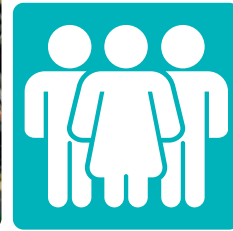




WaterAid/Zambia



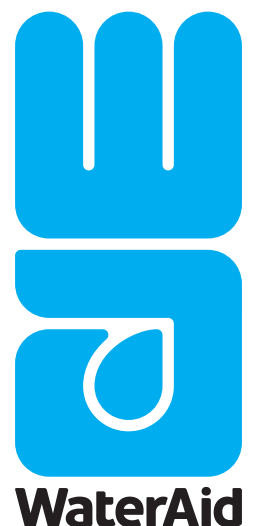
WaterAid's hygiene behaviour change response to COVID-19



WaterAid/Eliza Powell



WaterAid/Jordi Ruiz Cirera



Background



COVID-19 was first detected in December 2019 and has spread around the world at unprecedented speed. Without a vaccine or specific treatment, this new virus is causing devastation across the globe.

This crisis, now classified as a public health emergency of international concern by the World Health Organization (WHO), is a global pandemic – creating high levels of public anxiety and having devastating impacts on people's health and health systems, and on education and socio-economic livelihoods.

Tackling COVID-19 requires a comprehensive package that will need to include interventions that both protect people and prevent the disease from spreading. As leaders in the water, sanitation and hygiene (WASH) sector, WaterAid is playing a vital role in preventing the spread of COVID-19, by focusing on one of our key areas of expertise – hygiene behaviour change.

We have always promoted handwashing with soap and water as part of our ongoing behaviour change programming, and we are now positioning this, including other key hygiene behaviours, as the first line of defence in preventing the spread of COVID-19.

We are proactively scaling-up our hygiene behaviour change work through government-led mechanisms, using safe and appropriate modes of communication and adapting it with the aim of changing behaviours to contribute towards controlling and preventing the spread of COVID-19.

► A man washes his hands at a community entry point in Bangladesh.



WaterAid/Bangladesh

Our phased approach to hygiene response during COVID-19

We are taking a phased approach to respond to the dynamic nature of coronavirus transmission and the diverse needs of the countries we are targeting. The first phase of our response is focusing on promoting key hygiene behaviours – such as handwashing with soap, covering the mouth and nose when coughing or sneezing, wearing a mask in public places, cleaning and disinfecting frequently touched surfaces and maintaining physical distance – to help reduce the risk of transmission in all 28 countries where we work.

Using our ‘do no harm’ principles, we are utilising social, digital, mass media and non-contact methods to promote hygiene behaviours, in addition to providing handwashing facilities in public locations and ensuring we reach the most marginalised populations. In our second phase, we will support our government-led campaigns for sustained hygiene behaviour change, including community-based activities, while continuing to promote the wider media campaign and installation of handwashing facilities.

Our scale/expertise

Our hygiene behaviour change response to COVID-19 aims to reach 99 million people in the 28 countries in South Asia, Africa and Latin America where we work. We have many years of expertise in implementing at-scale hygiene behaviour change programmes using an evidence-based, behaviour-centric approach.

We are drawing on these strengths and government partnerships to develop evidence-based, context-specific programmes that will lead to long-term behaviour change in communities.



▲ The Ghana WASH Ambassador encourages non-contact greeting at Ghana's Clean Community campaign launch.

Our overall expected outcomes

Our hygiene response to COVID-19 aims to achieve and contribute the following:

- Improving public awareness and adoption of key hygiene behaviours directly linked to COVID-19 prevention.
- Improving access to handwashing facilities in public places and institutions.
- Contributing to WASH sector coordination for COVID-19 response.
- Contributing to reducing the spread of COVID-19 as a secondary outcome (not attributable).

Throughout our response we adopt a **rights-based approach** to issues of equity and inclusion, and are particularly focused on reaching the most marginalised, elderly, socially excluded communities, and people with underlying medical conditions.

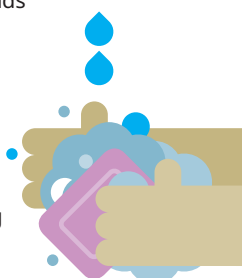
Coronavirus (COVID-19)

How to reduce the risk of coronavirus infection

Frequently wash both hands thoroughly with soap and water for 20 seconds.

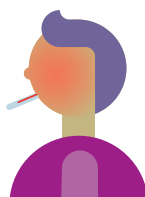
Before eating, feeding others and touching your face/nose.

After going to the toilet, after touching frequently touched surfaces or being in contact with dirt, dust or fluid.



Symptoms

You may have one or more of these symptoms (which are similar to other illnesses such as cold or flu)



High Fever



Cough



Loss of taste/smell or shortness of breath



Cover your nose and mouth when you cough or sneeze. Use a tissue and dispose of it in a closed bin, or sneeze into your elbow. Then wash your hands with soap.

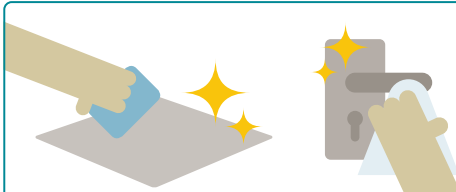
Stay at home if you feel unwell. If you have either a fever, cough or difficulty breathing seek immediate medical attention – call in advance.



Follow your Ministry of Health advice.



Avoid close contact. Maintain at least 2m physical distance (WHO recommendation is 1m) between you and others. Avoid group gatherings. Use non-contact greetings. Wear a mask when in public places.



Regularly clean frequently touched surfaces with disinfectant. Including door handles, mobile phones, light switches, lift buttons, work stations and tables.



Our focused behaviours in response to COVID-19

Handwashing with soap: Frequently washing both hands with soap and water at least 20 seconds. Handwashing should be practised before eating and feeding; before touching the nose/face; after going to the toilet; after exposure with any dirt/dust/fluids and after coming into contact with frequently touched surfaces.

Respiratory hygiene: Covering the nose and mouth when coughing and sneezing (sneezing or coughing into the elbow and disposing of the tissue into a bin if it has been used) to be followed by handwashing with soap. Wearing a mask in public.

Physical distancing: Avoid close contact and maintain two metre (one metre in some countries) distance between yourself and other people. Maintain physical distancing, such as avoiding group gatherings, reducing all non-essential travel and using non-contact greetings.

Surface cleanliness: Cleaning and disinfecting frequently touched surfaces regularly, such as door handles, mobile phones and light switches, using disinfectant.

Isolate/referral: Stay at home if you feel unwell. If you have coronavirus symptoms (high fever, new continuous cough, difficulty breathing or loss of taste and smell) seek medical attention in advance. Follow your Ministry of Health's advice.

Theory of change

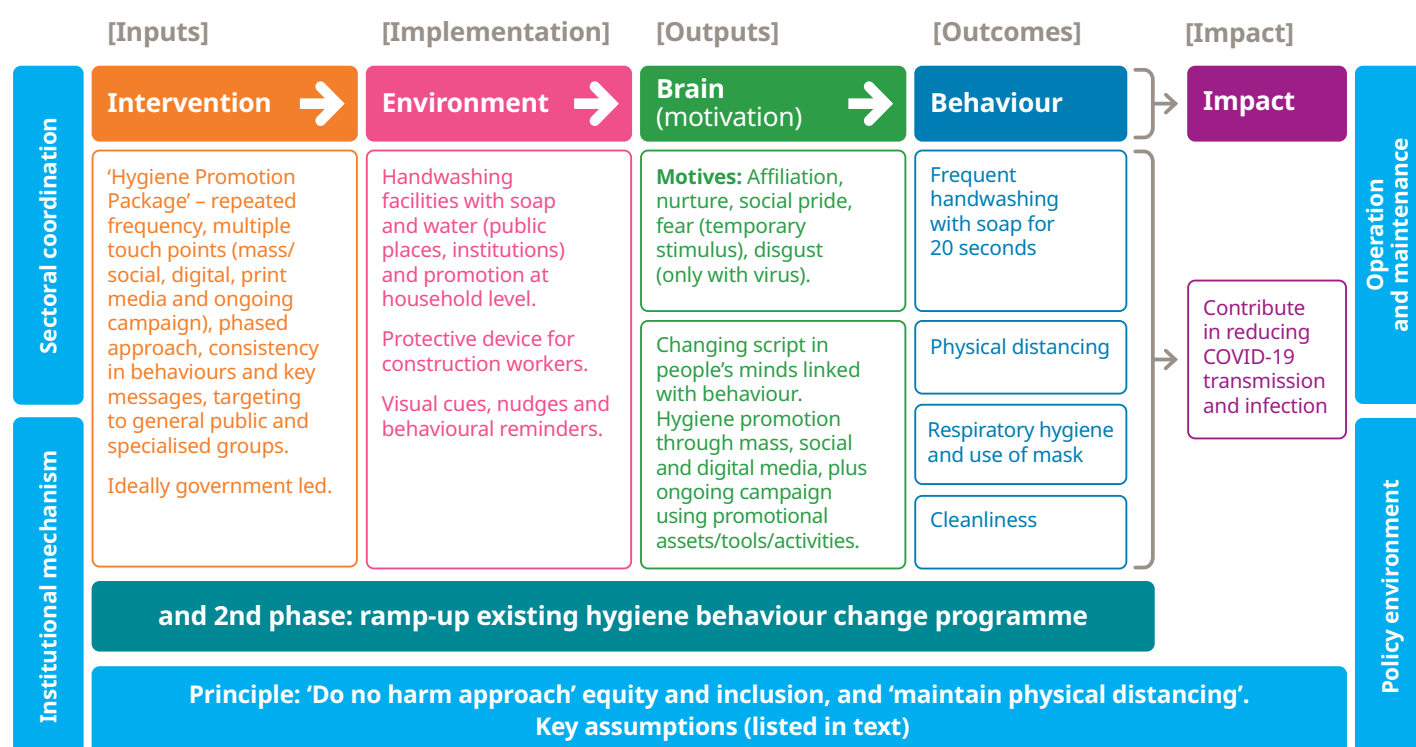
Building on previous experience and expertise, we are focusing on changing five key behaviours to help reduce the spread of COVID-19. Our hygiene behaviour change intervention package motivates people by changing their thinking on a sub-conscious level by encouraging them to practise key preventative behaviours, changing the environment where the behaviour happens through the placement of behavioural products – such as handwashing facilities, visual cues and nudges to reinforce behaviours – along with changing social norms linked with specific behaviours for habit formation.

Our COVID-19 hygiene intervention package has been developed after reviewing the existing hygiene interventions in each country and redesigning these based on new insights that emerge from a creative process targeting key behaviours.

These packages are then implemented to expose people repeatedly promoting key behaviours.

Hygiene promotion is currently done primarily using social, digital, mass media and other non-contact methods, but includes community-based activities, where possible. These interventions make use of multimedia channels to normalise appropriate handwashing behaviours and make these desirable through the use of audio and visual cues in order to change the environment and motivate people to think and act differently to help prevent the spread of COVID-19.

These interventions are creatively and informatively designed and disseminated in the appropriate spaces according to the findings, whilst respecting physical distancing guidelines.



Environment

Changing the settings where behaviour happens is vital for behaviour change because the environment controls the majority of human behaviours. This includes availability of behaviour change products in behavioural places – such as availability of handwashing facilities with soap and water in public locations, along with visual cues, nudges and reminders that encourage people to practise key behaviours. We ensure these products and visual cues are inclusive to reach all users.



▲ A family washes their hands in Myanmar after a new handwashing facility has been installed in their community.

Brain

We know 'fear of getting coronavirus' is currently acting as a stimulus for people to practise handwashing and to use products such as soap. However, we know that based on past experience and evidence that this may only be a temporary trigger/stimulus and when the threat of the virus leaves, people may go back to their usual habits.¹

Where possible, we consider motives and emotions that will change people's mindset and behaviours in the long-term. Some examples of motives include:

● Affiliation

Bringing a sense of affiliation, belonging and solidarity in the home and in society by practising key behaviours to reduce the spread of COVID-19.

● Fear

Dirty hands and frequently touched surfaces can contain the virus. Washing both your hands and cleaning and disinfecting frequently touched areas appropriately will remove and kill the virus – protecting people and their families.

● Social status/pride

Minimising the transmission of COVID-19 by practising key behaviours will be seen as collective pride in communities and nations.

● Nurture

Practising key behaviours (including handwashing with soap, wearing a mask, and physical distancing at this time) to protect their family, loved ones, communities and the whole nation from COVID-19.

● Disgust (linked only with virus)

It is deemed disgusting to have the virus on our hands and in the environment, so let's clean them responsibly (collective responsibility).

1. Mobbs D, Hagan C C, Dalgleish T, et al. (2015). The ecology of human fear: survival optimization and the nervous system. *Frontiers in Neuroscience*. vol 9, no 55. Available at: [frontiersin.org/articles/10.3389/fnins.2015.00055/full](https://www.frontiersin.org/articles/10.3389/fnins.2015.00055/full) (accessed 1 Sep 2020).

Developing creative, innovative and surprising hygiene intervention campaigns

We know from experience and evidence that simply sharing knowledge of good hygiene behaviours rarely results in sustained behaviour change. So instead, based on evidence, we designed hygiene behaviour change intervention packages to motivate people by understanding what they care about and their social norms. While we usually spend time learning from the community as part of our formative research process, this was adapted due to COVID-19 and we relied on previous research and rapid assessment surveys.

When developing assets, we work with a multidisciplinary team, including design experts, social media teams, artists, implementors and the target population, as part of the creative process. We extract findings from our initial formative research and turn this into an appealing story, which includes the behaviour we want to change, the people we want to influence and the motives to encourage lasting change.

This is linked together under a unifying concept, which allows the target audience to identify with the campaign and recall the key behaviours – helping to unite the different elements of an intervention. We have an umbrella brand for the campaign to accommodate multiple behaviours, targeting numerous settings such as households, communities, schools, healthcare facilities, public places and the workplace.

Our experience developing these campaigns and our strong grasp of the 'Behaviour Centred Design'² approach and its methodology, enables us to identify the most effective interventions, targeting the most influential motives for each of the settings. Additionally, we build the capacity of stakeholders including government, partners, public institutions and civil society. Even in this difficult time, innovations and campaigns can be developed following these top line principles.

Our guiding process/framework for emergency response:

Assess and build

- Contextual analysis
- Define design principles, target behaviours and theory of change, identifying motives, barriers and delivery channels.

Creative process

Review and re-design comprehensive package materials, tools and assets in progressive order.

Delivery

Implementation in a phased manner: mass, digital, social media, non-contact methods, install handwashing facilities and ramp-up community campaigns.

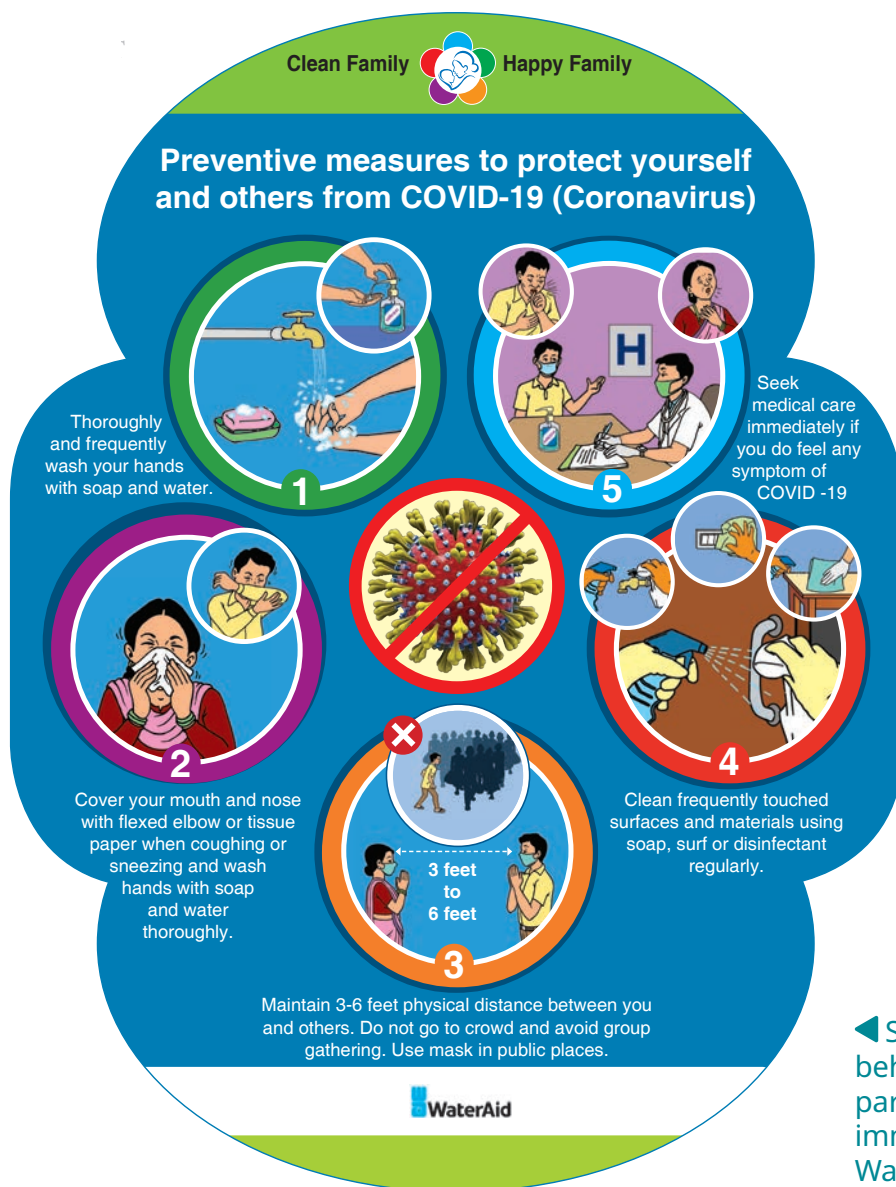
Evaluation (ongoing)

Monitoring, evaluation and learnings.

2. Aunger A, Curtis V (2016). Behaviour Centred Design: towards an applied science of behaviour change. *Health Psychology Review*. vol 10, no 4, pp 425-446, DOI: 10.1080/17437199.2016.1219673. Available at: pubmed.ncbi.nlm.nih.gov/27535821/ (accessed 1 Sep 2020).

Our key recommendations for COVID-19 programme design

Define campaign design principles	It is important to clearly define key behaviours to be focused, target group and settings, length of the campaign, delivery channel, frequency of exposure, who and how it will be implemented, and how collaboration will be established.
Use a theory of change	Having an explicit theory of change helps to clearly define pathways in which change occurs and allows you to define assumptions about cause-effect relationships between programme activities and behaviour change, and the operational/logistical expectations. Country-level theory of change should then be developed for the specific context.
Learn from evidence and experience	Interventions should be based on evidence and previous experiences. It is important to reflect what didn't work and did work in the past and use evidences/experiences that have been successful.
Don't design programmes focused only on knowledge	Historically, organisations spend time and money on educating people on how they should behave to prevent infection. However, many people know what they should be doing, but there is often a 'psychological mismatch' where the reward for the unhealthy behaviour is higher or they don't get sick from not washing their hands even though they know it can cause illness. The design intervention and its implementation should aim to change the behaviours instead of focusing on cognition and communication.
Draw on a diverse team to develop a creative intervention	<p>Creativity is hard to package into a simple process, but it is vital if programmes are to be engaging and motivating. This can range from hiring a creative team (multidisciplinary team with multiple skill sets), including agencies, to working with artists in the local community.</p> <p>The result of the creative process is a package of surprising and disruptive intervention materials/assets designed to have maximum effect on the target behaviour.</p>
Be inclusive	<p>Recognise that people who are marginalised are likely to be missed out by mainstream key hygiene interventions unless you make sure the intervention and messaging speaks to a diverse audience in different settings and take care to find ways to reach different people.</p> <p>Ensure the promotional campaign assets, materials and facilities are inclusive as well as visually appealing to all.</p>
High level of exposure and reach with progressive assets	It is important to expose people multiple times to the hygiene intervention, ensuring it reaches a significant number of the target population – helping change behaviours and create social desire for new behaviours. It is also important to create assets that are progressive and engaging to help avoid campaign fatigue.



▲ 'Stand here' sticker developed by WaterAid Zambia to encourage and remind people to practise physical distancing.

◀ Sticker with incorporated COVID-19 behaviours given to mothers as part of Nepal's Ministry of Health's immunisation campaign (supported by WaterAid).

Our innovations in COVID-19 hygiene response

To share our innovations more widely, we have broken down our response into the various key themes below:

- **Hygiene at scale** using non-contact methods.
- **Making hygiene inclusive** – developing hygiene programmes that are accessible for all genders, disabilities and ages. Also relevant for people in different socio-economic settings.
- **Hygiene behaviour change technological and product innovation** – designing innovative handwashing facilities and package materials.
- **Hygiene integration** – integrating hygiene promotion into health, immunisation, schools and the private sector.
- **Monitoring and evaluating** our hygiene programmes and sharing learning.
- **Effective collaboration and networking** at various levels – country, regional and global.
- **Making hygiene responses sustainable** beyond the current pandemic – responding to challenges.

Hygiene at scale using non-contact methods



WaterAid/Mozambique

▲ WaterAid Mozambique uses a mobile truck equipped with audio sounds to take motivational messages on practising good hygiene behaviours to rural communities.



▲ WaterAid Zambia created the 'Power of Five' using well known athletes to promote key behaviours.

The first phase of our response is heavily focused on non-contact methods, due to the nature of how COVID-19 spreads. We are leveraging existing methods from our hygiene behaviour change programmes and are focusing on social, digital and mass media, and other non-contact methods, to promote good hygiene behaviours targeting 99 million people.

Where possible, we are using insights from previous country campaigns to design our media and non-contact response. We are supporting governments in developing comprehensive intervention packages, utilising multiple delivery channels and delivering it with repeated frequencies, focusing on key behaviours to change. A few examples include:

- In **Bangladesh**, we are promoting key behaviours using social media campaigns, such as Facebook, Twitter and Instagram, creating emotional videos and placing visual images in schools and hospitals. We launched the campaign called #FightCoronaUnited, reaching **20.7 million people** online with the right information and highlighting the need for collective action.
- In **Zambia**, we have launched a large scale 'Kutuba' campaign, with the slogan 'Cleanliness is life'. We are also working with celebrities, athletes and artists to record hygiene promotion videos that are being posted on social media and broadcasted through national television. For example, Pompi, a popular musician, produced a music video on handwashing and promoted a #handwashingchallenge #Kutuba2020. We aim to reach **6.5 million people** with our hygiene behaviour change campaign in Zambia.
- In **Pakistan**, we are running a countrywide awareness campaign in regional and local languages on the importance of handwashing with soap and physical distancing for preventing the spread of COVID-19 using FM radio, local cable networks and SMS services, reaching out

to 22.6 million people. We aim to reach a total of **26 million people** with our hygiene behaviour change campaign in Pakistan.

- In **Nepal**, we have launched the 'Clean family, happy family' campaign to promote key hygiene behaviours on how to prevent the spread of COVID-19. We are widely circulating this campaign using mass, social and digital platforms at national and local levels and we are supporting the Government to develop promotional materials in Nepali as well as local languages. We aim to reach **10 million people** with our hygiene behaviour change response in Nepal.
- In **Nigeria**, we have come up with a robust social media campaign on the importance of thorough handwashing, while continuing to promote and lead our hygiene behaviour change campaign '**Clean Nigeria**' to champion handwashing with soap and water as a key hygiene behaviour that is crucial to preventing the spread of COVID-19. We are also using mass and social media, such as Facebook and Twitter, to promote hygiene behaviour change and raise awareness, as well as expanding our reach by broadcasting promotional assets to encourage behaviours on the radio in multiple languages, reaching over **2.5 million people**.
- In **South Africa**, we used social media and circulated story images in local languages on how to 'Be a hero and make tippy taps around your town' to help promote the importance of handwashing with soap and water.
- In **Myanmar**, we have used social media and other promotional methods, such as visual illustrations of hygiene behaviours, to reach 400,000 people in densely populated villages. Additionally, we are using Facebook to post culturally representative videos, images and messages – reaching nearly **5 million people**.
- In **Uganda**, we are working with the Ministry of Health to design creative hygiene behaviour change materials to promote key hygiene behaviours via mass media channels, including social media, local community radio and the local press.
- In **India**, we completed an eight day campaign using digital images, **illustrations**, audio messages and **videos** in English and six Indian languages reaching **7 million people**.



▲ WaterAid developed a 'naughty hands' film which has been used in various countries.



◀ WaterAid Rwanda used a radio drama series to encourage good hygiene behaviours.



▲ WaterAid Tanzania's Interim Country Director poses with a celebrity ambassador during the official launch of their 'Hygiene Behaviour Change' campaign to fight communicable diseases and COVID-19.

- In **Ghana**, we have launched the 'Clean Community' campaign. We have developed multiple promotional assets in five different languages, including jingles, focusing on hygiene-related behaviours linked to COVID-19. These have been shared with over ten TV and radio stations, two regional radio stations, three media WhatsApp platforms and two civil society organisations for wider network circulation. We are also using celebrity ambassadors to promote key behaviours. We aim to reach **6.5 million people** with our hygiene behaviour change campaign in Ghana.
- In **Rwanda**, we have partnered with a group of young people to write and produce a series of **radio dramas** to motivate listeners about the vital roles handwashing and sanitation play in preventing the spread of diseases like COVID-19. Additionally, we conducted a nation-wide media-supported COVID-19 prevention campaign targeting **9 million people**.
- In **Papua New Guinea (PNG)**, we are implementing a major national hygiene and COVID-19 awareness campaign. This will run on billboards, print advertising, radio, television and social media to reach more than **47,000 people**.
- In **Mozambique**, we are using a mobile marketing campaign to promote key behaviours. We are using trucks equipped with audio sounds to carry advertisements to promote handwashing and hygiene in Maputo townships targeting over **190,000 people**.
- In **Niger**, we ran a digital campaign 'StopCovid19Niger' in collaboration with Young Volunteers for the Environment – the platform is now available on Facebook, Twitter and WhatsApp.
- In **Ethiopia**, we are supporting the Government's initiative to strengthen the response against COVID-19 and ramping up our hygiene promotion campaign to reach **20 million people**.
- In **Tanzania**, we are supporting the Government to implement the National Campaign to improve household sanitation and hygiene in communities and schools. We aim to reach **7.4 million people** with our hygiene promotion response.

Our key recommendations for mass media and non-contact campaigns

Work with government institutions	Leveraging existing government platforms to design and implement large scale hygiene response and our relationship with government institutions helped make the campaign acceptable amongst communities. Additionally, this helped to support the sustainability of implementing interventions at scale.
Utilise multiple channels such as TV, FM radio and WASH drama series	Using multiple channels/touch points was a useful approach, many people tuned in to listen and other partner agencies have since adopted some of these methods to use in their programmes.
Use celebrities, comedians and artists	Use of these influential people as WASH ambassadors or to promote behaviours will have a wide reach. For example, in Ghana we have used musicians with thousands of followers to promote life-saving hygiene promotion on social media and in Zambia we used singers to initiate handwashing challenges.
Use various methods and delivery channels that are inclusive/accessible	Ensure that ambassadors and visual messages be as inclusive as possible. For example, ensure a video advert includes a sign language interpreter and include a range of role models, such as males and females from different social classes. Additionally, while mass media mobilisation helps to reach the wider population within a short time frame, it is also important to use other non-contact methods, such as promoting hygiene behaviours to those in rural places with loud-speakers.

Hygiene integration – health, immunisation, schools and the private sector

WASH, especially hygiene, is fundamental to early childhood development,³ health outcomes⁴ and immunisation uptake.⁵ With proper sanitation and hygiene, adults can go to work, children can attend school and people can live longer, healthier lives. By integrating hygiene into institutions, we can reach more people than with one-off activities.

We have always integrated our hygiene behaviour change campaigns with areas such as nutrition, cholera, child health and immunisation, antimicrobial resistance and sexual and reproductive health, through healthcare facilities, schools and workplaces. Our response to COVID-19 has been no different, as the provision of safe water, sanitation and hygienic conditions is essential to protecting human health during infectious disease outbreaks.⁶

As we move forward, it is critical to focus on integrating hygiene into health, education, nutrition and the private sector and to create flexible funding that suits the needs on the ground.



▲ Handwashing facilities to be donated to schools in Burkina Faso.



► A group of factory workers wash their hands in Bangladesh after receiving hygiene promotion session.



3. Bernard van Leer Foundation/Amy Keegan (2018). Early Childhood Matters 2018. *Why water, sanitation and hygiene (WASH) are fundamental to early childhood development*. Available at: bernardvanleer.org/ecm-article/2018/why-water-sanitation-and-hygiene-wash-are-fundamental-to-early-childhood-development/ (accessed 1 Sep 2020).
4. WHO (2020). *WASH in health care facilities*. Available at: [who.int/water_sanitation_health/facilities/healthcare/en/](https://www.who.int/water_sanitation_health/facilities/healthcare/en/) (accessed 1 Sep 2020).
5. Church J A, Rukobo S, Govha M, et al (2019). The Impact of Improved Water, Sanitation, and Hygiene on Oral Rotavirus Vaccine Immunogenicity in Zimbabwean Infants: Substudy of a Cluster-randomized Trial. *Clinical Infectious Diseases*. vol 69, no 12, pp 2074–2081. Available at: academic.oup.com/cid/article/69/12/2074/5321771 (accessed 1 Sep 2020).
6. WHO (2019). *WASH and COVID-19*. Available at: [who.int/water_sanitation_health/news-events/wash-and-covid-19/en/](https://www.who.int/water_sanitation_health/news-events/wash-and-covid-19/en/) (accessed 1 Sep 2020).



▲ Mothers in Nepal attending hygiene session just before vaccinating their children through routine immunisation. This campaign includes 'COVID-19 behaviours'.

We are providing hygiene behaviour change packages, such as behavioural products with visual cues and behaviour change training, in healthcare facilities, workplaces and schools.

Examples include:

- In **Bangladesh**, we provided seven sub-district health complexes and 163 community clinics with behaviour change materials on COVID-19, reaching more than 33,000 people. We also trained 92 community healthcare providers to enhance information sharing and positive hygiene behaviours at the clinic.
- In **Nepal**, we are supporting the Ministry of Health's Family Welfare Division to scale up nationwide hygiene promotion through routine immunisation programmes, alongside the rotavirus vaccine. 16,000 health workers were trained on hygiene behaviour change to deliver hygiene sessions and around 650,000 guardians of children under 15 months will be exposed multiple times with behaviours within one year.

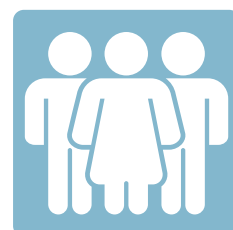
This programme now includes COVID-19-specific behaviours in the existing hygiene package and will be implemented in all 77 districts (nationwide).

- In **Burkina Faso**, we donated 156 handwashing facilities and 312 balls of soap to schools in the provinces of Boulgou and Kourittenga, in addition to the promotion of hygiene behaviour change. This donation provided handwashing devices and soap to 31 primary schools and eight secondary schools, allowing the students and teachers to practise good hygiene behaviours and confidently carry on their studies and teaching.
- In **Malawi**, we have intensified hygiene behaviour change promotional campaign and supported the printing and distribution of hygiene materials in English and Chichewa, along with 300 visual cues for the Ministry of Health and Population, which are being placed in healthcare facilities and markets.

- In **Myanmar**, we are integrating with the private sector by promoting hygiene and handwashing in factories through a partnership with the H&M Foundation and providing hygiene behaviour change training to factory workers.
- In **Ethiopia**, we supported the government with 50 water tanks, each with 5,000 litres capacity, and have provided 2500 litres of alcohol and over 1200 bars of laundry soap to be distributed to health centres and temporary COVID-19 treatment sites across nine regions, two regional towns and in Addis Ababa for handwashing.
- In **Mali**, we provided coronavirus prevention kits to the Bla Health District – these kits include handwashing devices, bins, bleach, liquid soap, surgical masks, hydro-alcoholic gel and gloves.
- In **India**, we are launching hygiene promotion campaigns in schools and early child care centres to create safe and hygienic spaces for children.
- In **Senegal**, we are providing hygiene kits for informal Islamic schools and other at-risk, vulnerable groups.
- In **Zambia**, we held an event to mark a COVID-related back to school project funded by Standard Chartered Bank, which provided hygiene facilities to five Lusaka schools, benefitting 2,500 people. The Kutuba campaign in Zambia focuses on hygiene in healthcare facilities to encourage people to practise good hygiene and protect themselves and others from contracting and spreading the virus.
- In **South Africa and Zambia** we are integrating hygiene with gender and women's rights programmes working on fighting domestic violence.
- In **Cambodia**, in the Kampong Chhnang Province, we conducted a digital, remote province-wide hand hygiene in healthcare facilities assessment at the outset of the outbreak to understand current hand hygiene response and needs. The Provincial Health Department has developed a plan to address these hygiene gaps to support safer care for those accessing regular health care throughout the COVID-19 response period.



◀ WaterAid Ghana training teachers in Accra to fulfil the WASH rights of their pupils.





▼ A group of school age children receiving a hygiene lesson in Cambodia.

▲ SusWASH has supported community youth groups in Kompong Chhang to conduct campaigns against COVID-19 by promoting handwashing with soap properly and how to protect themselves from COVID-19. Cambodia.



Our key recommendations for hygiene integration

Where possible, integrate hygiene behaviour change activities into existing programmes

Integrate hygiene behaviour change programme in schools, health (healthcare facilities, immunisation), nutrition, the work place and with other initiatives in the community. Integrate hand hygiene to include healthcare users and their families in infection prevention and control programmes.

Partner with other organisations or sectors

Identify other organisations in your area where hygiene promotion can be integrated and partner with the government or private sector. Work alongside existing prevention and control programmes to strengthen hand hygiene behaviour change for all.

Define key intervention package

The 'integrated hygiene package' needs to be available so that while delivering other interventions, a specific hygiene session can be conducted to promote hygiene behaviours. This will also help to maintain the fidelity of the campaign (consistence delivery).

Additionally, it is important to tailor messaging to hand hygiene needs such as clinical settings to align with **WHO's five moments of hand hygiene** where indicated.

Making hygiene inclusive and accessible for everyone

Evidence shows that economic context, income, disability, gender and health status play a role in determining affordable access to WASH. Moreover, research reveals that during a crisis, marginalised people are even more at risk,^{7,8} therefore tackling these inequalities must be central to our emergency response to COVID-19. While the disease itself does not discriminate, its impact does. We work in diverse areas where water is scarce, resources are limited, and the need is great for behaviour change. Therefore, it is vital to ensure our hygiene response is inclusive, especially during this global pandemic.

We are ensuring our response is inclusive by working alongside disability rights, women's rights and indigenous rights groups to shape our response in a way that is empowering. Since 2010 the United Nations General Assembly has acknowledged that access to water and sanitation are human rights. Therefore, it is important that rights organisations maintain pressure on governments to accept and act as duty bearers to ensure realisation of the rights for all – including access to water for handwashing.

Additionally, we know that increased handwashing will demand more water and access to soap, which will further increase the burden and pressure on those responsible for collecting these resources. Therefore, we will also ensure all images used in our materials are gender balanced.

We also know that fear of contagion can increase distrust and even violence against population groups who are socially marginalised and discriminated against. For example, people living in slums or informal settlements, people who are LGBTQ, migrant workers and refugees.



▲ Women washes her hands at a newly installed handwashing facility in Bangladesh.

▼ WaterAid Bangladesh using loud speakers to spread COVID-19 messages.



WaterAid/Bangladesh

7. United Nations (2020). *UN working to ensure vulnerable groups not left behind in COVID-19 response*. Available at: un.org/en/un-coronavirus-communications-team/un-working-ensure-vulnerable-groups-not-left-behind-covid-19 (accessed 1 Sep 2020).

8. ESRC/Centre for Society and Mental Health/Kings College London (2020). *Impacts of social isolation among disadvantaged and vulnerable groups during public health crises*. Available at: esrc.ukri.org/files/news-events-and-publications/evidence-briefings/impacts-of-social-isolation-among-disadvantaged-and-vulnerable-groups-during-public-health-crises/ (accessed 1 Sep 2020).

Inclusive hygiene behaviour change

intervention and its tools/materials must take care to avoid unintentionally exacerbating the stigma of these groups. As gender-based violence is also on the increase, we need to ensure security and safety of women and girls when we plan the siting of handwashing facilities.

As we continue to scale up our **response activities**, promote hygiene behaviour change and provide handwashing facilities – we must ensure our ways of working include inclusive approaches that consider culture, social dynamics and religious beliefs. COVID-19 will impact people in different ways, therefore it is vital to support gender-inclusive and socially-inclusive responses in hygiene promotion and avoid stereotyping. We are ensuring our hygiene response is **inclusive** through our ways of working, messaging, innovation and advocacy. Other examples include:

- In **Bangladesh**, we have produced a series of **videos** featuring sign-language instructions that will cater to a wide range of audiences with disabilities. Additionally, we have promoted hygiene in 67 slums covering nearly 180,000 people in Dhaka North, Dhaka South, Chattogram and Khulna. Furthermore, we developed an innovative mobile app 'Connecting the Unconnected Slum Dwellers'. This is a digital platform in which volunteers will collect data from slum dwellers to help monitor their health conditions and assist with the early detection of the virus.
- In **Nepal**, in areas where there is no access to FM radio, we have started 'miking' important messages with the same jingle used on the radio and have also used sign language in television adverts.
- In **PNG**, we are taking a collaborative approach with supporting strengthening of local government initiatives through analysing data, expanding design and delivery teams to include local rights groups. We are conducting community outreach and visiting rural communities to spread WHO and National Department of Health awareness messaging, so locals know how to protect themselves from COVID-19. We are working to dispel any myths related to COVID-19 and provide facts on the pandemic to ensure preparedness.
- In **Zambia**, we have facilitated the production of radio show jingles that promote good hygiene behaviours. Two radio programmes also feature Zambia Agency for Persons with Disability promoting hygiene behaviours. Additionally, we are using drones to reach densely populated communities with COVID-19 messages.
- In **Timor-Leste** and **Zambia**, we are supporting rapid vulnerability assessments to identify people who are vulnerable and how to mitigate dangers for them.
- In **Nigeria**, we created a policy brief and situational map highlighting the need for the government to expand access to sustainable clean water and hygiene services, particularly in marginalised and poor communities.
- In **South Africa**, we are producing targeted COVID-19 messages for vulnerable people – including women, girls, young people and disabled groups. We have started supporting women and girls in shelters by providing basic hygiene and sanitary products as part of our menstrual hygiene management response. We are also collaborating with various groups such as Days for Girls, United Nations Population Fund (UNFPA) and a joint social media campaign with the Department of Women.



▲ South Africa Department for Women, Youth and Persons with Disabilities preparing hygiene kits to distribute to women and girls living in shelters.

- In **Cambodia**, the SusWASH team in Kampong Chhnang coordinated with the provincial department of rural development and a local radio station to run a talk show on COVID-19 to ensure marginalised groups received information on how to prevent the spread of the virus.
- In **eSwatini**, we have created a video in sign language, explaining and demonstrating the importance of handwashing with soap and water. We also created a short cartoon video to create awareness on COVID-19 and promote handwashing for young children. This has been aired on national television and circulated on social media platforms. Additionally, we published a newspaper article on tackling inequalities in COVID-19 response work – addressing the need for accessible, inclusive toilets for women, girls and people with disabilities.
- In **Madagascar**, we have worked with the ministry of population and sanitised a primary school in Nanisana where 1,265 homeless people from the streets of Tana have been moved. Additionally, we have created specific hygiene campaigns for people with hearing impairments.
- In **Nicaragua**, we are developing communications messages to reach as many as 186,000 people in both rural and urban areas with key hygiene promotion intervention in their mother tongue.
- In **Ghana** and **Colombia**, we are developing hygiene campaign materials in indigenous languages to reach rural communities with hygiene promotion and handwashing facilities.
- In **Sierra Leone**, we are using traditional town criers to spread positive hygiene behaviours in 30 communities – they deliver updates and answer questions in local languages of Crio and Mende. Additionally, we provided handwashing facilities and hygiene kits in very remote areas unreached by other partners.
- In **Tanzania**, we are using vehicles branded with messages and microphones to promote key behaviours in communities in rural areas.
- In **Mali**, we are working with cultural and artistic partners, through the support of **One Drop**, to develop hygiene behaviour change tools using web TV broadcasting, radio and skits in various themes and local languages to ensure the entire population is reached.



We make sure our hygiene promotion campaign and images do not reinforce gender stereotypes in relation to WASH, making sure we show men as well as women performing WASH tasks in the media materials we produce.

◀ In **Zambia**, a man washes his hands at the launch of Zambia's 'Kutuba' campaign.

► A woman washes her hands in Mozambique.



Our key recommendations for an inclusive response

Use local languages	We found that translating messages into local languages resulted in greater attention and reach in rural communities.
Focus more on visuals and use simple local language	Not everyone has high literacy levels. Using simple language or mostly images helps to ensure everyone can understand the behaviours. Add sign language to ensure those who are deaf can receive messages.
Use diverse images	Ensure images represent diverse populations in different settings, with varying ages, genders and abilities to show that handwashing is for everyone, without discrimination.
Conduct rapid assessments and/or vulnerability assessments	Conducting rapid assessments and vulnerability assessments will help to identify how poor, marginalised and vulnerable groups receive intervention and understand behaviours. This will help to shape your response and to understand what barriers are currently in place.
Work with people with disabilities, women's rights and specific organisations	Working with specialist partners will help to ensure work is inclusive and that you are taking the most effective approaches. It is also important to involve them during the creative process while designing the intervention package.
Make hygiene approach inclusive	COVID-19 will affect people in different ways. Make the hygiene approach inclusive, targeting different needs and make sure promotional campaign and its focus does not reinforce social stereotype that hygiene is only the concern of women or reinforce social stigma about particular population groups being unclean.

Hygiene behaviour change technological and product innovation

Following the advice of the WHO,⁹ many governments are flooding their countries with the primary health message to 'wash hands with soap and water for 20 seconds' and to install handwashing facilities in public places and ports of entry.

For WaterAid, this has been an important moment to bring innovation and creativity to handwashing facilities and hygiene products – such as building innovative, yet inclusive, handwashing facilities and providing soap, masks and visual nudges to remind people of good hygiene practises.

We know that functional handwashing facilities supplied with soap and water are critical to stop the spread of COVID-19, however this can be difficult in rural areas that lack a running water supply.

As part of our emergency response, we quickly designed and deployed innovative handwashing facilities that are affordable, accessible and context-specific. These are hands-free to prevent cross-contamination and offer disability-friendly models. We are now replicating these designs for long-term, sustainable use across the countries where we work.



▲ Health centre worker washes her hand with pedal-operated handwashing facility in Malawi.



◀ Women in India waiting at a water point and practising physical distancing.

9. WHO (2020). *WHO Interim recommendation on obligatory hand hygiene against the transmission of COVID-19*. Available at: [who.int/docs/default-source/inaugural-who-partners-forum/who-interim-recommendation-on-obligatory-hand-hygiene-against-transmission-of-covid-19.pdf](https://www.who.int/docs/default-source/inaugural-who-partners-forum/who-interim-recommendation-on-obligatory-hand-hygiene-against-transmission-of-covid-19.pdf) (accessed 1 Sep 2020).

Other examples include:

- In **Bangladesh**, we have reached 100,000 people by providing free handwashing services in public areas, such as bus stops, railway stations, markets and shopping malls. Hands-free 'paddle' operated handwashing stations have been placed in slums to encourage good handwashing habits. Furthermore, we developed a list of technological options for potential handwashing stations based on geographical context, space, accessibility and cost of materials. See this **easy-to-use manual** for more information.
- In **Zambia**, we developed a design for a universal handwashing facility that can accommodate persons using wheelchairs and crutches. We launched the design at a care home for children with disabilities, called the Home of Happiness, which allowed those who cannot use their feet, to operate the hands-free handwashing stations. Additionally, we created the 'Stand here' campaign which focuses on physical distancing through the use of stickers. These stickers have now been used in public spaces such as supermarkets and banks to help guide people with physical distancing measures.
- In **PNG**, we have trained people on how to make soap and handwashing facilities from locally available materials, which was essential as logistics and supply chains were affected by COVID-19.
- In **India**, we have fitted nearly 600 auto rickshaws with handwashing stations and are bringing water to those who need it across different districts of Uttar Pradesh, India.
- In **India** and **Bangladesh**, we have drawn spaced chalk circles around water points and public toilets to remind people to keep a safe distance.
- In **Pakistan**, we installed 58 handwashing facilities in hospitals, quarantine centres and public places in Islamabad, Lahore, Multan, Muzaffargarh, Mardan and Quetta districts in close coordination with the district administration.
- In **Nepal**, we provided 125 hands-free handwashing stations inside Kathmandu valley, the Lahan municipality and border areas, and created a technical brief on hands-free handwashing stations. We will install 311 additional handwashing facilities in local health institutions in six districts. We will also train women's groups to make masks and produce liquid soap.
- In **Myanmar**, we have organised a competition to encourage 13 villages in the Magway Region to build tippy taps – which are low cost and easy to build handwashing stations.
- In **Malawi**, we provided 173 hands-free handwashing stations, handwashing soap, sanitisers, disinfectants and personal protective equipment (PPE), such as masks, in eight hospitals and 94 healthcare centres in Lilongwe, Kasungu, Nkhoskotota, Dowa, Ntchisi, Machinga and Zomba. Furthermore, we have invented the addition of a pedal device for water buckets, so that no one has to touch the hand soap bottle or the tap. You can find a demonstration of this innovative device [here](#).

► A hands-free and height adjustable handwashing facility in Nepal.



- In **Cambodia**, we recognised the importance of handwashing facilities among brick and construction workers, so we promoted hand hygiene among **workers** in the Kampot factory by putting resources, time and expertise to representative groups to work out designs from onsite materials and support them to make videos on good behaviours.
 - In **eSwatini**, in partnership with AB InBev, we handed over five group handwashing facilities in rural growth areas with a population of 150,000 people, and distributed hygiene hampers to market vendors operating in these areas.
 - In **Ghana**, we donated 30 veronica bucket sets comprising of 100-litre buckets with waste bins, tissue and soap; five non-contact thermometers; 20 boxes of masks, 350 5-litre gallons of liquid soap and 350 bottles of 250ml liquid soap to health workers in Bongo and Kassena Nankana West District.
 - In **Rwanda**, we installed hands-free and sensor operated handwashing facilities in schools, healthcare centres and at bus stops.
 - In **Liberia**, we installed branded, hands-free, physically distanced double sink handwashing facilities in the Roberts International airport to ensure people entering the country could wash their hands.
 - In **Tanzania**, we are continuing to install handwashing facilities at bus stops to promote handwashing for 20 seconds.
 - In **Niger**, we designed a handwashing facility which included a 'soap box' with a lock to prevent people from stealing the soap, as this was an issue in some countries with facilities in public areas.
- WaterAid globally produced a *Technical guide for handwashing facilities in public places and buildings* with innovative and inclusive examples from WaterAid country programmes.

Our key recommendations for technological and product innovation

Think critically about handwashing facility design and settings

Handwashing facilities are needed at all times, not only during a pandemic. It is clear that these should be inclusive, accessible and hands-free so that everyone can use them. Use this to inform design and implementation of handwashing facilities in all projects (not only the COVID-19 response). Making designs hand-free also reduces possible contamination, but it is important to remember not everyone can use a foot pedal so arm levers should be considered. Siting is also important, for example you need to consider safety for women, and whether they are comfortable to queue in public in some settings. Placement in junction of villages, market places and public buildings (including religious places) will help many people wash their hands when needed.

Provide visual nudges and cues with handwashing facilities

While infrastructure is important, we know that simply having access to handwashing facilities does not mean people will wash their hands. Handwashing facilities should be visually appealing, with cues to remind people the steps for handwashing. These should be visually dominated to appeal to people of all literacy levels.

Consider operation and maintenance and sustainability

It is important that these facilities are either permanent or semi-permanent in nature. The mechanism for daily operation such as filling water and soap and operation and maintenance needs to be in place. For example, in Niger we have taken into account wastewater management by constructing a wastewater pit or connecting the handwashing facility to an existing one. For more details, access WaterAid's technical guide for handwashing facilities.

Monitoring and evaluating our hygiene programmes and sharing learning

Using our theory of change, we have outlined what we want to deliver (output), achieve (outcomes) and what we want to contribute towards (impact) with our hygiene response to COVID-19 work. However, establishing a clear baseline was not possible in each country to start our rapid response action to COVID-19 due to the nature of the disease.

Working predominantly with social, digital, mass media, and other non-contact methods, has been a new challenge as far as documenting the reach of our work. In the initial stages of our response we held various discussions, webinars and workshops where country programmes could share programme delivery, outputs, outcomes and impact, challenges and key learnings.

Some examples include:

- In **South Asia**, we conducted a rapid assessment on hand hygiene behaviours to assess how poor, marginalised and vulnerable groups receive and understand messages on handwashing with soap and water. This relied mostly on phone surveys to gain an understanding of where people received information, what factors and barriers existed that prevent handwashing with soap, what motivated behaviour change and what people's understanding of COVID-19 messages were.

The **results** of this assessment have been produced into reports and briefs to continue to inform our response in Nepal, Pakistan, India and Bangladesh. The results were largely positive showing that most people understand the importance of hand hygiene, but not necessarily when are the critical times for washing hands. The feedback showed that many people surveyed do not have access to handwashing facilities and are not able to practise good hygiene.

- Many country programmes are using data from previously conducted formative research to position hygiene intervention in COVID-19 campaigns.
- Some countries have conducted vulnerability assessments, such as **Zambia** and **Timor-Leste**, and are using the results to inform response, and we know that many vulnerable groups experience a range of barriers that prevent them from accessing message or from being able to practise good hygiene.
- In **India**, we conducted a WASH status assessment in 235 quarantine centres across three states. These findings were used to propose and facilitate actions for improvement.
- We are documenting process learning from the ongoing work, developing a creative brief from large scale campaigns and documenting case studies based on the ongoing monitoring.
- We have developed a *Technical guide for handwashing facilities in public places and buildings* based on our learnings from country programme's to support quality assurance for better sustainability and monitoring during COVID-19. We have also developed an internal **Hygiene compendium** summarising our innovation and assets using multiple channels.

Furthermore, as hygiene programme work is still ongoing, we are working to develop a mid-term assessment on all key COVID-19 behaviours in the countries where we work. This will help to assess our current response, outcomes and identify any gaps.



BARRIERS TO CHANGE IN HANDWASHING BEHAVIOUR

Are there any factors that prevent you from washing your hands at 'home'?

✓ 11% ✗ 89%

If YES, please explain



Are there any factors that prevent changing your handwashing practices 'outside home'?

✓ 27% ✗ 61%

Not applicable: 12%

▲ Results from WaterAid Pakistan's rapid assessment on hand hygiene behaviours.

External engagement – collaboration and networking

Partnerships and collaboration have always been key to the success of our work. By working with local organisations and leaders in the community, we are best placed to identify vulnerable groups and adapt our approaches to cater to their needs. We collaborate and work with Government very closely in my many countries which helps to implement programmes at scale. Additionally, by collaborating and networking externally, we have been able to advance our mission and bring hygiene behaviour change to the front of policy, advocacy, research, private partnerships, business and to the wider WASH and development community. Some examples of our external engagement include:

- **'Hand Hygiene for All' initiative** – WaterAid is a core partner for the WHO/UNICEF 'Hand Hygiene for All' initiative. This global initiative serves to implement WHO's recommendations on hand hygiene to prevent and control the COVID-19 pandemic and work to ensure lasting handwashing facilities and handwashing behaviour. Through this initiative, we are responding to the immediate pandemic, focusing on hygiene behaviour change, advocating for the sustainable financing, and reimagining hand hygiene in society.
- **Hygiene Hub** – WaterAid sits on the steering committee for the Hygiene Hub.

This is a place that helps actors in low-and middle-income countries rapidly share, design and adapt evidence-based hygiene interventions to combat COVID-19. We contribute resources, case-studies and engage in conversations sharing challenges and learnings.

- We are also represented in the Department for International Development (DFID) Multi-departmental COVID-19 hygiene behaviour change group and share our institutional learnings.
- Lead, **SuSanA** (Sustainable Sanitation Alliance) Behaviour Change Working Group – recently conducted ‘hand hygiene for all’ thematic session to sharing learnings across various themes.
- In **India**, we formed an advocacy group including development and WASH sector partners to collaboratively develop an India country road map for hand hygiene.
- **Business for work** – we have developed a paper *Prioritising hygiene for business resilience: enabling safe return to work for global supply chain employees in the face of COVID-19* which provides guidance aimed at a business audience.

- To ensure that hygiene and water supply remains a priority in the response to COVID-19 and that key developments are shared for possible replication and scaling up, our East Africa Regional Office contributed to working groups including: The East and Southern Africa Risk Communication and Community Engagement Technical working group, the East and Southern Africa Infection Prevention Control and Service Continuity working group and the East and Southern Africa Point of Entry working group. These contributions were reinforced by bilateral engagements with the East Africa Community Department of Health on enhancing hygiene interventions at key border posts across the region.
- Through our active engagement with WHO on WASH in healthcare facilities, we shared our hygiene approach to ‘Hand hygiene in healthcare facilities’ as part of **COVID-19 and WASH FIT** (facility improvement tool) webinar series.
- Public private partnership – we continually engage in long-term partnership for scale.
- Member in the **Global Handwashing Partnership**.



▲ A worker disinfecting a primary school in Nanisana, Madagascar to provide shelter to homeless populations.

Donors

- DFID – now known as the new Foreign, Commonwealth and Development Office (FCDO)
- DFID/Unilever Hygiene Behaviour Change Coalition (HBCC)
- United States Agency for International Development (USAID)
- Danish International Development Agency (DANIDA)
- Department of Foreign Affairs and Trade (DFAT)
- Heineken African Foundation (HAF)
- Foundations and philanthropists
- Private sector donors and individual donors
- Banks
- Institutional donors

Challenges and making hygiene responses sustainable beyond the current pandemic

Throughout our response to COVID-19, we have learned a lot and also experienced some challenges. We have been documenting key learnings and recommendations in order to improve the outcomes and implementation of our work in the future. Some of these challenges include:

- Inadequate water supply and lack of hygiene products are common problems faced in many areas where we work, so this was a driving factor in delivering handwashing facilities and promoting good hand hygiene. However, this is not new and COVID-19 simply highlighted the disparities many people face. We will have to continue to be creative and innovative in delivering handwashing facilities and demand governments fulfil their responsibility to **ensure everyone has access to water** for domestic use.
- The mass installation of handwashing facilities means that waste water is increasing, which highlighted the need for proper sanitation and waste water management.
- Limited funding hindered any swift responses during the initial stages of the pandemic, but we were able to leverage our existing funding and subsequent donor funding to ramp-up campaigns. By quickly applying for grants and submitting proposals, we were able to gain crucial funding needed.
- Precisely estimating adequate reach is difficult when it comes to mass media users, as this is a new approach. We have developed a process to estimate target population, document frequency of delivery and reach, and held a webinar to train our teams.
- Some countries had difficulties implementing comprehensive response programmes due to political challenges. COVID-19 was not seen as an issue by some leaders and elections resulted in large gatherings without physical distancing being enforced.
- The actual sustainability of the overall hygiene behaviour change programme using non-contact delivery methods and durability of the new handwashing facilities is yet to be tested as we are still implementing our response.

Despite these challenges, we are making huge efforts for our response to be sustainable in achieving these key behaviours. Now, as we move forward and transition from an initial rapid emergency response to long-term sustained behaviour change initiative, we have opportunities for new partnerships, increased funding, government commitments and a unique moment to make **hand hygiene for all** a priority.

As there is currently an unprecedented focus on handwashing and a high uptake in handwashing with soap, we have an opportunity to leverage multiple motives and change behaviours for an entire generation. Moving hygiene up on the political agenda and holding governments and institutions accountable for progressive realisation of rights to water and sanitation, will help achieve development agendas, allow people to live healthier and longer lives, and aid in the prevention of future pandemics.

In WaterAid, we are moving towards COVID-19 sensitive WASH intervention and hygiene behaviour change programming, focusing on the sustainability of our response to COVID-19. We will produce an overall learning document once our ongoing response is completed.

Thanks to all 28 of WaterAid's country programmes and their staff, regional offices and staff and PSU staff, who helped to document learning from countries and by providing inputs and detailed comments and feedback on the first draft.

Thanks to the internal and external review team for their feedback which has improved the quality of this document.

Thanks to the technical advisory group (TAG) for the support.

Thanks to London School of Hygiene and Tropical Medicine/ Hygiene Hub for their review.



Written by Om Prasad Gautam, Lara Kontos, Elijah Adera, Ronnie Murungu, Therese Mahon, Tidiane Diallo, Alison Macintyre and Tommy Ka Kit Ngai.

Corresponding authors:

Om Prasad Gautam, Senior WASH Manager – Hygiene: OmPrasadGautam@wateraid.org

Lara Kontos, Programme Officer – Hygiene: LaraKontos@wateraid.org

 @WaterAid

October 2020

WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

WaterAid is a registered charity: Australia: ABN 99 700 687 141. Canada: 119288934 RR0001. India: U85100DL2010NPL200169. Japan: 特定非営利活動法人ウォーターエイドジャパン(認定NPO法人) WaterAid Japan is a specified non-profit corporation (certified NPO corporation). Sweden: Org.nr: 802426-1268, PG: 90 01 62-9, BG: 900-1629. UK: Registered charity numbers 288701 (England and Wales) and SC039479 (Scotland). USA: WaterAid America is a 501(c)(3) non-profit organization.

