ISLAMIC REPUBLIC OF AFGHANISTAN
Ministry of Rural Rehabilitation & Development
And
Ministry of Public Health

National Hygiene Education Policy Guideline

Developed by:
Hygiene Education Technical Working Group

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ACKNOWLEDGMENT

Hygiene Promotion has direct link with promotion of positive hygienic behaviours through hygiene awareness, which largely relates to daily routines such as the collection, storage and use of water, washing hands and proper use of sanitary facilities, food safety, diarrhoea and its causes and oral re hydration therapy. Hygiene Education is an important part of Water Supply and Sanitation Program. Several studies have shown that water alone does not have major effect on reducing water-borne diseases nor mere construction of latrines. Awareness and disseminating information are needed so that people could use clean water and practice other hygienic behaviours to prevent from water and sanitation related diseases and improve living conditions. Therefore, there is need to integrate all of the three components (Water, Sanitation and Hygiene Education) in order to get the best results possible.

The methods and channels of hygiene education interventions in the community are of significant importance. The target groups who we aim to impart and/or disseminate the hygiene education information and messages are the key beneficiaries. In order to implement the hygiene education and promotion programme in a harmonized manner by all stakeholders, a national policy and strategy guidelines on hygiene education was necessary to be developed. In light of this MRRD-Water and Sanitation Department in 2006 with technical and financial support from UNICEF and with active participation of other government departments and non-governmental organizations working in this sector, initiated the process. Through series of meetings within the hygiene education working groups in 2006 and through rigorous consultative process, the draft hygiene education policy guidelines have been developed. This policy document on hygiene education is the first of its kind developed by Hygiene Education Section of Water and Sanitation Department of MRRD and MoPH, with full involvement and cooperation of Hygiene Education Working Group comprising of other line ministries (Ministry of Education, Ministry of Women Affairs, Ministry of Haj) and UNICEF WES section and various NGOs. It is expected that the agencies involved in hygiene education and promotion in Afghanistan will find the policy useful as a guide to develop their strategy and implementation level activities.

I would like to appreciate and express my gratitude to all participants who were involved in the development of this Policy Document for Hygiene Education and I sincerely hope that this policy will be of use as a policy guide for all partners working in hygiene education sector and contribute towards the well being of the people and particularly the most needy groups; children and women.

Finally I would like to thank UNICEF Afghanistan for continuous support in bringing this document into being.

Thank You.

Mohammad Ehsan Zia
Minister of MRRD

Date:

Foreword

By the name of Allah;
I am very grateful that now we have a national policy guideline for implementation of Hygiene Education program in our country. Ministry of Public Health (MoPH) as the leading ministry in the health sector is the responsible government body along with Ministry of Rural Rehabilitation and Development (MRRD) to develop necessary guidelines and other related documents for health education within this sector with participation of other line-ministries, UN agencies and expert Non-Governmental Organizations.

This is a leading document toward making strategies and implementation of health and hygiene program which is a significant package of all Water Supply and Sanitation sector. All of us know that Afghanistan has the highest mortality and morbidity rate among the children under-five years because of water and sanitation related diseases which can be prevented by giving out information to the communities through hygiene and health education programs.

This policy guideline will help all governmental and nongovernmental agencies working for health and hygiene education sector in Afghanistan to develop their strategies and activities at the implementation levels.

Finally, I would like to thank those agencies who have participated in the development process of this document and the initiative of the Hygiene Education Technical Working Group member agencies; WatSan Department of MRRD, WatSan and IEC Departments. of MoPH, UNICEF WES Section, Health Department of MoE, Health Department of Ministry of Women and Ministry of Haj, DACAAR, IAM, ICRC, ACF, MEDAIR, HAW, Solidarities, Concern, JACK, H SU O, A K D N and DCSA
and the necessary support of UNICEF WES Section to MoPH & MRRD is also acknowledged.

Thank you.

Dr. Said Mohammad Amin Fatimy
Minister of Public Health

Date:

HYGIENE EDUCATION POLICY

SECTION A: INTRODUCTION

Background

The working document on Hygiene Education Policy Gidelines was prepared in 2001 by the Water and Sanitation Sector Group (WSG). The first workshop was held in 2000 by the water and sanitation working group in conjunction with DACAAR and ACBAR. The workshop recommended that all projects providing safe water in Afghanistan should also provide sanitation and hygiene education. To ensure minimum standards of hygiene education, the WSG then approached the ACBAR Health Sub-committee to form a working group with the necessary expertise. The Working Group was formed with members from active organisations as mentioned above, and prepared draft guidelines which were presented to two workshops for review and comments; November 2000 in Peshawar and February 2001 in Kabul. The comments were reviewed and incorporated into this document and Hygiene Education Policy Guidelines produced by UNICEF, WHO, MoPH and NGOs.

This Policy document on Hygiene Education is the next step in that process , and it addresses the same key issues: the need to develop a common document in order to provide further direction according to the need of the sector and the need for healthy well being. The document highlights the need to integrate both hardware and software aspects of water and sanitation programme.

Hygiene education is an integral part within the water and sanitation programme and some policy guidelines have been incorporated into policy guideline on rural water and sanitation sector in Afghanistan. The rural water and sanitation policy guidelines states that "Hygiene education should be seen as one of the main components of water and sanitation sector and as important as the other two components; water supply, sanitation and operation and maintenance".

Hygiene education defined

Hygiene education is concerned with promoting hygienic behaviour, which largely relates to daily routines such as the collection, storage and use of water, washing hands and proper use of sanitary facilities. The need for hygiene education directly follows from the general objectives of water supply and sanitation projects. These are to help prevent water and sanitation-related diseases and to help improve living conditions.

Hygiene education is any activity which is designed to achieve learning related to cleanliness and safe water. It means achieving some relatively permanent change in an individual's capability in relation to good hygiene. Effective hygiene education may produce changes in knowledge and understanding; it may influence or clarify values; it may improve skills; it may effect changes in behaviour.

The contribution of hygiene education

Hygiene education should be seen as one of the main components within the water and sanitation sector and as important as the other components; water, sanitation and operation and maintenance. Not only does the information and motivation provided by hygiene education improve the effectiveness of water and sanitation projects, but also the social organisation involved in hygiene education should enable communities to develop their skills in identifying problems, finding solutions and taking independent decisions regarding their own health care.

Hygiene education therefore can be a source of empowerment. We can say that hygiene education is not only an integral part of water and sanitation projects, but also that the social organisation process which is vital to the success of sustainable water and sanitation projects.

Hygiene education is a part of teaching young children – it is essential for their health. All people, children and adults, need to practise good hygiene every day. In Islam, this is recognised in many principles and rules. Hygiene education is needed in homes, schools, water and sanitation programmes, health services, adult education and emergency programmes.

Some extracts from Hadith

The Prophet prohibited the contamination of food and drink with what human bodies discharge, because these discharges carry germs and spread infection. He said;

- Prophet Mohammad (PBUH) has said; don't let any one urinate in the stagnant water also has prohibited three actions that cause cures of people: defection in water sources, on the roads and under shadow of tress that people take advantage of them (use them).

Purpose and scope of the document

The Ministry of Rural Reconstruction and Development (MRRD) seeks to fulfil its responsibility to ensure that all people in Afghanistan have access to improved water sources, adequate sanitation facilities and perform imoproved hygiene behaviours, particularly hand washing with soap and water at critical periods to prevent diarrheal diseases, which is one of the major killers of infants under five and children in the country.

The aim of this policy document is ideally, to provide further direction for all stakeholders and/or organization working in Afghanistan in promoting the same technical approach to hygiene, which varies from place to place even within the country because of the cultural and demographic nature of the population settlements.

It has thus been proposed that a core or basic set of materials for hygiene education training and implementation be adopted and/or developed as appropriate. Organisations will not be required to use all or any of the core set of materials, but there will be advantages if they do. Organisations are encouraged to add other materials specific to the needs of the area in which they are working.

Arguments supporting a Behavioural Approach

- You are not imposing alien behaviours on communities.
- You are not imposing negative, anti-social behaviours on communities.
- Community consultation is one of the most crucial steps in the process. This means extensive dialogues with communities to help work through ethical issues, as well.
- The process of developing recommended behaviours given people's choices. It does not impose behaviours on anyone.
- At any step in the process, the community has (or families have) the option to reject the intervention you are suggesting. This is their right (unless by doing so it harms other families in close proximity).

SECTION B: POLICY PRINCIPLES

The policy principles apply to rich and poor communities, rural and urban areas, institutions such as schools, healthcare facilities, hospitals, individual households, mosques and individuals.

1. Basic services are a human right.

In fulfilment of its obligations, government should create enabling environment through which all people in Afghanistan can have access to basic services such as clean water supply, adequate sanitation and practice improved hygiene behaviours as appropriate. The individuals are equally responsible to demand accordingly their needs and affordability. The total package of water, sanitation and hygiene education combined is expected to bring about positive impact on health.

2. Integrated development

Hygiene education development is not possible in isolation from other sectors. There is a direct relationship between water supply, sanitation and hygiene behaviours and practices and their combined impact on health. Coordination is necessary between different departments, all tiers of government and other stakeholders and within the ministry of Public Health and the Ministry of Education in particular.

3. Hygiene education and promotion creates demand.

With adequate promotion and education among the people, demands are created, the only difference being these demands are needs-based and not supply driven. This is expected to bring about sustainable development in water and sanitation sector.

4. Hygiene education promotion is about health

Mere provision of water and sanitation facilities is not going to bring about combined impact on health. It is the process of improvements which must be accompanied by promotional activities particularly in health and hygiene education. The aim is to encourage people and assist them to improve health and quality of life.

5. Hygiene education is a community responsibility

Improvement in health through improved hygiene practices are most likely to be achieved when the majority of the households in any given community are involved. Hygiene education is therefore a community responsibility and this must be emphasized through provision of clean water and adequate sanitation facilities. Necessary external support should be provided as required and needed.

SECTION C: HYGIENE EDUCATION POLICY

Hygiene education is an integral part within the water and sanitation programme. This has been clearly stated in the National Rural Water and Sanitation sector policy. The rural water and sanitation policy guidelines states that "Hygiene education should be seen as one of the main components of water and sanitation sector and as important as the other components; water supply, sanitation and operation and maintenance". This shows the importance of hygiene education and promotion within the sector.

1. HYGIENE EDUCATION AND PROMOTION

The hygiene education and promotion policy shall result into:

- Raising awareness of the water and sanitation related diseases caused by unhealthy behaviour and practices;
- Supporting and providing hygiene education that will enable all people (particularly school children and mothers) to improve their health through correct hygiene practices;
- Leading to an increased demand and willingness to build appropriate sanitation facilities at family level.

Hygiene education and promotion:

must be an integral part of all community water supply and sanitation projects;

will be specifically targeted at high risk groups such as mothers and carers of infants and small children especially school age children;

will enhance the training of teachers, community health workers in effective hygiene education methods;

will be sensitive to specific local issues, rural and urban differences and cultural factors;

will be community-driven and lead to the empowerment of the communities;

strategy will be developed based on field study and good understanding of wide range of health problems, different communities and cultures in Afghanistan;

Adopt various tools and techniques from abroad and within the country as appropriate based on the outcome of the field studies;

Programmes will be monitored and evaluated regularly for effectiveness.

Hygiene education is about community empowerment

Not only does the information and motivation provided by hygiene education improve the effectiveness of water and sanitation projects, but also the social organizations involved in hygiene education should enable communities to develop their skills in identifying problems, finding solutions and taking independent decisions regarding their own health care. Hygiene education therefore can be a source of empowerment. It is to be noted that hygiene education is not only an integral part of water and sanitation projects, but also the social organisation process which is vital to the success of sustainable water and sanitation projects.

Hygiene education is about health

The main aim of this policy document, and water and sanitation programme is to contribute to improving the health quality of life of the whole population. Currently, improvements have been seen in the country on the provision of water and sanitation infrastructures. However, the health benefits that could result from this will be severely limited if emphasis is not paid to hygiene

education and promotion activities. Such activities shall ensure longer term sustainability of the whole programme.

Construction alone is not enough

Mere provision of water and sanitation infrastructures is not adequate to ensure improved health. Operation and maintenance of these infrastructures combined with appropriate hygiene education and promotion activities will have more impact on health. Because improved behaviours and practices are so important in achieving lasting benefits, water and sanitation programmes should never be confined to provision of water points and latrines alone by external agencies (government, NGOs). People must be convinced of the need for such interventions and their impact. Only then sustainability shall be ensured.

Building partnership/intersectoral collaboration

A fundamental requirement for successful hygiene education is gaining the political commitment of policy-makers and making partnerships with all the various sectors of civil society. This includes the authorities at central and local levels. It is also noted that the private sector may also have an important role to play, through privately run schools, through radio and the press.

The hygiene education strategy guidelines would also look into similar studies and promotional activities carried out in the region by various stakeholders that would enable in sharing information and success stories so that similar methodologies could be adopted where appropriate in the country.

Needs assessments/studies

Needs assessment is always necessary for any community project right at the beginning. It should be carried out only after agreement with concerned government departments and discussion with community leaders. It should be implemented in a participatory manner.

Needs assessments should take into account the whole community (male, female and children); their economic situation; demography; water supply and sanitation facilities; common diseases; living conditions and diet; medical and educational facilities with the use of appropriate tools as appropriate such as PRA/RRA, KAP studies to prepare communication action programmes.

Community participation/contribution

Community involvement is the basis of almost every successful health education programme. A recent world-wide study of programmes reveal that participation by the community members was the single most important reason for success.

Community participation is essential *before* implementation because a community can identify its own needs, and plan and prioritise rather better than others who are not familiar with the area. It is essential at all phases of programme implementation; at the surveillance stage, at the prevention/implementation stage and after the implementation stage for evaluation purposes.

Community dialogue

Hygiene promotion requires far more than giving out information and building demonstration projects such as demonstration latrine. The starting point is to understand current beliefs, perceptions and practices within a particular community. Based on this, relevant messages can be developed so that desirable behaviour change is brought about through dialogue, within the context of people's every day lives.

Promote behavioural changes and facilities together
Behaviour changes take time in order to make a difference. A combination of measures is needed to achieve the best result. There are many thoughts of how behaviour changes take place, but here are some basic principles to begin in measuring the activities. People will adopt a recommended behaviour if:

they know about it, they can easily access it, they feel it will do them some good, they perceive it is cheaper to practice than not to practice it, they perceive friends and neighbours are in favour of it, they see friends and neighbours practicing it, they can understand how to use it, they feel competent and comfortable using it, they are confident the desired behaviour will bring the desired results, they will not lose what they have (resources and prestige) by adopting it and they are fully involved in the decision-making about implementing (e.g. identifying the problem, looking for solutions etc).

Hygiene messages
Hygiene information, education and communication and awareness programmes need to be developed in line with the construction of water and sanitation projects and should be targeted at all levels.

The implementation approaches of hygiene education can be different in different situations that is guided by socio-cultural values within the societies and are different in different circumstances such as emergencies caused due to mass displacement as a result of civil strife, natural disasters etc. The strategy guidelines should further address how such interventions could be designed for institutions such as schools, healthcare facilities and households and communities in general for which there is a need to adopt and/or develop appropriate communication techniques that are easily understandable to school children, healthcare facility workers and patients, families and communities.

- ***Personal hygiene:*** such as washing hands with soap and clean water after using latrine and cleaning baby stools, before eating food and feeding babies, before preparation of food;

- **Household hygiene**: this includes keeping the home and latrine clean, safe disposal of excreta and other refuse (both liquid and solid), cleanliness in areas where food is prepared and stored, and ensuring that food and drinking water is kept covered and uncontaminated; and

- **Community hygiene**: this includes issues related to excreta and waste water drainage and disposal, solid waste, hygiene education for food vendors, the keeping of animals, rodent control and community cleaning campaigns.

The education programme will have to proceed on many different levels: national and provincial with strong media coverage and publicity, and most importantly at a local/grass-root level, through existing structures such as development committees and/or *Shuras*. The use of participatory training materials will be promoted and encouraged wherever appropriate. Traditional channels of communication will be used where possible, particularly local influential and religious leaders. Use of other appropriate communication materials will also be encouraged.

It is important to ensure that the programme is a very high profile and maintains its momentum – achieving mass behaviour change is a very slow process, and immediate results can not be expected. It is anticipated that the programme will be phased over several years, depending on

the initial capacity found in the given area. Hygiene education and promotion materials should be developed and/or adopted for use in primary schools, non-formal education, households and community.

Links to other programmes: The improvement of water supplies in any given community frequently stimulates improvement of other services such as sanitation. While water supply is seen as entry point, improved hygiene and sanitation practices would further ensure positive impact on health and sustainability of these water and sanitation facilities. Therefore, it is recommended that all three components are implemented simultaneously.

Monitoring and evaluating hygiene education programme: To determine the success of the hygiene education and promotion implementation in any given area; school, households or communities, progress will be monitored on different levels. Monitoring on *what is happening and how it is happening* And Evaluation on *what are the results of the proposed intervention,* are the two main questions based on which indicators are developed at different levels. To ensure effectiveness of the monitoring and evaluation programme, beneficiaries' involvement will be encouraged.

2. COMMUNITY ISSUES AND HUMAN RESOURCES DEVELOPMENT

Communities must be involved in decision making about levels of how much they want of the programme and whether they want on a phase wise approach.

Cultural and social factors will affect hygiene practices in some communities and must be taken into account.

Involvement of communities in planning and decision making on basic social services increases their commitment and ownership that will further enhance sustainability of the services

Women (mothers) and carers of infants are to be involved in planning and decision making process in relation to community hygiene, water and sanitation projects.

Schools and healthcare facilities will be the major community focal institutions for hygiene education and promotion.

Health Care Promoters, Imams, youth groups and teachers will be trained in hygiene education and promotion activities.

Social understanding of hygiene education

Helping people to help themselves requires a knowledge of and sensitivity to the social context of sanitation hygiene education promotion programme. Government programme must adopt people-oriented strategies in which community members play an active role in planning and organization so that local values are incorporated. This is in relation to the designing the hygiene education and promotion messages. This will ensure that the outcome of the programme is:

- Relevant
- Appropriate
- Acceptable
- Affordable
- Empowering
- Based on local knowledge and practices and skills

Community involvement

Community involvement as emphasized above is essential for long-term success. Hygiene education programme can not succeed unless the whole community is involved and particularly women and children.

Schools: are a natural focal institution for both sanitation and hygiene education, encouraging the adoption of good hygiene behaviours and practices from an early age. Therefore, all schools must have clean water points, hygienic latrines and hand washing facilities, and the use of these should be linked to lessons they learn on personal hygiene education.

School children can play catalytic role in promoting and marketing hygiene education messages to their peers who do attend schools, families and communities as a whole.

Non-governmental organizations
Non-governmental organizations have considerable experience in various aspects of community-based hygiene improvement activities. It is envisaged that NGOs will continue to play an important role and government will actively seek their support.

The private sector can be involved in many aspects of hygiene education and promotion such as training and promotional as well as production of materials. Government will seek partnership as appropriate to work with private sector to enhance local capacity and business opportunities.

Human resources development
Hygiene education improvement programmes will depend upon largely on the quality and training of the people (teachers for schools, health care workers and Imams and youth groups for the communities) involved in the implementation. Government will have to provide appropriate training and/or refresher training at all levels.

Training curricula
Training curricula and guidelines have been developed for school teachers and promotion tools developed for the healthcare workers. These will be reviewed as deemed necessary. Support will be provided at levels and the programme monitored closely to ensure good coverage and effectiveness of the programme. Similarly, refresher training will need to be provided as required.

3. TECHNICAL CONSIDERATIONS

The quality of information, education and communication materials is determined on how deep the communities are involved through formative research and various communication techniques. Formative research includes, but is not limited to, pre-testing. Formative research may be seen as a broader process in which you test concepts, psychosocial factors, approaches, etc. in general. Without pre-testing, most communication efforts become inefficient and detached from programme participants. They will express their views as relevant that could be incorporated into the hygiene promotion materials rather than from officials and experts directly as top down approach.

This allows the trainers and promoters to understand what the target groups want and how best the messages are understood to them so that they could improve their behaviours and practices.

The Ministry of Rural Reconstruction and Development (MRRD), Ministry of Education (MoE) and Ministry of Public Health (MoPH) have developed various materials and guidelines with support from external agencies including UNICEF and are in use in the water and sanitation and

hygiene projects in Afghanistan. This is a learning process and timely and appropriate review and upgrading of these materials and guidelines will be necessary.

Without doubt the major focus of hygiene education will be on the *hand washing initiative and safe disposal of excreta and safe handling and storage of drinking water and food* among others.

4. INSTITUTIONAL AND ORGANIZATIONAL FRAMEWORKS

Hygiene education policy principles apply equally to all communities but could vary in approach between urban and rural communities.

Primary responsibility for improving behaviours rests with the households themselves.

Government at various levels with support from external agencies will be responsible for providing trainings and skill development of teachers and healthcare workers and other interest groups.

There should be substantial linkages with other governmental programmes as hygiene education can not be effected in isolation.

Role of NGOs

NGOs can play an important role in hygiene education promotion programmes. They can be instrumental in training and capacity building, prepare participatory rural appraisals on hygiene programme intervention and preparation of communication materials that are in line with the policy of the government relevant departments.

Household responsibility

As mentioned before, primary responsibility for improving hygiene behaviours and practices rests with the households themselves, and all levels of government are basically in the role of facilitating this.

Other stakeholders

The improvement of hygiene education and promotion is everybody's business and can not be seen as a government sponsored top-down programme. Households are the first and foremost stakeholders. Other stakeholders among many include school teachers, healthcare workers, religious leaders and representatives from community development committees and/or S*huras, local government* departments, provincial government departments, central government departments, researchers, private sectors, NGOs and consultants.

SECTION D: GENDER ISSUES IN WATER AND SANITATION PERSPECTIVE

A gender analysis of the programme should be implemented in order to emphasize the importance of gender balanced programmes. It should include general gender orientation and use this programme as training example.

Gender mainstreaming within water and sanitation and hygiene projects involves addressing two dimensions: the *differences* in needs and priorities of women, men, girls and boys that arise from their different activities and responsibilities; and the *inequalities* in access to and control over water resources, and access to sanitation services. Gender mainstreaming addresses gender in all cycles of programming. It begins by identifying the gender gaps within the sector, works to eliminate them through programmes, and measures effectiveness in terms of gender in the monitoring and evaluation stage.

Gender mainstreaming works to achieve gender balance such as in equitable task sharing. Achieving gender balance often calls for better meeting the *practical* needs and interests of women and girls—such as better access to water to reduce their workload—and also *strategic* gender needs and interests to address inequalities—such as including women in community decision-making.

People have different needs, interests, and access to and control of resources and services based on a variety of factors including gender. An integrated approach to water and sanitation and hygiene recognizes these differences and the disparate priorities they create for women and men.

The involvement of women and girls is crucial to effective water and sanitation and hygiene programmes. Women and girls in developing countries bear most of the burden of carrying, using and protecting water. As managers of domestic chores, they also have the most responsibility for environmental sanitation and personal and household hygiene.

Given the present roles of women in water and sanitation and hygiene sector, the active involvement and empowerment of women is needed for successful WES programming—without adding to their burden. Gender mainstreaming is needed to achieve gender balance to reduce the inequalities suffered by women and girls to meet the Millennium development Goals.

SECTION E: WAY FORWARD

This section describes the way forward and gives an outline for future implementation. In order to make adequate coverage in relation to hygiene promotion and education a reality to the many people in Afghanistan that this policy guideline is intended to serve, a strong emphasis has to be given to this third and important component of water and sanitation sector; hygiene education promotion. Then strategy framework for implementation needs to be developed further by releva