What are the 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.

Lessons learned

The WASH approach and methodology is already well established and effective within the sector. It includes both hardware - access to a water supply, toilets, handwash facilities - and software - improved hygiene behaviour through awareness building, education and training - components.

Hardware: most important is unimpeded access to a reliable and adequate source of water. The aim should be to provide safe, inclusive and sustainable facilities using design criteria which are child, gender and disabled (CGD) friendly. Use of local designs ensure that facilities

are appropriate. Provision for sustainable operation and management should be included in budgets.

Software: this is made up of awareness building, education and training. There are several participatory approaches under the WASH umbrella which UK Aid Match experience suggests is important to assist in delivery of this (e.g. CLTS, PHAST, PHHE). The growing trend of initiating software activities ahead of hardware installation to 'prime' communities into readiness should be carefully considered.

Education and training: working towards improved hygiene behaviour should take place at all levels – in schools, at community level, and at home. Working through schools was particularly effective. School health/sanitation clubs and village hygiene and sanitation committees (VHSCs) are promising. 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.

Mitigation against climate change: 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 mitigated against climate change risks

Awareness building: use of mass awareness campaigns was considered to be a cost effective and efficient way of getting messages across, including through radio. Courtyard sessions, street drama, folksongs and video shows were also used as effective mass awareness building tools.

Behavioural change: behavioural change around hygiene practices was difficult, the process was slow and gradual, but the overall success rate was high. The approach needed to be rigorous, creative and context specific. Among the challenges were retrogressive cultural and religious beliefs that hindered adoption of improved sanitation. For one organisation a staged approach with an early research element to understand local barriers and motivations informed the design of a bespoke and context-specific hygiene intervention package.

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