

C4. Hygiene Promotion and Community Engagement

Positive hygiene behaviours are just as important, if not more important, than clean water and safe sanitation facilities in preventing the spread of disease, especially in dense camp settings. Hygiene promotion is a major component of humanitarian WASH programming, with the ultimate goal of changing hygiene behaviours, primarily through education and with the provision of non-food items (NFIs) needed to practice healthy hygiene behaviours.

In the Sittwe camps, previous Knowledge, Attitude, and Practice (KAP) surveys showed a gradual increase in the level of hygiene knowledge – however, the acquisition of knowledge had not directly translated into changed practices. The OXSI approach to hygiene promotion, as well as the overall programme approach, aimed to move away from top-down messaging to working with communities to understand barriers, provide enabling tools, and guide behaviour change while considering the challenging environment.

Therefore, the OXSI WASH programme, while continuing to focus on hygiene education, emphasised community engagement and systematic behaviour change approaches to impact stubborn behaviours. The community engagement strategy outlines three key objectives for building trust and community, increasing ownership of WASH infrastructure, and improving hygiene behaviours through participative programming and proven behaviour change models. This chapter focuses on two of these three objectives, excluding the work on ownership, which is covered in other chapters.

4.1 Action from Community Engagement

Engaging communities in designing WASH programming leads to greater positive behaviour uptake and helps agencies understand real priorities.

Community engagement is critical for behaviour change and for building resilience, as well as for designing and implementing effective programming overall. The OXSI WASH programme mainstreamed community engagement throughout its activities, which required first and foremost an attitude shift for OXSI staff. Although the team modified many activities to increase participation, decision-making, and leadership of communities, it proved even more effective to facilitate this attitude shift through the creation of new activities.

The OXSI WASH programme introduced a new community engagement approach under the project name of “Action from Community Engagement (ACE)”. ACE aimed to build trust and teamwork; actively listen and foster two-way communication; increase problem solving skills, sense of community, and ownership; and engage more people in the creation of WASH campaigns. Although ACE uses tried and tested tools, they were chosen and combined to form a process unique to OXSI and the Sittwe camps. The flexible tools allow small groups to identify and break down problems and then design and implement campaigns to tackle an identified WASH issue. Each ACE process takes 2–3 months, with the end goal of a community-led campaign to solve a WASH issue identified by the group. ([4A ACE Manual](#))

OXSI piloted ACE with two groups of men and two groups of women prior to scaling up the approach. The pilot showed a need for more staff training, detailed guidelines for each of the activities, more transparency about the ACE process with the rest of the community, and flexibility in adapting the approach for each group. During the pilot, all OXSI WASH staff participated in the creation of a logo for ACE, which ‘branded’ it as a unique approach within OXSI. The chosen logo shows a handshake inside of a water drop to signify collaboration of OXSI and communities in creating WASH campaigns.

The same small group of participants (maximum of 15 people) complete the ACE activities together in the order specified because they build upon each other. The first three activities the group does together—Community Mapping, Photovoice, and Problem Tree—are “needs-identification” activities, which help the group explore, prioritise, and break down WASH issues in their community. The groups are somewhat homogeneous to assist them in choosing issues that are relevant for and representative of most of the group members.

Several design options

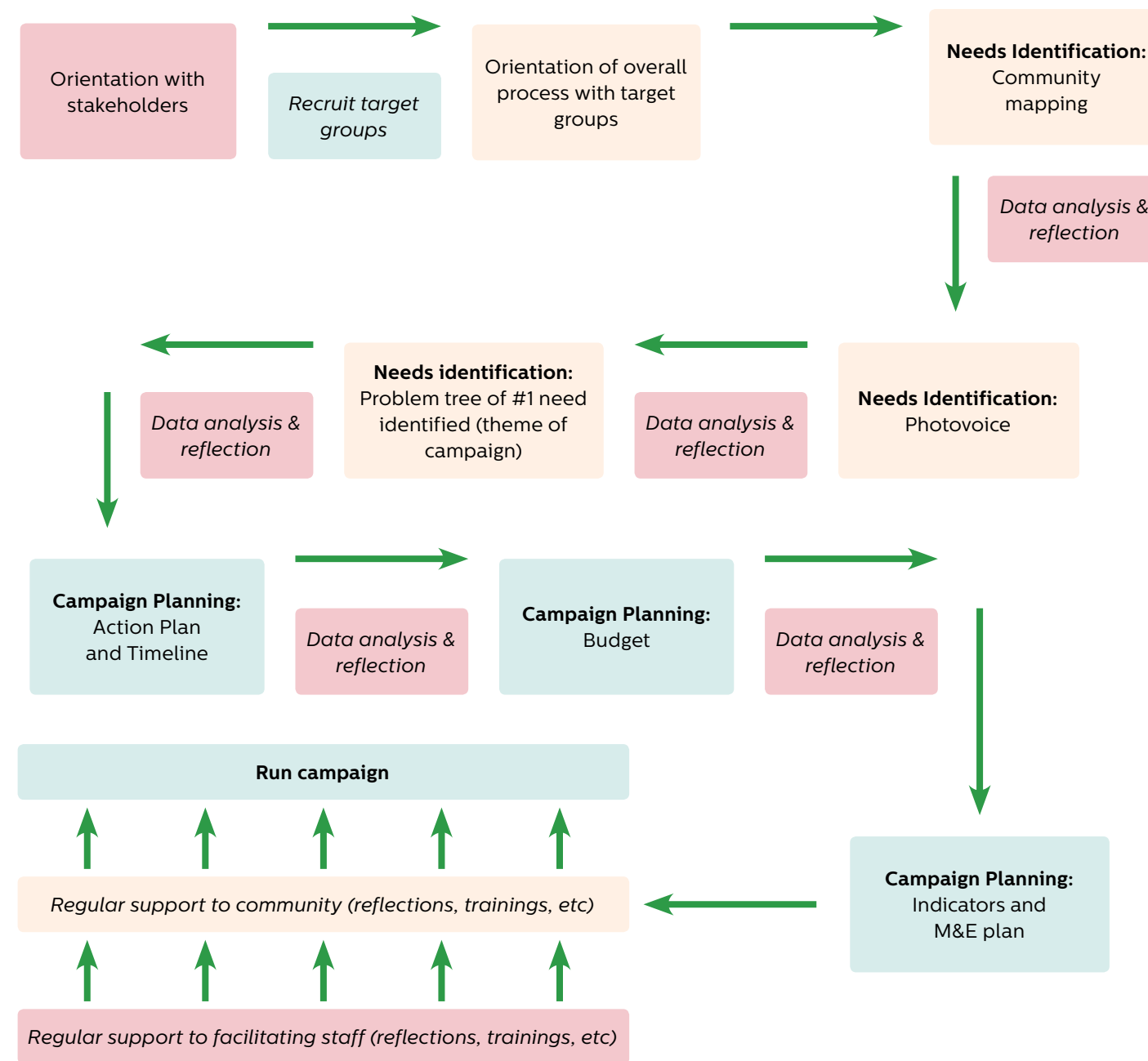


Final version



The participative creation of a logo for the Action from Community Engagement process branded it as a unique activity within the programme.

A flowchart showing the ACE activities

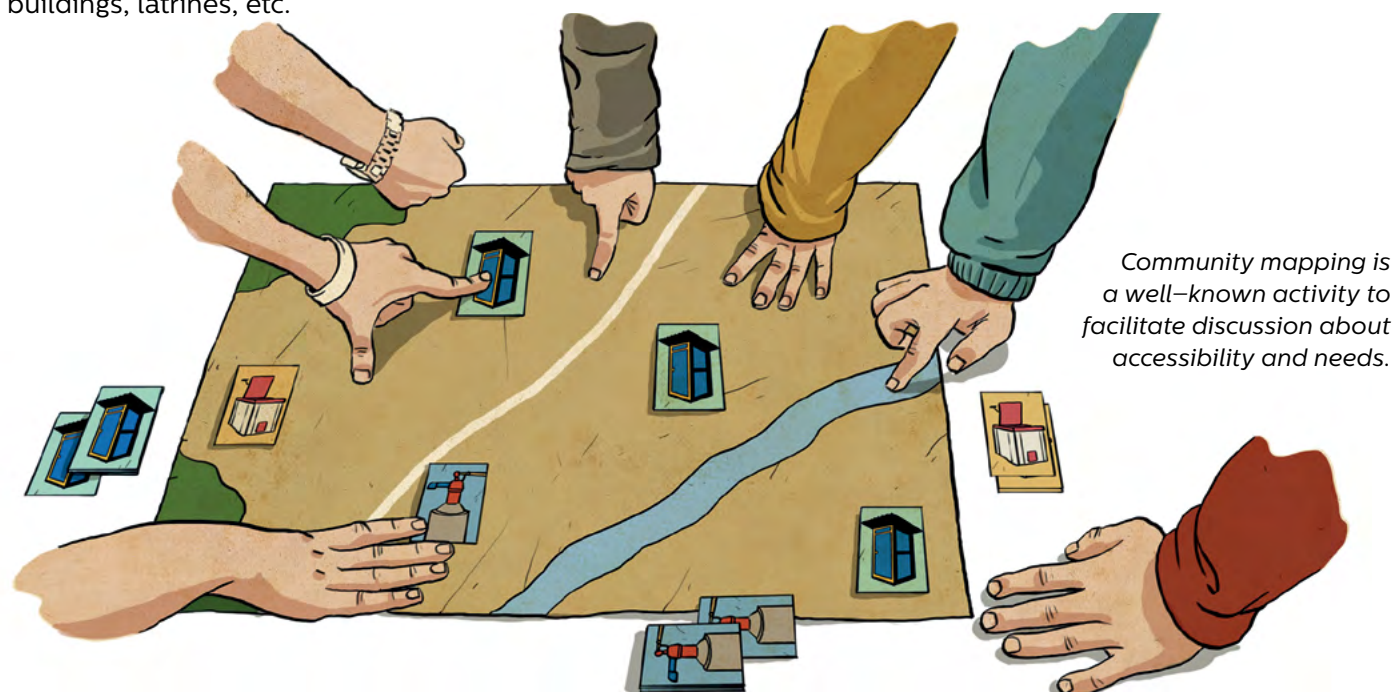


Focus on equity – gender, protection, and inclusion

As much as possible, ACE tools are designed to allow participants with different backgrounds and abilities to join. For example, literacy is not a prerequisite, particularly for the interactive and illustrated needs-identification activities. More importantly, the entire ACE process can be adjusted to the needs and preferences of each group, from the activities they choose to do, to the format of the deliverables of each activity, to the topics they discuss and the WASH issue they choose for their campaign.

Community Mapping

The community mapping exercise is the first in the ACE process, serving as an icebreaker for the group to get accustomed to participative activities and to start thinking about needs in their community. The activity challenges the group to decide and discuss the elements of their area that they perceive as important, to mark what is or isn't accessible, and to build confidence and teamwork. To include illiterate participants, minimal or no writing is used, and the group can opt to use pre-made icons or create new icons to symbolise roads, buildings, latrines, etc.



Photovoice

Photovoice is a participatory photography method where participants use photography and dialogue to deepen their understanding of an issue, reach decision-makers with their stories, and take action at the community level. Because photography crosses cultural and linguistic barriers, photographs describe realities, communicate perspectives, and raise awareness of issues that may not be easily communicated otherwise. In the ACE process, photovoice is used as a visual aid to help participants identify and discuss the issues they see, and to prioritise one issue to work on in their campaign.

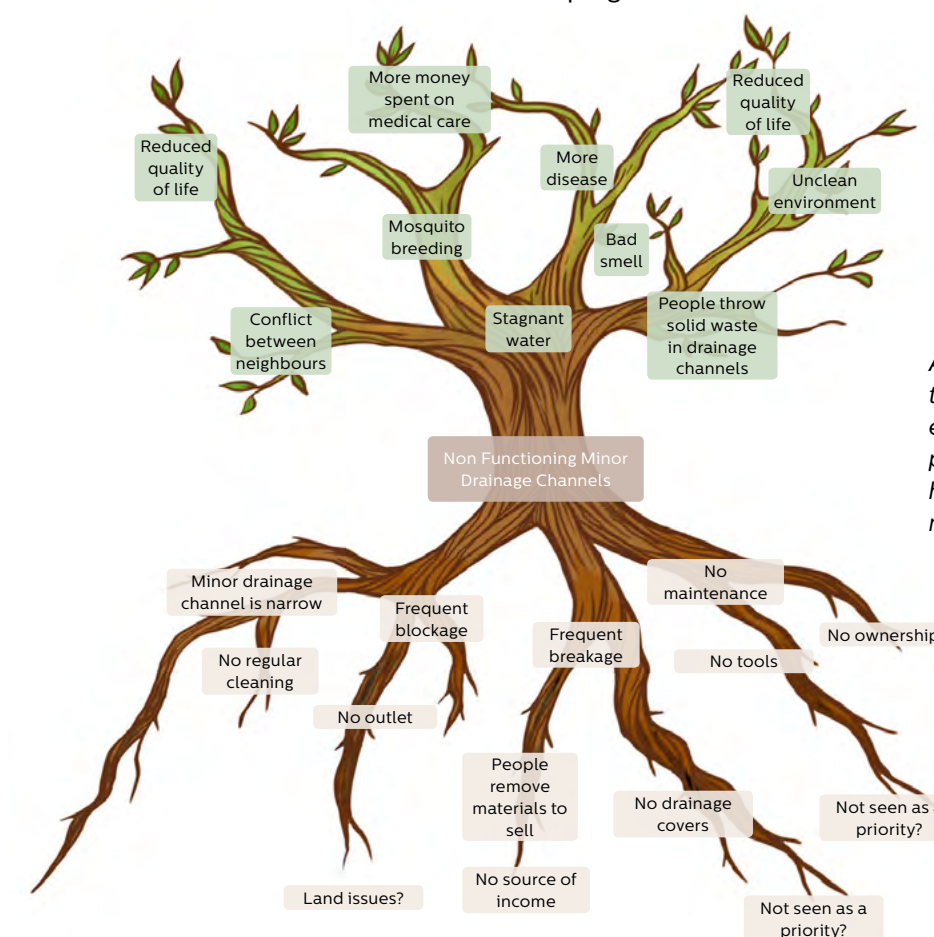
Unlike the other ACE activities, photovoice takes several sessions. Participants learn to use cameras and over several days, take pictures to depict attitudes and practices around water and sanitation that influence health in the community. They then write a caption (a "photostory") for one chosen picture. The group comes together again to share their photographs and photostories and uses the pictures to prioritise the issues in their community and to choose one issue to focus on for the next step.



During photovoice, participants take pictures of WASH-related issues in their community to prioritise needs as a group.

Problem Tree

A problem tree is a tool for breaking down an issue to understand the different causes (roots) and effects (branches) of the problem. The problem tree illustrates that a large problem often has many causes, and although it may feel overwhelming, the issue can be solved by gradually addressing each of the causes. The ACE group identifies primary and secondary causes of the issue by asking, "why does this happen?" and primary and secondary effects by asking, "what does this lead to?". They then identify the causes they have some influence or control over and choose one to focus on for their campaign.



A problem tree illustrates the causes (roots) and effects (branches) of a problem (trunk), which helps break it down into manageable pieces.

OXSI Challenges

Components of ACE, particularly photovoice, are sensitive in certain contexts, and camp leaders blocked this activity in some Sittwe camps. In other areas, campaigns that involved any construction were blocked.

OXSI Solutions

Prior to launching new activities, WASH agencies need to carry out assessments and consult stakeholders to ensure communities are not put at risk by participating. OXSI took time to explain the ACE process to camp leaders and to obtain permission in advance.

In addition, participants should receive protection tips before carrying out sensitive activities, which are always voluntary. OXSI emphasised that during photovoice, only WASH infrastructure and consenting adults should be photographed, and cautioned participants not to photograph police, checkpoints, distributions, or events. In some cases, ACE groups just skipped the photovoice activity.

Campaign–Building

The second phase of ACE is the “campaign–building” phase and includes 2–3 sessions to put together an Action Plan and Timeline, Budget, and an Indicators and Monitoring Plan. The ACE groups have freedom to self–organise and plan their campaign in a way that suits all the participants. For example, they can verbally agree on an action plan, with notes kept by OXSI staff only for record–keeping. These activities help the group plan the campaign to tackle one of the WASH problems identified earlier. Most of the action plans have components that the ACE group leads as well as steps where they need the support of OXSI staff (for example, purchasing and delivering materials for construction).

The campaigns vary in length and complexity depending on the issue the group has chosen. For example, one group organised a 1–day cleaning campaign each week for a month, while another two groups worked together to design, construct, and install small MHM incinerators, a process that took three months (see Section 6.5).

Although the ACE process is time–intensive and requires training and support, staff and participants give largely positive feedback. After completing the ACE process, almost all of the participants have expressed interest in continuing to meet and discuss new issues, with many saying that ACE has given them confidence to tackle even non–WASH issues.

OXSI tries to continue to engage the ACE groups when possible. For example, during the pilot, one ACE group wanted to focus their campaign on providing solar lights, but at the time, OXSI was only in the planning stages of solar light installation. The ACE group chose another topic to focus on for their campaign. When OXSI was ready to start the solar lighting project, the Community Mobilisation team came back to the ACE group to ask for their support in siting the solar lights and spreading awareness to ensure that materials would be kept safe. See Section 5.1 for more details.

Focus on equity – gender, protection, and inclusion

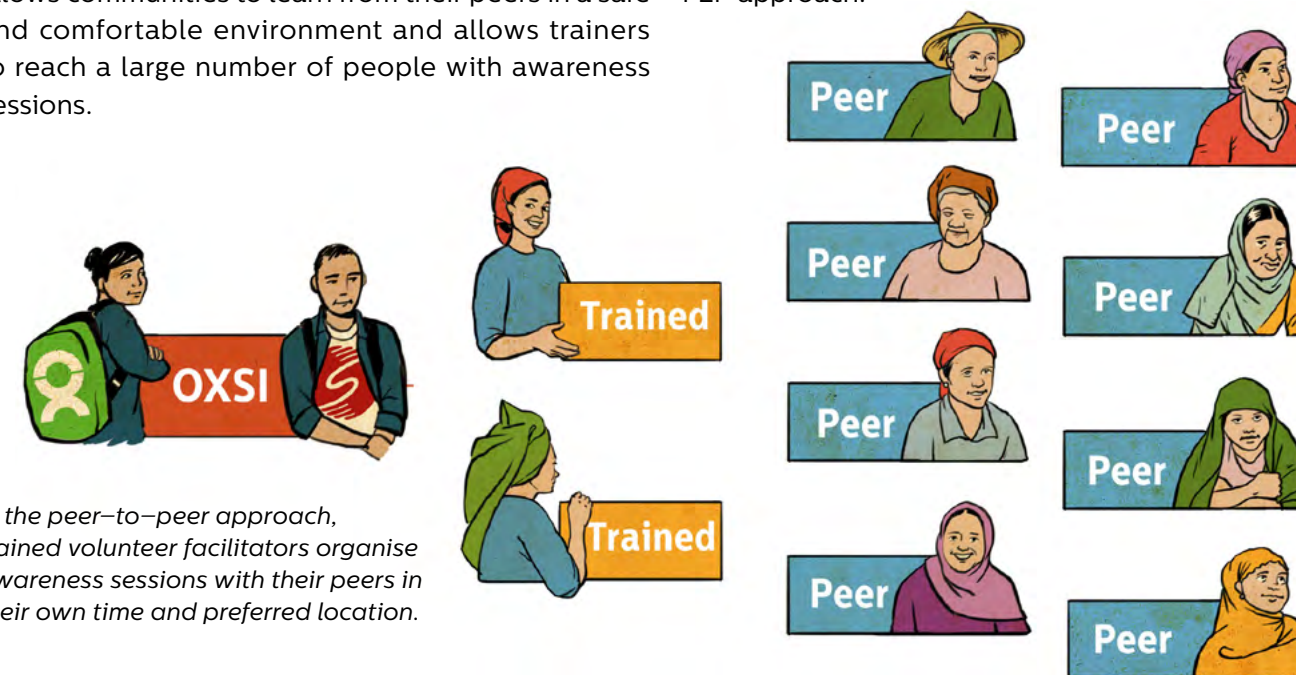
Community engagement means reaching diverse groups within the community, not just leaders. There can be barriers to participation in hygiene promotion activities such as ACE, particularly for people with disabilities, which WASH agencies need to address. OXSI worked with Humanity and Inclusion to conduct a comprehensive training for all staff on disability rights and models and barrier mapping, and developed an action plan to involve people with disabilities in the programme. The action plan gave the teams concrete steps to work on to open space for people with disabilities to participate in OXSI activities, such as arranging transportation to activities, conducting house visits to share information and invitations to sessions, and creating more accessible IEC. Barrier mapping also identified key challenges in accessing WASH facilities, especially latrines, which is addressed in Section 3.8.

4.2 Peer–to–peer approaches

The peer–to–peer (P2P) awareness raising model, like ACE, is built on the belief that communities know their needs and can be agents of positive change among their peers.

A small group receives training on a topic and then takes the initiative to pass on information to empower others, build relationships, and inspire collective problem–solving and self–reliance. Those who receive training organise small groups in their homes or location of choice on their own time. The P2P model allows communities to learn from their peers in a safe and comfortable environment and allows trainers to reach a large number of people with awareness sessions.

OXSI has slowly implemented the P2P approach to replace top–down one–way messaging for three hygiene promotion activities: WASH in Schools, WASH for Women, and Menstrual Hygiene Management (MHM). All of these activities were initially led by OXSI staff and, in most areas, have transitioned to using the P2P approach.



In the peer–to–peer approach, trained volunteer facilitators organise awareness sessions with their peers in their own time and preferred location.

WASH in Schools

In most countries, school curriculums incorporate some hygiene education, but in emergencies, WASH and education agencies can work together to ensure tailored hygiene education as well as functional WASH infrastructure in schools. In collaboration with the education sector and teachers, OXSI conducts WASH in School sessions in over 100 Temporary Learning Spaces (TLSs), madrassas, and Child Friendly Spaces (CFSs), reaching children from kindergarten to grade 5. To do these sessions, the OXSI team works closely with teachers to set a schedule for the sessions and then recruits students in grades 2–5 to join “WASH Clubs”. The students in WASH clubs receive training from OXSI and then conduct hygiene promotion sessions for younger students. They use games, songs, child–friendly IEC, and demonstrations to make the activities more engaging.

To learn and practice positive hygiene behaviours, children need access to functional WASH infrastructure in schools and at home. Handwashing with soap is an especially important behaviour to prevent disease and children who practice it early are more likely to continue it into adulthood. OXSI built two simple handwashing stations for testing by children in two TLSs. Children used the stations and gave feedback, emphasising the height of the stand (too high for children in kindergarten), while the teachers made suggestions to improve the stability of the handwashing stands while keeping them portable. OXSI incorporated the feedback into a final design, and handwashing stands were manufactured in camps and installed for the TLSs that had no existing handwashing station or had stations that need repair. For OXSI’s process of designing and installing latrines in schools, see Sections 3.6 and 3.7.

WASH for Women

Due to power dynamics in certain contexts, WASH agencies should consider conducting sex-segregated awareness sessions, FGDs, and other activities to increase participation and comfort of female participants. In addition, although WASH is the responsibility of all household members, women and girls often bear the biggest burden of domestic and WASH duties in the home, so it is especially important to reach women and girls in WASH awareness sessions. OXSI trains small groups of women in each camp to disseminate hygiene messages using the P2P approach. Each participant works in the area where she lives,

focusing on 5–10 shelters, and conducts at least one session per month with a small group of neighbours and peers. OXSI organises a monthly training refresher session to give the group more information, IEC, and to allow the leaders to share feedback and get advice on their sessions. The topics covered by the groups include: waste management, cleaning of the house and latrine, water transportation and storage, personal hygiene, decision making in the household, sharing experiences related to WASH, using WASH items, understanding the F-diagram, and more.



Women use the peer-to-peer approach to discuss WASH issues in small, female-only groups.

Menstrual Hygiene Management

Gender inequality has led to, among other things, restrictive cultural taboos, stigma, and shame around menstruation. Addressing both the practical and strategic needs of women and girls related to menstruation and menstrual hygiene requires comprehensive programmes. In addition to the distribution of essential menstrual products (Section 4.3) and construction of incinerator bins for sanitary

pad disposal (Section 6.5), OXSI works with women and girls (and eventually men and boys) to raise awareness on menstrual hygiene and to dispel myths and break taboos around menstruation. Again using the P2P approach, MHM leaders receive training and IEC from OXSI to pass on during P2P sessions. To facilitate learning for illiterate participants, the training covers one topic each month, with frequent refresher trainings on past topics. The trained leaders start organising their own P2P sessions whenever comfortable, and share feedback on their sessions during monthly meetings.

In small P2P sessions, the trainers provide clear information on menstruation, help women and girls recognise symptoms and learn about ways to alleviate them, recommend healthy hygiene practices and well-being during menstruation, and advise on ways to properly dispose of sanitary protection materials. (4B MHM SOP) The MHM groups also actively participate in the design and installation of small sanitary pad incinerators, a process described in Section 6.5.

Although MHM groups currently focus on women and girls to ensure they feel knowledgeable and comfortable speaking about MHM, the programme plans to add a component for men and boys to receive training and to have discussions on MHM and gender inequality. Men and boys can contribute significantly towards changing cultural norms and taboos around menstruation and are often involved in decisions related to women's menstrual hygiene needs. It might be difficult at first to talk with men about MHM due to reluctance, prejudices, myths, and misconceptions surrounding the issue, but through effective education and communication, this can change.



IEC showcasing “good” and “bad” MHM practices is used during MHM peer-to-peer sessions.



Focus on equity – gender, protection, and inclusion

Women can experience pushback from camp leaders or even family when stepping into a leadership role, being active in their community, or discussing issues considered taboo. Therefore, WASH agencies should discuss with camp leaders why women leaders are essential for specific activities, start small (such as with a pilot), and focus on “easier” topics (such as hygiene behaviours) prior to tackling more controversial issues. The P2P approach allows women and girls to gather in small groups in their homes as they would normally socialise, which limits community pushback. However, it is also vital to bring men and boys into the conversation about topics considered “women’s issues” to bring about lasting change in perceptions and taboos.

4.3 Distribution of Non–Food Items

Specific personal and household items are essential for hygiene, health, dignity, and well-being, and to create an enabling environment to practice positive hygiene behaviours.

The Sphere standards provide guidance on minimum essential hygiene items and quantities, but WASH agencies must conduct assessments to determine what Non–Food Items (NFIs) people need, as well as the best modality for delivery (eg. in-kind, cash, voucher, etc.). In the Sittwe restricted area, OXSI distributes hygiene kits on a monthly basis, as well as other items every six months or as needed.

Hygiene kits

In camps, OXSI distributes a monthly in-kind hygiene kit to every household, which contains body soap, laundry soap, and sanitary pads. Due to a lack of market access, distribution of cash or vouchers is currently not feasible in Sittwe camps. When the soap supplier reduced the weight of their soap, the programme switched to a different, unscented soap bar to continue to meet Sphere standards. However, Hygiene Kit Post–Distribution Monitoring (PDM) showed that women and girls preferred and requested the scented soap. OXSI put in place a system of distributing two hygiene kits – one with scented soap and one with unscented – on a quarterly schedule, to meet the needs of the community while adhering to Sphere standards. Subsequent PDMs consistently showed more than 90% satisfaction with the quantity and quality of the items. In 2020, in response to the COVID–19 pandemic, OXSI changed its distribution protocol to adhere to COVID-19 preventative measures. [\(4C HK Distribution SOP COVID19\)](#)



Hygiene kits containing body soap, laundry soap, and sanitary pads are distributed each month, while other distributions are less frequent.

Dignity kits

A gender assessment and feedback from women and girls revealed a need for underwear distribution, so in the second half of the programme, OXSI distributed dignity kits containing female underwear every six months. Because mostly men come to OXSI offices to collect hygiene kits, OXSI piloted a new approach for these distributions during which female facilitators distributed items to groups of 8–10 households at a time near their shelter, inviting only women and girls to join. The facilitators brought a variety of colours and sizes of underwear to each distribution, and the participants chose the kind they wanted, which was important for women and girls who rarely have a choice in distributed items. This approach also ensured that as many women and girls as possible could join the sessions and that they felt comfortable during the distribution. [\(4D Dignity Kit Distribution Pilot SOP\)](#).



Other

OXSI distributed several other hygiene items throughout the project, always involving communities to understand needs and preferences. For example, OXSI distributed water containers and potties to each household, and household and environmental cleaning supplies (broom, rake, shovel, bamboo basket) to each longhouse. More complex distributions are highlighted in the sanitation chapter (Sections 3.4, 3.5, 3.8, and 3.11).

4.4 Household Visits

Household visits are essential for reaching the most vulnerable as well as ensuring complete coverage when sharing important information, such as during an acute crisis or event.

However, staff must conduct household visits with care, because they are disruptive and can violate privacy. At the beginning of a household visit, staff need to ask if it is a good time to talk and make sure that all household members agree to the visit and understand that they can choose to end it at any time without negative consequences.

In Sittwe camps, OXSI uses household visits in the following ways:

- When a case of severe diarrhoea is reported, the Community Mobilisation team visits surrounding households to notify them of a case near them, to encourage them to visit the clinic if they experience diarrhoea, and to inform them about the free availability of Aquatabs (for purifying drinking water) and Oral Rehydration Solution (ORS, for rehydrating during diarrheal episodes) in the OXSI offices.
- When a borehole fails the water quality test, OXSI informs users of the handpump not to use it for drinking, cooking, or washing dishes or food, unless they boil the water. When the borehole is remediated and cleared for use, OXSI again informs households that it is safe to use.
- As explained in Section 2.5, when a household sample fails the water quality test, OXSI conducts a household visit to inform the household of the result and to share information on positive water storage, transport, and use behaviours to prevent contamination.
- To increase awareness and use of the Accountability System and to allow people an opportunity to file a complaint in private, accountability officers conduct household visits (Section 7.4).
- Household visits are conducted to close the feedback loop when someone has submitted a complaint to the Accountability System (Section 7.5).
- Before and during the COVID–19 response (Section 8.2), to prevent large gatherings, household visits were used to convey important information.
- After Transect Walks (Section 4.5), if a specific household is consistently “flagged” for poor hygiene behaviour by neighbours, the Community Mobilisation team will visit and encourage the household to respond to the issue.

4.5 Community Transect Walks

A Community Transect Walk is a participative tool for observing and discussing with communities any resources, problems, land use, and features in an area.

One of the tools used in the Community–Led Total Sanitation approach, this activity can be adapted to a variety of issues.

In the OXSI programme, the activity involves Community Mobilisation staff recruiting community members to walk together in their area to identify WASH issues and opportunities. The group splits the issues identified into two categories: those that the community can solve without help, and those where support from the WASH agency is needed.

The group then develops a brief action plan to solve the issues identified during the Transect Walk, with tasks assigned to community members or the WASH agency. If a non–WASH issue is identified, OXSI can refer the information to the appropriate agency, or provides information to the group on how to refer the complaint. Unlike typical hygiene promotion sessions, Transect Walks allow discussion of multiple topics, promote problem solving, and engage men, women, and children in a mixed group to build a sense of community ([4E Community Transect Walk](#)).

4.6 WASH and Gender

As part of the Do No Harm principle, WASH agencies need to avoid inadvertently contributing to perpetuating gender stereotypes through their activities.

Although the gendered division of labour in many cultures puts women and girls in charge of household and childcare duties, WASH agencies can ensure that women and girls have adequate hygiene information while at the same time advocating for more gender equitable division of labour and, where possible, seeking to challenge restrictive gender norms.

Mainstreaming gender in WASH activities and staff training can help programmes avoid common pitfalls, but creative activities can challenge participants in new ways. In Sittwe camps, in collaboration with the *Inclusive Development and Empowerment of Women in Rakhine State Joint Programme*, the WASH team adapted an activity typically used in gender trainings to create a hygiene promotion activity focused on promoting gender equality, called “Balancing WASH”. The objectives of the activity are to raise awareness on the inequitable distribution of labour in WASH–related work and other domestic work in the household, and then to review the key messages on good hygiene practices associated with each WASH activity.

The creation of this activity, as well as the accompanying IEC, involved several consultations with female camp–based staff and groups of men and women who tried out the activity in its draft form and gave feedback on the design of the icons and the activity. In the final version of the activity, the participants create a table to show the different tasks performed by members of the family, with time indicators to show the length spent on each task, and then compare the work done by male and female household members. The facilitators pose questions to deepen dialogue about gender norms, the unequal division of labour in WASH and domestic household duties, and who in the household makes the most decisions about WASH–related issues. ([4F Balancing WASH SOP](#))

Gender focal points piloted the activity in camps and provided mostly positive feedback. Male participants reported higher awareness of women’s work in the household and the realisation that unpaid household work is also work, just like paid work. Men also committed to help with household work and

to encourage their sons and brothers to participate. The activity was especially well received with illiterate participants because it relies entirely on icons and tick marks, with no writing or reading involved. However, comprehensive gender training for facilitators is pivotal to sufficiently address participant criticism; otherwise, the activity could be counterproductive.



The Balancing WASH activity challenges men and women to examine the gendered division of domestic and WASH responsibilities in the household.

4.7 Global Event Days

Certain days are designated annually as observance days to raise awareness on a specific issue, and these present an opportunity for WASH agencies to hold special events.

Three main WASH–related global days are celebrated in OXSI camps each year: Global Handwashing Day, World Water Day, and World Toilet Day. Because OXSI’s programming already focuses heavily on handwashing, good behaviours around water use and storage, and toilet use, the main purpose of the special days is to have a festive event that is fun for children, includes games and prizes to test knowledge, rewards people for demonstrating their WASH knowledge publicly, and brings people together to celebrate positive changes. These events are designed to inspire people to feel part of a global community who cares about WASH issues. OXSI holds global event days in each camp, which almost always include the following:

- Decorations, informational posters specific to the event, music, and refreshments.
- Introductory speeches from OXSI staff and influential leaders in the community about the importance of the topic.
- Songs, skits, and/or dances performed by children illustrating a WASH concept.
- A quiz or activity for adults and/or children, often involving prizes.

OXSI staff and participants give overwhelmingly positive feedback about WASH events, saying they are fun and engaging. However, limited space and resources make it impossible to include everyone, and the events must be capped at about 200 people. This proves especially challenging in larger camps, where many people have likely never joined an event day. OXSI strives for diversity at these events by inviting children from different schools, influential leaders, men and women, elderly and youth, and people with disabilities.

Smaller events are also held to celebrate additional days such as Menstrual Hygiene Day, World Humanitarian Day (to celebrate humanitarian staff), and 16 Days of Activism Against Gender-Based Violence. These global designations provide an opportunity for collaboration with other agencies and across sectors to bring attention to these important issues.

4.8 Tackling Persistent Behaviours

Hygiene education, WASH infrastructure, and NFI items that enable positive hygiene behaviours are sometimes not sufficient to change long-standing behaviours.

For example, in Sittwe camps, despite years of hygiene education focused on eliminating open defecation (OD, the practice of defecating outside rather than into a toilet), it remained a common practice and a persistent public health risk. To continue the battle against OD, OXSI took a multi-pronged approach of listening and understanding, continuing education, providing accessible infrastructure, and monitoring OD.

The OXSI team received intensive training on the Risks, Attitudes, Norms, Abilities, and Self-Regulation (RANAS) approach for behaviour change and applied it in understanding the driving factors of OD. The approach includes a detailed questionnaire to evaluate behavioural factors within each of the RANAS categories and a doer/non-doer analysis to identify the most significant difference between doers and non-doers. Based on the results, several Behaviour Change Techniques (BCTs) are suggested, adapted to the context, and used to tailor interventions to have the highest impact on changing the behaviour.

OXSI conducted an intensive interview of caretakers of children between 3–5 years old and focused on two targeted behaviours: letting their child defecate in the open and teaching their child to use a latrine. The doer/non-doer analysis identified certain behavioural factors that had the most significant difference between doers and non-doers. Using the BCTs suggested to target these factors, OXSI staff created new activities or interwove the BCTs into existing activities to increase

messaging impact. Another questionnaire at the end of the intervention period will be used to evaluate the results in the targeted camps and compare them to the “control” camps.

A Human-Centred Design (HCD) consultancy, 17 Triggers, also worked in OXSI camps to identify causes of OD and to make suggestions. They discovered a gap in knowledge not covered by OXSI’s hygiene promotion messaging: teaching children to use latrines. They developed activity guidelines and corresponding IEC for OXSI to teach parents about potty training and how to teach children to ask for help with using a latrine. OXSI paired the launch of this activity with the distribution of potties for every household.

In addition, 17 Triggers piloted “Latrine Helpers”, a process where households volunteered for shifts to assist small children to use latrines, clean up, and wash their hands. Although the activity did not move past pilot stage, it showed the households involved that they could solve child OD in their neighbourhood with creative community solutions.

In addition to understanding the causes of OD and targeted hygiene education, OXSI worked with children to design accessible child-friendly latrines, covered in Section 3.6. The hardware suggestions resulting from the 17 Triggers consultancy are covered in Sections 3.6 and 3.8.



IEC showing positive behaviour makes awareness sessions more engaging for children and adults alike