

PROMOTING HEALTHY BEHAVIORS (PHB) ACTIVITY



USAID
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WATER, SANITATION AND HYGIENE (WASH) LESSONS LEARNED

(Updated March 2023)

Consuming untreated water such as ground water from the well directly is a common practice for some families in rural Cambodia and there is a persistent perception that it is safe to drink, especially when the water looks clean and without visible dirt and smell.

Data collected at the baseline study indicates that around 13% of children under 5 were found to have diarrhea within the last two weeks, and 15% of those with untreated water sources had it in the last two weeks.

INTERVENTION

Promoting Healthy Behaviors (PHB) Activity funded by USAID implemented a social and behavior change (SBC) intervention on water, sanitation and hygiene (WASH) in Kampong Chhnang, Tbong Khmum, and Battambang.

Key messages:

- What looks clean might not be safe.
- Wash your hands with soap and water at 5 critical times
- Drink boiled or treated water and stored safely
- Install a WASH Kit in their homes

Key activities:

- A set of recorded messages are played over the loudspeaker outside the village chief's house (where a sample WASH Kit is set up) that details the WASH key behaviors and encourages practice. Posters, banners, leaflets and stickers also displayed and distributed.
- Community events are led by key person in the village to challenge the misconception about unseen germs, critical handwashing times, treating and storing clean drinking water, and learn how to install a handwashing station at home.

199,233

Total number of people reached

180,613

Number of people reached through loudspeakers

18,620

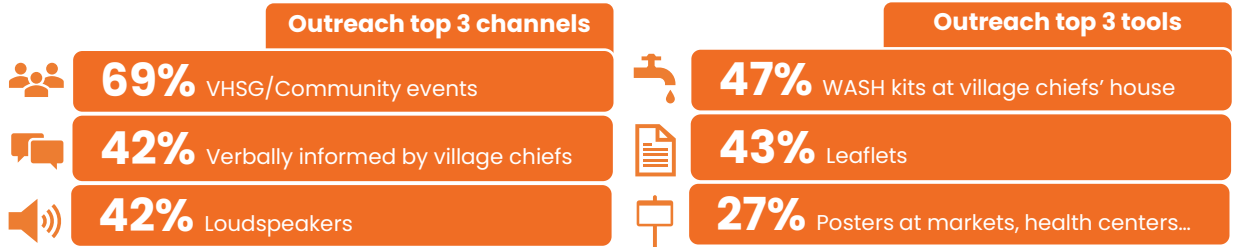
Number of people reached through community key person's event

3,327

Number of handwashing stations installed

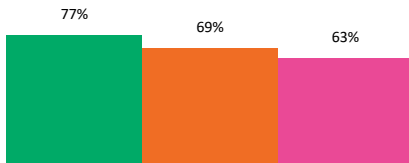
OUTCOMES AND LESSONS LEARNED

The project conducted a post-assessment in Kampong Chhnang, Tbong Khmum and Battambang to monitor the key messages recalled and to measure the immediate changes in behaviors and practices among the target audience. There are 653 respondents randomly selected for post-assessment, of whom 33% are male and 67% are female.

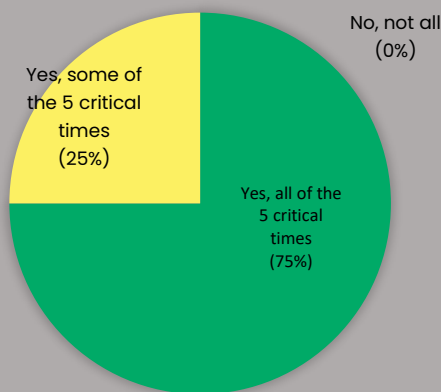


Most of the people exposed to the intervention recall the key messages, especially *handwashing at 5 critical times* (77%). More than half of them remember both key messages.

- Wash hands with soap at all 5 critical times
- Safely store treated drinking water
- All two key behaviors



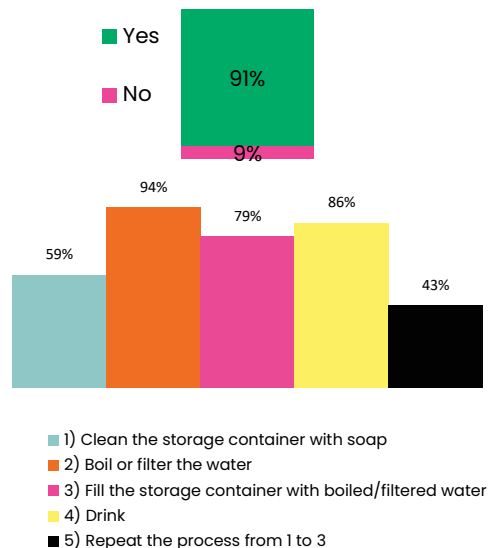
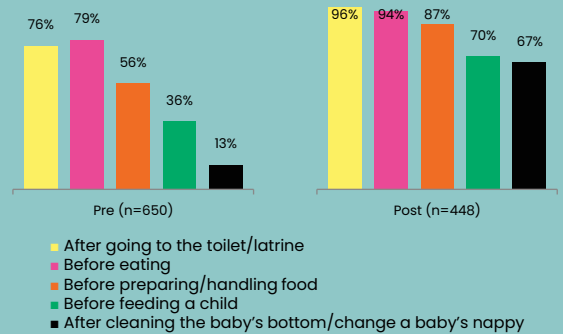
Post assessment data shows the **majority of the target audience adopting the practice of handwashing with soap at 5 critical times, 75%**, and none of the respondents neglecting the practice.



When asked if they **practice the key steps of safely storing treated drinking water**, a whopping 91% of respondents said yes. Most of them boil or filter the water before drinking.

Results demonstrated that the intervention was able to **increase knowledge about the 5 critical times** people need to wash their hands. Almost everyone (96%) remembers that they need to wash their hands after going to the latrine.

67% of the target audience know that they need to wash their hands after changing the baby, which is a significant improvement from the pre-assessment of 13%.



The following lessons learned from our WASH intervention may be useful to other projects, development partners or government aiming to promote healthy WASH behaviors.

Care for family is the main motivator: Love and care for family members is still an important element of Cambodian culture. Family members love and respect each other and want to keep them safe which is a powerful motivator. A lot of audience cites the wish to prevent diseases from infecting their family members, especially children as their key motivator.

DIY handwashing station is preferred to product purchase: Because of the low-cost and availability of materials at home, PHB team shifts promotional focus away from 'buy the kit' and instead promote DIY kits including DYI manual and how-to demonstration. The washing kits are also very popular with children who see the kits as a fun tool and it serves as a stimuli in encouraging them to wash their hands often and in turn, they remind their parents to wash their hands too. Through our adaptive learning approach, PHB modified the tool artwork and key messages to focus on children.

Installing handwashing stations does increase the frequency of handwashing: WASH kits increase handwashing frequency by making it more convenient and habitual. Especially, it is popular among children as they are more enjoyable to use than traditional systems.

Face-to-face communication still matters: People are more likely to pay attention if the communications are meaningful, sincere and coming from people they trust such as the village chiefs or their local Village Health Support Group (VHSG) workers. This can be hard to replicate without face-to-face communication. According to the post-assessment, community events (69%) were the most effective channel for key message recall, followed by verbally passing of information by village chiefs (42%) and loudspeakers played by village chiefs (42%).

Technology does not come free: Technology can reach many people in a short period of time. However, adequate budget and plans are necessary to ensure scaling up and sustainability. Some of those technologies are not cheap. Also, the cost does not always only mean monetary investment, but it can refer to time and workload. For example, PHB team realized that the use of Robocall needs more effort than they are worth. The Robocall administration was taking up 50% of the staff workload. PHB team discontinued the service and instead utilize time and budget for face-to-face engagement and activities.



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THEORY OF CHANGE

