

MUM'S MAGIC HANDS

A field guide for rapid implementation of handwashing promotion in emergencies

1 BACKGROUND

Handwashing promotion programmes in emergencies are important, as they significantly contribute to the reduction of diarrhoea-related diseases. These programmes 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. However, over the years it has been found that health information alone does not result in an increase in handwashing with soap, or other health-related behaviours.

In 2014 Oxfam, in partnership with Unilever's Lifebuoy soap and Unilever's Chief Sustainability Office worked together to better understand the emotional motivators and barriers to handwashing in emergency contexts, with the aim of developing a behaviour change programme that could be used in any emergency context. The result was the **Mum's Magic Hands (MMH)** programme – a suite of promotional activities designed to increase the practice of handwashing with soap. It was developed using the most common emotional motivators (nurture and affiliation) found across three Asian countries.

Nurture and affiliation: what do they mean?

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

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

The main promotional tool in Mums Magic Hands is the storyboard, which describes how mothers' hands can shape the lives of their children.



2 'MUM'S MAGIC HANDS' IN THE FIRST PHASE OF AN EMERGENCY PROGRAMME

In the first phase of an emergency, it is important to note that the affected population may be faced with environments which are different from those they are used to – water, sanitation and hygiene (WASH) facilities may be inadequate and the practice of hygiene may be varied. So, it is important to understand the context, and to assess whether handwashing and other key hygiene activities are being practiced, and if not, what barriers and enablers exist to ensure good practice and to maintain these practices?

The steps below focus on the practice of handwashing with soap, and how relevant the Mum's Magic Hands (MMH) approach will be for your context.

Please note the following before you start:

1. This guide is designed to be implemented by personnel with practical experience in community public health programmes, use of participatory approaches, staff/volunteer management, as well as skills in training facilitation and communication.
2. If you decide to use MMH, it should not be implemented as a stand-alone programme but embedded in the water, sanitation and hygiene (WASH) promotion programme.

Step 1: Assessment and analysis

Do a quick assessment of the status of handwashing by conducting three focus group discussions (FGDs) and structured observations:

1. FGD with a group of 10–12 women who are mothers or carers (of different age groups) from different parts of your target area;
2. FGD with a group of 10–12 men who are carers (of different age groups) from different parts of the target area;
3. FGD with a group of 10–12 children under the age of 16 (of different ages and genders).

Ask questions about handwashing with soap and water and the important times to wash hands; find out about access to soap, water, latrines and the means of washing hands (handwashing stations, jugs, etc.); ask about traditions, myths, and norms about handwashing.

See Appendix 1 for an assessment focus group discussion guide and observation tool.

Analyse your data and based on identified gaps, go to either step 2 or 3.

Step 2: Provide an enabling environment

If there is no adequate supply of water and soap, and no means to wash hands (enabling environment), provide appropriate materials to help make handwashing easier.

Step 3: Promote handwashing with soap using emotional motivators programme (MMH)

If handwashing at important times (i.e. before contact with food and after contact with faeces) is not the norm, or knowledge is adequate but is not reflected in practice, consider introducing MMH which is based on emotional motivators.

Step 4: Test to assess whether MMH will be applicable for handwashing promotion

Mass media, demonstrations, and drama are often used to promote hand washing, usually focusing on removing germs and bacteria. MMH takes a different approach, using nurture and affiliation to encourage hand washing. Before you start using the materials in your programme, you will need to test them with a group of 10 to 12 women (the primary target for MMH) to check how well they understand the content and whether the images are relevant to the lives of women in their communities.

See Appendix 2: Rapid MMH storyboard pre-test guide using focus group discussion

Step 5: Implementing MMH

If targeted women express interest in or excitement about the MMH storyboard and can relate to it, ask them to suggest some key things which the story might inspire them to do differently to improve handwashing practice. These suggestions could be included in developing specific action plans later.

Handwashing promotion is usually part of a broader WASH programme rather than a stand-alone activity, so this will need to be considered when developing the implementation plan. Some resources will need to be allocated specifically to implementing MMH, for example, community facilitators/volunteers (handwashing champions), a trainer and some supervisory capacity (PHP team leader/officers). Other resources may need to be made available within the bigger WASH programme, e.g. logistics, transport, administrative support and technical management. It is important to agree this at the planning stage and ensure that the Public Health Promotion team leader and officer's time is allocated to support the programme.

See Appendix 4 and 4A for a step-by-step implementation workplan and sample budget for MMH to adapt to your context

5.1 Tools and materials: The key tool for implementing MMH is the storyboard, which is used to engage the listeners in discussion about handwashing and to encourage them to think of ways they can encourage handwashing with soap at home and in their communities. To help you use the MMH story in your programme you will find tools for sharing the story and running additional activities in the champions' script (see **training resources**) and the storyboards and other templates for posters and stickers in the downloadable programme materials. See the **storyboards for MMH storytelling and key visuals** to make posters/stickers which can serve as reminders.

It is important to test and use the version of the storyboard (Asia, Africa, global/multicultural) which will be applicable to your context, and where required, make slight adaptations.

Additional activities and visual materials are also available in the MMH OHV DFXWHPRUHWDEOHFRQHWUHRXUJHV. Some of these require more activities post-intervention.

5.2 Human resources for a population of 4,000 families: Once rapid hand washing assessments are completed and the decision made to implement MMH, meet with community representatives to discuss the selection of hand washing champions.

Organize a meeting with the champions to check that they have the necessary skills (refer to their terms of reference in the [training guide](#)) and agree volunteer terms and conditions. Below is an example of an implementation for 4,000 families.

Divide the area inhabited by 4,000 families into 20 geographical clusters (or use target area/clusters/zone if they already exist); i.e. 200 families per cluster. Recruit 20 handwashing champions (1 volunteer champion for 200 families and 2 hygiene promotion assistants (HPA) (1 per 10 champions) to manage them.

Step 6: Train champions on MMH using the Training of Trainers package

See downloadable [training resources](#).

6.1 Print or procure MMH materials based on the implementation workplan and budget guide ([see Appendix 4 and 4A](#)).

6.2 Supervise implementation and periodic monitoring of MMH activities. The main indicator is the percentage of people washing hands with soap and water after contact with faeces.

Monitor participants' compliance rate for action plans developed during session 1 of the MMH programme, using the sample action plan template; handwashing with soap practice after using the toilet; using the observation guide and perceptions of MMH programme; and handwashing using the focus group discussion guide.

HPAs should conduct FGDs every 2–3 weeks (21 days) to ensure that the programme is going as planned and to check if there is a perceived increase in handwashing practice at key times. The MMH champions should use the observation guide for monitoring handwashing practice in their target population. ([See Appendix 3 for the monitoring FGD guide and observation tool](#)).

To follow up on the action plans compliance report, see the sample action plan template in the champions' script [training resource](#).

Finally, PHPAs should supervise the champions to conduct observations of handwashing practice after using the toilet, using the monitoring checklist ([See Appendix 3](#)), the latter should be carried out every 3 weeks (21 days), each champion viewing at least 10 households for each cluster they are responsible for.

Step 7: Evaluate MMH

After six weeks, analyse and review the monitoring report of the FGD and observation exercises carried out, to determine if there is increase in handwashing practice at key times.

7.1 Where there is significant improvement in handwashing, consider prioritizing other poor hygiene practices, or conduct more MMH activities to maintain the practice.

7.2 Where there is no improvement and the target population is not motivated by nurture and affiliation: determine the possible enablers and barriers, and either test applicable existing tools or design an appropriate intervention using the assessment findings.

Mum's Magic Hands assessment tools: focus group discussion guide and structured observation tool



Date: _____ Name: _____ Location: _____

Structured observation assessment tool	Person	HH number ¹	Person description				Observe presence of soap and water at HW facility				Did the person wash hands?		Does the person wash hands properly? ²		Did the person use ...		Comments	
			Adult male (>18)	Adult female (>18)	Child (<5)	Child (>5)	Water and soap	Water only	Soap only	None	Yes	No	No	Yes	Soap & water	Water only		
	1																	
	2																	
	3																	
	4																	
	5																	
	6																	
	7																	
	8																	
9																		
10																		

¹ If more than one person is observed from a particular household, use the same number

² Rubs hands on both sides in 3 directions for at least 10 seconds

FOCUS GROUP DISCUSSION GUIDE

Introductions: Greetings, purpose of the meeting, consents, etc.

Key questions

1 Handwashing knowledge

We are going to talk about handwashing.

1.1 When do most people wash their hands?

1.2 What are the most important times for handwashing with soap/cleansing agent?

1.3 With what cleansing agent do people wash their hands?

1.4 Are there any times that people wash their hands without using soap, i.e. with water only? When are those times? Why do they use only water? (**Please probe here:** you can say you have seen this practice in the community at certain times, like before eating. Ask why this is common.)

1.5 Why do people in your community wash their hands?

1.6 Are there any times when members of the community may not wash their hands at all? When are those times? Why? (**Please probe here:** you can ask about hand washing after cleaning children's poo, before feeding/breastfeeding children, or any other times when you have observed that people do not HWWS. What are their beliefs around this?)

1.7 Has anything changed with regards to handwashing practice since you arrived here, i.e. after the emergency? Please explain.

2 Hardware (access/availability)

2.1 Where do you wash your hands? (communal, at home, etc.)

2.2 What type of handwashing facility or container do you currently use? (bowl, water dispenser, etc.)

2.3 Where do you place this container for hand washing? Is the same container used for hand washing after defecation, before eating, preparing food, etc.? Is it in the same place?

2.4 Is the container you use now easy to use for all members of the family? If not, why not?

2.5 What type of soap do people here use to wash their hands? (Probe for brand, colour, type, etc.). Where do you get it? Is soap always available for handwashing?

Remember: These questions can be integrated into the broader WASH assessment FGD or conducted as a stand-alone discussion.

3 Health (attitudes, beliefs, perceived threat) *

3.1 Have there been any cases of diarrhoea in the last 2 weeks?

3.2 If so, who in the family was affected by diarrhoea?

3.3 What did you do (i.e. administer ORS, visit clinic, visit traditional healer, self-treat, etc.)?

3.4 What do you think causes diarrhoea? (Probe for all causes.) Are there any other beliefs regarding the cause of diarrhoea in your community? **Probe for traditional beliefs.**

3.5 Can you prevent diarrhoea? If yes, how? If no, why not? **Probe for traditional beliefs**, e.g. is disease in the hands of the gods?

3.6 Have cases of diarrhoea changed since the emergency? In what way (increase or decrease)? Why do you think?

Wrap up and thanks

Before we end the session, was there anything we've talked about today that was really interesting or surprising – what and why?

Please feel free to ask any questions you have for us.

*Ask questions in section 3 if they are not already included in the broader WASH assessment checklist

APPENDIX 2

Rapid MMH storyboard pre-test guide using focus group discussion

Introductions, greetings, getting consent

Purpose: Test level of acceptance and comprehension of MMH story amongst mothers and caregivers of young children to motivate increase in handwashing with soap practice.

Audience: group of 10-12 women (mothers/carers)

(Endeavour to select representatives from different ethnic background, age group, religion etc)

1. Greet and present storyboard to the audience and narrate it using a child's gesture and tone

Ask participants the following guide questions:

- What are your initial thoughts and feelings about this story?
- What was going through your mind while hearing this story?
- Is there anything that caught your attention immediately? What? Why do you think so?

2. Reinforcing and reflecting more on the story

Read through the story again. Place images in middle of circle so all participants can see clearly. Ask the following guide questions:

Cultural proximity: Self-identification/involvement

- While looking at the images and listening to the story, who did you think of?
- Could you see yourself as the mother in the story? Or the girl as your child in the story? If yes, why? Please explain. If not, why not?
- Could this story happen to you? Why or why not?

Comprehension

- What did you get from this story? (Probe for key occasions and key times).
- When you see a movie or film, there are certain parts of it that really stick in your mind. In this story that you just saw, which are those parts?

Acceptability

- What do you think about the mother and daughter in the story? Are they familiar to you? (probe for relationships between mother and daughter)? Do you think you could be the mother in the story?

Credibility

- Is there anything in this story that isn't believable? Why or why not?

Persuasion

- Does this message ask you to do something specific? What?
- After listening to this story will you do anything differently?

Mum's Magic Hands monitoring: Structured observation tool and focus group discussion guide



Date: _____ Name: _____ Location: _____

Structured observation monitoring tool	Person	HH number ¹	Person description				Observe presence of soap and water at HW facility				Did the person wash hands?		Does the person wash hands properly? ²		Observe use of...		Comments	
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² Rubs hands on both sides in 3 directions for at least 10 seconds

SAMPLE FOCUS GROUP DISCUSSION MONITORING GUIDE (AFTER WEEK 2/3)

Selection criteria

1. Participants of Mum's Magic Hands programme (women>18)
2. Are not part of the programme delivery team (MMH champion)

Introductions: Greetings, purpose of the meeting, get consent, etc.

Guide FGD questions

1 Reach and recognition

- 1.1 Has anybody heard of the Mum's Magic Hands programme? (Where did you hear about it? What is it about?)
- 1.2 Have you participated in a Mum's Magic Hands session? When?

2 Comprehension

- 2.1 If you have heard of the programme, what did you learn from the story?

3 Call to action

- 3.1 Think about all the sessions of Mums Magic Hands programme that you have been attending. Did the story encourage you to do anything different about cleaning your hands?

Has anything changed since you heard the story about the way that you or your family keep your hands clean?

- 3.2 Has anything changed in yourself or your family since participating in this programme? (Probe for hand washing with soap practice at specific times). Please explain.

Wrap up and thanks

Before we end the session, was there anything we've talked about today that was really interesting or surprising – what and why?

Please feel free to ask any questions you have for us.

APPENDIX 4

Sample implementation workplan

Rapid Response Mum's Magic Hands Sample Programme Implementation Plan																				
Activities	Timeline																			
	Weeks																			
	Months																			
Stage 1 - Assessment and Pre-implementation preparation (procurement,	1	2	3	4	5	6	7	8	9	10	11	12	M4	M5	M6	M7	M8	M9	M10	
Rapid HW assessment	Assessment tools and Flow charts	■																		
MMH pretest in target community	MMH story board	■	■																	
Translation of materials/bulk printing of MMH materials	MMH STORY BOARD IN LOCAL LANGUAGE	■	■																	
Provision of means of faecal disposal, water, soap, handwashing materials etc	Soap, water, handwashing facilities at communal and	■	■	■	■	■	■	■	■	■	■	■	■	■	■					
Training of MMH champion trainers/supervisor on rapid MMH (2 supervisors for 20 champions to cover 4000 families)	Story board and MMH implementation guide	■	■	■																
Order/print visibility material for 20 champions, MMH program materials	MMH visibility (t shirt/scarf with MMH slogan for champions) and program materials (story board, posters, coloured powder).	■	■																	
Recruit and/ train 20 MMH champions (20 champions for 4000 mothers @ 1 champion to 200 mothers)	Training manual, food drinks, stationanries etc		■	■																
Stage 2 - Implementation of RAPID MMH program																				
Publicity/visibility	Place posters in public places (health post, eating areas etc)		■	■																
Group meetings - 1 champion to do 20 mothers per day over a period of two weeks for each session/event (1 session/day with 20 mothers ie 5 sessions/ week)																				
Session 1 (Intro to MMH) with 20 mothers/day	MMH Guide and story board			■	■															
Session 2 (Follow up on MMH and reminders) with 20 mothers /day	MMH Guide and coloured powder					■	■													
*Community handwashing event	optional							■	■											
Ongoing activities to reinforce handwashing at key times	optional -												■	■	■	■	■	■	■	■
Stage 3 - Monitoring																				
Quantitative (conducted by HW champions)	Structured observation tool (every 21 days)					■				■			■							
Qualitative (conducted by HPAs)	Focus group discussions tool (every 21 days) with mothers, fathers and children					■				■			■							
Stage 4 - End line Evaluation/Ongoing promotional activities																				
**MMH Additional activities	optional												■	■	■	■	■	■	■	■
NB - *Mothers would be expected to reach out to the rest of the family and engage them in community handwashing promotion events (week 8-9); **For additional MMH activities, see link to the materials in the MMH implementation guide.																				

APPENDIX 4A

Sample budget – to give an idea of how much will be needed to include MMH as part of hygiene promotion response

Mums Magic Hands Sample Budget for 4000 families					
Description	Unit	Quantity	Unit cost	Total (£)	Comment
Personnel					
PHP Team Leader	1	0.1	1750	175	10% of team leader's time will be required to support implementation of MMH
PHP Officer	1	0.2	1200	240	20% of PHPO time will be required
PHP Assistant/Champion Supervisor	2	0.25	750	375	25% of 2 PHPA time or 50% of 1 PHPA's time but it is better to have more than one PHPA trained
Subtotal				790	
Program materials/activities					
Translation of MMH storyboard, training manual and champions scripts into local language	set	1	lump	100	
Printing of storyboard (A3 size, 300g paper)	set	1 x24	£2	48	
champions script (A4 size, 80g paper)	booklets	2 x24	£1	48	For 4 PH promoters and 20 champions
Printing of implmentation manual (A4 size, 80g)	booklets	4	£2	8	For 4 PH promoters and champions
Printing of MMH key visual (A3 poster size)	pieces	100	£1	100	4 x 20 champions; remaining 20 for strategic locations - schools, PHCs and other communal areas etc
Printing of visibility materials	pieces	24	£10	240	This can be bag with MMH logo or t shirt or scarf/cap for hygeiene promoters and champions
Coloured powder for demonstration	packets	24	50p	12	This can be colured powder or coloured powdered chalk
Training of trainers (1 PHPTL, 1 PHPO, 2 PHPAs for 20 champions)	person	4	£0	0	In house training of trainers of PHPA/Os who will in turn train the champions
Training of champions (food and drinks)	person	24	£5	120	
Training of champions (venue)	room	1	£100	100	Venue hiring fee per day
Community Handwashing event (gifts/awards)		20	£10	200	1 X event per champion (Gifts for best role play/household with highest compliance rate)
Sub total				976	
Optional					
Printing of MMH key visual stickers to give to every household (A5 size)	pieces	4000	10p	400	1 x 4000 families
Total				2166	

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