

MUM'S MAGIC HANDS FOR LESS ACUTE AND STABLE CONTEXTS

IMPLEMENTATION FIELD GUIDE

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1 Background

1.1 Importance of handwashing with soap in emergencies

Diarrhoeal diseases and respiratory infections are among the most prevalent illnesses during emergencies and account for nearly 30% of deaths in children displaced by crises (Hershey et al, 2011). In the acute phase of an emergency, diarrhoea alone accounts for 40% of child deaths (Connolly et al, 2004).

Handwashing with soap (HWWS) is recognised as the do-it-yourself vaccination and has a greater impact on morbidity from diarrhoeal disease than any other single intervention (Cairncross et al, 2010). Handwashing with soap is a critical practice to promote in humanitarian emergencies where people are more vulnerable to disease due to marked change in conditions, lack of access to safe water and sanitation and overcrowding in informal settlements and camps. In emergency settings, the presence of soap at the household level has been shown to reduce the incidence of diarrhoeal disease by 27% (Peterson et al, 1998).

1.2 Using emotional motivators to overcome barriers to handwashing with soap (HWWS)

Handwashing promotion programs in emergencies traditionally focus on the health benefits of handwashing as a key motivator. Information – in the form of messages – is delivered to beneficiaries about the key times to wash hands and how doing this at certain times can reduce morbidity rates.

In development contexts, handwashing programs which focus on emotional motivators have been shown to have more impact on behaviour than those which focus primarily on the health benefits of handwashing. Oxfam, in partnership with Unilever's Lifebuoy soap and Unilever's Chief Sustainability Office worked together to better understand emotional motivators and barriers to handwashing in emergency contexts with the aim of developing a behaviour change program that could be used in any emergency context. The result was ***Mum's Magic Hands***.

1.3 Using nurture and affiliation to develop the Mum's Magic Hands concept

Mum's Magic Hands uses the emotional motivators **nurture** and **affiliation**.

Nurture and affiliation – what do they mean?

Nurture: Doing the best for your children, helping them develop, rewarding them, and teaching them

Affiliation: Being part of a community, desire to fit in or belong

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Handwashing with soap fits into the narrative of **nurture** leading to success along with a broader set of good manners such as cutting nails, combing hair, brushing teeth, bathing, honesty and hard work and encompasses all the elements of living a good life.

Handwashing with soap fits into the narrative of **affiliation** as it is a behavioural driver in emergency contexts as mothers tend to unite, sharing resources and providing support to each other.

Box 2: Mums have magic hands!

Mothers, we have discovered have 'magic' hands. Hands that put their children to sleep, that clean them, that help them learn to walk, and that comfort their little ones by gently stroking when they are in pain. A mother's hands shape the very life of their children.

Hands are perfect metaphors that embody in them, the lives of mothers and their heroic efforts of nurturing their children against all odds.

3. The program

A set of materials and activities were developed based on the creative concept of *Mum's Magic Hands*. Some of the activities are designed to raise HWWS awareness and practice or reinforce messages and others serve as reminders and silent nudges.

The **Mum's Magic Hands Programme** is not a standalone programme but rather a set of activities that can be integrated into a public health promotion program. The program plan suggests a way to do this but it is ultimately up to the discretion of the PHP team to find the most effective way to incorporate MMH activities into the larger PHP program.

2. Primary and Secondary Audiences

2.1 Primary Audience

Mum's Magic Hands targets **mothers and female carers of all ages**. This is because Mothers, as well as grandmothers, aunts and older siblings may also care for children and they are found to be the most significant hygiene influencers within the family. Moreover, as caregivers of children, their behaviour was the most likely to have an impact on the health status of children under the age of five.

2.2 Secondary Audience

i) Children are known to be significant change agents. It is much easier to develop or change children's behaviour than that of adults. Mum's Magic Hands targets children in two ways:

- By motivating mothers to promote handwashing with soap (HWWS) among their children at the household level
- Through activities geared towards children

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ii) **Fathers** and other men can also play a role in promoting handwashing habits at the household level, particularly with regard to boys. Mum's Hands targets men in 2 ways:

- By motivating mothers to promote HWWS among fathers at the household level
- Through activities geared towards men

2.2 Programme Objectives and Indicators

Using emotional motivators nurture and affiliation, the objectives and indicators of the Mum's Magic Hands handwashing program are:

Objective 1: To increase HWWS knowledge at key times among mothers and female carers

Indicators:

- Increased percentage of mothers who mention HWWS before eating as a key time by end of program (insert date)
- Increased percentage of mothers who mention HWWS before preparing food as a key time by end of program (insert date)
- Increased percentage of mothers who mention HWWS before feeding young children as a key time by end of program (insert date)
- Increased percentage of mothers who mention HWWS after using the toilet as a key time by end of program (insert date)
- Increased percentage of mothers who mention HWWS after cleaning child faeces as a key time by end of program (insert date)

Objective 2: To increase HWWS practice at key times among mothers and female carers

Indicators:

- Increased percentage of mothers observed to HWWS before eating by end of program (insert date)
- Increased percentage of mothers observed to HWWS before preparing food by end of program (insert date)
- Increased percentage of mothers observed to HWWS before feeding young children by end of program (insert date)
- Increased percentage of mothers observed to HWWS after using the toilet by end of program (insert date)
- Increased percentage of mothers observed to HWWS after cleaning child faeces by end of program (insert date)

2.3 Pre-existing conditions necessary for implementation

Before implementing the Mum's Magic Hands (MMH) program, one needs to consider whether the environment is enabling because if certain conditions are not met, the program may frustrate people rather than motivate them. Pre-existing conditions include:

1. Basic needs should be met (i.e. shelter, food, water, latrine, handwashing station, hygiene kits)
2. People need to be in the "right" mindset/emotional state to participate (i.e. if mothers are traumatized due to loss of loved ones/assets/social networks, they may be


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psychologically distressed and would not be likely to participate in program activities)




3.1 Mum's Magic Hands materials

Below is a description of the materials designed for the *Mum's Magic Hands* Program and the purpose of each.

Table 1: Overview of MMH materials

Materials	Description	Reference
Mum's Magic Hands storyboard (16 pages)	<p>WHAT: The story of a mother and her heroic efforts to nurture her daughter with her <i>magic hands</i>. Against all odds and despite the difficult conditions of an emergency context, she is able to instil good handwashing habits in her child which leads to her daughter's ultimate success in life.</p> <p>WHY: To be used in group sessions to raise awareness.</p> <p>WHO: Mothers, carers, children</p>	
Stickers	<p>WHAT: 4 Stickers depicting scenes from the Mum's Magic Hands story to be distributed at household and community level.</p> <p>WHY: 4 Stickers to be placed in strategic locations to be used as reminders for HWWS at critical times</p> <p>WHO: Households and Community Level</p>	





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<p>Posters</p>	<p>WHAT: Key visual (KV) reminders placed in strategic locations in public areas (i.e. health centres, markets, public eating areas, distribution centres, food stalls, public latrine areas, etc.).</p> <p>WHY: To serve as reminders for HWWS and about the story of Mum's Magic Hands</p> <p>WHO: Community level</p>	
<p>Footsteps</p>	<p>WHAT: concrete blocks with coloured painted footprints on top.</p> <p>WHY: To be placed from communal toilet to handwashing facility to serve as a silent nudge to trigger handwashing with soap after using the toilet.</p> <p>WHO: Community</p>	
<p>Mirrors</p>	<p>WHAT: A mirror to be hung over communal handwashing facilities.</p> <p>WHY: To nudge people to visit the handwashing facility and to wash their hands with soap after using the toilet.</p> <p>WHO: Community</p> <p>*Notes (R image): i) HW bucket should be raised higher so people do not have to squat down to wash hands.</p>	 <p>*image from Kathmandu, Nepal (2016) Mirror sticker</p>






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	<p>ii) At community HW facilities, buckets are usually >30L.</p>	
<p>HW facility stickers</p>	<p>WHAT: A sticker with multiple images that can be fixed to the HW bucket</p> <p>WHY: To be used as a reminder of key HWWS times</p> <p>WHO: Community</p>	
<p>Voting exercise</p>	<p>WHAT: An exercise used for assessing and monitoring participants' perception of handwashing at key times</p> <p>WHY: An anonymous monitoring exercise executed during each group session to look at 5 key times for HWWS</p> <p>WHO: Mothers, Caregivers</p>	<p>These images illustrate the critical times to wash hands</p> 
<p>Coloured powder exercise/Glo germ/Perfumed powder</p>	<p>WHAT: An exercise using coloured powder/Glo germ kits/perfumed powder</p> <p>WHY: used to reinforce the idea of invisible germs and HWWS behaviour.</p> <p>WHO: Mothers, carers, children</p>	 <p>*Glo germ powder seen under UV light</p>


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<p>Scratch cards</p>	<p>WHAT: A self monitoring tool</p> <p>WHY: To promote self-monitoring of HWWS practice at home with children.</p> <p>WHO: Mothers, carers, children</p>	
<p>Circle of cleanliness</p>	<p>WHAT: Circle drawn with coloured powder, chalk or ash to represent a pure and clean area whereby one must wash hands with soap before entering.</p> <p>WHY: The purpose is to reinforce HWWS among target group.</p> <p>WHO: Mothers, carers, children</p>	 <p>*Image from Bidibidi camp, Uganda (2016)</p>
<p>Magic Hands Participatory exercise</p>	<p>WHAT: Participatory exercise to demonstrate level of HWWS practice</p> <p>WHY: Reinforces the link between HWWS and the amount of magic in participant's hands (being a good mother/carer)</p> <p>WHO: Mothers and carers</p>	
<p>Bedtime tale</p>	<p>WHAT: Contest among participants to develop HWWS bedtime stories for their children.</p> <p>WHY: Reinforces the importance of ensuring children develop good HWWS habits.</p> <p>WHO: Mothers, carers, children</p>	

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<p>What goes around</p>	<p>WHAT: Set of questions around the affiliation frame of story used</p> <p>WHY: Reinforce the affiliation driver and its link to HWWS.</p> <p>WHO: Mothers and carers</p>	
<p>5 Key times</p>	<p>WHAT: Participatory exercise using key time for handwashing cards</p> <p>WHY: To reinforce 5 key HWWS times with mothers.</p> <p>WHO: Mothers and carers.</p>	<p>These images illustrate the critical times to wash hands</p>   
<p>Routine dial</p>	<p>WHAT: Participatory exercise</p> <p>WHY: To reinforce key HWWS key times with mothers and children.</p> <p>WHO: Mothers, carers and children</p>	
<p>Men's role play</p>	<p>WHAT: Role play performed by men</p> <p>WHY: To reinforce key HWWS times amongst men and the rest of the community</p> <p>WHO: Men, community</p>	

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Certificates	<p>WHY: Reward to mothers commemorating completion of the program.</p> <p>WHO: Program participants</p>	 <p>The certificate is awarded to _____ for successfully learning and practicing handwashing with soap at key occasions.</p> <p>Date: _____ Signature: _____</p>
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Box 5: A note on key visual

The key visual was developed to summarize key program messages and appears on a number of different program materials (posters, stickers). Feel free to be creative and use this on other context appropriate items!

3.3 Table 2 - Sample program plan

List of activities	Sub-activities/details	Notes	Week							
			1	2	3	4	5	6	7	10
Activity 1: Pre-implementation preparation (procurement, training)			1	2	3	4	5	6	7	10
1.1 Visibility materials for MMH Promoters	Potential items could include: Umbrella, Backpack or shoulder sling bag (to carry materials), T-shirt, any other items as appropriate to context	Magic Hands logo, Oxfam, Unilever & Lifebouy logos, any other logos of partners, Government Ministry, donor, etc. (as appropriate).	X							
1.2 Translation of materials	Translate Mum's Magic Hands Storyboard, Promoter scripts, Training materials into local language	Review translation thoroughly with native speakers to ensure accuracy, Pre-test translation with target group	X							
1.3 Print MMH materials + procurement for activation ideas	1.3.1 Print Mum's Magic Hands Storyboard	Specification: A4 or A3 colour - Front & Back Print/300 gsm/Matte Finish, 1 copy per promoter		X	X					
	1.3.2 Print footsteps stencil to facilitate creation of footsteps from public latrines to HW facilities - medium as appropriate to context/terrain	life size, colours, one set per communal latrine (public latrines only), i.e. raised concrete, footstep can be molded into cement and painted a bright colour		X	X					
	1.3.3 Procure Glo germ kits, colored powder	Glo germ - 1 per promoter plus batteries x 2 sets, colored powder – 1 bag per		X	X					

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		promoter (also used for circle of cleanliness exercise)									
	1.3.4 Procure Mirrors with Magic hands logo for public handwashing (HW) facilities	1 per public HW facility (public latrines only), 30cm x 15cm		X	X						
	1.3.5 Print stickers for mirrors (A6)	170 GSM/colour/matte, 1/mirror		X	X						
	1.3.6 Print Household stickers (A5)	4 per household, 170 GSM/colour/matte		X	X						
	1.3.7 Print Large posters (A3)	For health posts, eating areas (i.e. food kiosks), latrine areas, water points, child friendly spaces/schools, etc.		X	X						
	1.3.8 Print Certificates (A4) *option – plastic frames	color, 1 per participant		X	X						
	1.3.9 Print Scratch cards (21 squares)	A4, coating over each square similar to lottery tickets		X	X						
	1.3.10 Print clock and activity cards for routine dial	Clock: 1x A2 image, plasticised, colour one-sided (1/promoter) Activity Cards: 7xA5, colour (1 set/promoter) HW cards: 5xA5, colour (1 set/per promoter)		X	X						
	1.3.11 Print A3 size of following: a) Frame 9 (What Goes Around activity) b) Frame 13 (Bedtime Tale activity) c) Frame 15 (5 Key Times activity) d) Frame 16 (MMH Participatory exercise)	If already using A3 size storyboard, no need to print extra copies for these exercises, simply pull them out of the storyboard when needed.		X	X						
	1.3.12 Print images for voting exercise	B&W, 5xA6 size (on one A4 page), 1/ participant		X	X						
1.4 Training of trainers	1.4.1 Reserve venues	Training manual/modules			X						
	1.4.2 Food and drink	2 snacks + 1 meal per participant (including facilitators)			X						
	1.4.3 Procure materials for training	Pens, notebooks			X						
	1.4.4 Print agendas, training	1 /promoter			X						

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	manual and promoter scripts									
	1.4.5 Implement training				X					
Activity 2: Implementation of MMH program			1	2	3	4	5	6	7	10
2.1 Reminders, reinforcements	2.1.1 Install footsteps at communal latrines	Public latrines only, ensure HW facility is in place				X				
	2.1.2 Install mirrors with stickers at HW facility near latrines	Public latrines only, ensure HW facility is in place				X				
	2.1.3 Place posters in public places	Health posts, eating areas (i.e. food kiosks), latrine areas, water points, child friendly spaces/schools, etc.				X				
2.2 Session 1	10-20 mothers per group	See Promoter script					X			
2.3 Session 2	10-20 mothers per group	Subsequent sessions as appropriate to context, do not have to be in sequential order						X		
2.4 Session 3	10-20 mothers, children <8 years								X	
2.5 Session 4	Final session									X
Activity 3: Monitoring			1	2	3	4	5	6	7	10
3.1 Quantitative	3.1.1 Structured observation	Structured observation tool						X	X	
	3.1.2 Mini survey	Mini survey tool						X		
3.2 Qualitative	3.2.1 Focus group discussions	FGD guidelines						X	x	
Activity 4: Evaluation										
4.1 Endline evaluation	Structured observation, KAP questions, FGD questions	To be integrated into baseline and endline, coordinate with Monitoring Evaluation and Learning (MEAL) team.								

4. Step by step guide

4.1 Pre-implementation preparations - Step 1

4.1.1 Recruitment of MMH Promoters

It is important to remember that the Mum's Magic Hands (MMH) program will be integrated into the emergency PHP program. In line with this, MMH promoters should not be separate from the community health volunteers or public health promotion volunteers that promote hygiene at the community level. See Annex 2.1 for a sample MMH Promoter job description.

4.1.2 Translation of Materials

The following materials should be translated:

- a. MMH Storyboard

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- b. Words on clock image from routine dial exercise (i.e. morning, afternoon, night, evening)
- c. Promoter scripts
- d. Training materials (i.e. Powerpoints)

Box 6: A note on translation of MMH Storyboard

- Don't forget to carefully review translation of storyboard to ensure **messages** in each frame have been **retained**.
- In some contexts, the title - "**Mum's Magic Hands**" - may not translate directly into the **local language**. It is important to find a way to express the idea of "magic hands" in a way that reflects the meaning. Magic could have negative connotations in some contexts and care must be taken to ensure the story retains its **positive messaging**.
- Don't forget to **pre-test** the translation before printing!

4.1.3 Printing of MMH materials

You can find printing specifications for all materials in the sample plan (see Table 2) as well as in the Creative materials folder (see Print instructions).

Box 7: A note on the printing process

- Work with your logistics team to identify a supplier that can produce high quality materials in a short timeframe
- Insist on seeing samples of all materials before printing process commences

Some additional tips:

1. **Visibility materials for MMH promoters**

- Select items that are appropriate to the context and within your budget.
- Ensure the MMH logo appears on all items (you can also include Oxfam, Lifebuoy & Unilever and partner logos if appropriate).
- In Nepal MMH promoters were provided with a backpack to carry MMH materials, and an umbrella to protect from rain and sun.
- Other potential items could include: water bottles, t-shirts, sun hats, etc.

2. **Mum's Magic Hands Storyboard**

- A3 size is larger and more visible; particularly for larger group sessions but A4 size is more transportable. It's up to you to decide which size to use based on your needs!
- Images should be printed on the front and script on the back so that the promoter can easily refer to the story while holding the image for the group to see i.e. Scene 1 script should be on the flip side of image 1, etc.
- No need to present the first 2 pages (Strategic Background, Central Creative Idea) of the storyboard to the community. These are for our reference only.

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3. Footsteps

- A stencil is provided for the footsteps but how you install them will depend on the terrain. If they are in a school, there may be concrete on which they can be painted. If they are outside in a camp where there is a lot of dirt/mud, you may have to construct raised cement blocks on which they can be painted.
- Brainstorm with PHEs and logs to come up with a workable solution!

4. Glo germ


- Glo germ kits may be difficult to find locally. If they are not available, you can use coloured powder (Holi powder), chalk or perfumed powder as an alternative.
- Perfume powder should have a strong scent, stronger than talcum or baby powder.

5. Posters

- There are a number of versions of the Key Visual which you can make into posters. Some are of the image only and others have a space at the bottom so that you can include a message (for literate communities). Feel free to develop any message that is appropriate to your context and reinforces the MMH concept.

6. Scratch cards

- These are like lottery cards. The 21 images should be covered with scratch-able material and numbered 1-21 from left to right (see image).



1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21

4.1.4 Training of Trainers (TOT) & MMH Promoters

Once materials have been printed, you are ready for training. There is a TOT guide included with this manual (Annex 2) which provides step by step instructions on how to train your trainers (those who will be training the MMH promoters). Essentially you will take them through the same training they will be implementing with the promoters.

It is important that they have a solid understanding of the program aims and objectives and are able to implement each of the MMH program activities flawlessly. This may require a lot of repetition and practice during the TOT but it will be well worth it. Once your trainers are familiar with the material and activities, they are ready to train the MMH promoters.

Tips for Training MMH promoters

- Smaller groups are better (15-20) as it will give promoters an opportunity to practice and role-play the activities

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- When setting up the venue, install the nudges to mimic those in the community (i.e. footsteps from the toilet to the sink, stickers on mirrors, posters by toilets and in other strategic locations in venue)
- After introduction of each MMH program activity, have the promoters practice going through them both as participants and program deliverers
- Make the sessions as participatory as possible so that promoters have an opportunity to input into the way activities are delivered as well as the planning for implementation
- MMH promoters will be responsible for collecting and collating a great deal of data during sessions (attendance, mini assessment FGD, voting exercise, scratch cards, action plans, challenges). It would be helpful to provide formats for each of these as it will help them to be organized.

Box 8: A note on training and follow up

Rather than cover all sessions in a 1-day training, it may be useful to hold more than one training session. For example, you may want to introduce all activities for Session 1 during the first training and then hold a follow up training a week prior to implementation of Session 2 to go over all activities for Session 2 and so on. These short trainings are also useful to address any challenges from the previous sessions and provide an opportunity for follow up and collaborative problem solving. It can also be an opportunity to gather the data they have collected to date.

4.1.5 Posters and nudges

Don't forget to set up the posters a few days before beginning the MMH program. Initially posters will generate interest and curiosity among the community and later they will serve as reminders. Silent nudges at communal latrine/HW facilities (footsteps, mirrors + sticker) can be put in place as soon as infrastructure (latrines/handwashing facilities) is complete. In fact, these can be integrated into WASH facility construction planning as the PHEs are well equipped to do this!

Box 9: A note on silent nudges

Silent nudges are exactly that – silent! There is no need to explain their purpose to the community. They are there as environmental cues which aim to prompt unconscious decision making (i.e. make one's way from the latrine to the HW facility). You can also explain this to the MMH Promoters. If people ask what they are for, throw the question back at them and let them tell you what they think!

4.1.6 Baseline data collection

To better understand handwashing knowledge and practice starting points of the target group, there are some assessment questions which will be asked by MMH promoters during session 1 (see Session 1 Promoter script). These questions will give you a good idea of where mothers and carers are currently at in terms of handwashing knowledge and self-reported practice. However, a more in-depth baseline analysis should also be done if time permits. Part of this could be integrated into the WASH baseline **KAP survey** (specific questions on HWWS knowledge and practice) and **focus group discussions** (open ended questions to better

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understand HWWS behaviour/barriers/enablers). **Structured observation** is also a useful tool which can also be used to determine levels of HWWS practice at key times. This can be done quickly and will give you a good idea of what people are actually doing when it comes to washing hands with soap. You can find sample baseline evaluation tools in Annex 3.1.

Box 10: A note on structured observation (SO)

- SO, should be conducted discreetly otherwise the target group may behave differently than normal. This is called the **Hawthorne effect**, a phenomenon where people behave in the way they think they are “supposed to” if they think someone is watching.
- Try to observe at the same time every day

4.2 Implementation (Step 2)

4.2.1 Implementation Guide

The program is comprised of 4 sessions but these do not have to be completed during consecutive weeks. Moreover, as mentioned in other sections, the MMH program is not a standalone intervention but designed to be integrated into the larger public health promotion program where other **high risk behaviours** are also addressed. High risk behaviours will depend on the context and will be identified during the rapid assessment and as the program evolves over time. The flow chart below describes MMH activities and an approximate timeframe for their delivery. It also shows how HW key messages can be integrated into the larger WASH program and other high public health risk messages.

Table 3: MMH Program Flowchart

Weeks 1-2	Weeks 3-4	Weeks 5-8	Weeks 9-36	
Rapid assessment, Life saving interventions	Hygiene promotion			
	Hygiene kit distribution and awareness raising			
	Ongoing assessment, monitoring and evaluation			
Hardware intervention + silent nudges	Session 1	Session 2	Session 3	Session 4/Ongoing interventions
Stands with HW stations	Introduction & HW Assessment (Mini FGD, Voting exercise)	Circle of cleanliness* reinforce	Circle of cleanliness* routine	Recap session 3 and action plans
Footsteps	MMH Storyboard Raise awareness	Recap Session 1	Recap Session 2	Certificate award
Mirrors	Glo germ or alternative Reinforce	Voting exercise Monitor	Voting exercise	Endline evaluation

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	Stickers Reminders	MMH Storyboard refresher Raise awareness	MMH Storyboard refresher	
	Posters Reminders	MMH Participatory exercise Reinforce	5 key times Reinforce	
	Scratch card* Monitor	Bedtime tale Follow up	Routine dial Reinforce (mothers and children)	
	Bedtime tale contest Reinforce	What goes around Reinforce	Introduce another PH risk key message (i.e. safe faecal disposal)	
	HW Action plans	Introduce another key PH message (i.e. safe water chain)	Action plan formulation on safe faecal disposal and or introducing role play activity for men	
		Action plan formulation for safe water chain and assignment for HW		

*These activities may not all be needed and appropriate in all contexts. Program teams need to make this judgment call or pre-test activities before rolling out.

Box 11: Detailed instructions for implementing activities

Promoter scripts (Annex 2.2) contain step by step instructions for implementing each activity as well as a list of resources required for each session. You can refer to these for additional details.

4.2.2 Monitoring

Monitoring will be conducted throughout the program. Monitoring tools include a mini survey, focus group discussions and structured observation (SO). You can use the following format to develop your monitoring plan. You can also pick and choose the tools you would like to use i.e. it might not be feasible to conduct a mini-survey due to time constraints. In that case, you can choose to conduct FGDs and structured observations only. FGD questions can also be integrated into a general FGD guideline which monitors all risk behaviours. See Annex 3.2 for sample tools and questions.

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Tool	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Focus group discussion		X		X		X					
Structured observation			X		X		X		X		X
Mini survey		X		X		X					

4.2.3 Evaluation

To determine whether the MMH program had an impact on HWWS practice, it is important to ensure key HW knowledge and practice questions are included in the baseline and endline.

Tools can be found in Annex 3.3 and include:

1. Focus group discussion guide
2. Key informant interview guide
3. Structured observation
4. KAP survey questions

Box 12: A note on Mobenzi

Using mobile technology for data collection can save time and resources. It also allows you to monitor data collection and analyse results as they come in.

The objectives of the evaluation are:

- To determine reach of program among the primary and secondary targets (who was exposed? were there gaps in coverage?)
- To determine perception and acceptance of the Mum's Magic Hands Program among the primary and secondary targets
- To determine post intervention levels of HWWS knowledge and practice among the target group

Box 13: A note on evaluation

- Don't forget that we want to know whether the program had any impact on secondary targets (children and men). Annex 3.3 includes a question guide for both children and men.
- It is also useful to interview or conduct an FGD with MMH promoters. As program deliverers, they are valuable key informants! Annex 3.3 includes questions for MMH promoters.

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	1.3.6 Print Household stickers (A5)	4 per household, 170 GSM/colour/matte																		
	1.3.7 Print Large posters (A3)	For health posts, eating areas (i.e. food kiosks), latrine areas, water points, child friendly spaces/schools, etc.																		
	1.3.8 Print Certificates (A4) *option – plastic frames	colour, 1 per participant																		
	1.3.9 Print Scratch cards (21 squares)	A4, coating over each square similar to lottery tickets																		
	1.3.10 Print clock and activity cards for routine dial	Clock: 1x A2 image, plasticised, colour one-sided (1/promoter) X X Mum's Magic Hands Field Guide Page 11 Activity Cards: 7xA5, colour (1 set/promoter) HW cards: 5xA5, colour (1 set/per promoter)																		
	1.3.11 Print A3 size of following: a) Frame 9 (What Goes Around activity) b) Frame 13 (Bedtime Tale activity) c) Frame 15 (5 Key Times activity) d) Frame 16 (MMH Participatory exercise)	If already using A3 size storyboard, no need to print extra copies for these exercises, simply pull them out of the storyboard when needed.																		
	1.3.12 Print images for voting exercise	B&W, 5xA6 size (on one A4 page), 1/ participant																		
1.4 Training of trainers	1.4.1 Reserve venues	Training manual/modules																		
	1.4.2 Food and drink	2 snacks + 1 meal per participant (including facilitators)																		
	1.4.3 Procure materials for training	Pens, notebooks																		
	1.4.4 Print agendas, training manual and promoter scripts	1 /promoter																		
	1.4.5 Implement training																			
Stage 2 - Implementation of MMH program																				
2.1 Reminders, reinforcements	2.1.1 Install footsteps at communal latrines	Public latrines only, ensure HW facility is in place																		
	2.1.2 Install mirrors with stickers at HW facility near latrines	Public latrines only, ensure HW facility is in place																		

