

# Essential hygiene messages in post-disaster emergencies



## WHO Regional Office for South-East Asia

This fact sheet outlines some of the key activities in dealing with hygiene promotion in post-disaster emergencies.

### What is hygiene promotion?

The goal of hygiene promotion is to help people to understand and develop good hygiene practices, so as to prevent disease and promote positive attitudes towards good health practices.

### Focus of hygiene promotion in emergencies

Your aim in carrying out hygiene promotion in emergencies is to:

- Lower high-risk hygiene behaviour
- Sensitise your target population to appropriate use and maintenance of facilities

This latter point is important. Your efforts should be directed at encouraging people to take action to protect their health and make best use of the facilities and services provided.

Hygiene promotion is not simply a matter of providing information. It is more a dialogue with communities about hygiene and related health problems, to encourage improved hygiene practices.



Community meeting

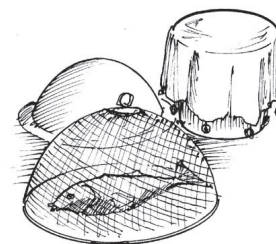
In carrying out hygiene promotion, you will need to carry out the following activities:

- Evaluate current hygiene practices
- Plan what you need to promote
- Implement your plan
- Monitor and evaluate your plan.

### Evaluate whether current hygiene practices are good/safe

You will need to identify the key hygiene behaviour risks and judge the probable success of any promotional activity. The main risks are likely to be:

- Excreta disposal
- Use and maintenance of toilets
- Lack of hand washing with soap or alternative
- Unhygienic collection and storage of water
- Unhygienic preparation and storage of food



Prioritise these by choosing those which pose the greatest health risk. You should look at the resources available to your target population taking into account local behaviours, knowledge and cultural norms. The needs of vulnerable groups should be given particular attention.

### Plan which good hygiene practices to promote

The understanding you gain from the above evaluation should be used to plan and prioritise assistance. Give priority to targeting those behaviours which pose the greatest health risks. Target a small number of practices for each user group: sustained and repeated messages covering a small number of practices are likely to have greater impact than a large amount of promotional messages centred on several practices. The key is to identify the most harmful practices in each user group and focus on these.

Implement a health promotion programme that meets community needs and is understandable by everyone.

**Target specific audiences:** it is important that you know who your audience are and that you direct messages at groups responsible for carrying out the activity being referred to.

For example, messages about diarrhoea in children should be directed at those involved in childcare.



It is desirable that all gender groups (women, men, children and those with disability), should receive equal attention. There are reasons why this does not always happen. Women for example will shoulder domestic responsibilities in most households. As a consequence most promotion activities are directed at them on the premise that if they understand, accept and act upon the messages, the benefits will be immediate. Men on the other hand might understand and accept the messages but not act upon them for not being involved in domestic duties.

**Identify motives for behavioural change:** people may change their behaviour not necessarily for health benefits but for totally unrelated reasons.

Certain behaviours may be seen to confer status within the community and be adopted for this reason. For example:

Fatima built a utensils drying rack for after noticing her neighbour Zainabu, who is a teacher, had one.

A woman may adopt the correct disposal of childrens' faeces upon seeing a health worker doing so.

It is important to identify and understand cultural norms and use this knowledge as a basis for articulating motives for change.

**Hygiene messages need to be positive:** hygiene messages should be presented in a positive light making use of humour wherever possible. Nobody likes being lectured to: people will be much more receptive to positive messages.

**Identify appropriate communication channels:** you need to know how your different target audiences prefer to receive information and any cultural aspects to this. Do they listen to the radio, pick up information through informal discussions, use health facilities, rely on religious functions, theatre and dance and so on.



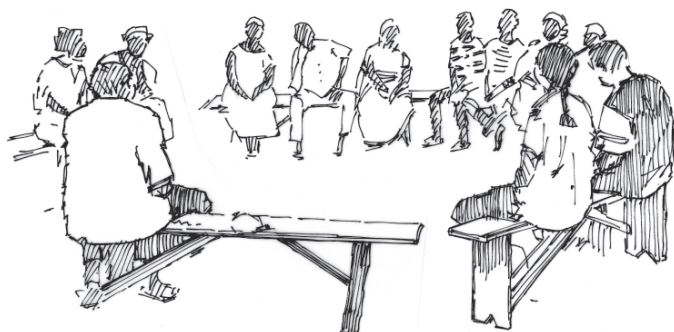
It is usually more effective to use the channel that your audience identifies with and regards as trustworthy.



**Mix your communication channels:** a message received through a variety of channels is more likely to be remembered. However, there are costs to take into account. Broadcast media is less expensive per capita than is say, face-to-face communication. However, information provided one-to-one has greater impact than an impersonal message received through the media. You therefore need to balance the costs of using a channel against its effectiveness.

**Materials:** These should be designed in a way that messages will reach illiterate members of your population. Participatory methods and materials that are culturally appropriate offer opportunities for groups to plan and monitor their own hygiene improvements.

**Facilitators:** Facilitators are the people you will use to implement your plan, working with the community, face-to-face. It is important to select the right people as facilitators as they are the single most important factor for the success of a hygiene promotion campaign. Generally speaking, facilitators should be selected from among the target population. They should be able to communicate in the local language and where possible, be people who are respected within the community.



A reasonable standard of education and an enthusiasm for community work are desirable. They should be aware of the constraints that may cause people not to adopt good practice.

Staff may be recruited from among elders with a lot of life experience, teachers, community leaders, health workers, religious leaders, traditional birth attendants and so on. Although there are no hard and fast rules, a ratio of one facilitator to every five hundred people or one hundred families is recommended.



### Monitor and evaluate the programme to see whether it is meeting targets

You will need to review your hygiene promotion programme regularly. Ideally, members of the community should be involved thus ensuring issues important to them are covered.

The review should evaluate members' feelings about the hygiene message and whether they need more information. Reviews should also mean you gain feedback about how to improve your programme. It would be a good idea to have members decide the frequency of reviews. All information gathered during monitoring and evaluation should be shared with the wider community and interested stakeholders.

## Resources

Harvey P., S. Baghri and R. A. Reed, 2002.  
Emergency sanitation, assessment and  
programme design. WEDC, Loughborough.

Healthy villages: a guide for communities and  
community health. November 21, 2003 [http://  
www.who.int/water\\_sanitation\\_health/hygiene/  
settings/healthvillages/en/](http://www.who.int/water_sanitation_health/hygiene/settings/healthvillages/en/)

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