OVERVIEW OF THE RESEARCH
SIAN WHITE
LONDON SCHOOL OF HYGIENE
HAND HYGIENE IN EMERGENCIES

40% due to diarrhoeal disease

Deaths during the acute phase of an emergency

80% due to diarrhoeal disease

Deaths among children

Acute Respiratory Infections

20-35% increase

Normal rates

Rates in an emergency

Cholera
Shigellosis
SARS
Hepatitis E
Ebola
A SHIF IT IN THE WASH SECTOR

- Norms
- Behavioural settings
- Social Networks
- Motives
- Routines
- Infrastructure

Good health is in your hands

1. Remove faeces before handling
2. Wash with soap and warm, soapy water
3. Scrub your hands, fingers, inside and between
4. Leave for at least 10 seconds to dry
5. Rinse thoroughly
6. Dry using paper towel
7. Use tumbler to turn off tap and open the door
WHY HAVEN’T THINGS CHANGED?

We know that handwashing interventions work best when they draw on behavioural determinants and adapted to the local context. Doing this takes lots of time, resources and capacity.

In emergencies time, resources and capacity may be limited. The determinants of behaviour may also be different.
Reduced morbidity and mortality from diarrhoeal disease and ARIs and outbreak-related pathogens

People affected by humanitarian crises increase handwashing with soap at key times

Develop a decision making tool that will enable emergency responders to design rapid, evidence-based and context-specific hygiene behaviour change programs

Conduct a systematic qualitative literature review to assess what is known about the determinants of handwashing behaviour in stable settings.

Use this as a point of comparison

Develop hypotheses about how handwashing may differ in humanitarian crises

Review of anthropological and psychological literature related to how people respond to crises

Conduct an ethnographic case study in a armed conflict (KRI) and a disease outbreak (DRC)

Understand how determinants differ between stable and humanitarian settings or between different types of emergencies.

Validate tools by comparing main findings with findings from rapid tools

Conduct interviews with humanitarian actors in KRI and DRC about how they currently design and implement programmes

Collect and analyse the policy/guideline documents that inform hygiene programming

Map gaps between policy and practice

Understand the needs of humanitarian actors and the constraints they work within

Test a set of rapid tools for assessing determinants

Conduct a systematic qualitative literature review to assess what is known about the determinants of handwashing behaviour in stable settings.

Collect and analyse the policy/guideline documents that inform hygiene programming

Conduct interviews with humanitarian actors in KRI and DRC about how they currently design and implement programmes

Develop a decision making tool that will enable emergency responders to design rapid, evidence-based and context-specific hygiene behaviour change programs

People affected by humanitarian crises increase handwashing with soap at key times

Reduced morbidity and mortality from diarrhoeal disease and ARIs and outbreak-related pathogens
SYSTEMATIC QUALITATIVE LITERATURE REVIEW

THE DETERMINANTS OF HANDWASHING BEHAVIOUR IN STABLE SETTINGS
Aim AND RATIONALE

- **Aim:** To identify the determinants of handwashing in stable settings and assess the quality of the evidence available to support each determinant.

- **Rationale:** A central hypothesis of the broader research is that the determinants of handwashing in humanitarian emergencies are likely to be different from the determinants of handwashing in stable settings. This literature review will therefore provide a point of comparison.
SEARCH CRITERIA

- Search was based on terms related to handwashing and terms related behavioural determinates
- Any nation
- Any study design
- Any date
- Community or school-based (not health-centre/hospital based)
- Only included hand and food hygiene (not oral hygiene, menstrual hygiene etc.)
- Had to present new field-based information (no review or lab-based tests)
- Any research that specifically stated that it was conducted in a humanitarian emergency.
- Peer-reviewed published literature only
SEARCH PROCESS

2 databases searched and duplicates removed

232

Titles and abstracts screened for eligibility

144

Full texts screened for eligibility

57

Studies included

31

References screened for eligibility

78

Studies included

18

Total papers included

49

Descriptive summary of included studies

Quality assessment of included studies

Data related to determinants extracted and entered into NVivo

Coding and thematic analysis
## Descriptive Summary of Included Studies

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<thead>
<tr>
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Determinants have been divided into the following categories: socio-demographic factors, environmental factors, subconscious factors, motives, non-subconscious factors, and social factors.

**Number of studies which assessed each determinant**
(total number of studies included = 49)

- Weak determinant of handwashing behaviour
- Moderate determinant of handwashing behaviour
- Strong determinant of handwashing behaviour
SOCIO DEMOGRAPHIC FACTORS: AGE

- 11 studies
- Findings inconsistent across the studies
- Adults and young adults were not surprisingly found to wash hands more routinely than children.
- 5 studies found that having a child aged 0-4 heightened the perceived risk and led to higher rates of handwashing among caregivers.

Weak determinant of handwashing behaviour
SOCIO DEMOGRAPHIC FACTORS: GENDER

- 12 studies
- 3 studies found no gender differences in handwashing
- Remaining studies found that women and girls wash hands more frequently and for longer.
- Rationale: women may have a heightened disgust sensitivity and desire to practice socially desirable behaviour.

Strong determinant of handwashing behaviour
SOCIO DEMOGRAPHIC FACTORS: WEALTH

- 11 studies
- 9 papers found handwashing rates increase with wealth quintiles and only
- 1 paper found no association with wealth.
- Rationale: Poorly explained. Some papers suggested that poverty and a lack of WASH infrastructure are likely to be an impediment to handwashing habit formation.

Strong determinant of handwashing behaviour
SOCIO DEMOGRAPHIC FACTORS: EDUCATION

- 12 studies
- 7 studies found that those with higher education were more likely to wash hands.
- 5 studies found that higher levels of education among parents led to higher rates of handwashing among the whole household.
- Rationale: Association may be mitigated by poverty and availability of infrastructure. Schools may help instil handwashing habits.

**Strong determinant of handwashing behaviour**
Socio Demographic Factors: Urban / Rural

- 7 studies
- 6 studies found that handwashing was more common in urban locations
- 1 study found no difference between urban and rural settings.
- Rationale: Relationship confounded by the fact that those in urban areas are likely to have more access to infrastructure, education and wealth.
SOCIO DEMOGRAPHIC FACTORS: RELIGION

- 6 studies
- All 6 studies observed religious differences in handwashing practice.
- 4 studies found that Muslims practice handwashing more frequently than those of other religions, although this may not always be with soap.
SOCIO DEMOGRAPHIC FACTORS: PERSONALITY TYPE

- 5 studies
- 3 studies found the following characteristics are associated with reduced handwashing: individuals with mental health issues, people with a tendency to adopt risk-taking behaviours, people who are easily upset and people who are anxious.
- 3 studies found that people who were ‘conscientious’ were more likely to practice handwashing. This was defined as people who value cleanliness and order in general; who are able to control their impulses; and who are organised and goal-oriented.
Most of this data came from cross-sectional surveys with reported measures of behaviour.

Hygiene programs are not likely to change socio-demographic factors:

- Increased rates of handwashing with soap
- Living in an urban area
- Having a child under 4
- Having wash infrastructure
- Being 'conscientious'
- Being female
- Being wealthy
- Being well-educated
- Being Muslim

Increased rates of handwashing
17 studies

All studies found that having a handwashing facility increased the likelihood of handwashing with soap.

Each of the following factors were considered important in achieving this increase: cleanliness, attractiveness/appealing design, sink height, type of soap and visual appeal of soap, flow of water, and location.

All of these characteristics were thought to make handwashing with soap more convenient and act as a cue to trigger behaviour.
ENVIROMENTAL FACTORS: WATER AVAILABILITY

- 19 studies
- 6 studies found that having a source of water nearby (within 3 minutes walking) increases the likelihood of handwashing due to convenience.
- The type of water source was discussed in 5 studies and was found to have little influence of handwashing practice.
- Water scarcity was found to affect the perceived ability to wash hands in 7 studies but was not found to affect actual practice. This may be because water is prioritised for other household tasks such as laundry, cooking and bathing.
ENVIRONMENTAL FACTORS: SANITATION

- 14 studies
- 5 studies found that having a latrine was associated with handwashing practice, when compared with open defecation. Rationale: Creating a place for defecation makes the behaviour more observable and susceptible to social judgement.
- 2 studies found that those with improved sanitation were also more likely to wash hands than those with unimproved sanitation Rationale: confounded by wealth.
- 6 studies found that clean toilets lead to much higher rates of handwashing.

Moderate determinant of handwashing behaviour
ENVIROMENTAL FACTORS: SOAP

21 studies

11 studies found that soap was readily available in households but was not prioritised for handwashing.

Other studies found that since soap is high valued people are concerned about keeping it outside where it could be wasted or stolen.

8 studies found that the absence of soap at a handwashing place was a major deterrent to handwashing and prevented habit formation and the translation of good knowledge or intentions into practice.

In all contexts people were found to have positive attitudes to soap and this generally led to good practice.

Strong determinant of handwashing behaviour
ENVIRONMENTAL FACTORS: TEMPERATURE

- 1 study (most other studies in hot climates)
- Using cold water made handwashing an unpleasant experience

Moderate determinant of handwashing behaviour
ENVIRONMENTAL FACTORS: CLEANLINESS OF SURROUNDINGS

- 4 studies
- 2 studies found that dirtier households were less conducive to regular handwashing practice.
- 2 studies found that people who perceived themselves to live in a dirty environment, thought this acted as a reminder to wash hands.
- Rationale: Differences may be explained by objective and subjective perceptions of cleanliness.
- Comparatively strong evidence base linking environmental factors with actual behaviour.
- Likely to be an integral building block for enabling regular handwashing but potentially insufficient.
Subconscious Factors: Habit

- 27 studies
- 2 quantitative studies found that habit explained the greatest proportion of variance in self-reported handwashing practice.
- 14 studies described why handwashing may become habitual: 1) handwashing is a commonly occurring behaviour, 2) it is learned from a young age, 3) it is often associated with religious or cultural rituals and 4) it is reactive to situational cues such as hands feeling dirty or seeing soap after toilet use.
- Where these cues are absent handwashing is likely to occur.
- Handwashing interventions which have created environmental cues and successfully increased behaviour.

Strong determinant of handwashing behaviour
9 studies
- Routines vary significantly between contexts but are often similar within contexts.
- Handwashing was found to often occur within ‘morning ablutions’ and often precede actions such as face washing.
- 2 studies found that people who practice other hygienic behaviours (e.g. tooth brushing) are more likely to wash hands.
- 2 studies suggested that handwashing interventions targeting schools should aim to create routine handwashing occasions.
Since these factors are sub-conscious our ability to measure them is poor.

Several studies suggested habit was important without providing evidence.

Habits and routines are regarded as difficult to change.

- Handwashing is taught from a young age
- Handwashing is part of daily routines
- Handwashing is cued when there is visible dirt
- Handwashing is part of religious or cultural rituals
- There is a place for handwashing which acts as a cue
- Handwashing is habitual
- Increased rates of handwashing with soap
MOTIVES: DISGUST

- 21 studies
- 16 studies found that handwashing is most likely to be triggered by a sense of disgust, particularly when hands are visibly dirty or smelly.
- Disgust is also more likely to prompt handwashing with soap rather than just water and may be particularly important for triggering handwashing post defecation.
- 5 studies found that disgust sensitivity varies from person to person and might be mediated by gender, environmental cleanliness, and certain personality traits.
12 studies

10 studies found that comfort was an important motivator for increasing handwashing behaviour.

It was found to be closely linked to disgust in that ridding one’s hands of dirt led to them being clean, soft and pleasant smelling.

5 studies found that handwashing was also associated with purity, freshness and a sense of confidence.

Strong determinant of handwashing behaviour
MOTIVES: NURTURE

- 14 studies
- 8 studies suggested that the desire to do what is best for one’s child is an important motivator for handwashing practice.
- It is thought to be important because handwashing behaviour is learned from a young age and often requires regular guidance and role modelling.
- The association between being a good parent and handwashing may not occur naturally and may require interventions to amplify this belief.

Moderate determinant of handwashing behaviour
20 studies

8 studies found a strong association between norms and handwashing behaviour, with some concluding that positive handwashing norms could negate the need for education on handwashing as this would be socially learned.

In most cultures, there is an injunctive norm (perception about what others believe) that handwashing is socially approved, even where actual practice may be low.

The usefulness of affiliation and norms may only be apparent in contexts where handwashing is observable and therefore can be socially judged.
MOTIVES: STATUS

- 9 studies
- 6 studies found that handwashing was associated with people who are educated, wealthy, attractive, modern and respected.
- 1 study concluded that soap was a status-related product.
- Handwashing was found to be more commonly practiced when there were visitors or during public occasions suggesting that it is closely linked with affiliation and may also be of greatest influence on handwashing when the behaviour is publicly observable.

Moderate determinant of handwashing behaviour
MOTIVES: ATTRACTIVENESS

- 5 studies
- The attract motive is likely to be of less importance than many of the other motives.
- 3 studies found that in some cultures soap is seen as a beautifying agent first and foremost and handwashing is an important contributor to visual attractiveness.
- However, attractiveness is not likely to motivate handwashing in all cultures with the remaining studies finding limited or no effect.
MOTIVES: FEAR

- 4 studies
- All four studies concluded that fear is a weak motivator of handwashing as diarrhoea is seen as common and unavoidable in children.
- 3 studies suggested that fear can lead to increased handwashing during an outbreak but that practices will return to normal when the outbreak is over.
Those who assessed motives tended to come from certain theoretical backgrounds
- Poor quality measures for each motive.
- Methods for assessing motives poorly described.
- Normally need to be amplified through an intervention in order to be effective.

- Wanting to protect your child
- Concerned about disease risk
- Disgust at visibly dirty or smelly hands
- Concerned that your partner will find you less attractive
- Increased rates of handwashing with soap
- Belief that handwashing will lead to soft, comfortable hands
- Concern that others will judge you based on your dirty, smelly hands
NON-SUBCONSCIOUS FACTORS: KNOWLEDGE

- 28 studies
- 12 studies reported that knowledge about disease transmission was high (72% of people on average).
- 3 studies found people knew diarrhoea could kill.
- Study found knowledge of handwashing techniques and the recommended time for handwashing was high.
- There was less consistent knowledge about key handwashing occasions as reported by 5 studies.

Weak determinant of handwashing behaviour
7 papers found no association between knowledge and handwashing behaviour.

2 papers found that knowledge about handwashing occasions does appear to have an effect on behaviour (twice as likely)

Handwashing interventions were found to be able to improve knowledge about handwashing occasions by an average of 44%.

Rationale: Biomedical knowledge about handwashing may not lead to behaviour change because it sits alongside other beliefs and priorities.

Rationale: We are often not conscious of this knowledge at the time when the behaviour ought to occur.
NON-SUBCONSCIOUS FACTORS: INTENTION

- 6 studies
- 2 studies which measured the association between intention and actual behaviour found the association was weak.
- Rationale: Intention was mediated by past practice and availability of necessary infrastructure (soap/water).
- Handwashing intentions were more likely to form among those who felt handwashing was easy, those who had positive attitudes towards handwashing and those who had a handwashing place.
- Intentions may be stronger if they are formed at a life changing moment such as the birth of a child.

Weak determinant of handwashing behaviour
NON-SUBCONSCIOUS FACTORS: SELF-EFFICACY

- 8 studies
- 3 papers reported that people found it easy to wash hands.
- 5 papers discussed potential barriers to self-efficacy including soap and water availability and perceived busyness but findings were inconsistent across contexts.
- 2 papers concluded that self-efficacy was important for the formation of handwashing intentions. However no effect on actual behaviour was found and this was thought to be because of the mediating effect of the norms of one's social network.

Weak determinant of handwashing behaviour
NON-SUBCONSCIOUS FACTORS: TIME AND EFFORT

- 12 studies
- 5 studies found that participants felt too lazy to always wash hands, particularly when busy as it was seen to create extra work (on average this was an issue for 27% of people).
- 4 studies found that handwashing was east to forget, being an issue for 78% of participants.
- 3 studies reported that mothers got easily distracted by childcare duties and overwhelmed by the never-ending nature of housework such that handwashing was compromised.
- 6 studies found that conveniently located handwashing facilities considerably reduced the perceived effort of handwashing.
10 studies

Diarrhoea was perceived as a low-level threat.

In 3 studies from high-income countries this was due to a low perceived susceptibility to diarrhoea.

3 studies in LMIC found that diarrhoea was seen as a low-level threat because it was viewed as common and unpreventable.

Diarrhoea was attributed to eating certain combinations of foods; a bewitching or curse; physiological changes; or changes in weather patterns. Generally it was considered mild and self-limiting even though people knew it could kill.

5 papers found risk perception was a more important determinant of behaviour among mothers of young children (as they felt their child was more susceptible to disease) and in cases of an outbreak.

Moderate determinant of handwashing behaviour
There is good evidence that biomedical knowledge does not improve behaviour. These factors appear to be less important because they are mediated by the social and physical environment and subconscious decisions. These factors are hard to measure well as overcoming bias is an issue.

- Know when to wash hands
- Have a conveniently placed handwashing station
- Have a young child
- Increased perceived risk
- Disease outbreak
- Increased rates of handwashing with soap

**NON-SUBCONSCIOUS FACTORS : SUMMARY**
21 studies

5 studies found that those with larger social networks were more likely to feel that the people around them care about their handwashing behaviour.

This may be confounded by the fact that those with larger social networks are also more likely to be wealthy, educated, have better WASH infrastructure and be more exposed to media and community events.

2 studies found social influence may affect handwashing behaviour. This is the extent to which individuals feel pressured to act in the way that they feel others would like them to act.

5 studies reported increased handwashing practice when handwashing is socially observable.

8 studies found that social support from parents (50-86%) and schools (27%) is likely to be important for maintaining handwashing behaviour.
3 studies

These 3 studies found that major shifts in roles (e.g. becoming a mother for the first time) could present an opportunity for improving handwashing.

They found that at such times a mother takes on a new social identity, a new routine of behaviour, and consequently may perceive risk differently or be motivated by different emotions.
Despite social networks being discussed by many papers in this review this was not normally assessed through social mapping approaches.

Roles and social networks may be difficult to change within the scope of a handwashing intervention – rather handwashing interventions could take advantage of natural dynamics (e.g. moments of change or key influencers).

- Large social network
- Handwashing is taught from a young age
- Care what others think of your behaviour
- Feel that your behaviour is judged
- Want to act based on what others think you should do
- Increased rates of handwashing with soap
- Social support from family and schools
- Increased rates of handwashing with soap

Social support from family and schools

Handwashing is taught from a young age

Large social network

Care what others think of your behaviour

Feel that your behaviour is judged

Want to act based on what others think you should do

Increased rates of handwashing with soap
Number of studies which assessed each determinant
(total number of studies included = 50)
The effect of different determinants on handwashing behaviour
DOCUMENT ANALYSIS

WHAT INFORMS THE WAY THE GLOBAL WASH OPERATE DESIGN HYGIENE PROGRAMS?
32 organisations within the Global WASH cluster were contacted

Individuals and organisations were told responses would be anonymous.

People were asked to share documents that met the following description:

“The primary document/s that your organisation use to inform either your hygiene programming in humanitarian emergencies or your behaviour change programming.”

They were subsequently asked the following questions about these documents:

- How did your organisation decide on these documents and what made them appealing?
- Have they changed over time?
- At what level are these documents used?
- Are they used consistently?
- What other types of information would be of use to your staff?
16 organisations replied with documents and responses

9 others have indicated they may still reply

These represent UN Agencies, NGOs that only work on WASH, NGOs that only work in humanitarian emergencies and NGOs with a much broader remit of work

A total of 83 separate documents were identified from the 106 documents that were generated through this process.

The most commonly mentioned documents were the SPHERE standards and the WASH cluster hygiene promotion tools.

Documents range from hygiene posters to log frames, and from strategy documents to intervention guidance.

Organisations appear to be sharing resources
‘I’ selected them based on:
- A good mix
- Practice
- Image-based
- Easy to contextualise
- Based on evidence
- Include case studies
- Have assessments and indicators
- Whether they are vetted by WHO/UNICEF

‘We’ use the same documents as everyone else and work with the WASH cluster at a national level.

We created them based on our experience

We don’t believe in having just key documents because everything should be adapted.
HAVE THEY CHANGED OVER TIME?

- There has been a change towards focusing more on the communities priorities and adapting approaches to fit that (participatory approaches)

- More organisations are tailoring their own materials to match their organisational strategy/values

- Some felt that it was hard to keep up as there were always new materials coming out and this could be overwhelming

- Technical advisors try to identify “state of the art” or “cutting edge” approaches but are often unsure how staff should adapt these.

“They have not changed enough to be honest. The pictures need to be updated to be more in line with current trends in emergencies.... These new audiences do not identify with these old pictures as they depict mostly rural scenes.”
AT WHAT LEVEL ARE THESE DOCUMENTS USED?

- ‘I’ don’t know as at field level people may prefer different tools – decentralisation seemed to be a challenge
- For the majority of organisations the same documents were available at the HO down to the field level.
- Several organisations mentioned that these documents were important for informing their proposal writing.
- Only one organisation said that it had different levels of hygiene promotors and directed each to different materials.

“We are very decentralized... Often our country teams rely on documents/tools that I’m not even aware of, or that their donor/partner ask them to use.”
ARE THEY USED CONSISTENTLY?

- 5 different models:
  1. ‘I’ am not sure if they are used consistently
  2. Online or physical libraries of materials help them to be used by all
  3. Utilised in different ways by each country team
  4. Local actors work with HO to utilise materials
  5. Trainings are developed based on these materials

- Challenging to make programs streamlined and to make sure that they link to the guidelines.
- Focus on adaption to make tools context specific but no one explained how this adaption is actually done.
WHAT OTHER TYPES OF INFORMATION WOULD BE OF USE TO YOUR STAFF?

- More practical and directive, particularly on program design.
- Materials that can be done quickly and without a special consultant.
- How to train fieldworkers on hygiene.
- Adapting what we do to different types of populations.
- Individual staff will be able to identify gaps but ‘I’ don’t know what they are.
- Needs to be linked with a specific scientific field.
- Adapted to make the most of mobile technology and social media.
- How to do formative research in emergencies.
- How to genuinely engage communities.
- Keeping materials up-to-date.

“The responses in the last few years have been quite different….it would be good to learn how messages could be provided to a middle class population. I think basic handwashing messages were found quite patronising by some beneficiaries.”