









IFRC GUIDELINES TO HYGIENE PROMOTION- QUICK FIX

RCRC Defintion of Hygiene Promotion in Emergency

Hygiene promotion (HP) in Emergencies in the Red Cross is defined as: ‘a planned, systematic approach delivered by RCRC staff and volunteers; to enable people to take action to prevent water, sanitation and hygiene-related diseases by mobilising and engagement of the affected population, their knowledge and resources; and to maximize the use and benefits of water and sanitation items and facilities’.

HYGIENE PROMOTION IN EMERGENCIES

STEP	INCLUDES	ACTORS	INFORMATION SOURCES
 STEP 1: IDENTIFYING THE PROBLEM	<p>Gathering quantitative and qualitative information to understand; what the community knows, does, and understands, what are their needs, risks, practices and community structures and the impact of the disaster, by using:</p> <ul style="list-style-type: none"> ➤ Existing Secondary data ➤ Mapping ➤ FGD with community group (3 pile sorting and pocket chart activity) ➤ Observations and Transect walks ➤ Interviews local authorities, other agencies, WASH cluster, RCRC staff and volunteers 	<p>WASH hardware engineers, community, other sectors working in the same communities, Government institutions and other NGOs</p>	<p>IFRC Minimum standard commitments to gender and diversity in emergency programme</p> <p>IFRC Guidelines for Emergency Assessment in English, French, Spanish, Arabic</p> <p>Sphere Project Water and Sanitation Initial Need Assessment Checklist</p> <p>Transect Walk</p> <p>Working with communities: a Toolbox</p>
 STEP 2: IDENTIFYING TARGET GROUPS	<p>Identify the target groups together with the community. The target groups must include: who is most at risk, the influencers in the community, all sections of community (children, older people and people with disabilities) and special emphasis groups (e.g.: babies/ young children) with different requirements.</p>	<p>Community leaders and Health workers, WASH Hardware people, other agencies working in the area</p>	<p>Target group selection</p> <p>Gender checklist for WASH</p>

STEP	INCLUDES	ACTORS	INFORMATION SOURCES
 STEP 3: ANALYSING BARRIERS AND MOTIVATORS FOR BEHAVIOUR CHANGE	<p>Gathering information on different motivators and barriers to trigger behavior change and eliminate/reduce barriers.</p> <p>And assessing any reactions, triggers and cultural compatibility and making changes according to the observations and feedbacks.</p>	WASH hardware people, beneficiaries, Health department staff, Government and other NGOs	<p>Transmission route</p> <p>Good and Bad behaviors</p>
 STEP 4: FORMULATING HYGIENE BEHAVIOUR CHANGE OBJECTIVES	<p>Setting objectives for each of the risks identified which can be related to hygiene behavior change or enabling factors.</p>	Community leaders and Health workers, Trained HP staff and volunteers, Community group selected for pre-testing.	IFRC Pota Template – Indicators Outcomes, Output and Activities View
 STEP 5: PLANNING	<p>Working with hardware engineers and others to make a work plan from the identified objectives and choosing output and indicators using a snapshot (survey and other methods) of the situation. And it also includes:</p> <p>Choosing a method or approach and communication channels to target different groups</p> <p>Preparing materials for HP activities (make use of the HP Box)</p> <p>Choosing volunteers for HP interventions</p> <p>Pilot and Pre-test the methods and activities by trying out it on a small group of people</p> <p>Make changes and start implementation</p> <p>Preparing monitoring and reporting plan for the activities</p> <p>Schedule and conduct the hygiene promotion activities</p>	Trained HP staff and volunteers, Community focal points and hardware engineers	<p>Volunteer Management Toolkit</p> <p>PHAST</p> <p>CLTS</p> <p>Sampling</p>
 STEP 6: IMPLEMENTATION	<p>Following the plan and implementing the activities. The key activities are:</p> <p>Working with hardware engineers and others to establish the needed behavior change communication which goes along with the WASH facilities</p> <p>Recruiting and Training the volunteers and staff</p> <p>Working together with Relief Teams to give feedback from/to communities on distribution of HP items</p>	Trained HP staff and volunteers, Community focal points	<p>Watson & Health NFI Guidelines</p> <p>IFRC Guidelines to Hygiene Promotion in Emergencies Trainer's Manual</p> <p>WASH Cluster Training Material</p> <p>IEC Materials</p>
 STEP 7: MONITORING AND EVALUATION	<p>Use the HP monitoring forms prepared on Step 5</p> <p>Collect data again after 3 months compare with the initial baseline data from Step 1 and evaluate.</p> <p>Make changes to HP work plan to address the hygiene behavior objectives of the new scenario</p>	Trained HP staff and volunteers, Community focal points	Monitoring and Evaluation
 STEP 8: REVIEW, RE-ADJUST	<p>Follow the changes to the situation and re-plan and re-adjust to address the current problems.</p>	Trained HP staff and volunteers, Community focal points and hardware engineers	