



The nze ndi kano communication campaign

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IN 1994 AUGUST, the Rural Water and Sanitation East Uganda Project launched a “wash your hands after using the latrine” campaign in two rural pilot villages. This was done because it was felt that more energy needed to be put into the hygiene education component of the Project. The water and sanitation programmes were progressing well however, several studies showed that diarrhoeal diseases were still frequently experienced in the homes.

The studies also showed that despite the good knowledge of causes of and methods of prevention of diarrhoeal diseases the actual practice of the relevant hygiene behaviours was minimal. The campaign approach was an attempt to present the hygiene messages in a way that is different from the conventional and orthodox hygiene education methods. Through this approach, the campaign would demand and catch the people’s interest amidst the cluttered health education market. The campaign would spark off curiosity and interest amongst the overloaded and fatigued audiences.

This paper is on the RUWASA experience of how important an extra effort in terms of resources, especially manpower can start off a chain of small actions that can lead to behaviour change. It is a story of how the people of the two villages participated in making the choice to reduce diarrhoeal diseases in their homes. It shows how the people monitored their own progress and achievements.

It tells the role of communication in the water and sanitation sector. It presents a challenge to policy decision makers, political leaders, donors, water and health sector officials who allocate resources to the information, education and communication components of their organisations.

However, communication is not a panacea, but it can create the necessary atmosphere to trigger off the relevant behaviour which if not continually reinforced, the adopters may slide back into their old habits.

Problem definition and rationale

In Uganda, today diarrhoeal diseases rank second among the five child killer diseases.

Over the years scientists have established that diarrhoea is transmitted mainly oral faecally i.e through swallowing faecal germs.

Research has also shown that the most effective behaviours which influence the transmission of diarrhoea are safe disposal of faeces, hand washing, and protection of water sources.

“The provision of safe water sources and sanitation facilities is important- But constructing latrines and digging wells will have little effect on health unless people use these facilities, wash their hands and store drinking water hygienically in the home” Ahrtag (1993).

RUWASA Project has been providing people with safe water sources and encouraging them to build and use latrines and so far it has been done with some success. However, the Project had not done much about the third key behaviour, hand washing.

Communicators and health educators world wide know that giving information to people alone is not enough to change their behaviour. And research has shown, and is increasingly showing, that campaigns are a viable means of starting the behaviour change process. Not only is it difficult to pass through an individual’s information processing stages, but is even harder to get a person to change their behaviour.

Campaigns use several media to reinforce one central issue which means that the target groups receive limited messages repeated over and over with slight differences, trying to persuade the target group to perform limited actions thus not exerting too much pressure on their ability to listen, understand and perform the change being advocated.

Although campaigns are relatively expensive in terms of resources used in planning and implementation, they often yield good results.

They have been reported to bring about rapid adoption of innovations and to produce high levels of motivation in staff because of the clear and specific targets which can be easily evaluated.

The strategy

The RUWASA hand washing campaign focused on the stimulation of the behaviour “Hand washing after the latrine” through encouraging and persuading the target groups to develop the hand washing habit through the process of practising a series of small actions.

These small actions included making a tippy tap, returning the coupon to the CCT to show that you have a facility, the act of washing your hands - would eventually become the hand washing habit with a consequence of a reduction of diarrhoeal diseases.

The baseline survey (Asingwire 1994) revealed that before the campaign about 90% of the sample interviewed knew the main causes and preventative actions to take to avoid diarrhoeal diseases.

The UNICEF KAP survey done in 1994 on diarrhoeal diseases also showed that knowledge levels are high.

But both surveys showed less than 10 % translated this information into actual practice or behaviour.

In retrospect, it was decided that the campaign should promote the adaptation of the practice rather than the acquisition of knowledge. The campaign chose to promote social arguments rather than health arguments like the germ theory.

The primary and priority target group were the mothers and children. Families with latrines were also considered because it was felt that families who had not yet responded to latrine building mobilisation efforts would find it even more difficult to move a step higher to a more complex behaviour such as hand washing.

The multi faceted slogan “ndi kano” which is taken to mean someone is special/smart/wise/modern/fashionable/clean/beautiful/a winner etc, depending on the context, was developed and pretested and survey proved it to be very popular.

The slogan was linked to other community values of respect, cleanliness, wiseness, happiness and modernity. The aim was to market hand washing using less scientific approaches and appealing more to the emotions of the audience rather than to reason/rationality.

Each time a message is repeated using a different channel or media it gains power and credibility. Different media were used at different phases of the campaign and these included posters, serial dramas, t-shirts, flyers, music and interpersonal media.

When you relate campaigns to sustainability it looks paradoxical because of the very essence and concept of a campaign.

A campaign is meant to be a concentrated motivation/persuasion effort, meant to last for a specific period of time, targeting a specific audience and message. It can be very resource consuming in terms of time, money, manpower .

- Then how can it be sustainable?
- What is sustainable about it?
- Is it the campaign methodology or strategy or the behaviour which is being promoted?

If you look at the strategy itself the answer lies in availability of resources and commitment especially committed human resources. The human resource needs to be highly motivated and the financial managers need to be well versed with the campaign concept in order to appreciate aspects of it especially the need for rewards.

However for our purposes we will look at the behaviour change aspect.

Our argument is that a behaviour like hand washing becomes sustainable when the target audience begins not only to reap benefits of practising the behaviour like good health but also when they begin to anticipate possible benefits.

This anticipation is seen at the stage when they decide to try out the behaviour. In our case, when they begin to wash their hands. The survey reports that at least 86 % tried out the behaviour.

Sustainability is also dependent on how successful the campaign is in achieving its objectives and the process that led to this success.

The campaign achieved the following:

- 78% of the target sample were seen to have hand washing facilities an increase from 5%.
- 88% of them showed evidence of use of the hand washing facilities e.g wet soak pits and water in containers.
- Number of latrines built had increased from an average of 75% to 90%
- The demand for sanplats increased. At the baseline the number of latrines with sanplats was on average 15% but by the end of the campaign it had increased to 53%.
- 83% had been exposed to campaign messages and approximately 80% knowledge increase of diarrhoeal diseases.

Other less tangible effects were also reported:

- Spill over effects to the 3 neighbouring villages.
- Other health behaviours were catching on like building of dish racks, bathrooms, etc.
- The villages now have an increased human resource base with more knowledge about diarrhoeal diseases as a result of the training they received during the campaign.

Critical to sustainability was the involvement of the communities and their leaders from the onset. This transpired into several village meetings and training sessions.

The campaign managers at village level were selected by their fellow village mates and trained.

The fact that the human resources responsible for the planning, implementation and monitoring aspects of the campaign were from within the community meant that a capacity had been built within that particular village and as we all know skills development and capacity building are essential ingredients of sustainability.

The training too contributed to sustainability in that it was highly participatory with activities like role plays, group discussions, physical drawing of maps of their villages indicating houses with handwashing facilities and latrines.

Using the diffusion of innovation theory, you can also argue that the campaign can trigger off enough behaviour change in the community such that when it ends the behaviour diffuses from the adopters to the laggards making the behaviour change process continuous and self sustaining.

The hand washing behaviour is also being reinforced by the existing structures in the form of community health workers, water user committees, traditional birth attendants and other health workers using the conventional hygiene education approaches. This is made simple because the difficult part is taking the first step.

During the campaign children were reported to be taking the practice as a game whereby they would spend the time washing their hands over and over again because of the fascination they had for the tippy tap.

The question is: *Is this a good or bad trend?*

Once children learn a behaviour they will practice it, it will become a habit and when they become parents tomorrow, they will teach it to their own children and so on.

How more sustainable do we want behaviour change campaigns to be?

References

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