WaterAid’s Multi-Country Hygiene Response to COVID19

(delivery using mass media, community based intervention including innovative technology leading to change)

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Clean water, decent toilets and good hygiene for everyone, everywhere by 2030.
WA’s Multi-country hygiene response to COVID19: scale and focus

“Hygiene is a key line of defense to COVID-19”

- Multi-country initiative: 26 countries (including 11 large scale response)
- Target population: 99 million (diverse target population)
- Duration: 18 months period (still ongoing in few CPs)
- Multiple settings: Households / community, schools, HCFs, public places, Workplace, Institutions.
- Focus 5 key behaviours: handwashing with soap, respiratory hygiene (wearing mask), maintaining physical distancing, and now vaccine uptake.
- Focus motives: Affiliation, nurture, pride/status, disgust (for virus), Fear (temporary) for changing key behaviours.
- Desire outcomes: Improved awareness, hygiene behaviours, functional handwashing facilities, & sector coordination to contribute in reducing the spread of COVID-19 and vaccine uptake (recent addition).
Approach: Simplified ‘Behaviour Centred Design’ Approach

1 & 2. Assess and Build: Contextual analysis, defined design principles and target behaviours, ToC, identified motives, barriers, delivery channels

3. Creative process: Reviewed and re-designed comprehensive package materials, tools / assets in progressive order

4. Delivery / implementation: Repeated exposure through mass, digital, social media, non-contact methods, installed HW facilities, ramp-up community campaigns and strengthen sector coordination

5. Evaluation: MTRA, ongoing monitoring / reporting, and final evaluation and learnings

Rapid application of Behaviour Centred Design (BCD) approach - ABCDE

Theory of change

- [Intervention] - Handswashing, N.M., mouth masks, etc.
- [Implementation] - Education, mass, digital, social media
- [Outputs] - Behaviour change, hygiene promotion
- [Outcomes] - Health improvement, hygiene promotion
- [Impact] - Contribution to reducing COVID-19 transmission and deaths

Principle: Do no harm approach, equity and inclusion, maintain physical distancing.

Key assumptions (listed in text):
Leveraged ongoing/in-design HBC campaigns to respond COVID19

**Ideal family campaign in Nepal:** hygiene into immunization (in operation)

**Clean Green Campaign in Pakistan (in operation)**

**Clean community campaign in Ghana (in operation)**

**“TSEDU-Ethiopia”: “Clean-Ethiopia” (in design)**

**Kutuba (clean campaign in Zambia)**

**National Behaviour Change Campaign on Hygiene and Sanitation Tanzania. (part of FCDO funded Clear Consortium with LSHTM) used for COVID19**

**Clean campaign in Malawi (in operation)**

**Izay radio, mamiratra. Mamiratra (shining) campaign in Madagascar (in Operation)**

**Bye-Bye Cholera Campaign in Mozambique (in operation)**

**Clean family campaign in Sierra-Leone (in design)**

**Clean family campaign in Nigeria (in operation)**

**Clean Burkina Campaign in Burkina Faso (in operation)**

**Hlenteka Campaign – eSwatini (in operation)**

**Social Art + behaviour change in Mali (in operation)**

Leveraged Gov led COVID19 specific campaign in Rwanda
Delivery: Hygiene response using mass media, digital, social media

Progressive assets: Shift from promotional TV videos to emotional to trusted assets to reinforce key behaviours - all CPs

Knowledge / science

Motivational drivers (people's emotion)

Trusted and motivational (celebrities)

Reaching the hard to reach and the most marginalised – multiple exposure: Radio, milking, loud speaker, mobile camp, etc.

Promotion through the digital and social media: and cues / nudges.
Delivery: Hygiene response using community based intervention

Hygiene through community based intervention in communities / HHs: hygiene package and 3 to 8 exposures. All CPs

Hygiene through the schools, HCFs, Workplace, Religious places: Zambia, Pakistan, Ghana and many other CPs

Hygiene through the COVID19 vaccination and routine immunization: Nepal, and South Africa
Innovative and inclusive handwashing facilities in public places
(including cues/nudges)

Foot operated inclusive permanent and semi-permanent facilities

Temporary facilities with it’s own lifecycle

Wheel-chair and disability friendly
Height adjustable basin
HW facilities in slum settlements with proper cues to maintain distance
WA’s hygiene response to COVID19 in actions: 2min video
Hygiene behaviour change through mass media, social, digital media, non-contact methods, communities / households level intervention: **181 million reach**

Installation of handwashing facilities: mostly hand’s free & inclusive in schools, HCFs, public places and institutions. Local community based solution at HHs level. **2,700 HWFs.**

Behaviour reinforcement through **cues, nudges and reminders** (visual illustrations)

Behavioural products distribution: **1.8 million** behavioural products distributed (soap, sanitizer, hygiene kits) for those that are in needs.

**Wider sectoral engagement:** Continue supporting for sector coordination, contributing through WASH and Health clusters. Sectoral collaboration through various platforms including Hand hygiene for all initiative, HBCC initiative, FCDO-BC Group, Hygiene Hub etc.
**Eight Country Mid-term Rapid Assessment: Change (n=3,529)**

<table>
<thead>
<tr>
<th>Key behaviours</th>
<th>Knowledge</th>
<th>Reported Behaviours – always</th>
<th>Reported change due to intervention</th>
<th>Social norms*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing mask</td>
<td>98%</td>
<td>54%</td>
<td>87%</td>
<td>66%</td>
</tr>
<tr>
<td>Maintaining Physical Distancing</td>
<td>84%</td>
<td>26%</td>
<td>78%</td>
<td>51%</td>
</tr>
<tr>
<td>Cleaning Frequently touched surface</td>
<td>41%</td>
<td>62%</td>
<td>66%</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Handwashing with soap: critical times (as below)**

- After defecation: 84%
- Before feeding: 93%
- When entering / leaving home: 32%
- After touching frequently touched surface: 35%
- After sneezing / coughing: 22%

*Social norms* for changing hygiene behaviour.

- **Overall Reach:** 93% reported hearing or seeing hygiene intervention on preventive behaviours against COVID-19.
- **The top 3 behaviours:** handwashing with soap, wearing a mask in public and maintaining physical distance.
- **The top four sources were:** TV (45%), radio FM (24%), health workers at a HCF (11%) and social media (10%).
- **Top four motives:** Fear, Nurture, Affiliation and Pride / status for changing hygiene behaviour.

*We asked respondents to think of 10 people in their immediate community and asked them how likely those 10 people would be to practise certain behaviours.*
Five key learnings from the at scale implementation

1. **Science and evidence based campaign**
   - Target disease sensitive behaviours, rapid application of BCD possible, creative process is must, emotional (using motives), attractive and context specific intervention design possible in emergencies.

2. **Higher reach and exposure using multiple trusted mass media assets is key**
   - Higher reach with repeated frequency using multiple assets is key. Trust - use of celebrities, influencers, branding is important. Assets/Package need to be in local languages, progressive to avoid campaign saturation & fatigue. Diversity in assets is important while targeting multiple target groups.

3. **HWFs: pre-design inclusive technology, O&M is key**
   - Contracting takes times, context specific inclusive design need to be ready, ideally install permanent/semi-permanent facilities, daily O&M is key. Visual cues/nudges need to be attached. Longitudinal monitoring of HWFs is key.

4. **Focus on inclusivity and sustainability**
   - Be intentional to use E&I framework since start. Use existing campaigns if available. Mass media followed by community intervention has greater strength. Integration lead for sustainability. The promotion, HWFs / products & cues/nudges has to go together.

5. **Coordination, partnership integration and financing is key**
   - Coordination with and Gov leadership is vital for large scale HBC programme. Cross-sectoral coordination is vital to minimize duplications. Partnership with private sector is important for product innovations. Integration at scale is vital. Flexible financing is key.
Thanks to the people in 26 countries and to all our donors (Gov, foundations, trust, individuals) for the support. Thanks to all implementing countries, Governments, WA and partners.

For more details pls access WA’s Hygiene Response to COVID19 Report:

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