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WEDC
Developing knowledge and capacity in water and sanitation

GUIDE 13

Managing hygiene promotion in WASH programmes

Managers of water, sanitation and hygiene (WASH) programmes normally acknowledge that people need to behave in a hygienic manner to protect water supplies and ensure that sanitation facilities are used properly. However, promoting hygienic behaviour differs from the construction of infrastructure, with indicators of progress being less concrete. This means campaigns need to be planned and carried out in a suitable manner.

Contents

A number of studies have suggested that the impact of hygiene practices on sanitation-related disease could be as great as that of the actual provision of sanitation facilities. Effective hygiene promotion is widely believed to be one of the most valuable tools we have to change people's behaviour, which in turn can protect them from diarrhoeal diseases. It can also be a helpful way to encourage participation and empower communities. Despite the acceptance of its importance, hygiene promotion is often given far less emphasis than traditional water supply and sanitation activities in development settings. This guide is designed to help address this issue.

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" To be successful in our hygiene education programmes, we have to spotlight human behaviour.

At the beginning of a programme we need to investigate what behaviours are posing health risks and so should be addressed by hygiene education activities.

At the end, we need to assess what changes in behaviour have occurred that are beneficial to health."

(Source: Boot and Cairncross, 1993)

from earlier monitoring exercises should be available to inform the evaluation. Such an evaluation may be useful to assess long-term strategies within an organisation, and to compare with other similar projects elsewhere.

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Background

The adoption of hygienic practices is often much harder in low-income settlements than in affluent areas with good infrastructure. Not only do poor homes lack the basic facilities taken for granted by richer people, but the problems may be compounded (especially in peri-urban areas) by poor drainage, unsurfaced streets and inadequate solid waste management in the settlement as a whole. These all contribute to an unhygienic environment.

What is hygiene?

The word hygiene itself is derived from the Greek *hygieinos* meaning healthful, or relating to health. As we generally use it, the term hygiene is the 'practice of keeping oneself and one's surroundings clean, especially in order to prevent illness or the spread of disease' (Boot and Cairncross, 1993).

Hygiene promotion is the term used to describe activities that aim to encourage changes of behaviour with the ultimate goal of preventing water- and sanitation- related diseases. It has been defined as 'the planned and systematic attempt to enable people to take action to prevent water and sanitation related illness, and to maximise the benefits of water and sanitation facilities' (Ferron et al., 2007, p.12).

Hygiene practices to prevent diarrhoea

A person can reduce the risk of getting diarrhoea by at least 35% if they follow any of these hygiene practices:

- using a pit latrine to dispose of faeces – including children's faeces
- hand washing with soap after contact with faecal matter and before food preparation; and
- improving water quality at the household level.

(Almedom et al, 1997)

The F-diagram

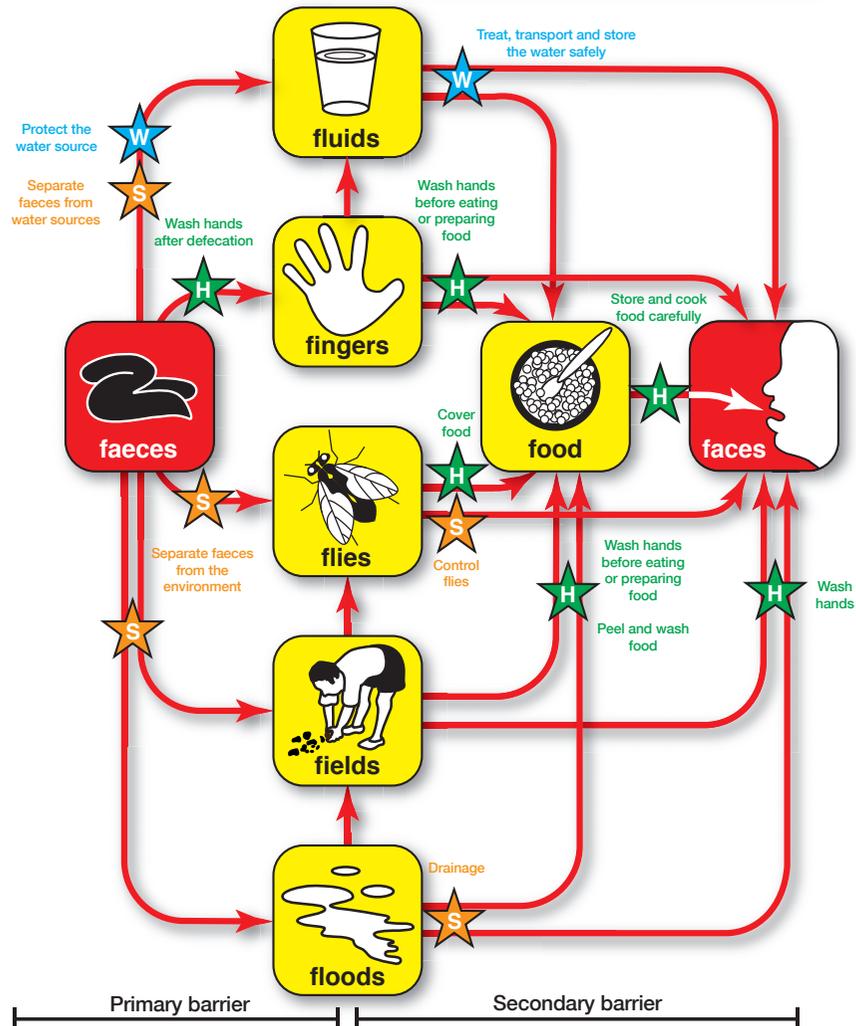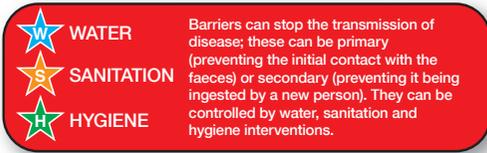Diarrhoea is primarily transmitted through faecal-oral routes (i.e. from faces to mouth). The diagram commonly used to depict these faecal-oral transmission routes is known as **The 'f' diagram**, pictured overleaf. It shows how faecal material can be transmitted through fingers, flies, fields, fluids, floods and food to get into a person's mouth.

Figure 1. Cleanliness is essential for health

The 'f' diagram

The movement of pathogens from the **faeces** of a sick person to where they are ingested by somebody else can take many pathways, some direct and some indirect. This diagram illustrates the main pathways. They are easily memorized as they all begin with the letter **'f'**: **fluids** (drinking water) **food**, **flies**, **fields** (crops and soil), **floors, fingers** and **floods** (and surface water generally).

W WATER
S SANITATION
H HYGIENE

Barriers can stop the transmission of disease; these can be primary (preventing the initial contact with the faeces) or secondary (preventing it being ingested by a new person). They can be controlled by water, sanitation and hygiene interventions.

Note: The diagram is a summary of pathways: other associated routes may be important. Drinking water may be contaminated by a dirty water container, for example, or food may be infected by dirty cooking utensils.

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At least some of the methods used for baseline assessment should be used again during monitoring and evaluation, so that useful comparisons can be made between the findings, to show what changes take place over time.

For sustained monitoring activities, community monitoring is a very effective tool, as the element of peer pressure can be very powerful. Diagrammatic charts can be adapted for selected families or groups of families to monitor their own hygienic practices, episodes of diarrhoea in children, and so on.

This can be compared later with monitoring data from other sources, and is a powerful tool to generate support for the programme within a community.

Types of evaluation

Evaluation attempts to establish how successful the hygiene promotion programme has been in achieving the stated objectives. A good evaluation finds out how far each project objective has been achieved and why some objectives have not been fully achieved. It is usually carried out once the project has been running for a fixed amount of time, allowing enough time for behaviour changes to occur. The first evaluation would typically be after one year.

An internal evaluation can help to guide the future direction of the programme, while an external evaluation typically assesses to what extent the programme has achieved its overall objectives. For either type of evaluation, information

There is now a strong body of evidence that demonstrates hygiene promotion to be effective in producing lasting and sustainable behaviour change. Cairncross and Shordt (2004) conducted a review of hygiene programmes in six countries to assess their sustainability. Positive hygiene behaviours were found to have improved the long-term health status of many participants. Their key findings were as follows:

- Sustained hygiene promotion interventions are needed for lasting behavioural change - access to services alone is not enough,

- Better take-up of positive behavioural change is strongly correlated with the greater educational level of women, and

- The most intensive programme interventions – using small groups and personal contact – are most effective in creating lasting good hygiene behaviour.

activity, carried out by project staff and members of the community. Results of any monitoring must be fed-back into the decision-making processes that inform the future direction of the programme. If possible, monitoring information should come from more than one source, to support or corroborate findings, in the process known as triangulation (at least three sources) or cross-checking (Almedon et al., 1997).

Six key indicators can be used;

Appropriateness – have the right activities been used at the right time?

Effectiveness – has the activity had the intended impact?

Efficiency – has the activity been conducted in the most time-efficient and cost-efficient way?

Participation – do all sector groups of the target population attend meetings? Are all attendees participating?

Figure 16. Checking if people wash their hands with soap can be difficult

Sustainability – will the targeted behaviour changes continue once the project is over?

Unintended outcomes – unpredicted 'side-effects' of the programme – these can be positive or negative.

In addition, it is useful to consider replicability, both in terms of the community's ability to continue with and expand the campaign developed, and in terms of the transferability of the strategy or campaign to another setting.

Regular monitoring of the activities held should be considered part of the record-keeping duties of the field workers (Ferron et al., 2007). For health data, a link with the relevant clinics or hospitals should enable access to weekly or monthly data on the incidence of diseases.

Types of monitoring

The type of monitoring required depends on the overall design of the approach and the intended outcomes.

Participatory monitoring techniques involving members of the community in assessing changes in hygiene practices can be very effective. Participatory monitoring not only increases community ownership but also enables them to identify solutions for encouraging behaviour changes and ensures sustainability of improved hygiene behaviour.

Figure 2. The 'f' diagram (left)

The movement of pathogens (disease-causing organisms) from the faeces of a sick person to where they are ingested by somebody else can take many pathways, some direct and some indirect.

This diagram illustrates the main pathways. They are easily memorized as they all begin with the letter 'f': fluids (drinking water) food, flies, fields (crops and soil), floors, fingers and floods (and surface water generally).

The diagram is a summary of pathways: other associated routes may be important. Drinking water may be contaminated by a dirty water container, for example, or food may be infected by dirty cooking utensils.

Improved hygiene practices play a major role in breaking these transmission routes. As people improve their hygiene behaviours, such as hand washing after coming into contact with faecal material and drinking water from a protected source, the risk of disease transmission is significantly reduced.

Barriers to faecal-oral transmission

Primary barriers such as the use of a latrine and protected water sources

prevent initial contact with the faeces. Secondary barriers such as hand washing and proper storage of food and water prevent faecal material from being ingested by a new person. It is particularly important to focus on the safe removal and disposal of the faeces of babies and young children, as they contain a higher proportion of disease-causing organisms than adult faeces (Ferron et al, 2007).

Principles of hygiene promotion

Hygienic behaviours help to keep both people and their environment clean. The aim of hygiene promotion is to encourage people to modify their actions, so they reduce high-risk unhygienic behaviours and adopt appropriate behaviours and use of appropriately designed facilities (including hand washing units, latrines and water storage vessels). Such change

Figure 3. A cover for food is only effective when in use

needs to be voluntary and typically only occurs when people want to change.

Participation of users in hygiene promotion can encourage greater awareness of the reasons for changes in hygiene behaviours, together with ownership and sustained take-up of hygienic practices.

The actual risk associated with any particular unhygenic practice is a combination of the likelihood of that risk occurring (i.e. how widespread a practice it is) and the severity of the outcome (i.e. how dangerous it is to a person's

health or to the local environment if it is affected by the risk).

Hygiene promotion is a resource-intensive process, needing significant time, skilled educators and suitable materials to ensure that relevant messages are received and acted on by people. It is not possible – or cost-effective – for a hygiene promotion programme to try to address the full range of practices that might result in a health risk to people, or to the environment.

A closer look at hygiene promotion

- It is the planned and systematic attempt to enable people to take action to prevent water and sanitation related illness, and to maximize the benefits of improved water and sanitation facilities.
- It combines insider/affected population knowledge (what do people know, do and want) with outsider knowledge (e.g. the causes of diarrhoeal diseases, communications and learning strategies).
- It includes (but is not exclusively) the provision of information and learning opportunities regarding aspects of personal and environmental hygiene, including water provision, excreta disposal, drainage, solid waste disposal and vector control (more commonly known as hygiene education).
- It makes better hygiene possible in an emergency by providing essential items that may be in short supply, such as water and food storage containers, soap and menstrual protection.
- It provides the crucial link between people in the community and the technical interventions during all stages of a project cycle.
- Hygiene promotion has a narrower focus than health promotion, but both attempt to enable people to take action to prevent illness.

leaders. Literacy and numeracy are helpful but not always vital skills: if someone is a good communicator, they may be able to rely on their colleagues to record their progress.

Many rural water and sanitation projects train voluntary village health workers who can provide on-going motivation for hygienic practices beyond that delivered during visits from project workers. Typically, these are women resident in the villages concerned, who are respected members of the community.

While this approach is widely used, it must be recognized that there is a limit to the amount of time that busy, poor people can devote to voluntary activities.

Training

The training of facilitators also needs to be considered in some depth. This is particularly important if you are asking health workers who are used to a traditional didactic style of teaching to undertake a more participatory form of communication.

The training of facilitators should focus on the following topics;

- communication skills;
- health problems related to sanitation in emergency situations and suggested prevention strategies;
- traditional beliefs and practices;
- promotional methods for the use of

sanitary facilities among adults and children;

- basic health messages and their limitations;
- use of songs, drama, puppet shows, etc.;
- gender issues;
- targeting various groups and especially vulnerable groups within the affected area;
- monitoring and evaluation activities.

Monitoring and evaluation

Monitoring and evaluation are essential components of any project cycle. Given the significant resources that are invested in all stages of a hygiene promotion programme, it is important to allocate sufficient time and resources to carry out regular monitoring throughout the programme for an effective evaluation at certain stages.

Monitoring and evaluation help to identify the effect of an intervention, in terms of achievement of activities, outcomes and resulting changes.

Monitoring helps you keep track of activities, to ensure that the programme is heading in the right direction. It will also allow you to assess the effectiveness of the promotional methods used, to see if and where improvements can be made. Monitoring is usually an internal

preferences and the characteristics of where the PHAST approach is to be used.

Social marketing of sanitation

Social marketing makes use of marketing tools and techniques that promote hygienic practices by appealing to people's individual interests – such as the convenience, status, or wider social benefits gained from improved sanitation (such as handwashing with soap, or owning a family latrine and keeping it clean).

Social marketing is used to promote the adoption of behaviours that can lead to improved health and well-being, not only for the individual concerned but also for the wider community.

School Sanitation and Hygiene Education

SSHE is an approach to hygiene promotion based on the premise that children have a right to basic facilities in the school setting: including accessible toilets, safe drinking water, clean surroundings and information on hygiene. Children who have access to these facilities can attend school, learn more effectively and share the concepts of good sanitation and hygiene with other family members. Children who are suffering from poor health, such as worm infections, have a reduced ability to learn. This in turn affects their future life prospects. SSHE considers not only the facilities required to improve the school environment, but the supporting hygienic practices that make these facilities

sustainable and beneficial to health. The hygiene education component of SSHE therefore promotes the adoption of healthy practices (such as washing hands with soap after using a latrine, or keeping latrines clean), that help prevent water and sanitation-related diseases.

Whatever the approach, it is common to select and train facilitators who carry out the hygiene promotion activities in a specific area.

Selecting and training facilitators

Selection

Depending on the cultural norms of the society, potential facilitators may be male or female and could include elders, traditional birth attendants, or community

Figure 15. Using dance for communication

The following principles for good hygiene promotion have been identified (WELL, 2005), based on experience from various projects.

Target a small number of risky practices

Priorities for hygiene behaviour change should normally include hand washing with soap (or a local substitute) after contact with faeces and the safe disposal of adults' and children's faeces. Targeting too many practices at the same time dilutes the message and often reduces the overall impact.

Target specific audiences

These may include mothers, children, older siblings, fathers, opinion leaders, or other groups. There is a need to identify who is involved in childcare and who influences children or takes decisions for them. In addition, there is a need to find out if particular groups are in the habit of doing things that put them, or others, at risk of contracting a disease.

Identify motives for behaviour change

Motives for changing behaviour are often unrelated to health. People may be persuaded to wash their hands to receive respect from their neighbours, so that their hands smell nice, or for other reasons. Working with the target groups can help to identify a range of views of the benefits of safer hygiene practices, which can then provide the basis for a hygiene promotion strategy.

Hygiene messages need to be positive People learn best when they laugh! They listen for longer if they feel entertained. Hygiene programmes and messages that attempt to threaten or frighten the audience, or that tell them they are 'dirty' or 'uneducated', will alienate them.

Identify appropriate channels of communication

It is important to understand how the target audiences communicate. For example, some people will listen to the radio, others attend social or religious functions, and others go to school. Making use of traditional and existing channels of communication is easier then setting up new ones, but they will only be effective if their nature and capacity to reach people are understood by the user.

Figure 4. Motives for hygiene behaviour need to be understood

Written text will not be appropriate if people are illiterate, but carefully chosen images may be used to communicate key messages. In many situations, well-written dramas and/or songs can be effective.

Decide on a cost-effective mix of communication channels

There are many 'tools' that can be used for communication. Several communication channels giving the same messages can reinforce each other. There is always a trade-off between reach, effectiveness and cost. The mass media (such as television, radio and newspapers) has the potential to reach many people, but their messages are soon forgotten. Face-to-face communication can be highly effective in encouraging behaviour change, but is very expensive per capita.

Allocate enough resources

In marketing, it is said that a person typically needs to hear a 'message' six times over, in different formats (on a poster, through a home visit, in conversation, etc.), to 'receive' that message. That is, a number of exposures to the message are needed if that message is to be understood and retained.

Hygiene promotion requires careful planning, execution, monitoring and evaluation

Information is required about the range of outputs (e.g. how many radio broadcasts, or house visits, are to be made?), and the

Figure 5. Radio broadcasts can be expensive but reach many people

population coverage achieved (e.g. what proportion of target audiences heard a radio broadcast?) at regular intervals during the promotion programme.

Indicators of the impact of messages on the target behaviours must also be collected and fed-back into the planning process, so that money is not wasted on hygiene promotion activities that are largely ineffective.

Table 1 outlines suggested minimum objectives for a hygiene promotion programme in an emergency context. The Sphere Handbook (particularly relevant for emergency situations but also applicable in a development context) has a strong emphasis on community mobilization.

Figure 14. Example of hygiene promotion poster (Source: UNICEF, no date)

Educational materials, such as a series of pictures or flipcharts, can be used to guide the discussion. Home visits are sensitive, so visitors must be sufficiently trained before carrying them out.

Posters

Posters and other printed material can portray simple messages to a large audience. They can be prepared relatively cheaply, in consultation with the community, but they are less likely to change behaviours on their own.

The main message should be displayed pictorially, supported with a limited number of words. Images should be realistic and true to scale, clearly showing the chosen action. Materials should be pre-tested locally to ensure the pictures and text convey the correct message.

Posters should be displayed in public places, where they can be noticed by the maximum number of people. These include markets, schools, medical centres, places of worship, water collection points and public latrines. Sometimes large murals can be painted on walls of buildings.

Radio and television

Radio and television broadcasts may well be the most effective method of reaching a large number of people. The broadcast should be entertaining, clear and brief – ensuring that it catches people's attention and leaves a memorable message, perhaps by using a slogan or jingle. A mix of voices is preferable, perhaps in the

form of a short drama or interview.

Some basic market research can help to determine the best times of day to broadcast, to reach the widest audience. Television and radio broadcasts are more likely to be effective in urban areas, due to the limited number of people who can afford to own a television or radio in many rural areas.

Methods of hygiene and sanitation promotion

In addition to the tools already discussed there are several well-known methods which can be adopted to promote sanitation in communities.

PHAST: Participatory Hygiene and Sanitation Transformation

PHAST is an approach to promoting hygiene and sanitation improvements, by using a series of methods and materials to stimulate community participation in the development process.

PHAST makes extensive use of trained extension workers and sets of graphic

Figure 13. Leaflets can contain detailed written information

Table 1. Recommended minimum objectives for hygiene promotion (Adapted from Harvey et al, 2002)

Criteria		Immediate	Short-term	Long-term
Quality	Facilitators from the same social background as those they work within	50%	75%	100%
	Facilitators trained	50%	75%	100%
	Promotional messages are accurate, appropriate to target audience and cover the topic completely	50%	75%	100%
	Messages are delivered in a way that is compatible with socio-cultural aspects	50%	75%	100%
Quantity	Number of facilitators per 1000 people	1	2	2+
	Coverage of area of implementation	50%	75%	100%
	Percentage of sanitation topics covered	50%	75%	100%
Impact	Population receiving, understanding and remembering messages	30%	50%	75%
	Percentage of population putting messages into practice	30%	50%	75%
	Percentage of messages actually implemented by the population	30%	50%	75%

These percentages are just indicative of progress rather than absolute values. The ideal (100% level) is subjective and will depend on local conditions.

The key indicators related to the standard for hygiene promotion are as follows:

- Key hygiene risks of public health importance are identified.

- Programmes include an effective mechanism for representative and participatory input from all users, including the initial design of facilities.

- All groups within the population have equitable access to the resources or facilities needed to continue or achieve the hygiene practices that are promoted.

- Hygiene promotion messages and activities address key behaviours and misconceptions and are targeted to all user groups. Representatives from these groups participate in planning, training, implementation, monitoring and evaluation.

- Users take responsibility for the management and maintenance of facilities as appropriate, and different groups contribute equitably. In particular, the guidance warns against the tendency to over-burden one section of the population with this task.

(Source: Sphere Project, 2004)

Planning a hygiene promotion programme

The planning stage involves setting the aims and objectives that you hope to achieve from the hygiene promotion programme. The objectives can be divided into three levels, which collectively lead to the aims of the project (Ferron et al., 2007).

- The **aim** or goal is a general statement of intent of the entire programme.

- **Purpose** objectives refer to the wider objective of the programme.

- **Outputs** are the results that the project should be able to guarantee will happen, necessary for achieving the purpose and the aim.

- **Activities** refer to the practical actions (e.g. promotional events and materials) that will be taken to achieve the outputs, purpose and aim/goal.

Figure 6. Planning a hygiene promotion programme

- One to one home visits;
- Mass campaigns/announcement;
- Radio/TV/Video; and
- Posters / wall charts / leaflets / logos on t-shirts, etc.

Community drama

Drama is an effective way to communicate a message to an entire community, including children. Members of the community should be involved as much as possible, both in planning and in presenting dramas – they have the deep insight into hygiene practices in their community.

Puppet shows, stories, songs, dances

If a high proportion of the target group are children, such as school children, highly interactive forms of entertainment will help to engage them and keep their attention. Puppet shows, using plenty of music and a simple talk to convey a clear message, can be very effective. Puppets are adaptable (for example, you can have a talking fly!) and children may find it easier to talk to a puppet than to an adult.

Group discussions and talks

Group discussions create an opportunity for debate between community members about why people carry out a particular hygiene practice and how it can be improved. Certain hygiene practices, such as excreta disposal, are better discussed in a gender-based focus group. For some topics, groups may need to be based on certain age ranges.

Flip charts, handbooks or comparative pictures can be used to facilitate group discussions. Choice of the most appropriate material will depend on the size and nature of the group, but the same material can often be used with either adult or children's groups.

Home visits

These are the most time-consuming options for hygiene promotion, but can also be very rewarding and generate a great deal of valuable information. A skilled health visitor or educator can target her/his advice and guidance very directly towards each family and their circumstances. It is also possible to discuss individual concerns and more personal questions, including ones that would not be mentioned in public meetings.

Figure 12. Individual or small group meetings allow in depth discussions

- identify who (groups of people rather than individuals) carries out the most common (perhaps up to three) and easily changeable practices;

- discuss and agree on existing communication methods within the community that could be used for hygiene promotion, or the appropriateness of new communication methods (e.g. mobile video projection);

- identify indicators for monitoring changes in hygiene practices; and

- agree on who, and how often, the indicators should be monitored.

Implementation of the action plan

Having decided on which key hygiene messages will be focused on initially, you need to start implementing the hygiene promotion programme. During this stage, hygiene messages will be disseminated, using the chosen methods and tools. Existing community groups can help to do this, if they are thought to be suitable. Alternatively, the community may decide to form a specific group who will be responsible for these activities.

Project staff may start the hygiene promotion activities, gradually training the community groups to join in so that they can eventually take over full responsibility for the activities.

Messages developed to communicate what makes for good hygiene practices need to be clearly understood if they are to be effective. Methods used to promote hygiene practices should not be authoritarian, relying on one-way communication. Rather, they should be people-centred, involving at least two-way communication and ideally multi-way communication. This is what enables the sharing of knowledge, ideas and experience.

Hygiene messages are more effective if given in the local language(s). Any pictures and drawings that you plan to use should always be pre-tested with a small group in the community, before they are adopted for general use.

It is recommended that a participatory approach be adopted throughout the implementation of the action plan. Involving representatives of the community is vital to gain their trust and cooperation in any health promotion campaign. Participation is also important for the community to develop an understanding of their own vulnerability, and the hazards they face, in order to be more aware of the health risks, and to begin to develop sustainable solutions.

Tools for hygiene promotion

A variety of communication methods can be used:

- Community drama;
- Puppet shows and games, storytelling and songs
- Large and small group discussion (perhaps using pictures, charts or cards);
- Talks;

Figure 7. Risky behaviours need to be identified

A plan for a hygiene promotion programme should include:

- An overall aim or goal;

- One or two purposes (e.g. targeted hygiene practices);

- Two to four outputs;

- A series of activities for achieving each of the outputs;

- Measurable indicators and means of verification for each level of the objectives;

- Identified target audiences for the hygiene promotion; and

- Action plans for achieving the objectives (e.g. weekly activities and allocation of responsibilities).

Health may not be a community priority

An evaluation of WaterAid's South India programme found that local people almost invariably gave health improvements lower priority than providing water for cattle, irrigation and kitchen gardens; furthermore, within the health sphere they valued improvements in curative medical facilities more highly than health education and preventive strategies (Good, 1996).

As is the case with all programmes, clear objectives enable you to monitor progress of the hygiene promotion programme and support the final evaluation. There should always be clear indicators against which to monitor the objectives, together with specified means of verification.

Baseline assessment

A baseline assessment is the first step towards a hygiene promotion programme. It provides a means of assessing the existing hygiene practices of the target community, helping us to understand why people do what they do and identify the range of 'unsafe' practices that will later be targeted for improvement. Identifying these practices supports the effective planning and implementation of hygiene promotion.

What type of information is required?

The key baseline information required should identify the risks associated with practices around water supply, excreta disposal, environmental sanitation and food hygiene. It is advisable to only collect information that will be used later on. Ferron et al. (2007) suggest ten key questions to be answered when conducting a baseline assessment:

1. What are the widespread 'risky' practices in the community?
2. Who and how many employ the 'risky' practices in the community?
3. Which 'risky' practices can be altered?
4. Who uses 'safe' practices?
5. Who and what motivates and influences them to use 'safe' practices?
6. What communication channels are available and which are trusted for promoting hygiene? (This can help to ensure that messages are heard, received and put into practice by the community.)
7. What facilities or materials do people need in order to carry out 'safe' practices? (For example, if the promotional messages are to promote handwashing with soap, the programme should seek ways to make soap accessible – otherwise people may be left feeling frustrated, or even angry.)
8. How much time, money or effort are people willing to contribute for those facilities/materials?
9. Where will those facilities/materials be available?
10. How will people know that the facilities/materials exist and where they can be obtained?

should give you the information you need. Using more than one method to cross-check information and ensure its validity is known as **triangulation.**

Triangulation is important because people may tell you something that is untrue, because they are embarrassed to tell you the truth – in case you then think badly about them. For example, if people tell you that they always use the latrine, check to see if it looks as if the latrine is being used regularly (e.g. is there a worn path to the latrine?)

It can be embarrassing, both for the questioner to ask, and for the interviewee to answer some questions. It may also be embarrassing for a householder to know that their practices are being observed. In addition, people may not speak the truth if other people, or people of the opposite sex, are present. Tact and careful design of tools (e.g. using secret 'pocket chart' voting) is often needed to find the truth.

Analysis of the data

It is important to analyse the information gathered during the baseline assessment, so that you can determine:

- Which high risk practices are common in the community?;
- What are the perceived advantages of alternative safe practices?;
- Who within the community carries out the risk practices?;
- Who influences the people that carry out the risk practices?; and

- What communication channels exist and how can they be used?

Involving the community in the collection and/or analysis of baseline information will be more effective in achieving ownership of that information. Results of the baseline assessment can be presented as pictures or symbols that can be easily understood by community members. Such results can be presented in focus groups, giving participants the opportunity to discuss the findings.

Once high-risk practices emerging from the baseline assessment have been presented, the focus group can:

- rank the practices according to the ones that they think are most common;
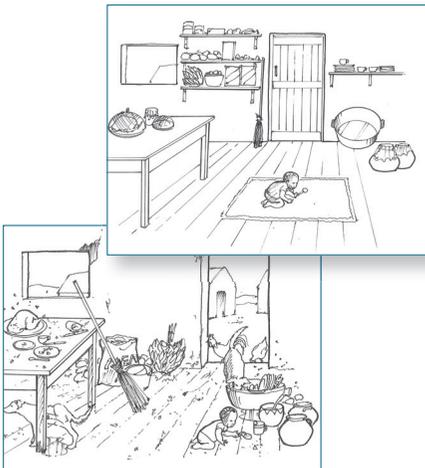- select the key risk practices that they think are most easy to change;

Figure 11. Data needs to be analysed once collected
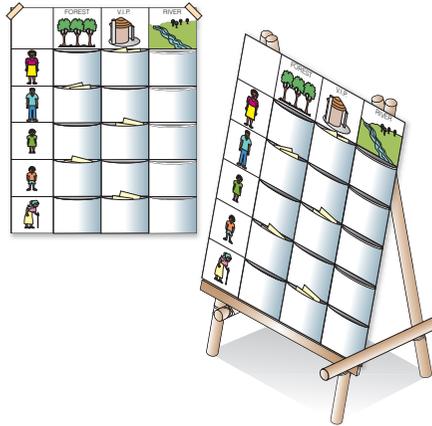
Three pile sorting

A range of drawings relating to defecation habits, water sources, food hygiene, etc. are discussed by participants in small groups. The cards are put on a separate pile according to whether the group thinks that they depict good, bad or in-between practices. All groups then come together to discuss their choices and any implications.

Pocket chart voting

Requires a chart with pockets in it, a range of pictures depicting sets of related variables (e.g. different types of water sources and uses of water) and a set of cards, beads or stones that people can use to vote. The group first discusses the pictures, adding more information if required. Each person then votes in

Figure 10. Pocket chart voting

secret, placing a 'vote' in the pocket under the picture that corresponds to the way they want to vote, for example, under the picture(s) of the water source(s) that they use for drinking water, or which they would prefer. Pictures can be modified to suit a wide range of information being looked into (e.g. people's feelings about a range of latrine options).

Focus group discussions

People with related backgrounds or experiences (e.g. mothers, young married men, mid-wives, etc.) meet together to discuss a specific topic of interest. Focusing the groups encourages more open discussion – e.g. women may feel able to talk openly without men present, or young men may express their view more openly without older men present.

It is not necessary to use all of these tools, but a combination of 2-3 of them

Figure 9. Examples of 2 images that can be used for 3 pile sorting

Table 2. Examples of areas to be investigated in a baseline survey

Typical subject area	Type of baseline information
Basic information	• Population/ Population distribution / characteristics • Community organizations • Mortality and morbidity data
Water	• Water sources (number, type, location and condition) • Quantity of water used per person per day • Water quality • Average distance to water sources used for different activities • Distance between nearest latrines and water sources
Hygiene practices	• Water collection methods • Methods used for transporting water • Water storage practices • Water use and reuse • Hand washing practices • Water source preferences for different activities • Evidence of open defecation • Perceived cause(s) of diarrhoea/ Methods used for treating diarrhoea
Excreta disposal	• Location of defecation sites • Method of disposal of children's faeces • Total number of latrines • Number of latrines in use • Latrine structure and cleanliness • Number of users per latrine • Use of anal cleansing materials • Practice of hand washing after defecating
Environmental sanitation	• Refuse disposal practices • Vector control problems (e.g. rodents, houseflies, mosquitoes) • Management of domestic animals • Drainage and presence of stagnant water close to houses
Food hygiene	• Methods of food handling and preparation • Food storage and food reuse practices • Practices for washing and drying of utensils

How to collect baseline information

To be effective, the assessment needs to use suitable methods. A range of methods/tools can be used to collect the baseline information, depending on whether you require quantitative or qualitative information.

Quantitative information such as how much soap a household buys each month/year, or how far away their water source is, can be collected using standard research methods, such as a questionnaire.

Qualitative information can be collected using participatory techniques.

Before deciding on the tools or methods to be used, consider:

- What type of information will I collect?
- Who is the information meant for?
- What will the findings be used for?
- What resources do I have?

The baseline information is usually used to plan hygiene promotion activities and provision of water and sanitation facilities that will involve the community. The choice of targeted practices and methods of promotion should therefore make best use of 'insider' knowledge, to encourage greater interest, ownership and take-up of these initiatives at the baseline survey stage. Involving the community in analysing their particular situation is a good starting point in this approach.

Participatory tools

Exploratory walks

Study team, with or without community members, spends time walking through the study area, becoming familiar with the context and observing behaviours. It may be used to identify specific information, such as location of water points or evidence of faecal contamination.

Structured and unstructured observations

Observations may be structured (using a list of pre-selected things to observe), or unstructured. Used to find out information on water and sanitation-related facilities, hygiene practices at these locations and in the home.

Key informant interviewing

Interviews with anyone who can offer specific information, based on their knowledge or expertise (e.g. a local health worker or village leader). Interview may cover specific topics (e.g. options for water collection), or more general issues relating to health, income or family structures.

Community mapping

Participants are asked to develop a map to represent their community / area. It should identify places of significance (e.g. schools, markets) and features of interest to the study (water sources, sanitation facilities, etc.). This helps to identify public facilities available to the community, as well as those at household-level (latrines, rubbish pits, etc.). The map can be drawn on the ground with stones and sticks, etc., to represent certain features. After completion it needs to be recorded with a sketch or photographs.
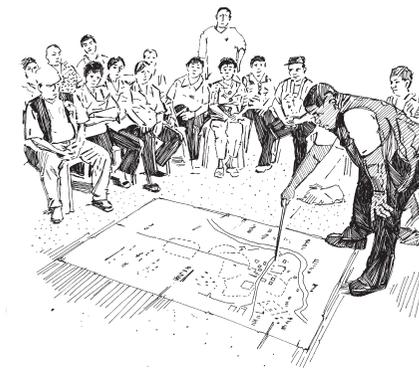

Figure 8. Community mapping