



# TRIAL OF MUM'S MAGIC HANDS - NEW INTERACTIVE HANDWASHING PROMOTION PROGRAM IN NORTHEAST NIGERIA



Abie Bangura and Foyeke Tolani

## BACKGROUND

- Trial was carried out in Madagali Local Government Area (LGA) in Adamawa state which is amongst the locations grossly affected by the Boko Haram insurgency and it is tagged high risk location
- Access to Water, Sanitation and Hygiene (WaSH) services remain critical in these locations with over 175,000 persons until after Oxfam's intervention in 2017
- Oxfam began its operations with WaSH service provision in April 2017 targeting schools, health facilities and households
- In September 2017, Oxfam carried out a multisectoral assessment on the WaSH situation in Madagali LGA
- Household surveys, exploratory walks and Focus Group Discussions (FGD) were used during the assessment targeting 120 households and 8 focus groups (3 FGD with mothers, 2 with children and 3 FGD with men) respectively
- Findings indicated that handwashing with soap and water (HWWS) at critical times was identified to be low among mothers and caregivers in the pilot locations (see Fig. 1 and 2).

Fig 1: Handwashing practice at key times

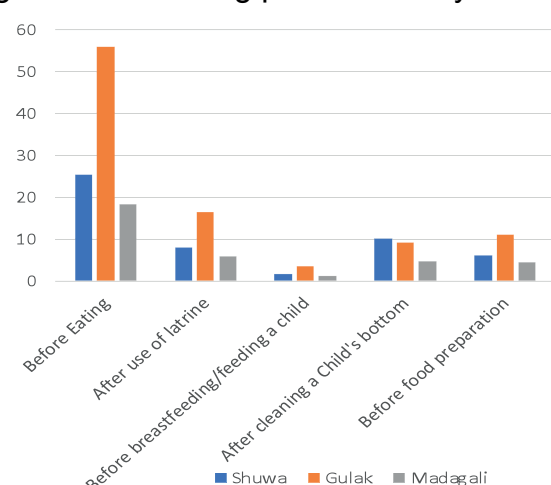
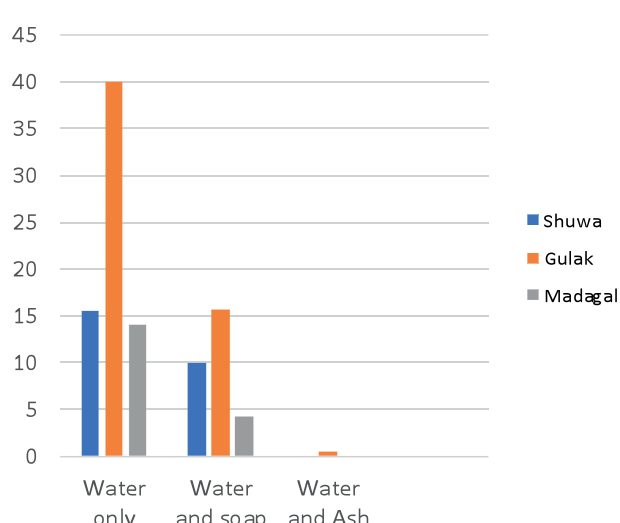


Fig. 2: Handwashing with soap practice before eating



- The findings from the assessment<sup>1</sup> triggered the need to review the health based promotional method being used and introduce Mum's Magic Hands (MMH) which is based on emotional motivators.
- Mum's Magic Hands is a programme developed by Oxfam and Lifebuoy, Unilever's health soap, to encourage handwashing with soap at key times in emergency affected communities to prevent the spread of diseases, particularly handwashing which is the second leading cause of death in children under five years old.<sup>2</sup>

## OBJECTIVES OF THE TRIAL PROCESS

- Test the effect of MMH based on non health motivators – Nurture<sup>3</sup> and Affiliation<sup>4</sup> on handwashing practice
- Increase the number/percentage of handwashing with soap/ash practice at critical times in the pilot locations

<sup>1</sup>Northeast Multi-sectoral Assessment analysis-September 2017  
<sup>2</sup>WHO (2017) Diarrhoeal Disease Key facts.

<sup>3</sup><http://www.who.int/news-room/factsheets/detail/diarrhoeal-disease>

<sup>4</sup>Nurture - supporting and encouraging children to develop into successful adults.

<sup>5</sup>Affiliation - the desire to fit in with others or be regarded as a contributing member of the community.

<sup>6</sup>Mum's Magic Hands Field Guide 2017

## METHODOLOGY

- Consultation meetings were held with different stakeholders including men from the pilot communities and the implementing agency - Ministry of Health and Sanitation, Yola Adamawa State Rural Water Supply and Sanitation Agency (RUWASSA); and permission was granted to trial MMH Africa with mothers and caregivers.
- MMH's main implementation tool is the story board<sup>5</sup> and it was translated along with other tools into Hausa, which is the spoken language in the pilot locations; then pretested with a group of 10 women to test for ease of comprehension and acceptability - the women liked the story and felt it was motivating.
- A two day training was done for 64 Community Health Volunteers using the translated materials
- Mothers and caregivers were engaged in groups of 10-12 people, trained and supervised by a minimum of 2 CHVs
- Interactive meetings were held on weekly basis with the mothers and caregivers using the program plan and different interactive activities for a period of 6 weeks.
- A total of 208 mothers were reached by the 64 CHVs in weekly sessions and follow-up visits
- Four monitoring visits using exploratory walks and observations were carried out targeting 179 houses of mothers during the trial process
- Husbands of 135 mothers and caregivers participated in the weekly meetings at different intervals as a sign of their support to the process
- Evaluation was carried out after the six (6) weeks trial process
- Eight (8) FGDs targeting 73 households (30% of mothers), five (5) Key Informant Interviews and exploratory walk was done to 150 households of the mothers (70%) were conducted.
- FGDs and interviews were also conducted with men, children (7-12 years), women's leaders and community Chiefs (Bulama).



MMH Africa, storyboard images

## RESULTS AND DISCUSSIONS

- As a result of MMH, 102 out of 179 households (57%) monitored were motivated to install new handwashing stations made from different local materials-tipity-tap, plastic kettle/buta etc. with soap were seen at designated points in the households.
- All 73 mothers consulted self reported HW with soap at 3 key times as a routine practice after using toilet, before eating and after cleaning their babies' bottoms during FGDs
- FGD with mothers indicate an increase in handwashing with soap after trial of mums magic hands.
- Children mentioned at least 2 critical times they have learnt from their mothers to wash hands (after use of the latrine and before eating)
- From Fig. 3 there was increase in handwashing practice at key times when compared to baseline (Fig. 1) particularly after use of latrine in the 3 locations.
- More soaps were also observed at household level which was initially a barrier to handwashing before the trial process; this is because mothers now understand better the importance of soap. There was also increase in use of ash as an alternative to soap. Fig 4. also confirms a general increase in use of soap and ash for handwashing through observations at household level.



A girl using Tippy tap

Fig 3: Handwashing at key times in 3 locations after MMH trial

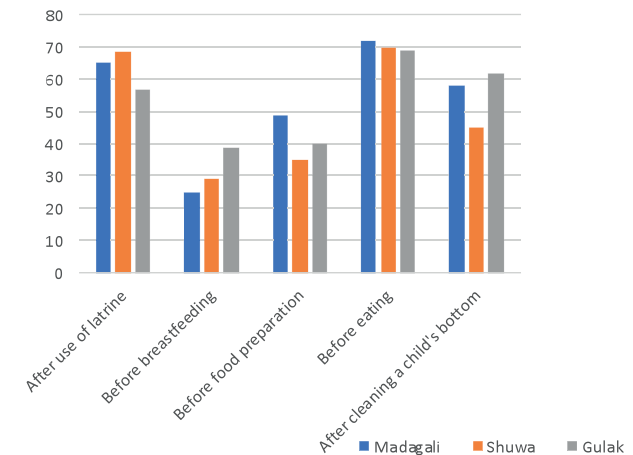
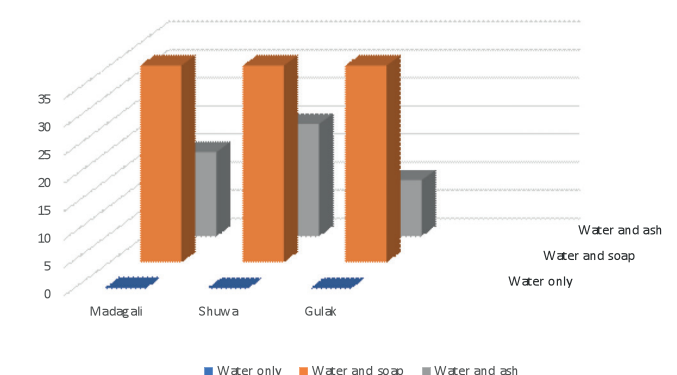


Fig. 4: Handwashing practice in the 3 locations after MMH trial



- Observations and FGDs reveal that affiliation component of MMH played a role in increase in HW practice. A 32 year old mother said she installed the Tippy tap for HW when she saw her neighbour's and another 27 year old mother in Madagali said that she now makes sure that her children are clean, neatly dressed for school and wash their hands before eating and after using the latrines. The latter are key messages in MMH and confirms that nurture plays a role in motivating change, even in unstable contexts.

## CHALLENGES/BARRIERS TO HW IN THE TRIAL PROCESS

- The unpredictable security situation tends to take mothers' attention from HW at critical times and meant that data collection was not elaborate and based on fragile security situation
- Acute malnutrition caused by food shortage from the lean season made mothers to look for food thus more priority was placed on that
- Access to soap is sometimes a challenge for mothers and thus the increased use of alternative to soap – ash.

## CONCLUSIONS

From the trial process, it is evident that:

- Interactive Group meeting which was main means of using MMH tools were identified as an effective way to promote HW practice because it brings people together to discuss problems and take action to address them
- Non health motivators that have been used in development context for behaviour change can also influence positive change in unstable context.
- Nurture and Affiliation are key motivators that can effect behaviour change; Coloured powder exercise in MMH confirms that visibly clean is not clean and highlights the importance of soap.

## ACKNOWLEDGMENTS

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For more information about Mum's Magic Hands tools, please write [handwashing@oxfam.org](mailto:handwashing@oxfam.org)



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