COVID-19 Emergency Response

UNICEF Hygiene Programing Guidance Note

Understanding Hygiene promotion in the context of the COVID-19 outbreak

This Note provides guidance on which aspects to consider when planning and implementing a hygiene promotion campaign as part of a broader risk communication & community engagement 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 local governments and C4D colleagues on behavior change interventions in the context of this new virus. The content is based on lessons learnt regarding gaps in 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 extent to which UNICEF WASH and C4D officers are involved in 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 national channels, campaigns and promotion activities (e.g. national health/nutrition/education promotion). In any scenario, UNICEF WASH officers provide technical inputs on the design, implementation and monitoring of national hygiene promotion activities to ensure the behaviors promoted are adequate to address hygiene needs.

Please refer to separate documents for guidance on Covid-19 IPC programming in schools and HCF.

Essential to know:

Briefly, what is essential for hygiene promotion practitioners to know is that there are **two main routes of transmission** of COVID-19: **respiratory** and **contact**.

Respiratory droplets are generated when an infected person coughs or sneezes. 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). The risk of catching COVID-19 from the feces of an infected person appears to be low.

Important resources to read:

Joint WHO-UNICEF WASH technical brief:	https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19
WHO technical guidance pages on IPC:	https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control https://www.who.int/infection-prevention/publications/en/
WHO revised online IPC training:	https://openwho.org/courses/COVID-19-IPC-EN

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[1] How long the virus remains viable depends in temperature and type of surface. The estimates provided by evidence varying widely.

First steps - Review existing data and mechanism for coordination

- **Map existing national 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 programmes like the 3-Star approach, Raising Clean Hands and other specific campaigns.
- **Review internal C4D and hygiene capacity** and coordinate activities with C4D colleagues. If C4D capacity within UNICEF and the government is strong, inputs from WASH officers might be mainly of technical nature. If WASH staff capacity and experience in hygiene programming is strong or C4D capacity is less strong, WASH need to be involved more closely in the planning and implementation of hygiene promotion. Reach out to C4D and Health colleagues and participate in coronavirus meetings at RO/CO levels.
- **Review the capacity of implementing partners and private sector** in delivering hygiene supplies and behavior change communication. Identify their reach and target groups and determine whether any significant gaps exist in their reach.
- **Identify existing government or cluster coordination mechanisms** related to hygiene promotion in public health emergencies and potential gaps, both at national and at subnational, regional and local level:
  - Do government coordination mechanisms exist?
  - Do those mechanisms include the right HP people/ organizations at the right level?
  - Do these mechanisms have a reach to subnational level, including down to community levels?
- **Collect existing hygiene promotion materials** and tools tailored for your country (culturally appropriate, in local language, etc.) and check these materials against Covid-19 needs (see main contamination pathways above). Share and discuss these materials with C4D colleagues, including lessons learnt and feedback.
- **Review existing country-specific data** (MICS, DHS, KAP) on relevant hygiene practices and behavioral drivers of these practices; as well as **lessons learnt from past hygiene promotion activities** including in emergencies.

Key Actions – Define target behaviors and appropriate interventions

Identify the target behaviors that need promotion for the prevention of the Covid-19, the **target audience** and the **settings** (homes, public spaces such as workplaces, marketplaces, places of worship, public transport, etc.) in which to practice and promote these behaviors. The same behavior might require a different promotion strategy in different settings. Potential target behaviors may include

- Handwashing with soap, chlorinated handwashing water (0.05%) 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 (assuming no sick people inside)
- Avoid touching one's face (mouth, nose, eyes)
- Covering nose and mouth while coughing and sneezing (cough etiquette)
- Maintain social distance by avoiding shaking hands, hugging or kissing people, sharing food, utensils, cups and towels

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[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.

- 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 list nor an 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.

Identify appropriate interventions. 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 that is right for your context, the target groups, target behaviors and settings you have identified. Ensure these interventions are aligned with global guidance by WHO and others, national guidance as well as interventions by other actors in the country to avoid mixed messaging and confusion. These may include, but are not limited to:

- *Promotion of handwashing addressing key behavioral drivers of handwashing*
- *Promotion of cough/sneeze etiquette*
- *Promotion of alternative ways of greeting others and maintaining social distance*
- *Promotion of surfaces 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 activities (e.g. hygiene, health, education, nutrition promotion) and in coordination with C4D. The level of involvement of WASH officers in the implementation will be determined in coordination with other existing capacities in the country. The private sector plays an important role for the provision of hygiene supplies, but also for the dissemination of messages related to the use of their products. For guidance on implementation of hygiene promotion activities, please refer to Behavior change communication in Emergencies: A Toolkit and the C4D Participatory Planning Cycle.

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. It is the WASH officers' responsibility to ensure that any adaptation made to the activities are promoting adequate hygiene behaviors to 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 in the field, for example a weekly feedback call with implementers.

Resources - The following is a collection of resources that can be useful, including official resources from WHO and UNICEF and other unofficial materials for guidance and inspiration.

WHO official technical guidance	WHO guidance on hand hygiene, including a full list of monitoring and feedback tools and Hand Hygiene Training Films and Slides

Platforms collating resources	UNICEF C4D Intranet Site (Internet of Good Things) Platform collating links to all evidence (systematic reviews, guidelines, journal articles, non-English resources) by Evidence Aid
UNICEF programming and monitoring guidance	UNICEF Behavior change communication in Emergencies: A Toolkit UNICEF Handwashing Promotion Monitoring and Evaluation Module
Others	Lessons learnt from hygiene promotion activities during the 2013/14 Ebola outbreak (here and here) Behavioral science insights related to handwashing during the Covid-19 outbreak, including an illustration of potential barriers and enablers of handwashing Child-friendly illustrations providing information and advice on hygiene behaviors based on WHO guidance (maybe not useful for mass communication, but helpful in a private setting, e.g. UNICEF staff seeking a conversation with their children at home)

General consideration when planning behavior change 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. ***Ability**: Is your target population able, physically, financially and cognitively, to do what you asked them to?*	**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. Generally speaking, this emotion can be positive (promotion, pride) or negative (avoidance, fear). The same behavior can be promoted using positive or negative emotions. For example:* • ***Positive**: Caring for your family means washing your hands.*	**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.

• **Negative**: *Wash your hand or your family will suffer.* *To attach an emotion to your behavior, you suggest a link between the emotion and the behavior during your implementation. Think outside the box and be creative.*	
***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.