

Improving handwashing promotion in humanitarian crises

Key words: behaviour change, hand washing, displacement, cholera, qualitative study

Study Rationale

- In stable settings handwashing with soap is known to be one of the most cost-effective public health interventions, reducing diarrhoeal disease by up to 48% and contributing to the reduction of undernutrition.
- During the acute stages of an emergency, diarrhoeal disease can result in 40% of all deaths and up to 80% of deaths among children.
- Research in stable settings has found that handwashing behaviour is influenced by cultural norms, routines, the physical setting where handwashing takes place (and whether it enables the practice of the behaviour) and motives such as disgust nurture, status and affiliation.
- Humanitarian crises disrupt social networks, familiar practices, priorities and the physical environment. Behaviour undoubtedly changes too - but the factors determining the formation of new behaviours may differ from what we know about stable settings.
- Currently handwashing promotion in humanitarian crises involves the distribution of soap and water and the provision of educational information about how to practice handwashing. Yet we have good evidence that provision of water and soap is insufficient to change behaviour. Evidence also shows that people know about handwashing, so handwashing programs that focus only on education will also not lead to behaviour change.
- In stable settings, practitioners have turned to psychological theories and marketing approaches to design handwashing interventions that have been proven to lead to behaviour change. However, these take time to develop and have not been tried or tested in humanitarian crises.
- Hygiene behaviour in humanitarian crises are also likely to be different depending on whether a population is affected by a disease outbreak in an acute emergency (e.g. a natural disaster), a protracted conflict that may lead to displacement, or a combination of these.



Objective of the research

To develop a deep understanding of the determinants of hand hygiene in emergency settings so as to contribute to the development of rapid and effective behaviour change intervention tools.

Where will we work?

The field work for this research will take place in Kurdistan, Iraq and the Kivus, Democratic Republic of Congo (DRC). Kurdistan has been selected as a case study of a protracted conflict. Here we will assess the determinants of behaviour among Internally Displaced Persons (IDP) living in and outside of camps. DRC is regularly affected by cholera outbreaks and will therefore act as a case study of how people behave in a disease outbreak. In DRC we will assess the determinants of behaviour before and then during a cholera outbreak.

IRAQ

Case study of a protracted conflict

- 10 million people requiring humanitarian assistance (growing rapidly)
- 3.3 million Internally Displaced People including 2.8 million living outside camps.

DEMOCRATIC REPUBLIC OF CONGO

Case study of a disease outbreak

- In 2016 there have been 22,002 cases of cholera with 646 deaths.
- 7.5 million people requiring humanitarian assistance
- 1.7 million Internally Displaced People

Data on Iraq and DRC current as of October 2016 (OCHA and UNICEF)



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What will we do?



Literature review – to identify which behaviour change determinants, theories and tools are likely to be most relevant to humanitarian crises.



Interviews with humanitarian actors – to understand a) which factors influence the choices actors make about current hygiene programming, intervention design and evaluation and b) what emergency responders perceive to have been the main determinants of behaviour in a protracted conflict/disease outbreak (Iraq, DRC).



Qualitative mapping of behavioural determinants – Field work in both countries will explore a) whether handwashing behaviour changes when an emergency occurs (e.g. before and after a cholera outbreak in DRC), b) whether people of different cultures, ages and sexes behave differently in relation to handwashing when displaced (Iraq) and c) whether the determinants of handwashing behaviour differ based on the type of emergency (DRC and Iraq). Determinants will be mapped using methods identified in literature review. These may include observation, social network mapping, norms testing, routine scripting, behavioural demonstrations, and prioritisation activities.



Dissemination and training – We will conduct dissemination workshops with government and humanitarian actors in Iraq and DRC. We will also develop online education and training resources and share the results through other knowledge dissemination platforms.

Timeline



About the Consortium

This research brings together the expertise of Action contre la Faim / Action against Hunger (ACF), the London School of Hygiene and Tropical Medicine (LSHTM) and the Centre for Affordable Water and Sanitation Technology (CAWST).

ACF is at the forefront of Water, Sanitation and Hygiene (WASH) programming in emergencies. In 2015 they responded to 24 humanitarian crises and delivered WASH services to 7.9 million people.

The Environmental Health Group at LSHTM is a multidisciplinary team of engineers, anthropologists, social psychologists and epidemiologists. Over the last 20 years the Group has generated an extensive range of innovative and rigorous evidence about the importance of handwashing and behaviour change.

CAWST are the sector leaders in WASH related knowledge dissemination. Their capacity building and knowledge sharing activities reach more than 5000 organisations. CAWST's clients have impacted more than 13 million people.

More information

ACF: <http://www.actioncontrelafaim.org>

LSHTM: <http://ehg.lshtm.ac.uk>

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