

Rapid evidence review: key lessons learned from UK Aid Match water, sanitation and hygiene (WASH) projects about promoting hand washing and sanitation behaviour change

What is a rapid evidence review?

With over one hundred projects commissioned and implemented, UK Aid Match has access to a vast array of experiential information, data, knowledge, and evidence about international development and programmatic successes, challenges, innovations, and promising practices. This is a valuable source and UK Aid Match is committed to learning to improve the performance of individual projects, the fund as a whole and to contribute to wider sector learning about development.

Asking questions and generating and testing hypotheses are important ways to foster learning. To make good use of the evidence available, the UK Aid Match team is carrying out project-level analyses using a rapid evidence review (RER) approach to learn from the UK Aid Match portfolio. The rapid evidence approach includes formulating hypotheses about policy or practice and answering them using the evidence available from a sub-set of relevant UK Aid Match project documents. The RERs are intended to produce fast, actionable results and timely information for decision making. They are not intended to be scientific or in-depth systematic research, and the reviews will not include literature reviews, document searches, summaries of research papers and other external sources

Why focus on WASH?

Hand washing and good sanitation practices are essential in healthcare for disease prevention. The importance of hand washing has become increasingly apparent and urgent with the COVID-19 pandemic and in response many UK Aid Match projects have adapted project approaches to include hand washing and sanitation behaviour change. This includes projects and organisations which may have little experience with this type of intervention.

Evidence used in this review

For this rapid evidence review, evidence from 14 UK Aid Match projects was used. All were projects with a primary focus on water, sanitation and hygiene (WASH) and were implemented by civil society organisation experienced in the WASH sector.

Findings

The review of the evidence from UK Aid Match WASH projects found that all had adopted a common approach to promoting hand washing and sanitation behaviour change. They all included two main components, referred to as the hardware component (access to a water

supply, toilets, handwash facilities) and the software component (improved hygiene behaviour through awareness building, education and training). To be successful in promoting hand washing and sanitation behaviour change both these complementary components are necessary. Within this overarching approach, other strategies were variously adopted depending on the objective of the project. These included [menstrual hygiene management](#) (MHM), [community-led total sanitation and hygiene](#) (CLTS), [participatory hygiene and sanitation transformation](#) (PHAST) and [participatory health and hygiene education](#) (PHHE). WASH approaches frequently adopted one or more of these and some also included a specific disease focus; for example, water-borne diseases (cholera), or viral pandemics (Ebola). Information, education and communication (IEC) and behaviour change communication (BCC) approaches were also used by some on the software side.

The WASH package: hardware

To be successful projects promoting hand washing and sanitation behaviour change need to make sure that there is access to water. The main reason cited for people not hand washing was an absence of either water or soap. Consistent and adequate water supply - ideally at household level - is a vital factor in triggering improved hygiene and sanitation practices. This was a major constraint in some areas, especially those prone to drought. This was often exacerbated by climate change, and projects mitigated against this by taking into consideration the impacts of extreme weather by locating facilities in places where flooding was not a problem, and where water contamination and consequent disease risks were reduced as far as possible. During periods of drought community members prioritised water for drinking and cooking rather than hand washing. The availability of water must be fully sustainable, and water quality must be maintained all year round. This often required working closely with municipal/rural government authorities.

All projects reviewed also aimed to provide safe, inclusive and sustainable facilities and several pointed out that these must be child, gender and disabled friendly. What seems to be emerging as the most appropriate design for public facilities across the projects include a target of one device per 50 users, and location in a safe place, with locks provided. This includes separate cubicles for boys and girls and a separate cubicle in each the boys and the girls WASH blocks for children with disabilities. Latrines were considered to be disability-friendly if they:

- had adequate space inside the latrine for easy access
- are significantly bigger than the standard latrines
- had handrails or rope
- had a two-way closing door
- had an access ramp no more than 10 degrees steep
- had a seating pedestal.

For projects addressing MHM, additional space without toilet basins was required for girls for washing and changing.

Locally appropriate designs were found to be important. Conventional handwash facility designs may not be the most appropriate. The best projects learned from local good practices and built on these, improving where possible. Once these had been established, village artisans were trained on how to make simple facilities. An example of this is the tippy-tap, which uses simple technology and materials that are readily available locally and at low cost, reportedly successful in raising household-level hygiene standards significantly.

Operation and maintenance costs need to be included in local budgets after the project ends. The sustainability of improved WASH facilities was dependent upon the ability to fund and manage repairs and maintenance and offer continuity, and training for those implementing post-project maintenance was an important project component and considered to be best practice.

Shortage of soap, often an expensive resource, was sometimes a constraint. The use of local alternatives was encouraged such as wood ash, and training was also provided in some projects to potential WASH entrepreneurs for making low-cost liquid and solid soaps, as an income-generating activity.

The WASH package: software

Evidence shows that the provision of physical infrastructure alone did not lead to the adoption of good WASH behaviours, and a key part of the approach of all projects was to challenge harmful WASH practices and introduce improved hygiene behaviour. This was accomplished through awareness building, education and training. A full stakeholder analysis of all members of the target community in addition to locally involved authorities and local leaders was a vital prerequisite for community engagement.

Almost all projects used a number, sometimes a combination, of participatory approaches to assist in this. The most commonly adopted among UK Aid Match grant holders was community-led total sanitation (CLTS) which focuses long-lasting behaviour change in communities with an ultimate aim of ending open defecation. The PHAST approach seeks to empower communities to improve hygiene behaviours, reduce diarrhoeal disease and encourage effective community management of water and sanitation services. The PHHE model raises awareness through building community capacity around hygiene and sanitation issues.

There was an increasing trend amongst the projects towards initiating software activities early prior to starting construction of hardware facilities. In one instance this began up to a

year in advance and gave project staff the opportunity to begin raising awareness and knowledge around the importance of safe water, sanitation and hygiene and its impact on health and wellbeing. This meant that by the time the hardware arrived, communities understood how these should be used, and why. Emerging as a best practice was where communities agreed to build their own hygiene facilities and to help with the construction of the water points, thus contributing towards costs.

The review also found that it is important to work towards improved hygiene behaviour at all levels in schools, at community level, and at home. Most projects addressed this as part of the education syllabus. Some projects used a focal person in the school to drive and guide the process, who was often an assigned teacher. School health/sanitation clubs were encouraged and included both joint and separate sessions for boys and girls, facilitated by a female and male teacher. The clubs were ideally monitored by headteachers and linked to parent-teacher associations. The clubs disseminated information and ensured the repetition of messaging among peers and family members. The evidence suggests that children can act effectively as agents of change both with their peers in schools and sharing learning about improved behaviours at home with their families.

At community level, village hygiene and sanitation committees (VHSCs) were encouraged in many of the projects as a way to promote hygiene and sanitation locally. Other community-based groups were also variously used, and where these already existed WASH components could be integrated into broader multi-sectoral committees. Peer to peer learning was seen as highly effective and ensured local ownership. Some projects made use of 'Peer Educators', identified from within the community. Regular house to house visits by community health workers (CHWs), natural leaders and programme staff were important.

Messages about hand washing needed to be simple and repetitive, and these were then remembered. Most frequently used messages related to the importance of washing hands at critical times; for example, after using a toilet, before eating, before food preparation, after changing nappies and before feeding a baby.

The use of mass awareness campaigns is an effective way of reaching out to target audiences and getting messages across. Radio messages were effective in spreading awareness of hygiene and sanitation to prevent the spread of the Ebola virus and inform about mandatory hand washing points along key sections of roads in high risk areas. Courtyard sessions, street drama, folksongs and video shows were also used as mass awareness building tools.

At community level, awareness meetings were used as part of community sensitisation and education on WASH; structured community sensitisation meetings were used to disseminate health and hygiene promotion messages and community volunteers followed up with hygiene promotion messaging at household level. Traditional leaders were sometimes used

to help with traditional myth-busting. Production and distribution of hygiene fliers were used to further embed messages in public areas including markets, clinics and schools. Community health clubs were also effective.

All projects acknowledged that behavioural change around hygiene practices was difficult, the process was slow and gradual, but the overall success rate was remarkably high. Among the challenges were retrogressive cultural and religious beliefs that hindered adoption of improved sanitation. A wide range of myths, taboos, norms and traditional beliefs and practices persist, particularly around menstruation. Notions that hygiene was someone else's responsibility, such as the government's, were common and getting households to take personal responsibility was key. Cultural values and practices that hindered men from participating in hygiene workshops needed to be countered by sensitisation and heightened awareness.

The approach to hygiene behaviour change needed to be rigorous, creative and context specific. One grant holder had developed a staged approach which included a formative early research element conducted in each country prior to implementation to understand local barriers and motivations to good hygiene behaviour. This informed the design of a bespoke and context-specific hygiene intervention package, then using a range of creative methods for delivering behaviour change that were relevant within each individual setting. Rapid assessments on knowledge, attitude and practice ([KAP](#)) were found to be an effective way to assess behaviour change.

All projects were aware of the need to establish strong relationships with government, utilising or strengthening existing policy frameworks and engaging in local, district and national-level advocacy. This was viewed as critical to long-term sustainability of programmes. This was often complicated by the need to deal with more than one government department, such as where water supply is the responsibility of one department, health and sanitation another. Working closely with local government and village leaders was crucially important, and approaches that actively involved these critical stakeholders from the outset were those where sustainability appeared more likely. Projects enjoyed varying success at institutionalising change and the most successful dealt with all levels of government, from local through to national. Smaller NGOs found more difficulty in tackling advocacy at higher levels of government.

Conclusion

In conclusion, a review of the evidence from UK Aid Match projects would suggest that the following are important lessons to use when planning for and implementing interventions aimed at promoting hand washing and sanitation behaviour change:

- Projects aiming to promote hand washing and sanitation behaviour change should include both hardware and software component
- Unimpeded access to a reliable and adequate source of water is critical for success. Use of local designs for facilities are important
- Best practice mitigated against climate change by taking into consideration the impacts of extreme weather by locating facilities in places where flooding was not a problem, and where water contamination and consequent disease risks were reduced as far as possible
- Participatory approaches are important in the delivery of WASH projects. There are several participatory approaches under the WASH umbrella which UK Aid Match experience suggests are effective; CLTS, PHAST, PHHE.
- The growing trend of initiating software activities ahead of hardware installation to 'prime' communities into readiness is an emerging promising practice and should be carefully considered.
- Working towards improved hygiene behaviour should take place at all levels – in schools, at community level, and at home. Working through schools and with children seems to be particularly effective. Children acted effectively as agents of change both with their peers in schools and sharing learning about improved behaviours at home with their families.
- Use of mass awareness campaigns is a cost effective and efficient way of getting messages across. Radio, courtyard sessions, street drama, folksongs and video shows are effective awareness-building tools.
- Behavioural change around hygiene practices is difficult. The process is slow and gradual, but the overall success rate is high. The approach needed to be rigorous, creative and context-specific.

- Strong relationships with government are critically important for long-term sustainability of programmes, utilising or strengthening existing policy frameworks and engaging in local, district and national-level advocacy.

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