









IFRC GUIDELINES TO HYGIENE PROMOTION- QUICK FIX

RCRC Definition 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	Setting objectives for each of the risks identified which can be related to hygiene behavior change or enabling factors.	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	Follow the changes to the situation and re-plan and re-adjust to address the current problems.	Trained HP staff and volunteers, Community focal points and hardware engineers	