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COVID-19 Emergency Response

UNICEF Hygiene Programing Guidance Note

Understanding Hygiene promotion in the context of Risk Communication & Community Engagement (RCCE) and Infection Control and Prevention (IPC) for the COVID-19 outbreak

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This Note provides guidance on which aspects to consider when planning and implementing a behaviour focused hygiene promotion interventions and activities as part of a broader infection prevention and control (IPC) and risk communication and community engagement (RCCE) strategy. It is not meant to provide a comprehensive guide to designing a behavior change campaign, but rather prompts and questions to think about when engaging with national and local governments and how to promote collaboration with Communication for Development (C4D) on behavior change interventions in the context of this new virus. The content is based on lessons learnt from hygiene promotion during past public health emergencies and general programming.

This document is intended for WASH and C4D officers at country offices working together on the COVID-19 outbreak preparedness and response. The document contains guidance on reviewing existing resources and coordination mechanisms, identifying the right intervention and considerations for sustainability and monitoring. The annex contains practical check lists and tips to maximize the impact of hygiene promotion. The extent to which UNICEF WASH and C4D officers are involved in behaviour related hygiene promotion activities varies by country and depends on (1) presence and capacity of UNICEF C4D and WASH colleagues; (2) strength of government systems, especially related to the existence of channels, campaigns and promotion activities (e.g. national health/nutrition/education promotion).

This document focuses on households and general hygiene promotion. Please refer to separate documents for guidance on COVID-19 IPC programming in schools and HCF.

Essential facts about COVID-19 for hygiene programming:

- COVID-19 is still a relatively new disease and evidence continues to evolve. The virus is thought to spread mainly from person to person through **respiratory droplets** and contact with these droplets on surfaces. Evidence is emerging regarding a spread through aerosols.
- Droplets may also land on surfaces where the virus could remain viable[1] and thus the immediate environment of an infected individual can serve as a source of transmission (contact transmission). Respiratory droplets are generated when an infected person coughs, sneezes or speaks.
- The risk of transmission of COVID-19 from the feces of an infected person and the fecal-oral pathway appears to be extremely low.
- The rapid spread of the disease and the ensuing **overload of the national health system,** widespread morbidity and mortality demands for effective measures to **prevent and control the spread** of the disease.
- Measures to control the spread of COVID-19 while allowing the **safe operation of society require hygiene-related prevention measures**, including hand hygiene and mask wearing, along with exposure through physical distancing and limiting the size of social gatherings.

[1] In laboratory-controlled conditions, the infectious Covid-19 can live up to 3 days on surfaces depending on the surface (with copper being the shortest, plastic the greatest) (2). However, infectious virus has recently been detected to live as long as 7-28 days on surfaces (under controlled experimental conditions at different temperatures) (1,3).

Gender Considerations

Hygiene programming should always follow the do-no-harm principle and actively engage women and girls, boys and men in developing gender responsive and appropriate interventions. Hygiene promotion should avoid perpetuating existing gender stereotypes and norms which could have unintended consequences, such as blaming women for a COVID-19 infection because of their lack of hygiene measures in the household.

The secondary impact of measures to limit the spread of the disease is likely to affect women, men, boys and girls in different ways. Where water and hygiene-related tasks are predominantly done by a certain group (e.g. women, children, adolescent girls), promoting hygiene might put additional burden on these groups. Particularly, these include:

- **Increased household water demand** to carry out handwashing and household hygiene resulting in more frequent water collection and/or longer time of cuing at water points, often where physical distancing is difficult. Careful consider and mitigate protection-related risks.
- **Increased time demand** for cleaning hands and surfaces and gender-specific expectation to maintain household cleanliness must not be perpetuated. Instead, challenge gender stereotypes and norms and promote shared WASH responsibilities between women and men at household level.

In addition, gender-specific differences in the effectiveness of hygiene interventions likely exist but are not well documented. At a minimum, COVID-19 communications should consider gender differences in literacy and access to mass and social media.

Step 1: Review existing data and mechanism for coordination

- **Map existing actors as well as channels**, campaigns and promotion activities for hygiene and health (e.g. WASH in schools, MHH in schools, WASH in health care facilities programs, nutrition/ education promotion, etc.) in your region. These are the first entry points. Also review handwashing promotion activities as part of WASH in Schools programs like the 3-Star approach, Raising Clean Hands and other specific campaigns.
- **Conduct formative research to better understand behaviors and their drivers** together with C4D (where possible) ensuring data is disaggregated by sex, age and ability. Consult women, girls, men and boys, separately, and include older people and people living with disabilities and other vulnerable groups. Use the results along with existing country-level data (MICS, DHS, KAP) to identify target audiences, appropriate communication channels and lessons learnt from existing hygiene promotion activities. Behavioral drivers can roughly be grouped into three categories: **knowledge** of adequate behaviors, **ability** and **motivation** to perform the behavior. Make note of differences between women and men of different age groups and other groups that may be disproportionately affected by the pandemic (people living with disabilities, LGBTQI communities, people living with chronic illnesses, etc.).
- **Review adequacy and effectiveness of existing coordination mechanisms at four levels:**
    1. *Internally between WASH and C4D,* all activities should be planned and coordinated between WASH and C4D colleagues. Specific distribution of roles will depend on each section's capacity (see Table 1). The collaboration should involve Health, Protection, Gender, Communications and other colleagues.
    2. *Internally UNICEF*: ensure WASH/C4D is present at internal coordination and planning meetings that steer the multisectoral response to COVID19
    3. *Country coordination mechanism with governments*: Ensure presence and voice of WASH and/or C4D in the country-level coordination mechanisms led by Ministries of Health and/or WHO to warrant for high quality of hygiene programming. Also, ensure there are clear terms of reference for coordination groups.
        - *Do government coordination mechanisms exist?; Do those mechanisms include the right behavior change, hygiene, gender and disability focal points at the right level?; Do these mechanisms have a reach to subnational level, including down to community levels?*

4. *Country coordination mechanisms with all stakeholders*: ensure hygiene promotion activities and messages are well coordinated at national and subnational level and do not send conflicting and/or duplicating messages to the target audiences.

Table 1: Capacity Assessment		**C4D capacity** (expertise in advocacy, community engagement and social and behavior change communication)	
		High	Low/ doesn't exist
WASH capacity (expertise in technical aspects of water, sanitation and hygiene service delivery)	High	Work together to apply principles of C4D to hygiene-related needs and priorities based on situation analysis (e.g. joint assessments, design, rollout and/or monitoring of hygiene promotion)	WASH to lead the hygiene promotion programming together with C4D in their area of expertise and in collaboration with other sectors
	Low	C4D colleagues to lead the behavior change and hygiene promotion programming in collaboration with WASH colleagues to ensure activities address people's needs for WASH and priorities.	Involve Health and Communications colleagues, as well as WASH and C4D colleagues at regional level

- **Review existing hygiene promotion materials and tools** and adapt as new evidence is collected. Ensure materials are appropriate in terms of language and culture, resonate with or are tailored to different audiences (gender, age, ability) and do not perpetuate existing gender stereotypes and norms. Discuss these materials with C4D colleagues, including lessons learnt and feedback.

Key Actions – Identify target behaviors and appropriate participatory interventions

Identify the target behaviors to be promoted for the prevention of the COVID-19 and the target audiences and setting(s) (homes, public spaces such as workplaces, marketplaces, places of worship, public transport, etc.) in which to practice and promote these behaviors, ensuring engagement of target audiences. Remember, there is likely more than one behavior that will lead to the desired outcome. Also, the same behavior might require a different promotion strategy in different settings and with different audiences. Potential target behaviors may include

- Handwashing with soap or alcohol-based sanitizer[2] at critical times, particularly after coughing or sneezing, after visiting of public spaces (public transport, markets, places of worship, etc.), after touching any surfaces outside the house, and before and after visiting/caring for at-risk or sick people, before and after handling a mask.
- Avoid touching one's face (mouth, nose, eyes)
- Covering nose and mouth while coughing and sneezing (cough etiquette)
- Maintain physical distance by avoiding shaking hands, hugging or kissing people, sharing food, utensils, cups and towels and generally keeping a 2m distance
- Clean surfaces that might have come in touch with the virus, and generally increase cleaning frequency of surfaces, particularly in public places

Note: This is not a full or exhaustive list nor a prioritization of behaviors. This is a list of behaviors that are important for preventing the spread of the COVID-19. Which behavior or set of behaviors to promote depends on the country context. Encourage community members to identify behaviors appropriate in their context

Identify appropriate participatory interventions with limited or safe human-to-human contact. Based on the review of evidence of barriers to performing the behavior, effective communication channels, public health risks assessment and past experience, and in consultation with government and partners, chose the mix of interventions

[2] Currently no evidence is available on the effectiveness of handwashing with ash in the context of Covid-19. Generally, handwashing with ash is bears the risk of contracting soil-transmitted pathogens and exposure to heavy metals. Hence, handwashing with soap is preferred over handwashing with ash, but the latter can be promoted as a last resort.

that is right for your context. Ensure these interventions are aligned with global guidance by WHO/UNICEF/IFRC and others, national guidance as well as interventions by other actors in the country to avoid mixed messaging and confusion. Ensure interventions are inclusive and gender responsive and use existing mechanisms to ensure to engage women and girls, men and boys, people living with disabilities, and other groups that may be excluded from mainstream communications. Interventions may include, but are not limited to:

- Promotion of handwashing addressing key barriers and behavioral drivers of handwashing
- Promotion of cough/sneeze etiquette
- Promotion of alternative ways of greeting others and maintaining physical distance
- Promotion of surface cleanliness
- Provision of water in adequate quantity to make hygiene practices possible
- Provision of handwashing infrastructure and supplies in homes, public places

Note: Further advice on aspects to consider for a behavior change program, see below. The table outlines how to translate behavioral insights into programming for hygiene outcomes and is intended to support WASH officers to manage conversations with C4D colleagues and governments with the aim to ensure hygiene promotion activities are adequately and effectively addressing contamination pathways.

Implement hygiene promotion activities building on existing community engagement strategy (e.g. hygiene, health, education, nutrition promotion) and in coordination with C4D. Where possible, adapt activities to limit human-to-human contact by using social media, mass media and/or (community) radio channels while ensuring to reach multiple audiences, including the most vulnerable. The **private sector** plays an important role for ensuring the supply of hygiene products, for data and planning on market functionality, reach and monitoring and the dissemination of well-coordinated hygiene messages related to the use of their products.

The level of involvement of WASH officers in the implementation of hygiene promotion activities will be determined on the basis of other key players and existing capacities in the country. Ensure teams are gender balanced. For guidance on implementation of hygiene promotion activities, please refer to Behavior change communication in Emergencies: A Toolkit and the Communication in Humanitarian Action Toolkit.

Include monitoring of outputs and outcomes as well as a rapid feedback cycle that allows program activities to be adapted according to feedback from implementers and beneficiaries. Ensure sex, age and ability disaggregated data. It is the WASH officers' responsibility to ensure that any adaptation made to the activities are promoting adequate hygiene behaviors that intercept transmission pathways. For guidance on monitoring of behavior change for handwashing, see UNICEF's Handwashing Promotion Monitoring and Evaluation Module (page 81 to 110). In addition to the regular monitoring of indicators, WASH officers are encouraged to set up rapid feedback mechanisms to learn from implementation, for example by receiving feedback from radio station operators, setting up feedback hotlines and/or monitoring closely reactions to social media activities.

Sustainability of Hygiene Promotion Outcomes – The response to COVID-19 is government-led and hence presents a unique opportunity to invest in and strengthen systems that outlast the outbreak, prepare for a second wave of an outbreak and in the long run create an enabling environment for adequate hygiene. Interventions need to be context-specific, but could include:

- Foster public-private partnership platform for handwashing and hygiene, including finding new ways to engage private sector (Engagement with Business Programming Guidance)
- Build an enabling environment for hygiene programming, for example by building a robust government-led monitoring system for hygiene, in line with the global indictors on hygiene
- Document lessons learnt about hygiene promotion in emergencies
- Identify effective ways of cross-sectoral collaboration, including between WASH and C4D

Annex

Example: What to do in areas with limited access to WASH infrastructure, including water and handwashing stations?

The target population needs to have the knowledge, ability and motivation to carry out the behavior. Without access to water, regular handwashing with soap is beyond reach for many households and the WASH officer needs to identify interventions that are feasible, and minimize as much as possible, an increased burden on women and girls. There are two ways forward. First, is there a way to enable households to access handwashing infrastructure and supplies? This could include promoting the knowledge that moderately contaminated water is sufficient for handwashing and/or exploring the feasibility of promoting handwashing with alcohol-based hand rub. Second, with the support of local authorities explore the feasibility of making handwashing stations available in public spaces, for example markets, schools, transit hubs, etc. and ensure stations are functional and refilled with water and soap as needed. Third, where there is no way to access handwashing infrastructure and supplies, what alternative behaviors can be promoted that people are able to perform? This could include coughing/sneezing etiquette, avoid touching one's face and/or physical distancing.

Checklist for Hygiene Promotion Activities

Coordination	
	Is there a coordination mechanism in place between WASH and C4D colleagues and roles in hygiene promotion are clearly defined based on each section's capacity?
	Are WASH/C4D included in and have a voice at internal coordination and planning meetings that steer the multisectoral response to COVID19?
	Are WASH/C4D present and have a voice in the country-level coordination mechanisms led by Ministries of Health to warrant for high quality of hygiene programming? Is the Ministry of Water involved in the coordination?
	Are systems in place to coordinate hygiene promotion activities, including behavioral interventions, at national and subnational level to avoid duplication and conflicting messages/activities?
Response	
	Is government-led coordination of hygiene promotion, including behavioral interventions, part of the multisectoral COVID-19 response plan?
	Was there any qualitative assessment or desk review conducted to get the evidence of drivers and barriers to performing the promoted behavior, effective communication channels, public health risks assessment and past experience?
	Do hygiene promotion activities, including behavioral interventions, have clearly defined target audiences and setting, behaviors, objectives, resources and participatory interventions?
	Are hygiene promotion activities gender responsive?
	Are there any monitoring mechanisms in place to monitor hygiene behaviours through output and outcome indicators for households, schools, HCF that allows quick feedback cycles? Is monitoring data disaggregated by sex, age and ability?

Indicators

Official HAC Indicator	
	RCCE - Number of people engaged and reached with accessible information on COVID-19 and targeted messages on prevention and on access to services
	WASH - Number of people reached with critical WASH supplies/hygiene items and services
Potential Additional Output Indicators	
	# of children in schools and kindergartens, who received COVID-19 prevention and hygiene information (disaggregated by sex and school type)
	# of people reached with hygiene messages and information through appropriate methods on 2019-nCoV (disaggregated by age and sex)

Potential Additional Outcome Indicators	
	# of people practicing frequent handwashing as a result of a promotion campaign (it requires baseline data - i.e. pre- and post-handwashing campaign survey)
	# of household with at least one handwashing facility on premises with soap and water (see JMP guidance on measurement)
	# of schools with handwashing facilities with water and soap available (see JMP guidance on measurement)
	# of health care facilities with functional hand hygiene facilities (with soap and water and/or ABHR) available at points of care and inside or near the toilets - This should move to IPC below

General consideration when planning behavior change participatory dialogues and campaigns - These insights are based on behavioral research. Despite extensive research, there is no secret recipe for behavior change campaigns and most successful campaigns have gone through a lot of trial and error. The following considerations are meant to support WASH officer to have an informed conversation with their C4D colleagues, partners and government counterparts.

Insight	**Action**
Focus on the desired outcome(s), not the behavior(s). *As with most things in life, there is usually* ***more than one behavior to achieve a desired outcome****. For example, handwashing with soap, alcohol-based sanitized and handwashing with chlorinated water are all behaviors to all achieve clean hands. Likewise, counting to 20, singing a song or performing a dance are all behaviors to get people wash their hand for longer. Which behavior is effective to achieve the promote behavior change, depends on your context.* ***Keep in mind****: One-off behaviors (e.g. purchasing and installing a handwashing station) are much easier to promote than behaviors that need to be performed frequently (e.g. handwashing with soap at key moments).*	**Identify all possible behaviors that will lead to your desired outcome.** Rank them in order of which behavior is most likely to be performed by your target population. Try to promote the top behavior on your list. If it doesn't work, jump to the second behavior on your list.
Building on existing data, knowledge and lessons learnt from past and present implementation, understand what drives your behavior of interest. *You can use behavior change frameworks for this. But that might be a bit complicated. Instead, think of three parts:* 1. ***Knowledge****: Does your target population know what they are supposed to do, when, how and why?* 2. ***Motivation****: Does your target population want to perform this behavior? Why or why not?* 3. ***Capability****: Is your target population able, physically, financially and cognitively, to do what you asked them to?* ***Keep in mind****: The gap between intention to perform a behavior and action is well documented and programs need to find a way to turn intention into action.*	**Review existing KAP surveys** and lessons learnt from past implementation. If you find big data gaps, conduct **quick focus group discussions**, exploring knowledge, motivation and ability to perform the target behavior. Even reflecting on your own behavior and/or asking local colleagues will bring you a long way.
Chose the right emotion to attach to your behavior. For behavior change to be effective, the target behavior needs to be connected with a strong emotion. *Choosing the right emotion is not easy. There are several emotional motives that have been found to influence hygiene behavior. These include disgust, nurture, affiliation, comfort, status, play, attraction, pride, etc. Although fear is often used as a motivator in public health emergencies, the use of fear and other negative motivators can have unintended consequences and are less likely to lead to sustained behavior change. On the other hand, positive emotions attached to behaviors focus on the benefits that doing the behavior can bring. For*	**Review lessons learnt from past implementation**. Use evidence and your common sense understanding of your context regarding what emotional driver(s) keep people moving and doing their everyday tasks. Wash'Em is a resource which can be used to identify motives that are important to your target audiences and

example, the use of nurture can be used to position handwashing with soap as a behavior which can lead to strong, healthy, successful children. It is also important to remember that different audiences will be motivated in different ways.	can support the development of your behavior change communications.
***Balance between optimal and doable behaviors**. Don't let perfect be the enemy of good, but also do not simplify too much for the central message to get lost. Sometimes a simple instruction and information goes a long way. Chose a behavior to promote based on your knowledge of behavioral drivers and past experience somewhere between the optimal and the minimal behavior.*	**Identify the optimal behavior** to achieve your outcome. Then **identify the absolute minimum** behavior to achieve 60-80% of your outcome. Identify any behaviors in between those two points.
***Design to fail and iterate**. The questions above have no right or wrong answer and sometimes a small change makes a large difference. Most behavior change ideas fail, even when designed by the best behavioral scientists around the world. Hence, don't be afraid of failure, but see it as a chance to learn. Expect failure and plan for it, so it does not cost you a lot of time and money. Maintain open communication channels with implementing partners and communities.*	Build a frequent **monitoring, feedback and review mechanism** into your activities and **be prepared to iterate your program** until you have found a way that works.

References

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