

Case studies:



WaterAid/Abir Abdullah

Child's play

Eleven-year-old Shobu Tara comes from Kallyanpur Pura Bastee slum in Dhaka, Bangladesh. Through WaterAid she has been learning about good hygiene practices. "My name is Shobu which means Star and I come here to learn about good hygiene. I will be less ill if I learn well. I have already changed some of my behaviour by wearing slippers to the latrine to protect me from getting worms in my feet.

I didn't even know about washing my hands before, but now I do. I tell my family and neighbours about hand washing and keeping things clean. If I see anyone using a bad hygiene practice I tell them. The group I am with gets together and then goes and tells adults about good hygiene. We are braver in a group and feel like we can tell adults what to do with more confidence."



WaterAid/Jenny Matthews

Changing attitudes in Ethiopia

Sister Marta Asefa works as a hygiene educator in rural villages in central Ethiopia. "Before I joined WaterAid I was a nurse," she explains. "Most of the patients I saw were suffering from water related diseases. Now I teach people so that they can control their own health and not have any diseases. When I go into a village I tell people about health and sanitation - how to stay healthy, the importance of clean water and latrines, how to look after their children and how to clean the compounds."

"I ask them about the diseases in their village and from that I know what their needs are. For example if children have diarrhoea they often don't know that it comes from the water. If children have scabies I explain to their mothers that they should wash their children and clothes regularly to avoid this skin disease."

Zeytu, from Hora Boka, is one of the people who Sister Marta has worked with. She explains the differences that hygiene education has brought to her community. "We have many cultural beliefs and previously we thought that it was evil spirits that made our babies sick. But now we have been taught it is not that which makes our children ill, it is the lack of clean water and the absence of cleanliness - now we know why our children have problems. The biggest problems are internal parasites, diarrhoea and scabies. We learn how to care for our children, about latrines and hygiene education."



WaterAid/Somesh

A fresh start

Shivamma is a traditional birth attendant who lives in the Mahabubnagar District of Andhra Pradesh, India. "I have worked as a birth attendant for the last 40 years, and was trained by WaterAid's partner REEDS five years ago", she says. "Before the training I used to cut babies' umbilical cords with stones, but now I know this was why so many babies died when they were young."

"There are three birth attendants in my village. I was the only one to get trained, but I have discussed what I learnt with the others. Before the training a lot more babies died but since the training it is very rare for babies to die."

"After the training I was given a birthing kit with items such as scales, gloves and a birthing mat, and a certificate. Now I motivate pregnant women to implement good personal hygiene. We clean and whitewash the house a month before delivery and keep the floor clean. I now cut my nails beforehand and use a birthing mat, gloves, thread and sterilised equipment when helping deliver a baby. I also counsel pregnant women - I give them strong moral support, especially two to three days before delivery."

"Now there are a lot of privileges from the Government; there is a 300 rupee incentive to go into hospital to have a baby. I try to persuade women to go to hospital to have their babies, but a lot don't as they don't think the facilities are good enough."



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Hygiene education



WaterAid/Jim Holmes

Research¹ has shown that improved water quality alone can reduce incidences of childhood diarrhoea by 15-20%, better hygiene through handwashing and safe food handling reduces it by 35% and in addition the safe disposal of children's faeces leads to a reduction of nearly 40%. WaterAid has found that when combined these three elements can reduce incidences of childhood diarrhoea up to 95%.

These figures explain why WaterAid believes that communities can only gain the full benefits from projects when water, sanitation and hygiene education are combined. WaterAid believes that together, these three elements enable communities to escape the spiral of poverty and gain a better quality of life.



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Photo credits: WaterAid/Jim Holmes/Kelly Jones/Caroline Penn/Abir Abdullah/Jenny Matthews

What is hygiene education?

Hygiene education, or hygiene promotion, encourages people to replace their unsafe hygiene practices with simple, safe alternatives. Most people are only too happy to use clean water for drinking, cooking and bathing once it is readily available. But other hygiene practices are also crucial in preventing water and sanitation related diseases like cholera, dysentery and typhoid that result in two million deaths a year. These practices include the safe disposal of children's faeces and safe drinking water storage. In many parts of the developing world these are not traditionally associated with disease prevention and therefore require active promotion within water and sanitation projects.



WaterAid and its partners use many ways to promote good hygiene practices and all are based upon the individual community's existing knowledge, beliefs and practices. WaterAid's approach to hygiene promotion recognises that people do not change their behaviour simply because they are told about health benefits. People are just as strongly motivated by improvements in privacy, convenience, environmental cleanliness, self-esteem and social status resulting

from changes in sanitation and personal and household hygiene.

Significant time and effort are invested in working with communities to identify what motivates people to act in a particular way, how different hygiene behaviours are articulated within everyday life and the positive values that communities already relate to hygiene.

Ideally, planning starts at each project with a thorough exploration of what people already know, do and want in relation to hygiene – not what

project staff think the situation might be. A range of participatory activities is introduced to stimulate discussions about knowledge, attitudes, beliefs and practices. All of these are designed to build self-esteem and active involvement of community members in decision-making. They look at what people want to do to effect behaviour change; working to find positive 'can do' solutions to problems identified by communities rather than negative 'don't do' messages from outsiders.

Examples of participatory planning activities

Hygiene behaviours three pile sorting

The community is shown 20 pictures that illustrate a mixture of good and bad hygiene practices that are relevant to them. With guidance from a trained facilitator, participants sort the pictures into categories ranging from very common to uncommon and bad to good. The group then discusses the common good and bad practices to establish why they are good or bad, why people practice good behaviours, what prevents people changing bad practices, which practices the community should change, what should happen next and how, when and by whom these changes should be made.

Community mapping

Group participants are asked to create a map of their community showing places that are important to them including water sources and sanitation facilities. This provides a useful entry point for discussions about community water and sanitation needs.

Sanitation ladder

A series of up to ten pictures illustrating different methods of disposal of faeces is sorted by the group into a 'ladder' showing what they perceive as the worst method at the bottom progressing to the best at the top. The group identifies where the community is now on the ladder, where it would like to be, what the constraints are to

reaching that level and how such constraints can be overcome.

Story with a gap

Two posters are used, one showing a 'before' scene (a problem within the community) and the other an 'after' scene (an improved situation or solution to the problem). Discussion focuses on what the community thinks are feasible steps it can take to change conditions from 'before' to 'after'.

The examples listed above are just four of the many methods that WaterAid and its partners use to increase people's understanding of hygiene. Others include practical demonstrations, puppet shows, hygiene promotion tiles, picture books, games, drama, songs, radio shows and videos. Examples of these methods are shown below:



As these photos show, there is no single model of hygiene promotion across all WaterAid funded projects. While mass media campaigns raising awareness of health issues (like those used in the UK) have a role, community-focused hygiene promotion is more likely to take the form of market-place theatre, puppet shows and health rallies. Inventive, innovative and imaginative strategies are the key to effecting behaviour change and can include:

- Recruitment of local health motivators who actively promote key hygiene behaviours within their own communities through education sessions, discussion groups and practical demonstrations
- Low-cost credit schemes which make household latrines affordable
- School health programmes which encourage students to link hygiene activities in schools with those taking place in their community

By applying these participatory approaches to its work, employing tools, techniques and methods which are inclusive, and by developing practical, attractive alternatives to existing risk practices, WaterAid is witnessing significant hygiene behaviour change in the communities it works with.

Examples of safe hygiene practices:

WaterAid encourages communities to carry out safe hygiene practices which include:

- Taking drinking water from protected sources like handpumps or protected wells, rather than rivers or ponds
- Keeping water pots covered when they are not in use
- Going to the toilet at a safe distance from water sources that are used for drinking, cooking or other household purposes
- Ensuring animals are kept away from houses, water sources and latrines
- Using a sanitary latrine instead of going to the toilet in the bush
- Handwashing with soap and water after going to the toilet and before eating
- Making drainage channels or soakpits to take wastewater away from wells and homes
- Washing fruit and vegetables before cutting, keeping cooked food covered and utensils off the ground

Simple solutions to global problems

- The simple act of washing hands regularly with soap and water can reduce diarrhoeal diseases by a third
- Washing face and hands regularly with clean water can prevent the spread of trachoma, the largest cause of preventable blindness in the developing world
- Wearing shoes in latrines can stop hookworms penetrating the skin on people's feet