of babies' bottoms throughout the session. This has contributed to participants staying in the triggering session.

- Triggering in households or at small community meetings for those who cannot attend the outreach health centre can contribute to mothers and caregivers with disabilities and from excluded groups participating in the emo-demo sessions more frequently. In Misungwi district, health workers are already triggering in the homes of those people who cannot attend the outreach clinic. Sensitising the village leader, who tends to be in contact with the head of the health centre and health staff, on the importance of identifying and reaching the most vulnerable mothers and caregivers has been recognised as a key step towards involving and supporting them throughout the emo-demos and beyond the intervention.

- The right incentives are needed to motivate staff to trigger every week and monitor every month. Health staff training sessions, evidence of the impact on health, promotion of monthly emo-demo sessions by local capacity builders, inclusion in district plans, as well as enforcement by the local government can help ensure sustained implementation of the emo-demos and monitor changes in behaviour regularly.

  Training village health workers and volunteer ward champions to support the facilitation of the emo-demo could help to make the intervention sustainable. They may also have a role in monitoring behaviour change. Asking primary school teachers to monitor household behaviours through their pupils could supplement the limited number of health staff.

- Changes in behaviour take time, and communities already triggered might forget what they learned and accept a contaminated biscuit during the next triggering session. Re-triggering is important in the case of a 'damp matchbox' or when the entire community is not interested in continuing to wash hands with soap after the first triggering. Facilitators must not force these communities to change. They can tell people that they are surprised to know that they are not willing to continue washing their hands with soap, despite being aware of the diseases that can be transmitted through the faecal-oral route. They can also ask if they would be interested in visiting a village where handwashing with soap has become a habit and open defecation free status has been sustained[3].

- Regular monitoring at the health centre and through house-to-house visits by health staff is needed to transform the new behaviour into a habit. To achieve this, it is first necessary to institutionalise the practice by advocating at the government level and strengthening the capacity of health staff to collect data.

  To institutionalise the emo-demos intervention, good communication between the village, the ward and the district is highly required. This can

[3] Kar and Chambers 2008.

be achieved by making the ward champions the link between the village health workers and the DHO. At the same time, the health staff reporting framework must be extended and embedded with the information the district is tracking.

The emo-demos intervention takes place in a system that already has the health staff, health facilities and regular participants. Getting health centres and their staff to support and regularly carry out the triggering is key for its institutionalisation and sustainability.

Sensitising the government to support the emo-demos intervention from the village to the district is crucial to scale up the intervention, to make it accessible and equitable, and make it acceptable and sustainable over time.

- Recognising the efforts of the community to build handwashing facilities and incorporate the practice of handwashing with soap at critical times can motivate villages to sustain the acquired behaviour, especially if this comes from high authorities outside the village. Celebrating Global Handwashing Day every year can also incentivise communities, contribute to the institutionalisation of the practice, and keep it a priority.

Conclusion

The emo-demos intervention at vaccination centres reflects an innovative approach towards improving hygiene behaviours. It targets mothers and caregivers, who frequently attend health centres for children's vaccinations and regular check-ups, raising awareness of the importance of washing hands with soap for the benefit of their children's health.

Where practised regularly, the intervention has shown that by triggering mothers and caregivers at health centres it is possible to reach and sensitise the whole community to improve their hygiene behaviours.

References

Greenland, K., Iradati, E., Ati, A., Maskoen, Y.Y., and Aunger, R. (2013). The context and practice of handwashing among new mothers in Serang, Indonesia: a formative research study. *BMC Public Health*. Available at: http://www.biomedcentral.com/1471-2458/13/830

Kar, K. and Chambers, R. (2008). *Handbook on Community-led Total Sanitation.* Available at: http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/cltshandbook.pdf

SNV (2017). *SSH4A-RP extension phase factsheet, Tanzania*. Available at: http://www.snv.org/public/cms/sites/default/files/explore/download/tanzania_extensionbrief_20180130.pdf

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This case study was prepared by María Florencia Rieiro and reviewed by Jackson Wandera and Sue Cavill in January 2019.

For more information, please contact Jackson Wandera, SSH4A Project Manager.

jwandera@snv.org

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