



NEW INTERACTIVE HANDWASHING PROMOTION PROGRAM IN EMERGENCIES – MUMS MAGIC HANDS

Foyeke Tolani and Sonya Sagan



OXFAM

BACKGROUND

- Diarrhoeal disease is the second leading cause of death in children under five years old¹ and handwashing can reduce the risk of diarrhoeal disease by up to 48%²
- Emotional motivators have been used in handwashing promotion in development context but not really used in emergencies.
- Oxfam, Unilever's Lifebuoy soap, and Unilever's Chief Sustainability Office conducted formative research with emergency affected mothers in the Philippines, Pakistan and Nepal (2014) to better understand what motivates mothers to wash their hands in emergencies.
- Nurture** and **affiliation** were cross cutting motivators in the 3 research areas and these were used to develop a set of materials called "Mum's Magic Hands" (MMH) designed for handwashing promotion in first phase emergencies.
- The concept is based on use of story telling, demonstrations (interactive activities) and nudges and the story is based on the fact that Mums' hands play a positive role in their children's lives and help nurture them, yet if not kept clean, the same hands can play a role in transmitting diseases.
- The overall aim is to increase the practice of handwashing with soap and water at 2 occasions:
 - before contact with food (eating, preparing food, before feeding your child)
 - after contact with faeces (going to the toilet, cleaning your child's faeces)

MUM'S MAGIC HANDS

- A new approach to motivating handwashing practice in emergencies through storytelling
- Main tool is the storyboard, which comprises of images of a story of a mother and daughter, and the scripts that goes with each image.
- Other materials include stickers, posters, silent nudges at public latrines (footsteps, mirrors) and interactive group activities (See Fig 1).

Fig. 1 - MMH PROGRAMME MATERIALS

Key materials/activities used in the programme among the mothers:



- The program is implemented and monitored for a period of 6 weeks as shown in Fig. 2 and afterwards an evaluation is done using focus group discussions, surveys and observations.

Fig 2. MMH PROGRAMME SESSIONS

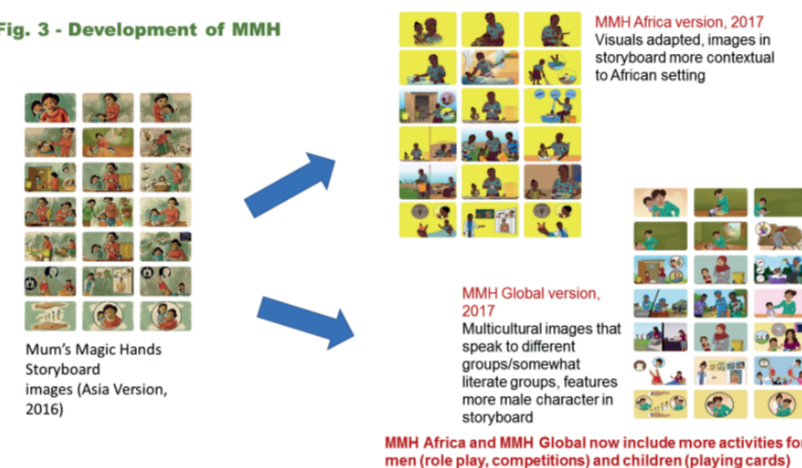


Images from Nepal trials

MMH DEVELOPMENT PROCESS AND TRIALS

- From the formative research in Pakistan, The Philippines and Nepal, the initial MMH materials were developed and pre-tested with mothers in the Philippines and Nepal and further refined before being tested during a 6 week pilot in Kirtipur in Nepal, following the 2015 earthquake.
- A comprehensive Asia version of the MMH toolkit was developed and story board was pretested for cultural proximity, comprehension, appropriateness, appeal and persuasion with Mothers/female care givers of children, men, children, community health mobilizers/hygiene promoters in Za-atari camp, Jordan (N = 18) and Bidibidi settlement, Uganda (N = 15) using Focus Group Discussions and conducting key informant interviews with community mobilizers/hygiene promoters, health workers in both camps.
- Mothers in both contexts understood the story and were able to recall two key handwashing occasions, they also found the storyboard content attractive, **persuasive**, and could identify with the narrative. Some mothers in Uganda and Jordan felt that some of the MMH Asia storyboard visuals did not accurately reflect their cultural/religious environment. Some of the men also felt that fathers should also feature in the story.
- New toolkit were developed for Africa and for Global use based on all feedback received. See Fig 3.

Fig. 3 - Development of MMH



- From 2015 to date, MMH Asia version was trialed post earthquake emergency in Nepal (2015/16) and MMH Africa was trialed with IDP and host communities in Mubi, Northeast Nigeria response to Boko Haram insurgency (2017/18); MMH Asia version trialed in Pakistan post flood in Karachi (2017/18); Adapted MMH Africa trialed in Ethiopia Ngunyei camp, Gambella (2018) and MMH Global version trialed in Nduta camp Tanzania. Report of the Nepal trial³ is completed and main findings shared in Table 1.
- Since these trials in post emergency phase, another MMH tool kit has been developed for acute/ first phase emergency phase and called MMH Rapid Response. See Fig 4.

Fig 4. MMH Rapid Response

- MMH for rapid response (acute emergency)
- Implemented faster
- Key component: storyboards (Global, Africa, Asia): coloured powder exercise to illustrate that visibly clean is not clean; key visuals: Field guide (implementation and training guide; monitoring tools)
- Key implementers – local champions
- Available on Oxfam Policy and Practice website (Contact: handwashing@Oxfam.org)

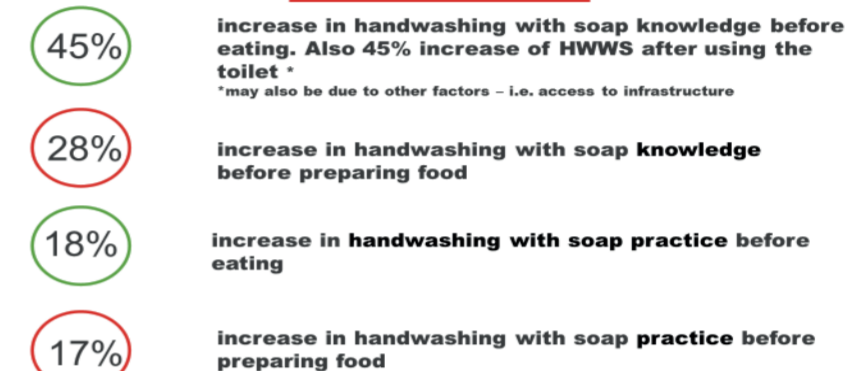


MMH NEPAL TRIALS RESULT

- Focus group discussions, Surveys and Observations were used to collect feedback on MMH
- Overall, the programme had a positive effect on mothers' handwashing practice. Results show an increase in (a) awareness of washing hands with soap before eating and cooking (b) increase in practice of handwashing with soap before eating, cooking, and after toilet; the latter was likely due to the fact that HWWS after toilet was already high.

Table 1: Summary of evaluation of MMH in Kirtipur, Nepal

RESULTS



DISCUSSION AND CONCLUSION

- Pre-testing the MMH materials in additional contexts (Jordan and Uganda) proved significant in verifying its versatile possible applications in different contexts and making appropriate amendments for a more global use.
- Different interactive activities in MMH provide the means to shift common message-based promotional methods to consultative dialogue approach with target population - resulting in more target population buy in and action.
- The formative research and trials conducted reinforces the need to better understand motivators and barriers around good hygiene practices in emergency contexts, as health-based approaches may not be the most effective when it comes to improving practices.
- Positive outcome of the Nepal trials and initial feedback from trials in Ethiopia refugee camp, Nigeria IDP site, Pakistan slum area and Tanzania refugee camp reveals that MMH is promising - and other practitioners are encouraged to use it.
- The MMH rapid response is also now available for acute emergency phase, and materials can be downloaded from Oxfam Policy and practice website or by contacting handwashing@Oxfam.org
- In post emergency, either MMH rapid response or the MMH research materials can be used where handwashing practice at key times is low and pretest of the storyboard confirms acceptability of story theme by target population.

Conclusion

- All practitioners should promote the need to understand motivators and barriers to different hygiene practices, even in emergency context.
- Use materials for MMH where applicable, and join Handwashing community of practice to share experience contacting, handwashing@Oxfam.org

ACKNOWLEDGEMENTS

- We would like to thank all the mothers and community health volunteers in Kirtipur, Kathmandu, Bidibidi, Uganda and Zatar camp, Jordan who provided their valuable time to participate in the pilot and pretests. Appreciation to Srijana Pathak, Rosani Khadka, Shree Bhakta and Gaurab Sagar Dawadi (Oxfam Nepal staff) who contributed in various ways to the implementation and completion of the trial. We would like to thank the following Organization/people: Oxfam Public Health Promotion Team – Marion O' Reilly, Lucy Knight and Raissa Azzalini; Oxfam GB partnership team - Catriona Batchelor, Claudia Codosi, and Hina West; Unilever's CSO - Jonathan Gill, Naila Mir, and Eric Ostern; Unilever Lifebuoy – Anila Gopal, Aarti Daryanani and Arathi Unni for their contributions to this research.

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