

Key lessons

Table 2. Key learnings from the 11 case studies presented using the FOAMS model (adapted from Coombes & Devine, 2009).

Focus	Opportunity	Ability
<p>Know your Focus groups</p> <ul style="list-style-type: none"> • Understand the environment in which practices occur: Who can influence and support behaviour change? What would motivate behaviour change? What drivers motivate change other than health? What are the key barriers to overcome, such as gender relations and workload for women? • Research and pilot test behaviour change materials before going to scale. 	<p>Ensure that there is Opportunity to change behaviour at the community level</p> <ul style="list-style-type: none"> • When households have a convenient and logical place where all handwashing materials are available, then actual handwashing practice is better. Building low-cost (or no cost) handwashing stations can help individuals take the step from simply understanding the importance of handwashing, to actually practicing handwashing with soap. • Hygiene promotion that is focused on men has resulted in more support for hygiene in the household and more recognition of the hygiene-related work undertaken by women in the home. 	<p>Enable adults and children to acquire the Ability to practice good hygiene behaviour</p> <ul style="list-style-type: none"> • Community role models can ignite interest among households to build their own handwashing stations. Community facilitators can show how to build a simple tippy tap, or a plastic storage bucket with lid and tap, or make and market soap. Increasing knowledge, combined with visible practical solutions, helps to overcome concerns about the time or cost associated with practicing good hygiene behaviour. • Participatory methods help community people to understand good and risky local hygiene practices, and to plan, implement and monitor local action plans.
<p>Prioritise Focus practices and avoid message overload</p> <ul style="list-style-type: none"> • Focus on a single or a few behaviours at a time. • A campaign or social-marketing approach is suitable for promoting one specific hygiene practice such as washing hands with soap. A campaign needn't always be organised at a national level; it can be delivered to a smaller target population such as at the district level. • To stimulate improvements in several hygiene practices, use participatory methods with your target groups. Discuss, negotiate, and jointly identify problems and solutions for adoption of priority hygiene behaviours. For behaviour change, focus not on messages but an active understanding of high risk behaviours and good practices. • Behaviour change techniques such as PHAST can, and should, be adapted to the local environment and context. PHAST does not have to rely on health messages alone, but should instead focus upon target behaviours that will resonate strongly with the local audience. • When working in schools, address the issue of menstrual hygiene management. As with other behaviours, invest time in finding out about current practices and identify and agree on what can be changed and how. 	<p>Ensure that there is Opportunity to change behaviour at the institutional level</p> <ul style="list-style-type: none"> • For hygiene behaviour change to be successful in integrated WASH programs, there must be a specific hygiene promotion strategy, a dedicated budget for hygiene, a monitoring and evaluation (M&E) component for behaviour change and adequate skilled staff. • Effective hygiene promotion requires well-trained and supported promoters who help bring about change through community action-planning and follow-up. This crucial role needs to be valued and people need to be provided incentives to take on this role, for example through encouraging a career structure for volunteers to gradually enter paid positions. • Consider the value of partnerships with the private sector, for example food companies, banks and mobile phone companies and soap manufacturers. Private companies are not usually natural partners for governments and NGOs, but there is huge potential to raise awareness about hygiene through partnerships with private companies at the national and local level. Companies can market and mobilise their customer base at a rate and speed which is hard for an NGO to achieve. Specific events such as Global Handwashing Day can represent an opportunity for partnership. Partnerships need to be built in a way that protects negative developmental effects, for example, by not crowding out small, local soap producers. 	<ul style="list-style-type: none"> • Focus on small, easy, sequential steps, and 'do-able' actions. Gradual change is easier to achieve. Move from the least desirable to the ideal practice, for example, by moving up the hygiene ladder. • Be careful about funding the development of new Behaviour Change Communication (BCC) materials. These materials are usually in plentiful supply but are often not used. Find out what exists before re-inventing the wheel. Learning tools can be self-made or photocopied and should be owned by the local people themselves so that they can be re-used within the community. • Use child-centred, participatory learning approaches, including activities that are fun for children, to promote hygiene behaviours.

Motivation

Motivate new behaviours drawing upon the specific drivers of change, not just health

- Disgust, the need to protect children (nurture), the need to fit in (affiliation), comfort, and the need to attract others (attraction) are the most powerful drivers of behaviour change. The fear of disease, or improved health, is not the only or strongest driver for practicing good hygiene behaviours. It is important to take time to understand the local “drivers of change” before designing hygiene promotion programs.
- Health motivation comes from participatory assessments of good and risky local conditions and practices, through a process of learning from peers, rather than from top-down education. Outsiders can facilitate learning, not enforce it.

Sustained

Determine if the behaviour has been Sustained

- Monitoring and evaluation (M&E) needs to be done much better. There was very limited data and information in the case studies about whether or not behaviours had been sustained over time. More commonly, anecdotes from community members were supplied to suggest that change had occurred.
- Hygiene promotion programs should better assess existing conditions and practices at the start, during, and at the end of a hygiene promotion program, and again some time afterwards. It is better to measure a few indicators over time, than a lot only at the start and finish.
- In the planning of hygiene promotion programs, sufficient budget, training and staff time needs to be allocated to M&E so that the project can determine if practices have been sustained to the point of becoming habitual.
- Good M&E further requires good investigation methods. Answers to questions that relate directly to promoted practices result in inflated statistics, because people know what the answer should be. Typical examples are questions on whether toilets are used, hands are always washed with soap, and what the critical times for handwashing are. Combining multiple, simple techniques e.g. inspections, observations, discussions and pocket voting, can serve to increase the accuracy of M&E findings.
- M&E should be participatory and directly involve the community. This recommendation stems from the lesson that participatory learning gives better results. It also stems from the development principle that communities and schools have a right to know about their own conditions and practices at the start, and then be inspired to plan for improvements and monitor progress towards change over time. Project staff can facilitate the gathering of M&E information by the community members themselves.
- We need much better information on the cost of hygiene promotion programs – only one case study included some information on cost. Without better information on cost it will be difficult to advocate for greater priority for hygiene promotion.

References

Coombes, Y. & Devine, J. (2009). *Introducing FOAM: A Framework to Analyze Handwashing Behavior and Design Effective Handwashing Promotion Programs*. World Bank Water and Sanitation Program.



A mother with her baby washes her hands using a tippy tap

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