

2018 HANDWASHING BEHAVIOR CHANGE THINK TANK // REPORT

OCTOBER 10-12 // MANILA PHILIPPINES

FULL VERSION INCLUDING PRESENTATIONS



All presentations from the event
are available for download here:
[https://globalhandwashing.org/
2018-handwashing-behavior-
change-think-tank](https://globalhandwashing.org/2018-handwashing-behavior-change-think-tank)

ACRONYMS & ABBREVIATIONS

ABCDE	Assess, Build, Create, Deliver, Evaluate	IEC	Information, Education and Communication
ABHR	alcohol-based hand rub	IPC	Infection prevention and control
AMR	Antimicrobial resistance	IYC	Infant and Young Children
ASEAN	Association of Southeast Asian Nations	LED	Light-emitting Diode
Asia P3 Hub	People, Public and Private Sectors (P3)	LSHTM	London School of Hygiene and Tropical Medicine
asmr	autonomous sensory meridian response	M&E	Monitoring and Evaluation
BCC	Behavior Change Communication	mHealth	mobile health
C2C	Child-to-Child	MNCH	Maternal Newborn and Child Health
CHoBI7	Cholera-Hospital-Based-Intervention-for-7-Days	MWC	Manila Water Company
CHSI	Center for Health Solutions and Innovations	MWF	Manila Water Foundation
CLTS	Community-led total sanitation	NNC	National Nutrition Council (of the Philippines)
DepEd	Department of Education	O&M	Operation and Maintenance
DOH	Department of Health	P&G	Procter & Gamble
ECED	Early Childhood Education and Development	PAMET	Philippine Association of Medical Technologists
EED	environmental enteric dysfunction	PH	Philippines
EHCP	Essential Healthcare Package	PTA	Parent Teacher Association
FHI 360	(formerly Family Health International)	RCT	randomized control trial
GHP	Global Handwashing Partnership	SBC	Social and Behavior Change
GIZ	Deutsche Gesellschaft für internationale Zusammenarbeit GmbH	SDG	Sustainable Development Goals
HCAI	Healthcare-associated infections	SHINE trial	Sanitation, Hygiene, Infant Nutrition Efficacy trial
HCF	healthcare facility	SPLASH	schools promoting learning achievement through sanitation and hygiene
HCWH	Health Care Without Harm	TSA	Three-Star Approach
HP	hygiene promotion	UNICEF	United Nations Children's Fund
HPCS	Health Promotion and Communication Service	UP	University of the Philippines
HW	handwashing	USAID	United States Agency for International Development
HWWS	handwashing with soap	WA	WaterAid
iccdr,b	International Centre for Diarrhoeal Disease Research, Bangladesh	WASH	water, sanitation and hygiene
IDP	Internally displaced persons	WHO	World Health Organisation
		WinS	WASH in Schools



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1. INTRODUCTION



1.1 CONTEXT

Handwashing with soap is critical to preventing disease and protecting health. Research shows that proper handwashing with soap can prevent some of the most common causes of death, particularly for vulnerable groups including young children. Handwashing with soap also has long-lasting benefits related to health, economic growth, education, and equity. Handwashing is included in Sustainable Development Goal 6: Ensure availability and sustainable management of water and sanitation for all. Hygiene is measured in SDG target 6.2, but the effects of handwashing with soap can drive progress in education, equity, economic growth, and across the 2030 agenda.

Around the world, stakeholders from multiple sectors are working to change handwashing behavior and ensure access to handwashing facilities. However, rates of proper and consistent handwashing remain low. Only an estimated 19% of people globally wash their hands with soap after contact with feces^[1], and the 2017 Joint Monitoring Program estimated household access to a handwashing station at less than 10% in some countries.^[2]

Handwashing promotion, behavior change, and hygiene infrastructure continue to be pressing needs and high priorities in the Philippines. The Department of Health (DoH), Department of Education (DepEd), and partners from the public and private sectors are leading a range of programs to increase handwashing in the Philippines.

1.2 ABOUT THE THINK TANK

The Global Handwashing Partnership Think Tank series brings together hygiene experts from civil society, government, research institutions, and the private sector to drive learning and action in handwashing behavior change. The 2018 Think Tank was hosted in Manila, Philippines, from October 10–12.

The objectives of the 2018 Think Tank:

- 1 FACILITATE IMPROVED COLLABORATION AMONG STAKEHOLDERS WORKING IN HYGIENE
- 2 SHARE LEARNING AND EXPERIENCE FROM DIVERSE PERSPECTIVES
- 3 CO-DEVELOP SOLUTIONS TO ADVANCE THE 'STATE OF THE ART' IN HANDWASHING BEHAVIOR CHANGE

[1] Freeman MC, Stocks ME, Cumming O, Jeandron A, Higgins JP, Wolf J, Prüss-Ustün A, Bonjour S, Hunter PR, Fewtrell L, Curtis V. Hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Trop Med Int Health*, 2014 Aug; 19(8): 906–16.

[2] Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. WHO, UNICEF, 2017. https://unicef.org/publications/files/Progress_on_Drinking_Water_Sanitation_and_Hygiene_2017.pdf



NO POVERTY



ZERO HUNGER



GOOD HEALTH & WELL-BEING



QUALITY EDUCATION



GENDER EQUALITY



CLEAN WATER & SANITATION



DECENT WORK & ECONOMIC GROWTH



REDUCED INEQUALITIES

SDGs AFFECTED BY HANDWASHING

1.3 WELCOME & OPENING REMARKS

// The 2018 Handwashing Behavior Change Think Tank opened with a welcome from the co-hosts and opening remarks from the Departments of Health and Education.

Carolyn Moore of the Global Handwashing Partnership and David Khoo of Procter & Gamble welcomed the diverse group of participants. David reminded the group of the urgency of handwashing behavior change, sharing data from the Philippine Hygiene Index which showed that while 7 in 10 adults in the Philippines said they washed their hands after using the bathroom, only 2 in 10 were observed to do so. Carolyn challenged participants to spend the next three days finding new partners, exploring new ideas, and facing some of the most challenging issues in handwashing behavior change.

The Assistant Secretary for Public Health Services Team in the Department of Health, Dr. Maria Rosario S. Vergeire, highlighted the scale of this challenge in the Philippines.

“Maghugas ng kamay—to wash our hands. It sounds simple and easy, but studies have found that the majority of Filipinos don’t practice handwashing at the most critical times, such as after using the toilet.”

Dr. Vergeire shared that through the FOURmula One Plus program, which focuses on boosting Universal Health Care, the Department of Health is committed to ensure that handwashing is integrated into health care facilities and outreach programmes at the community level.

“It is also critical to engage the support of other National Government Agencies so that water, sanitation and hygiene can be prioritized and inculcated in every sector.”

The Director III of the Bureau of Learner Support Services in the Philippines Department of Health, Dr. Ella Naliponguit, welcomed participants on behalf of the Department of Education. She reminded participants that the Sustainable Development Goal targets for water and sanitation provide encouragement and direction for hygiene programs. The Department of Education’s National WASH in Schools (WInS) Policy includes daily group handwashing in all schools. In addition, DepEd’s WASH in Schools Policy recognizes the importance of hygiene in school settings and mandates all schools in the country to practice daily group handwashing. Through the operationalization of this policy based on the Three Star Approach, there is currently strong momentum for handwashing in schools across the country.

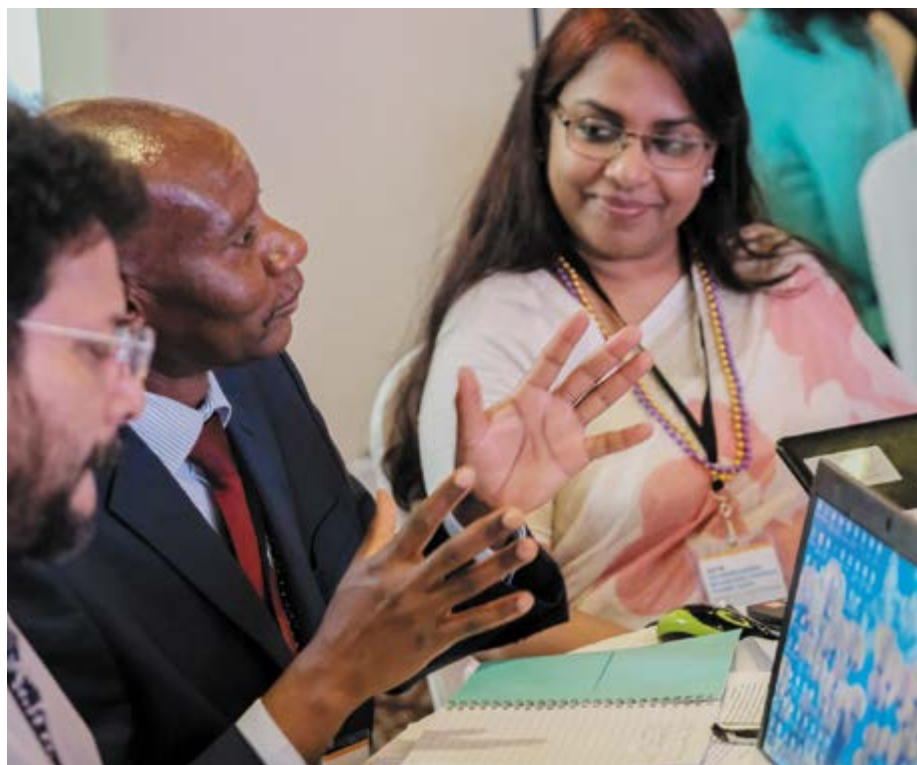


1.4 EVENT OBJECTIVES & INDICATORS

// Amy Weissmann and Kathy Pizzacalla introduced the Think Tank objectives and facilitated a discussion among participants. Participants discussed the event objective that they considered most critical, and how the group would know that the objective is accomplished. Examples of indicators for these objectives are summarized below.

// SAMPLE INDICATORS FOR EVENT OBJECTIVES

- > An understanding of the landscape of stakeholders
- > Leverage unconventional partnerships beyond the Think Tank
- > Strengthen a multi-sector approach to execution and monitoring
- > Develop an organized network/inventory of partners
- > Increased usage of the 'state of the art' existing solutions
- > Generate new ideas, 'out of the box' solutions
- > Apply specific insights to existing behavior change programs
- > Identify institutional gaps in handwashing behavior



2. KEY LEARNINGS & RECOMMENDATIONS



SUMMARY OF KEY LEARNINGS FROM THE THREE-DAY EVENT

// STRATEGIES

Strategies need to focus not only on the availability of water, soap and washing facilities, but also on behavior change. Best practices in handwashing behavior change have moved from educational and communication-based approaches to include the roles of other factors, including environmental and unconscious drivers.

// INFRASTRUCTURE

Addressing issues of sustained availability of soap and water is important, but insufficient to change handwashing practices.

// BEHAVIOR CHANGE

Handwashing programs should:

- > use evidence-based behavior change strategies,
- > consider the role of multiple approaches,
- > recognize the limitations of information-based approaches,
- > align interventions with the policies of the respective government ministries responsible.

// UNDERSTANDING THE USER

Hygiene behavior change requires us to develop a rich understanding of the people whose behavior we seek to change (for example through research, marketing principles, and design); and develop strategies accordingly. Avoid stereotypes and be mindful of the potential for programs to reinforce harmful norms.

// RESEARCH

Research to properly evaluate new ideas and programming approaches should be undertaken to inform decisions about scale-up and mainstreaming into national programs.

// LINKAGES

Consider the linkages between handwashing, other hygiene behaviors, and environmental factors. Handwashing is not a single solution to diarrhea, pneumonia, and other diseases related to poor hygiene; and other factors in the environment can influence the success or failure of disease prevention efforts.

// INTEGRATION

While WASH programming has not shown an additional effect on stunting compared to nutrition alone, there remain distinct benefits to WASH implementation. Programmatic reasons may still provide a compelling case for integration.

// SYSTEMS

Hygiene in schools and in health facilities is essential for health of individuals, but also supports the larger functions of the health and education systems. While the SDGs provide a framework for monitoring, there remains a need for national and sub-national level targets, implementation strategies, and incentives.

// COLLABORATION

The Think Tank discussions demonstrated the impact of open communication and shared learning between partners, institutions, and departments working on handwashing behavior change. Handwashing stakeholders should continue to develop platforms to share lessons, resources, and ideas.

3. PLENARY SESSIONS



3.1 NEW FINDINGS IN BEHAVIOR CHANGE

TOPICS &
SPEAKERS



PRESENTATION 1 // HANDWASHING WITH SOAP: PAST, PRESENT AND FUTURE // **MS. NGA KIM NGUYEN, USAID**

> Senior Water, Sanitation and Hygiene and Social Behavior Change Adviser at USAID's Office of Maternal and Child Health and Nutrition // Nga brings over 15 years of field experience in social and behavior change working on a variety of behaviors. She led a large-scale hand-washing with soap promotion program for the World Bank in Vietnam, and has supported governments in Bhutan, Bangladesh, Nepal, Cambodia, Laos, Vietnam, the Philippines, East Timor and Kyrgyzstan to design and implement social and behavior change initiatives in WASH and in maternal and child health.

PRESENTATION 2 // HYGIENE BEHAVIOR CHANGE AT SCALE: WATERAID'S EXPERIENCE // **DR. OM PRASAD GAUTAM, WATERAID**

> A public health expert and behavior change scientist with more than 18 years of work and research experiences in WASH, environmental health, behavior change, child health, immunization, food hygiene/safety, diseases surveillance and HIV/AIDS program; has led large scale intervention research for WASH, food hygiene, integrating hygiene into vaccination program, and health/behavior change interventions; and currently works at WaterAid UK as a Senior WASH Manager – Hygiene (global lead on hygiene behavior change).



PRESENTATION 3 // WASHPaLS mHEALTH MESSAGING, AN INNOVATIVE APPROACH TO PROMOTE IMPROVED CAREGIVER AND CHILDHYGIENE PRACTICES IN BANGLADESH

// **DR. MUNIRUL ALAM, iccdr,b** > Fellow American Academy of Microbiologists; Senior Scientist & Lead, Enteric Infections Head, Molecular Ecology and Metagenomic Laboratory Infectious Diseases Division, International Centre for Diarrhoeal Disease Research, Bangladesh (iccdr,b).



PRESENTATION 1 SUMMARY
// HANDWASHING WITH SOAP:
PAST, PRESENT AND FUTURE
// MS. NGA KIM NGUYEN, USAID

// Ms. Nguyen shared a timeline of handwashing behavior change, including: the establishment of the Public-Private Partnership for Handwashing (now the Global Handwashing Partnership) in 2001, the first Global Handwashing Day celebration in 2008, and the launch of the Sustainable Development Goals in 2015, with SDG 6 devoted to water, sanitation and hygiene.

The WHO/UNICEF Joint Monitoring Program hygiene ladder and baseline data launched in 2017. This includes definitions of basic, limited, and no service. The ladder opens new opportunities for monitoring and advocacy.

Globally, handwashing rates remain low. Globally, only 19 % of people report washing their hands after contact with feces; 47 % of households in least developed countries were found to have no handwashing facilities.^[3]

There have been several promising approaches to changing handwashing behavior. The field has evolved from information-based approaches (IEC), to focusing on other individual factors (BCC), then expanded further to include other social norms (SBCC). Current approaches no longer assume that communication is the best way to change behavior and seek to consider all aspects that influence behavior (SBC). This includes the use of nudges, unconscious cues that can lead someone to perform a given behavior.

[3] Freeman MC, Stocks ME, Cumming O et al. Hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Trop Med Int Health* 2014, 19(8):906-16.

PRESENTATION 2 SUMMARY
// HYGIENE BEHAVIOR CHANGE AT SCALE:
WATERAID'S EXPERIENCES
// DR. OM PRASAD GAUTAM, WATERAID

// There has been a key shift in hygiene promotion, adding a behavior change focus onto existing attempts to improve knowledge and infrastructure. This includes factors like creating social desire and norms for good hygiene behaviors, use of motivational drivers, and changing behavioral settings. This has been used as the basis for large scale institutional campaigns delivered either through a mainstreaming approach, integration approach, and campaign approach to achieve sustained hygiene behavior change at scale.

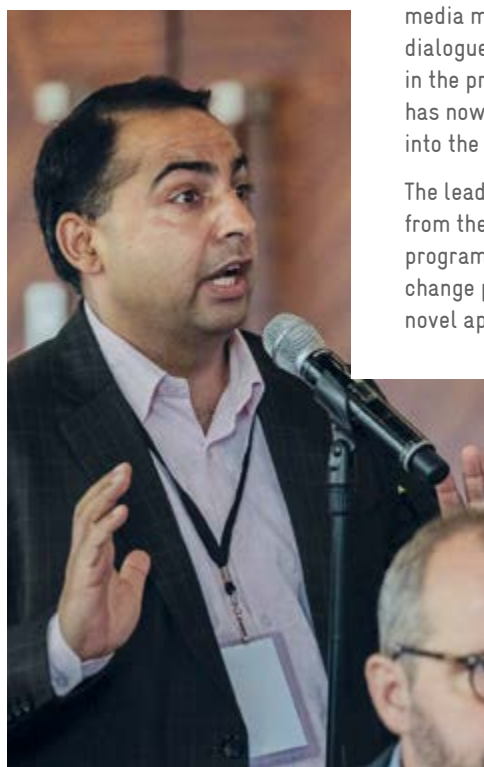
WaterAid and the Ministry of Health in Nepal worked to integrate hygiene and handwashing into the routine hygiene immunization program. This program relied on creative processes and emotional drivers. The campaign was branded with the aspiration to be an 'ideal family,' including public rewards for those who achieved behavior change. Participants received kitchen mirrors with illustrations of five key behaviors. These nudges had a set of behaviors and steps, and intended to disrupt the behavioral setting.

With composite data review, the mothers who reported the desired behaviors were also observed practicing the desired behaviors, with a shift on an individual data review. Reported behavior – 95 % and Observed behavior – 69 %. The overall outcome of the campaign had the target behaviors 2 % at baseline, and 53 % one year after implementation.

The program transitioned from a year-long pilot intervention in four districts into a national intervention, with governmental budgetary allocation in the transition phase. The pilot cost was around US\$ 6 per household, and the cost for national scale up is US \$1.3US per household.

WaterAid, UNICEF and the Government of Pakistan executed a 5-year national campaign on behavior change, 'Clean Campaign', and policy influencing utilized intensive mass media mobilization, community mobilization and policy dialogue. The first two-year campaign resulted in a change in the primary school curriculum. The 'Clean Campaign' has now received national attention and transitioned into the 'Clean Green Campaign'.

The leadership from the Government and technical support from the partner beginning with the inception phase of the program is desirable to implement a hygiene behavior change program at scale and it is essential to introduce novel approaches to a successful campaign.



PRESENTATION 3 SUMMARY

// WASHPaLS: mHEALTH MESSAGING: AN INNOVATIVE APPROACH TO PROMOTE IMPROVED CAREGIVER AND CHILD HYGIENE PRACTICES IN BANGLADESH // DR. MUNIRUL ALAM, icddr,b

// Rates of handwashing at key times are low in Bangladesh, and formative research found that household contacts of patients with cholera were at a 100 times higher risk of developing a cholera infection than the general population, highest in a 7-day high-risk period. The CHoBI7 intervention aimed to improve hygiene behaviors in households that had a child treated for cholera at the icddr,b hospital.

Formative research found that 95% of the target households had soap available, prioritized for washing and bathing. The goal was to reinforce in these households the behavior of using soap for handwashing.

Through a module delivered by a community promoter, provision of soap and handwashing stations, and subsequent clinical and environmental surveillance, the first arm of the CHoBI7 intervention attained a 47% reduction in overall cholera infections among household contacts. The hardware was as important as the messaging.

The second phase added mobile messaging to improve safe child feces disposal, improve food hygiene practices, and reduce childhood mouthing of soil and other contaminated objects. The mobile module has recorded messaging from icddr,b Hospital health workers to remind mothers of handwashing, followed by a sequence of steps. For example, after delivering the message, there is a prompt for 'click yes if you believe this is true'. There is no live hotline; and messages are limited to one-way communication through SMS and interactive voice response.



3.2 HANDWASHING BEHAVIOR CHANGE LESSONS ACROSS CONTEXT

TOPICS &
SPEAKERS



BREAKOUT GROUP 1 // CHILD-TO-CHILD APPROACH TO HYGIENE PROMOTION // MR. NAYCO YAP, ACTION AGAINST HUNGER

> Public health professional for more than 18 years, and has been involved in many projects and programs in Maternal and Child Health, TB control and prevention, health systems development, WASH, DRR and child labor education; currently works with Action Against Hunger as the WASH Coordinator.



BREAKOUT GROUP 2 // WASH AND LEARN: BEHAVIOR CHANGE FOR PRE-SCHOOL CHILDREN

// MS. FAUSTINA MOLINA-VIRIÑA, CHSI > More than 30 years of professional experience in private sector advertising, mass media production, advocacy and communication and marketing strategy development among various local advertising agencies.

// DR. CECILIA MANUEL, CHSI > Program Manager at Center for Health Solutions and Innovations (CHSI); health specialist with more than 26 years of professional experience from health management, standards and policy development, program planning, monitoring and evaluation to the development, design and implementation of quality assurance programs and, health promotion and communication in the Philippines. Has extensive experience at the national, regional and local levels including Local Government Units (LGU) and government health agencies and other development partners in designing and conducting health programs.



BREAKOUT GROUP 3 // HIFIVE FOR HYGIENE AND SANITATION

// MS. LILIAN LEHMANN, IDINSIGHT > Southeast Asia Regional Director for the organization IDinsight. She has experience working on WASH projects in both Africa and Asia, and has overseen several large-scale evaluations in Africa and the Philippines, including IDinsight's 3-year partnership with UNICEF.

// MR. JON MICHAEL R. VILLASEÑOR, UNICEF > National Officer for the WASH in Schools Program of UNICEF Philippines—manages the WASH in Schools and WASH in ECCD programs, working with DepED, DSWD and ECCD Council, DOH, DILG and local government units in improving WASH service delivery in public schools and day care centers.



BREAKOUT GROUP 4 // HYGIENE PROMOTION IN HEALTH CARE FACILITIES: LEAN CAMPAIGN IN THE DELIVER LIFE PROJECT

// MS. LILIAN KAMOWA CHAGULUKA, WATERAID MALAWI > A public health and social and behavior change communication (SBCC) specialist with vast technical and management experience in health, nutrition, reproductive health, maternal and child health, maternal and infant young feeding in emergencies, adolescent programming and hygiene behavior change; currently serves as the Hygiene Behavior Change Specialist for WaterAid Malawi.

BREAKOUT GROUP 1 SUMMARY

// CHILD-TO-CHILD APPROACH
TO HYGIENE PROMOTION
// MR. NAYCO YAP, ACTION AGAINST HUNGER

// Child to Child (C2C) is a child-centered hygiene approach that empowers school-age children to identify poor hygiene behavior, and plan and promote good hygiene practices by influencing other children and members of their family. It also supports other WASH activities like the community-led total sanitation (CLTS), WASH facility repairs, WASH governance work and capacity building for local leaders.

Action Against Hunger trained teachers as C2C advisers and selected school-age children to conduct hygiene promotion (HP) activities using the C2C Approach. Children who have been reached by C2C are able to influence their families and communities. Children trained in C2C are selected by teachers and are called the WASH Kids Patrol.

Voices of children should be valued. The changes they desire in school settings can also extend to changes in their home settings.

This program involved elementary school children in the pilot areas, and now there are plans to scale the program in other districts. The C2C methodology could also address other behavior change, for example, behaviors related to menstrual hygiene taboos and bullying.

The evaluation of the C2C approach should consider: clear indicators of success; the role of teachers, for example, the support and guide they provide to the students (including the management of students not practicing proper handwashing); and the effect of the approach on pupil's study focus and habits, for example, the extent to which children participating in the WASH Kids Patrol take time out of their studies.

BREAKOUT GROUP 2 SUMMARY

// WASH AND LEARN: BEHAVIOR CHANGE
FOR PRE-SCHOOL CHILDREN // MS. FAUSTINA
MOLINA-VIRIÑA & DR. CECILIA MANUEL, CHSI

// Through this program, the Center for Health Solutions and Innovations (CHSI), Philippines sought to increase the use of soap in handwashing in geographically isolated and disadvantaged populations. In these areas, the local governments have low investment capacity, and there is limited direct access to clean water and high levels of open defecation.

The resulting solution included a themed children's storybook, a lesson guide for teachers to enable WASH integration into the curriculum, as well as a low-cost, do-it-yourself group handwashing facility. A recurring question from government deliberations is regarding program scalability in home and institution settings.

Recommendations include developing implementation standards as a key component to ensuring adoption at local government level and including advocacy to local governments. Joint policies between government agencies are key for hygiene, as hygiene programs are typically managed by multiple offices.



BREAKOUT GROUP 3 SUMMARY

// HIFIVE FOR HYGIENE AND SANITATION
 // MS. LILIAN LEHMANN, IDINSIGHT &
 MR. JON MICHAEL VILLASENOR, UNICEF

// The Essential Health Care Program (EHCP), which includes daily supervised group handwashing with soap in public elementary schools, was a flagship program of the DepEd, implemented in 60 school divisions. The EHCP and existing investments of schools in handwashing facilities and hygiene supplies provided the knowledge, skills and opportunity for children to practice hand hygiene. However, there was no behavior change campaign, other than daily group handwashing.

Formative research identified motivators as:

- > DISGUST—aversion to unclean hands
- > AFFILIATION—the desire of children to be affiliated with their peers
- > ATTRACTIVENESS—handwashing being considered welcoming and desirable

The HiFive for Hygiene and Sanitation campaign created communication materials and cues for independent handwashing behavior. The team designed an evaluation of 200 schools, with a first cohort of 100 schools receiving the intervention in the first year and the next cohort receiving the intervention the second year.

Observed handwashing with soap increased by a small margin and reported group handwashing with soap went up by 15%. There was no significant change in the motivators for handwashing. There is a need to identify whether interventions did not successfully convey the motivators (because of insufficient exposure or an inadequately delivered intervention) or whether the motivators were inaccurate or insufficient.

Modifying the traditional 'rote' educational approach was a challenging task. The program included integrating motivators into curriculum guides; motivational activities in the daily lesson log; clear lesson plans for teachers; layout of competencies to be developed; and tools and activities.

BREAKOUT GROUP 4 SUMMARY

// CLEAN CAMPAIGN: HYGIENE PROMOTION
 IN HEALTHCARE FACILITIES
 // MS. LILIAN KAMOWA CHAGULUKA,
 WATERAID MALAWI

// WaterAid in Malawi is implementing a hygiene behavior change campaign, 'Clean Campaign' to maximize the benefits of WASH infrastructure it provides in healthcare facilities and communities.

The campaign uses motive-based activities such as drama, folk songs, board games and sports in communities.

The campaign is focused on infection prevention with handwashing with soap as a prominent behavior amongst other behaviors. They work with channels and strategies that are familiar to the target populations.

This program was developed considering barriers to hand hygiene and infection prevention policies in the healthcare facilities. These include large caseloads, low soap availability in healthcare facilities and poor WASH practices in the healthcare facilities, especially latrines maintenance, waste management and safe water treatment.

Healthcare workers reported willingness to practice the desired behavior, but with a rising number of patients, they are unable to clean their hands between patients. It is important for practitioners to emphasize the critical moments for hand hygiene in this setting. Alcohol-based handrub, like many other infection prevention control supplies in Malawi, is not readily available.

Government officials, implementing partners and community volunteers comprise the group of master trainers at national and district levels. These trainings then cascade down to smaller groups, building on the Malawian government's infection prevention and control program. The key to sustainability after program completion is the conduct of monitoring and policy advocacy by the trainers.

A key lesson from the campaign is the need for greater innovations to find resources in financially constrained environments. For example, the campaign used political campaign times to solicit support and pledges.



KEY MESSAGES & RECOMMENDATIONS

The plenary discussion drew lessons across the programs presented. The key discussion insights and recommendations included:

// EMPOWERING CITIZENS

The programs highlighted the value of empowering citizens to expect more of government officials and become confident in demanding that service providers and duty bearers provide better WASH conditions and enforce better WASH practices in day care, schools, and health facilities.

// RESOURCE GENERATION FOR INFRASTRUCTURE AND SOAP SUPPLIES

The programs also tried to identify ways to generate resources for soap supplies and operations and maintenance of facilities. Examples include parental and community mobilization, and partnerships with other local stakeholders. However, it is not fully established that institutions without resource constraints have better hygiene practices.

// INTEGRATED PROGRAMS ACROSS SETTINGS

Programs that target specific institutional settings may be missing opportunities for integration to improve efficiency and institutionalization. For example, in remote communities, there could be greater efficiency in combining trainings on hygiene for day care workers, teachers, community health workers, and others.



3.3 BEHAVIOR CHANGE LESSONS IN CHALLENGING CONTEXTS

TOPICS &
SPEAKERS



PRESENTATION 1 // SUPER TOWEL™

// **MR. TORBEN HOLM LARSEN, REAL RELIEF** > Technical Director and co-founder of Real Relief, a private sector company behind products like Super Towel™, Safepad™ and Netprotect™; working with developing and supplying innovative products for the humanitarian and development sector since 2000. Products include Long-Lasting Insecticide-Treated Nets (LLIN) to fight malaria and sustainable water filters, shelters, reusable sanitary pads and lately Super Towel™.



PRESENTATION 2 // ARUP AND HANDWASHING STATION IN EMERGENCIES DESIGN // **MR. MARTIN SHOULER, ARUP**

> The London Water Leader at the international engineering consultancy Arup, he works on water and related projects across Building Engineering and Infrastructure; currently leads the Rockefeller Foundation work on the development of a City Water Resilience Framework to help prioritize interventions to enhance cities' resilience and means to reduce the disease cycle in emergency relief situations with the British Red Cross and the LSHTM.



PRESENTATION 3 // Wash'Em: IMPROVING HYGIENE PROGRAMMING IN HUMANITARIAN CRISES

// **MS. SIAN WHITE, LSHTM** > Research Fellow in the Department of Disease Control at the London School of Hygiene and Tropical Medicine (LSHTM); management team member of the Health in Humanitarian Crisis Centre; Technical Working Group member for the Humanitarian Innovation Fund; and member of the Steering Committee for the Global Handwashing Partnership.

INTRODUCTION BY THE SESSION LEAD

// **MS. NGA KIM NGUYEN, USAID**

// In acute phases of an emergency, 40% of deaths are due to diarrheal diseases, and 80% of deaths of children are attributable to diarrheal disease.^[1] In emergency response, safe water supply is a primary consideration, then sanitation. Hygiene solutions are often neglected. Handwashing in situations of crisis is often inconvenient, unfamiliar and undesirable, resource intensive, and logistically difficult.

Most handwashing programs in emergencies involve distribution of hygiene products and education on handwashing benefits, which are insufficient for hygiene behavior change.

[1] Connolly MA, Gayer M, Ryan MJ, Salama P, Spiegel P, Heymann DL. Communicable diseases in complex emergencies: impact and challenges. Lancet. 2004; 364(9449): 1974-83.

PRESENTATION 1 SUMMARY

// SUPER TOWEL™

// MR. TORBEN LARSEN, REAL RELIEF

// Real Relief set out to develop a solution for handwashing that did not require soap and used very little water. They developed the Super Towel™, a microfiber towel that removes bacteria from the hand. There is an antimicrobial treatment permanently bonded to the fabric, so the towel will kill the bacteria it removes from the hand and does not have to be washed frequently. It also makes Super Towel™ safe to be shared from one person to another and it allows for the use of grey or non-drinking quality water.

The product had a two-step development process. The first step included proof-of-concept laboratory testing, which found that the Super Towel™ was as effective as soap in a laboratory setting. Then, the Super Towel™ was tested in a field setting in Ethiopia.

The intermediate conclusions from field testing were that users also found the towel acceptable and appropriate in a water-scarce environment with limited economic resources. Users also found the product improved the ease of handwashing outside home or kitchen settings.

The next steps include product improvements to reduce malodor, and a future health impact study.

PRESENTATION 2 SUMMARY

// ARUP AND HANDWASHING STATION
IN EMERGENCIES DESIGN

// MR. MARTIN SHOULER, ARUP

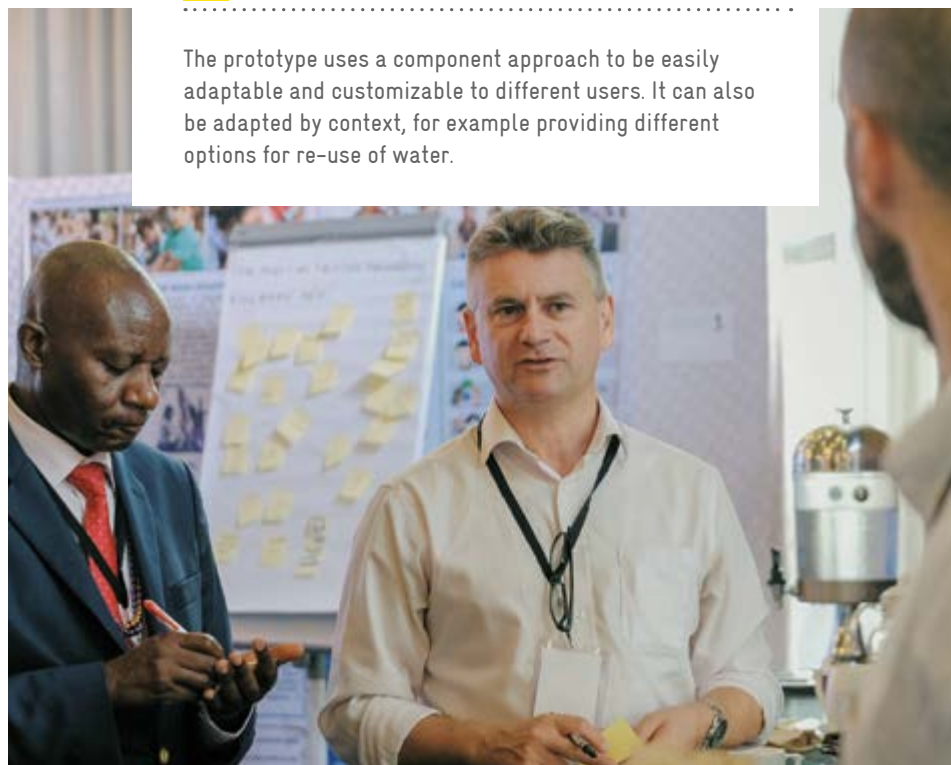
// In emergency settings, having a handwashing station increases the likelihood of handwashing by 67%, both by making handwashing more convenient and by triggering the behavior. However, existing solutions are often difficult to maintain, unattractive or do not look like a handwashing facility, unsuitable for children or people with disabilities, or have other limitations.

Arup is co-developing a handwashing station suitable for displaced populations in or out of camps that could be deployed in a response but remain useful after the response. The design brief requires the handwashing unit to be appropriate in a wide range of situations and provide a cue for handwashing behavior.

The design process included literature review, a review of the current options, design, and stakeholder feedback. This product design considered the following criteria:

- > SUITABILITY for displaced populations within or without camp settings
- > ADAPTABILITY beyond acute emergency situations
- > PRIORITIZATION of handwashing with soap after toilet use
- > ATTRACTIVENESS and convenience
- > FAMILIARITY of the station to users
- > ABILITY to cue desired behavior
- > USE of locally available and easy-to-assemble components

The prototype uses a component approach to be easily adaptable and customizable to different users. It can also be adapted by context, for example providing different options for re-use of water.



PRESENTATION 3 SUMMARY

// Wash'Em: IMPROVING HYGIENE PROGRAMMING IN HUMANITARIAN CRISES
// MS. SIAN WHITE, LSHTM

// Successful handwashing behavior change programs in stable settings are based on evidence, designed to address behavioral determinants, and adapted to the local context. Interviews with humanitarian actors found that emergency handwashing programs typically do not take behavioral drivers or evidence into account. Humanitarian actors reported that designing behavior change programs was too time-consuming or required a skillset their teams did not have.

When a crisis disrupts a person's social and physical world, their behavior also changes. Research in Iraq and the Democratic Republic of the Congo helped to identify five determinants of behavior that tend vary substantially by context and if understood can be used to shape handwashing intervention design.

Drawing on these results, the Wash'Em project has developed five rapid assessment tools to explore behavioral determinants in emergencies. The tools help practitioners to explore:

- 1 How the physical environment affects handwashing behavior
- 2 The underlying motivations driving people's behavior
- 3 Whether people perceive diarrhea to be a risk
- 4 How people's personal experiences of crisis, displacement and disease may affect an intervention
- 5 The most effective way to reach a population

These highly participatory tools take one day to learn, 1 to 5 days to conduct with 2 to 6 staff and 1 additional day to translate the findings into a hygiene intervention. Next year, the Wash'Em project will be launching a decision support software to complement the rapid assessment tools. Humanitarians will be able to enter the results from the tools into the software and it will generate context-specific hygiene program recommendations.

The Wash'Em team is looking for feedback on the tools, and more information is available at: <https://washem.info>



DISCUSSANT // PAUL DEL ROSARIO, UNICEF

// The Philippines is vulnerable to numerous natural disasters and hygiene is an important part of each response. The DOH-led WASH Cluster in partnership with UNICEF created the WASH in emergencies framework for hygiene supplies and hygiene promotion. Ideally, the bulk of behavior change programming should occur before the emergencies, to improve the outcome of hygiene interventions during emergencies.



KEY MESSAGES & RECOMMENDATIONS

// **HANDWASHING BEHAVIOR CHANGE** in emergencies requires programmers to consider different determinants, infrastructure considerations, and contexts than in general programs.

// **HANDWASHING FACILITIES** in emergencies should respond to the realities of the settings, and there are new innovations aiming to cue handwashing in emergencies. Facilities should cue handwashing and make it attractive and desirable.

// **RESPONDERS** must ensure the ease and dignity of handwashing with soap for crisis-affected populations, considering population needs and communal trauma from crisis.



3.4 HYGIENE AND NUTRITION INTEGRATION

TOPICS &
SPEAKERS



PRESENTATION 1 // INTEGRATING HANDWASHING PROMOTION AND NUTRITION: INSIGHTS FROM THE WASH BENEFITS TRIAL

// **DR. STEVE LUBY, STANFORD UNIVERSITY** > A physician and epidemiologist who has lived in Karachi, Pakistan for 5 years and Dhaka, Bangladesh for 8 years working with local researchers to broaden understanding of exposure pathways and disease burden of infectious diseases and developing interventions to reduce that burden. In 2009 Dr. Luby was awarded the inaugural Oklahoma University International WaTER Prize in recognition of his contributions in the field of water supply and sanitation with a focus on the world's poorest. In 2012 Dr. Luby joined Stanford University as a Professor of Infectious Diseases and Director of Research for Stanford's Center for Innovation in Global Health.



PRESENTATION 2 // HYGIENIC ENVIRONMENTS FOR INFANTS AND YOUNG CHILDREN // **MS. JULIA ROSENBAUM, FHI 360**

> Behavior Change Specialist for the USAID-funded WASHPaLS Project, where she leads a task exploring Hygienic Play Spaces for Children, to build evidence-based programming guidance around the neglected pathways of the "F-Diagram"; played a key leadership role in integrating WASH into HIV, nutrition and education programming; serves on the GHP Steering Committee.

PRESENTATION 1 SUMMARY
 // INTEGRATING HANDWASHING
 PROMOTION AND NUTRITION:
 INSIGHTS FROM THE WASH BENEFITS TRIAL
 // DR. STEVE LUBY, STANFORD UNIVERSITY

// Undernutrition is a major contributor to child mortality and also contributes to cognitive impairment, less success in school and decreased wages. A potential contributor to poor child growth (height for age) is environmental enteropathy, also known as environmental enteric dysfunction (EED). This is a change in intestinal villi architecture and inflammatory cell inflammation that is believed to interrupt the body's ability to absorb nutrients. The causal hypothesis that underlay the WASH Benefits trial was that improvement in drinking water quality, sanitation and hygiene together with nutrition would lead to less occurrence of diarrhea, parasitic infections, and environmental enteropathy, and would then ultimately improve child growth and development.

In WASH Benefits Bangladesh children were enrolled before birth and followed for 2 years in geographically and temporally matched clusters. In Bangladesh 5,040 pregnant women and their child were targeted for enrollment with interventions that improved the drinking water quality (630 children), improved hygienic sanitation (630), improved handwashing (630), a combination of improved water, sanitation and handwashing (630), improved nutrition (630), and a combination of improved water, sanitation, handwashing and sanitation (630). A total of 1260 children were targeted for enrollment in the control group. Community promoters visited mothers in intervention households an average of 6 times per month (more than they were instructed to visit). The handwashing intervention included two handwashing stations (near the latrine and food preparation areas), and soap.

After one year of intervention, approximately 90% of houses had a handwashing station near the latrine, and observation at Year 2 showed 70–75% handwashing with soap after latrine use among households in the handwashing intervention.

The handwashing intervention group also had reduced contamination in food and water. The soil surrounding the household where the children commonly played remained contaminated, with an average 120,000 E. coli per dry gram.

The handwashing, sanitation and nutrition interventions significantly decreased prevalence of diarrhea. There was no impact on linear growth with the water, sanitation, or handwashing interventions, and a small improvement with the nutrition intervention. There was no evidence of additional impact on linear growth from combining WASH and nutrition. The researchers believe the most likely explanation of the lack of impact of WASH on growth was that standard WASH interventions did not reduce environmental fecal contamination enough to see an impact on linear growth.

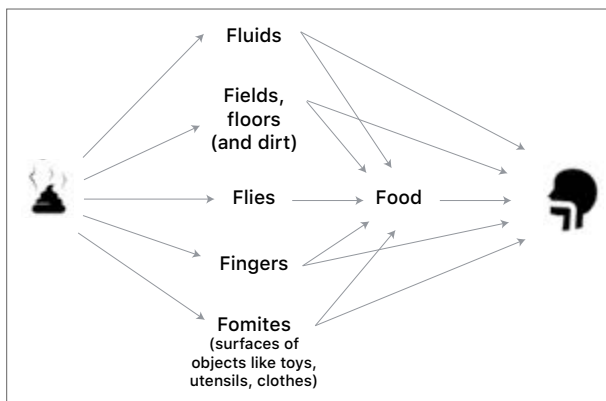
In contrast to physical growth, children who received WASH interventions had improved development in communication skills compared with controls.

Brain development is likely more sensitive to subtle insults and improvements than linear growth, however it is unclear how much the improved child development outcomes resulted from the interruption of enteropathogen transmission and how much resulted from increased social interaction with mothers.

WASH Benefits achieved high levels of handwashing and other WASH targeted behaviors. These high levels were achieved in the context of an intensive intervention that focused on habit adoption, creating an environment that made it easy to wash hands and using locally available goods. Soapy water was inexpensive and easy to provide. Promoters helped mothers address constraints to changing behavior and encouraged habit adoption.

PRESENTATION 2 SUMMARY
// HYGIENIC ENVIRONMENTS FOR
INFANTS AND YOUNG CHILDREN
// MS. JULIA ROSENBAUM, FHI 360

// The traditional 'F-diagram' has been used for decades by the WASH sector to represent fecal pathogen transmission pathways, and to illustrate how traditional WASH interventions of fixed point defecation (improved sanitation), improved water quantity and quality, food and handwashing block transmission of pathogens found in feces. However, there is mounting evidence that the traditional F-diagram does not adequately represent risk pathways for infants and young children. It underestimates direct ingestion of animal excreta and fecally contaminated soil; as well as indirect exposure of human and animal feces through food hygiene and exploratory mouthing.



Adapted from Wagner & Lanoix, 1958. This diagram is a derivative of Figures 1 and 3 in Penakalapati et al, 2017 (DOI: 10.1021/acs.est.7b02811), under a Creative Commons CC-BY 4.0 Usage Agreement with the American Chemical Society.

// **ANIMAL FECES** are a major factor in many environments. They are abundant, and highly pathogenic, but much is unknown about their link to child health. Systematic reviews have found mixed results on the link between domestic animals and risk of infection, but high-quality studies document that the presence of animal and their feces is associated with increased infection, undernutrition and stunting. The risk is most pronounced when infants and young children share sleeping quarters with animals, particularly poultry.

// **CHILD FECES** is another underemphasized pathway. A comprehensive review of DHS/MICS data conducted by the Water & Sanitation Program of the World Bank found that more than half of households in 15 of 25 countries practiced unsafe disposal of child feces, and this was linked higher EED scores and great odds of wasting and increased stunting.^[4]

// **UNDERESTIMATED PATHWAYS** include children directly ingesting contaminated soil, and indirectly through poor food hygiene, particularly during complementary feeding. Appropriate food hygiene practices have been shown to reduce the risk of diarrhea by 33%.^[5]

Interventions to reduce these pathways are being deployed, but their effectiveness is unknown. Plausibility of protective effects has not yet been established for many of these measures.

[4] Rand, E.C. et al, 2015. Management of Child Feces: Current Disposal Practices, Available at: www.wsp.org/sites/wsp.org/files/publications/WSP-CFD-Summary-Brief.pdf.

[5] Sheth, M. et al. 2006. "Food Safety Education as an Effective Strategy to Reduce Diarrhoeal Morbidities in Children Less Than Two Years of Age." Indian Journal of Nutrition and Dietetics. Vol. 43, No. 1, pp. 22-31.



KEY MESSAGES & RECOMMENDATIONS

// Achieving widespread reductions in child stunting in low- and middle-income countries remains elusive. Enteric disease and child growth faltering persist even with the provision of traditional nutrition and WASH interventions.

// Handwashing with soap remains a critical behavior to promote because of cognitive effects and diarrhea reduction, even without evidence of impact on stunting. Handwashing and WASH have many values beyond health—including dignity, well-being, and others.

// Hygiene and WASH in general remain a necessary component of health and nutrition interventions, but current implementation may not be sufficient to get the results we aspire to achieve.

// Handwashing with soap is not a single solution and will not have the desired impact desire on its own. Multiple messaging is effective in spurring improvements in hygiene practices. There needs to be a focus on neglected pathways and on getting feces out of the environment.

// There is a need for more comprehensive, transformational WASH. Ways to engage the wider government in these larger, comprehensive interventions must be considered. There remains a transformational quality of small, doable actions.

// The programmatic benefits of integration may still be important for service delivery and feasibility reasons.



3.5 HANDWASHING IN THE HEALTH SYSTEM



PRESENTATION 1 // HAND HYGIENE IN HEALTHCARE FACILITIES

// **DR. ROBERT DREIBELBIS, LSHTM** > Assistant Professor at the London School of Hygiene and Tropical Medicine, whose research focuses on understanding the drivers and impacts of water, sanitation, and hygiene (WASH) behaviors and the design and development of theoretically-informed hygiene behavior change interventions.

PRESENTATION 2 // STRENGTHENING THE HEALTH SYSTEM FOR WASH IMPROVEMENTS // **MS. ALISON MACINTYRE, WATERAID AUSTRALIA**

> Health Advisor at WaterAid Australia and leads WaterAid Australia's work on the intersection of water, sanitation, and hygiene with human health; supports health-related research, programming and policy work in the South-East Asia and Pacific regions as well as supporting WaterAid's global policy and advocacy efforts.



TOPICS &
SPEAKERS



PRESENTATION 1 SUMMARY

// HAND HYGIENE IN HEALTHCARE FACILITIES

// DR. ROBERT DREIBELBIS, LSHTM

// The Joint Monitoring Program indicators for WASH in healthcare facilities categorized service levels from none to limited, to basic and advanced, across water, sanitation, hand hygiene and healthcare waste. Hygiene indicators are categorized as basic (hand hygiene materials at points of care and toilets), limited (hand hygiene materials at either points of care or toilets), or no service.

Infection remains a leading cause of maternal and neonatal mortality. Approximately 30% to 40% of neonatal deaths and 10% maternal deaths during the period around childbirth are caused by infection (Ganataru et al and Kassenbaum et al).

Infection can be prevented through adequate hand hygiene practices. WHO's integrated management of pregnancy and childbirth and the '6 Cleans' for childbirth and post-natal care provide guidance for hand hygiene in birth settings.

Evidence suggests that improved hygiene during labor, delivery and post-natal care can improve both maternal and neonatal health. Adherence to recommended hand hygiene varies worldwide, ranging from 5% to 89% of health workers following these recommended guidelines, but adherence typically reduces in situations that require a more complex protocol.

Hand hygiene behavior change is typically integrated within quality improvement initiatives but is a difficult behavior to change. Significant emphasis is placed on knowledge and access to resources, with little attention on other drivers of behavior. Intervention studies focus mostly on education and training.

Behavioral science tells us that knowledge is a very poor predictor of behavior, and drivers of behaviors are very specific. Education is the least effective way to improve handwashing behaviors. The current intervention models are insufficient to trigger and sustain hand hygiene environments among HCF workers. Further, these models are highly medicalized and largely ignore key findings from behavioral science.

Most data and approaches are based on high-income country settings. Thus, there is limited information to inform the development and evaluation of hand hygiene interventions for areas with greatest need.



PRESENTATION 2 SUMMARY
 // STRENGTHENING THE HEALTH SYSTEM
 FOR WASH IMPROVEMENTS
 // MS. ALISON MACINTYRE,
 WATERAID AUSTRALIA

// WASH in healthcare facilities contributes to a range of health systems benefits, including: improved response to health emergencies, improved patient satisfaction; improved working conditions for health professionals; reduced risk of neonatal and maternal mortality, reducing anti-microbial resistance, and healthcare-associated infections.

A systems approach considers the multiple factors driving poor WASH in health facilities across the health system building blocks, and works to strengthen those systems, not as stand-alone activities at the facility level. It should also consider actors across different elements of the health system, not only health workers. Without a systems approach, change is not likely to be sustainable or taken to scale.

A systems approach requires coordination between WASH and health systems stakeholders, for example through the development of integrated national packages for WASH in HCF. It also requires coordination of roles and responsibilities in government.

IPC and WASH are often neglected or deprioritized for leadership at health facilities. This aligns with a preference for medical staff to focus on treatment rather than prevention and broader public health measures. Conversations around WASH reforms systems strengthening in HCF focus on anti-microbial resistance and infection prevention and control and not traditional WASH and health issues such as diarrhea, nutrition and pneumonia. Hygiene has critical role to play but still requires basic WASH infrastructure.

WaterAid has identified six urgent areas from their experience:

- 1 LEADERSHIP AND POLITICAL WILL
- 2 GOVERNANCE AND REGULATION
- 3 FINANCING
- 4 MONITORING AND TARGETS
- 5 RESEARCH AND LEARNING
- 6 TECHNICAL SOLUTIONS

COMMENTARY // DEPARTMENT OF HEALTH
 EXPERIENCE IN HANDWASHING PROMOTION
 IN THE PHILIPPINES // MS. EDNA NITO,
 HEALTH PROMOTION AND COMMUNICATION
 SERVICE (HPCS)

// The DoH addresses handwashing across a number of health areas. The Disease Control Bureau focuses on infection prevention and control in healthcare facilities, and the Health Promotion and Communication Service focuses on education and literacy programs in different groups, for example, community members, schoolchildren, and healthcare providers.

// The DoH provides technical assistance, develops guidelines and standards, and the implementers are the local governments. They work in partnership with other actors, for example the Philippine Hospitals Association, which implements an annual award for hospitals which implement high standards of handwashing in health systems.

KEY MESSAGES & RECOMMENDATIONS

// Hand hygiene can prevent healthcare associated infections, contribute to reductions in maternal and newborn morbidity and mortality, and has larger health systems benefits.

// Hand hygiene compliance is often low among health providers, but behavior change initiatives typically do not learn from behavioral science. There is a need to incorporate behavioral science to improve hand hygiene compliance.

// A health systems approach is key to the sustainability of WASH in HCF approaches; and requires coordinated planning, implementation, and investment.

// Globally, there remains an advocacy need to prioritize hand hygiene in health facilities and within health systems.



3.6 INSTITUTIONALIZING HANDWASHING IN THE EDUCATION SYSTEM

TOPICS & SPEAKERS



PRESENTATION 1 // HANDWASHING WITH SOAP IN SCHOOLS: REVIEWING THE EVIDENCE BASE

// **DR. ROBERT DREIBELBIS, LSHTM** > Assistant Professor at the London School of Hygiene and Tropical Medicine, whose research focuses on understanding the drivers and impacts of water, sanitation, and hygiene (WASH) behaviors and the design and development of theoretically-informed hygiene behavior change interventions.



PRESENTATION 2 // WHAT GETS MEASURED GETS DONE: HANDWASHING WITH SOAP IN THE SDGs FOR WASH IN SCHOOLS

// **DR. BELLA MONSE, GIZ** > Bella is a dentist by training, specialized in school health promotion, health and WASH in Schools (WinS) policy and research. She worked for 7 years as integrated expert for the Department of Education in the Philippines. Her role was to facilitate the development, implementation and research of effective school-based health programs with focus on scalability. Since 2011 she works on the GIZ Fit for School Program to support Ministries of Education to develop, implement and scale up effective school health and WASH in Schools (WinS) programs in South East Asia. During the last years she has been much involved in the global advocacy to harmonize strategies targeting the SDGs for Wash in Schools. // Since 2016 Bella works with part of her time at the GIZ Sector program Sustainable Sanitation and co-leads the working group on 'WASH in Institutions' at the SUSANA network. Bella holds a PHD degree in Global Oral Health from Radboud University of Nijmegen, the Netherlands.



PRESENTATION 3 // WASH IN SCHOOLS IN THE PHILIPPINES: POLICY AND IMPLEMENTATION // **DR. ELLA NALIPONGUIT, DEPARTMENT OF EDUCATION**

> Dr. Naliponguit is a physician by profession. She is the Director III of the Bureau of Learner Support Services (BLSS) of the Department of Education, Philippines. Concurrently, she also serves as a Governing Board Member of the Philippine Indigenous and Traditional and Alternative Health Care, the South East Asian Ministry of Education Organization, Regional Center for Food and Nutrition (SEAMEO RECFON) and is a Research Fellow for Southeast Asia Ministry of Education Innovations in Teaching (SEAMEO INNOTECH). // A highlight in her development work is the development and organization of the Wash In Schools (WINS) Program as a scale up of the 'Fit for School – Essential Health Care Program for Filipino Children', where she, in behalf of the Department, collaborated with International NGO's, the local government unit, and experts for Water, Sanitation, Hygiene and Oral Health for a healthy school environment that influences health promoting habits and behaviors among learners.

PRESENTATION 1 SUMMARY

// **HANDWASHING WITH SOAP IN SCHOOLS:
REVIEWING THE EVIDENCE BASE**
// **DR. ROBERT DREIBELBIS, LSHTM**

// WASH in Schools encompasses a range of interventions which seek to change the environment and behaviors to improve practices for better health, attendance, and learning outcomes.

A 2017 systematic review (Watson, et.al.) looked at hygiene promotion targeting children. Only eight studies met the inclusion criteria: randomized controlled trial, non-randomized controlled trial and controlled before and after, not targeting multiple behaviors. From the studies reviewed, two of the key findings were that: multiple activities/outcomes have proven effective in changing behaviors; and larger effects were seen with high intensity interventions and the incorporation of alternative hardware and supplies.

Nudges have shown promise in improving handwashing rates in schools. A 2015 study in Bangladesh showed that nudges led to an increased in handwashing in the short term of 6 weeks (Dreibelbis et al. 2015), and had similar results to a health education program after 5 months.

Daily group handwashing in schools was shown to increase handwashing practice, but evidence from Laos showed a change only after the full implementation was completed, and change may not be sustained over time (Chard et al.).

PRESENTATION 2 SUMMARY

// **WHAT GETS MEASURED GETS DONE:
HANDWASHING WITH SOAP IN THE SDGs
FOR WASH IN SCHOOLS**
// **DR. BELLA MONSE, GIZ**

// WASH in Schools (WinS) strategies and programs aim to improve water, sanitation and hygiene in schools. The SDGs have one specific goal for WinS, three related targets, and specific indicators to measure progress on WinS in countries and regions. By the year 2030 all schools around the globe should provide access basic drinking water; single-sex and usable sanitation facilities; and handwashing facilities with water and soap. The Joint Monitoring Program (UNICEF and WHO) measures the progress annually and categorizes the status of WinS into basic, limited and no service related to the three target areas.

Each country is expected to set national policies for WinS, including standards, targets and related indicators to measure status and progress. Most countries have not reached the basic service level set by the SDGs and many countries still need to define their own national standards. The Three Star approach is one strategy to support countries in taking a stepwise approach to reach national standards, by defining national priorities, setting benchmarks and rewarding achievements.

The Philippines provides an example of a country which has set extremely high national standards for WASH in Schools. The introduction of a voluntary incentive-based WinS M&E system has resulted in high participation (65% of all schools participated) and very active response of schools to improve their WinS status. The M&E system serves as an appropriate tool to orient schools and trigger action within the education sector.

The WinS monitoring intends to serve six functions:

1

CAPACITY BUILDING: developing a culture of self-assessment & learning and strengthening implementation quality.

2

RECOGNIZING PERFORMANCE: rewarding performance and addressing needs as well as measuring compliance with national standards.

3

CREATING DEMAND FOR WINS: strengthening leadership and priority for WinS within the education sector.

4

PLANNING AND RESOURCE ALLOCATION: WinS monitoring prioritizes resource allocation and facilitates alignment of development partners.

5

FOSTERING ACCOUNTABILITY AND TRANSPARENCY: availability of information builds trust, ownership and responsibility.

6

STRENGTHENING POLICY IMPLEMENTATION: mapping the gap between policy and implementation and global reporting (SDGs).



PRESENTATION 3 SUMMARY
// WASH IN SCHOOLS IN THE PHILIPPINES:
POLICY AND IMPLEMENTATION
// DR. ELLA NALIPONGUIT, DEPARTMENT
OF EDUCATION

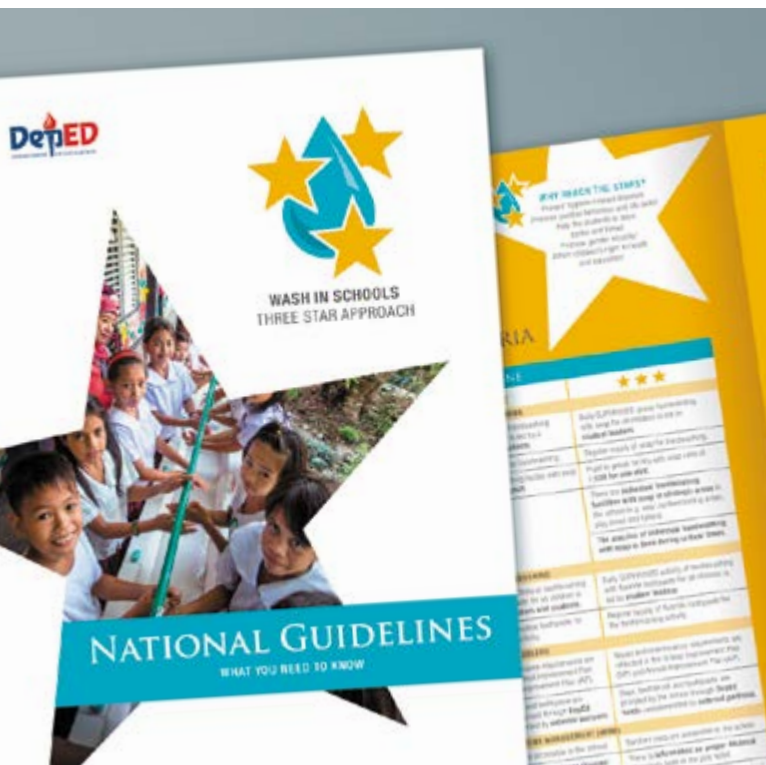
// School health promotion presents multiple opportunities. It allows children to be reached at a young age, when they are receptive to behavior change and are developing habits around school routines. School-based hygiene can improve the school environment and behaviors and has lasting effects on health and education indicators (such as school performance, school attendance, and retention rates).

In the Philippines, the WinS program covers water, sanitation, hygiene (handwashing and tooth brushing), deworming, health education, and menstrual hygiene management. Daily group handwashing is one of the WinS indicators.

The Department of Education oversees technical guidance, budgeting, capacity development, and monitoring. The regional offices and school division offices cover program management, quality assurance, and recognition, with implementation, community involvement, and continuous improvement at the school levels. WinS partners include the Technical Working Group, Local Government Units, NGOs, and others.

The WinS baseline data in the Philippines shows that approximately 9% of schools have attained a star level. Approximately 30% of elementary schools and 11% of other schools had group handwashing. Ratings are also disaggregated at district levels.

A national online WinS monitoring system that provides real-time feedback to the schools and the division/provincial/regional offices, provides a roadmap for schools and their decision makers (school and district supervisors) on the next steps to improve WinS. For example, the Philippines uses a school self-assessment tool that is uploaded into the online WinS monitoring system. Feedback from the monitoring system can be used for recognizing performance, building capacity, creating demand, informing planning and budgeting, and creating transparency and accountability.



KEY MESSAGES & RECOMMENDATIONS

// The evidence base on handwashing in schools is limited, but multiple activities have proven effective in changing behaviors. Larger effects are typically seen with high intensity interventions and incorporation of alternative hardware and supplies.

// The Sustainable Development Goals in Health and Education provide a global goal to improve WASH in schools, including the JMP hygiene ladder. A national WinS policy shall be the basis for crafting national standards. Each country designs their own advance service level questions, with a clear set of indicators and core questions which schools will answer.

// The Three-Star Approach is another system used to trigger implementation through a step-wise realization of the national standards. It recognizes success at incremental points towards full implementation and can be adapted to national standards.



4. LIGHTNING TALKS, 5-MINUTE TALKS & BRAINSTORMING SESSIONS



4.1 LIGHTNING TALKS

TOPICS &
SPEAKERS



LIGHTNING TALK 1 // WHAT DID WE EXPECT? FACING FACTS AND PLANNING TOWARD THE FUTURE

// **MS. KRISTIE URICH, WVI** > Currently the Knowledge Management and Capabilities Manager for the water, sanitation and hygiene (WASH) team with World Vision International, she has been serving with the WASH team for more than five years and has worked with World Vision for more than 12 years. She helps lead World Vision's efforts in scaling up its work in menstrual hygiene, and she is a trainer in the Designing for Behavior Change method.

LIGHTNING TALK 2 // NEW MEDIA EXPERIMENTS IN HW PROMOTION

// **MS. CARISSA LIMCAOCO, PROCTER & GAMBLE** > Safeguard and Olay Philippines Communications Manager, she leads the brand's influencer engagements, social media campaigns and communications plans, and launches new and exciting ads and assets via earned, owned and paid media.



LIGHTNING TALK 3 // INSTITUTIONAL BEHAVIOR CHANGE // **MR. ELIJAH ADERA, WATERAID SOUTHERN AFRICA**

> Regional Programme Manager at WaterAid based in Pretoria supporting the development and implementation of country and regional Water, Sanitation and Hygiene programmes in Southern Africa. He has more than 18 years' extensive work experience in programme development and management in various fields: economic empowerment/sustainable livelihoods, education, health, human rights, environment and water, sanitation and hygiene in developing countries.



LIGHTNING TALK 1 SUMMARY

// WHAT DID WE EXPECT? FACING FACTS AND PLANNING TOWARD THE FUTURE
// MS. KRISTIE URICH, WVI

// Ms. Kristie Urich of World Vision International (WVI) shared the initial results related to hygiene access from World Vision International's 2017 WASH program evaluation and its larger implications for the WASH sector. This was one of the largest evaluations of its kind, with more than 35,000 participating households, nearly 11,000 microbial water samples and over 2,600 schools across 14 countries in WVI and other comparison implementer areas. The evaluation focused on WASH according to the SDG metrics in three contexts: households, schools and health facilities. It explored water quality at sources and point of use, sanitation access and hygiene access (primarily handwashing with soap).

The 14 country averages for hygiene access were sobering in all three contexts: 86% of households had no handwashing facilities with soap; 37% of health facilities had no functional hand hygiene facilities available at either point of care or toilets, while 47% had limited functional facilities at point of care or toilets, or both; and 74% of schools had no handwashing facilities or had handwashing facilities but no water. There were no significant differences between the areas where WVI had conducted implementation, and those covered by other programs. This shows that handwashing programming faces challenges of sustainability across implementers. Reflecting on the implications of these findings, Ms. Urich shared some possible implications and context.

LIGHTNING TALK 2 SUMMARY

// NEW MEDIA EXPERIMENTS IN HW PROMOTION
// MS. CARISSA LIMCAOCO, PROCTER & GAMBLE

// Ms. Carissa Limcaoco of Procter & Gamble showed how the Safeguard team worked to improve their understanding of their consumer and use new media to encourage handwashing.

She opened with a personal story of finding inspiration in her work through P&G's collaboration with the Synergeia Foundation handwashing programs in schools and charged participants to remember the ultimate impact of their work. She then shared some results of the Philippines Hygiene Index, conducted by Safeguard:

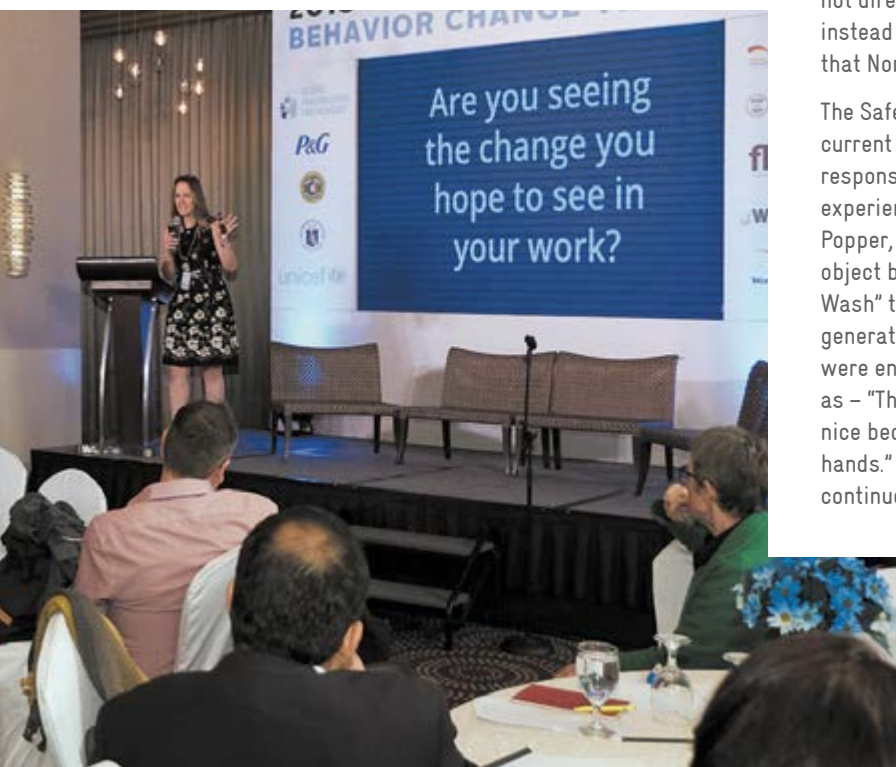
While 7 out of 10 Filipinos report handwashing with soap, only 2 out of 10 were observed to practice this behavior.

Filipinos were found to only rinse with water: 50% before cooking, 40% after urinating, 40% after using their mobile phones, and 40% after traveling on public transportation.

To increase handwashing with soap in the Philippines, the P&G team set two team goals in their media experiments: starting with life by looking and listening to the target audience and keeping a do-learn-do mindset. They looked at consumer behavior: while TV viewership is down overall, social media is a growing source of information and influence. They also worked to develop a very specific understanding of their audience's biggest challenges and motivations.

They focused on sharing the emotional benefits of handwashing with soap, steering away from traditional messaging focused on the benefits of their product. This resulted in a video from the 'Safeguard: Pabaon sa Buhay/Protection for Life' campaign which has generated 19 million views. It shares the story of Warlita King and her son Norman, the first Aeta (member of an indigenous ethnic group) to graduate from the Philippines' premier state university. The film does not directly tell the audience the importance of handwashing; instead it shows handwashing as one of many 'provisions' that Norman takes with him from his mother.

The Safeguard team developed another video based on current social media trends: autonomous sensory meridian response (ASMR) which gives a heightened sensorial experience, 'Mukbang' showing food prep, and Dr. Pimple Popper, where people find satisfaction watching a dirty object being cleaned. The result was a video called "The Wash" that entices audience to wash their hands. The video generated social media comments to indicate that viewers were encouraged to wash their hands with soap, such as - "This makes me want to wash my hands", and, "This is nice because it teaches you the correct way to wash your hands." This immediate feedback loop allows Safeguard to continue learning what their audiences respond to.



LIGHTNING TALK 3 SUMMARY
// INSTITUTIONAL BEHAVIOR CHANGE
// MR. ELIJAH ADERA, WATERAID
SOUTHERN AFRICA

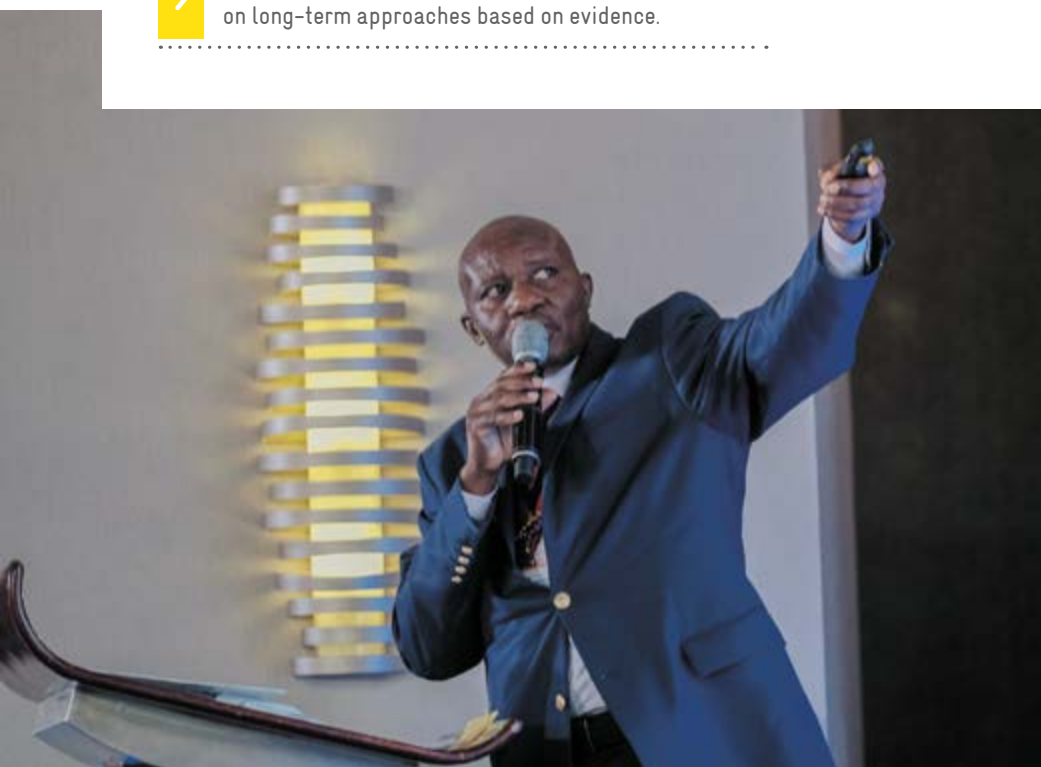
In his lightning talk, Mr. Elijah Adera presented the results of WaterAid's study on the institutional arrangements and enabling environment for hygiene in Southern Africa. The study was conducted through desk review, key informant interviews, and policy analysis. It covered Botswana, Lesotho, Madagascar, Malawi, Swaziland, South Africa, Zambia, and Zimbabwe.

- > **GOVERNMENT LEADERSHIP:** presence or absence of a clearly defined lead ministry or department that covers all hygiene components.
- > **INCLUSION IN POLICY AND STRATEGY ALL HYGIENE COMPONENT:** inclusion of hygiene components in targets and objectives of policies and strategies.
- > **HYGIENE COORDINATION:** existence and function of hygiene coordination structures.
- > **INTEGRATION OF HYGIENE INTO OTHER SECTORS:** the extent to which other sectors' strategies have hygiene targets and activities, whether there is a joint planning or reporting.
- > **FINANCIAL ALLOCATIONS FOR HYGIENE:** presence or absence of specific budget for hygiene; whether there is a specific line for hygiene activities in a secured WASH budget.
- > **MONITORING AND REVIEW MECHANISM:** whether hygiene data is included in national monitoring information systems and sector review processes.
- > **APPROACHES:** presence or absence of clear guidance on long-term approaches based on evidence.

The key bottlenecks identified for countries in Southern Africa were:

- 1 Having a government-led sector coordination platform that specifically focuses on hygiene.
- 2 Having adequate financial allocation for hygiene.
- 3 Collecting and using hygiene data (on all components) for decision making.

Weak monitoring and limited available data means that hygiene is not effectively included in reviews and planning and hygiene can get lost under the broader heading of WASH in coordination mechanisms.



4.2 5-MINUTE TALKS // 5 UPDATES FROM A RANGE OF HANDWASHING PRACTITIONERS

5-MINUTE TALK 1 // MANILA WATER FOUNDATION

// Manila Water Foundation provides water to poor communities that are not served by water providers. Manila Water Foundation identifies water-less and toilet-less communities, identifies a nearby subsidiary, and matches them with employees to design water systems to respond to the community's challenges. Manila Water Foundation also provides handwashing facilities and drinking fountains in schools, as well as rehabilitating school toilets. Manila Water Foundation also provides health education materials, organizes Global Handwashing Day events, and uses social media to promote handwashing.

5-MINUTE TALK 2 // HAPPYTAP

// HappyTap is a social enterprise that produces a low-cost handwashing station designed for behavior change. HappyTap focuses on facilities and how we can use a product as a platform to change behavioral settings. HappyTap works in Vietnam, Cambodia, and Bangladesh where handwashing practice is low and many households lack handwashing facilities. They believe that asking families to invest in handwashing facilities is more sustainable than providing them directly or having the families develop their own. Their marketing approach is now shifting from interpersonal to mass marketing to reduce the cost of acquisition. However, it takes time and investment to build a base of customers who will buy a handwashing facility.

5-MINUTE TALK 3 // WORLD VISION'S ASIA P3 HUB

// World Vision's Asia P3 Hub is a multi-sector partnership incubator aimed at combining resources and building partnerships to innovate. They incubate partnerships by:

1. matching needs with solutions,
2. understanding the needs of field offices,
3. believing in co-creation of solutions;
4. focusing on shared world view of mutual benefit; and
5. fostering partnerships.

The Asia P3 Hub is working towards 'combinatorial innovation' by creating opportunities for all sectors to contribute to WASH challenges.

5-MINUTE TALK 4 // SESAME WORKSHOP

// Sesame Workshop uses Muppets to promote WASH behavior change. The new character of Raya promotes behavior change in sanitation and hygiene by empowering children with knowledge and skills they can pass on to their communities. She teaches children to wash hands before meals and after the toilet; along with other WASH behaviors. Raya reaches children in schools, through mass media, and Learning Centers equipped with projectors run on batteries and can be used by pointing screen on a white wall to share clips promoting handwashing. Sesame Workshop also collaborates with World Vision International on the Wash Up! Program, which works in 11 countries and includes games and activities to promote handwashing.

5-MINUTE TALK 5 // WATERAID BANGLADESH

// WaterAid Bangladesh presented on the use of the ABCDE framework in the South Asia WASH Result Project II. The ABCDE approach stands for Assess, Build, Create, Deliver, Evaluate; and is used in identifying motivational areas and touchpoints to reach target populations. The program aims to increase handwashing with soap and the use of clean latrines. Using the ABCDE framework has helped the program plan to become more innovative and people-oriented, with more focus on behavior. Interactive theater was used for hygiene promotion to create interest and engage the target audience. Monitoring was conducted by the beneficiaries themselves to bring attention to the aspects of cleanliness they should focus on. The program also worked to highlight religious scripture related to hygiene, use visuals of target behaviors, and designed multiple household visits to promote incremental behavior change.



4.3 BRAINSTORMING SESSIONS

TOPICS &
SPEAKERS



BRAINSTORMING SESSION 1

// HACKING HANDWASHING MEASUREMENT

// **MS. JULIA ROSENBAUM FHI 360** > Senior Behavior Change Specialist for the USAID-funded WASHPaLS Project, where she leads a task exploring Hygienic Play Spaces for Children, to build evidence-based programming guidance around the neglected pathways of the 'F-Diagram'; played a key leadership role in integrating WASH into HIV, nutrition and education programming; serves on the GHP Steering Committee.

// **MR. DAVID KHOO, PROCTER & GAMBLE** > Principal Scientist for Olay, he leads collaborative research programs for global skincare out of the state-of-the-art P&G Singapore Innovation Center; fosters research partnerships with technologists, dermatologists and academic institutes around the world to develop and test next-generation skincare products.



BRAINSTORMING SESSION 2

// DESIGNING A BETTER HANDWASHING STATION

// **MS. LESLIE LLADO, SPLASH** > Program Sustainability Manager Splash; responsible for ensuring that Splash's global projects last long-term; has eight years of experience working on sustainable water resource initiatives, with the last five focused on projects in rural Ethiopia with A Glimmer of Hope Foundation.

// **MR. JAMES BOURNE, KOHLER** > Design Engineer for Kohler, based in the UK, where he designs high-end bathroom products and applies his design skills to work on tough problems outlined in the UN Sustainable Development Goals; recently partnered with Wahana Visi (WV Indonesia) and local government and communities to co-create school handwashing station solutions using Human-centered Design approaches.



BRAINSTORMING SESSION 1 SUMMARY
// HACKING HANDWASHING MEASUREMENT
// MS. JULIA ROSENBAUM, FHI 360 &
MR. DAVID KHOO, PROCTER & GAMBLE

// THE CHALLENGE

// Measuring handwashing behavior is critical to help us understand the current situation to target interventions, evaluate behavior change approaches, learn about what motivates people to wash their hands, and measure progress towards the SDGs. Reliable and valid measurement of handwashing is also essential for basic science, to better understand linkages between handwashing, health and growth. Existing measures have a range of limitations, including cost at scale, potential for bias, and specificity to the desired behavior. There is no universal standard for measuring handwashing behavior, and this can make it difficult to compare lessons across interventions.

Julia reviewed the range of available measurement tools, both how each works and the pros, cons and approximate costs of using: direct observation, proxy observations (presence of handwashing station, soap and water), micro-biological hand contaminator sensors, liquid soap dispenser sensors and soap sensors. She also highlighted the use of picture diaries. Specifically, measures were rated and compared across four criteria: objectivity, reliability, efficiency and scalability.

Julia and David challenged the Think Tank participants to join them to brainstorm a handwashing measurement that gets us closer to the truth and can be used at a large scale.

The facilitators provided two scenarios to guide the brainstorm:

- › How might we measure to what extent group handwashing spurs individual handwashing after defecation and before eating in schools?
- › How might we test if nudges increase handwashing at the household level?

// RESULTS OF BRAINSTORM

- › Ink or dye that changes color when hands are washed
- › Put a joke or novel image in handwashing stations and test recall
- › Sensor to test for water refill of a tippy tap
- › Stickers given as a reward
- › Measuring HW soap consumption; single-use soaps
- › Camera observation for 6 months
- › Community monitoring through children, neighbors, and other familiar people. Class monitors in classrooms.
- › Baseline and endline photos of handwashing facilities; checking if towels are wet
- › Gathering information anonymously (with a tablet, for instance) to reduce bias
- › Phone monitoring survey or self-reporting mobile app
- › High five sensor that records contact

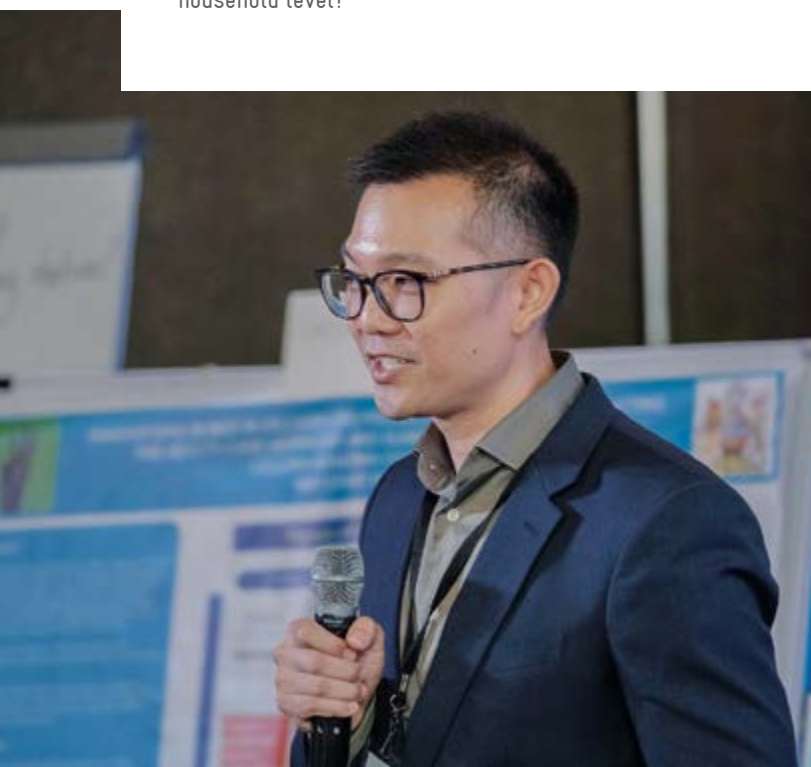
// KEY MESSAGES

A perfect measure for all purposes does not exist. All methods should be assessed for cost, reliability, efficiency and scale.

Measures should be selected or developed with the purpose in mind; not all monitoring and evaluation is alike. Existing measures can be adapted or approached with a different purpose. Consider the level of precision needed for the context.

Some methods may incentivize handwashing, such as rewards or visible measurement. This can be beneficial for behavior change but reduces objectivity.

There is potential for new ways of observation by looking at places people have not looked before, changing the role of observers, or incorporating technology.



BRAINSTORMING SESSION 2 SUMMARY
// DESIGNING A BETTER HANDWASHING STATION
// MS. LESLIE LLADO, SPLASH &
MR. JAMES BOURNE, KOHLER

// THE CHALLENGE

// UNICEF reports that up to 50% of WASH projects fail within five years. Handwashing stations are a key component of this failure, in part due to unsustainable infrastructure that suffers from breakage, is hard to clean and maintain, or is difficult for the target population to use. There is a clear need for more sustainable and user-friendly handwashing station products.

Leslie Llado of Splash and James Bourne of Kohler facilitated a human-centered design session where participants worked together to design a better handwashing station for use in the home. They also presented lessons from their own work using community-led, human-centered design processes to improve handwashing station designs and experiences testing their designs in institutional settings and communities.

// RESULTS OF BRAINSTORM

What are the requirements for a handwashing station?

- > Increases proper handwashing
- > Cost efficient
- > Durable and vandal proof
- > Waste water disposable incorporated into the design
- > Soap is available
- > Convenient and near toilet, eating area, etc.
- > Easy to maintain
- > Water efficient
- > Safe and culturally sensitive

// SAMPLE DESIGNS

Two groups of participants developed their handwashing station designs:

1 HAPPY COMMUNITY, HAPPY FAMILY

A complete community-operated system where a reminder bell is rung to mobilize the community to wash hands. The station is made from recycled materials and bamboo, and wastewater is diverted to flush their toilets. The location of the station is to be decided upon by the community.

2 CLEAN FAIMILY, HAPPY FAMILY

A family handwashing station with UV light detecting germs. A mirror erected at the station has a built-in container for toothbrush and toothpaste. Soap comes with water and the station has a 20-second song activated during handwashing to indicate washing should take a full 20 seconds. Wastewater is diverted with LED light to the garden.

// KEY MESSAGES

Handwashing station design should consider behavior change, including how the station design itself can serve as a visual reminder to wash hands. Designing for behavior change can increase the impact of handwashing facilities.

Designs for handwashing facilities in low-resource settings must be sustainable over time: easy to maintain, possible to repair with locally available materials, and an easily-maintained clean and attractive appearance.

Engaging community members and users in the design process can lead to more effective, user-friendly, and practical handwashing station designs.



5. END-OF-DAY REFLECTIONS AND CLOSING



5.1 DAY 1 // REFLECTION

DR. CECILIA MANUEL //

Program Manager at Center for Health Solutions and Innovations (CHSI); health specialist with more than 26 years of professional experience from health management, standards and policy development, program planning, monitoring and evaluation to the development, design and implementation of quality assurance programs and, health promotion and communication in the Philippines. Has extensive experience at the national, regional and local levels including Local Government Units (LGU) and government health agencies and other development partners in designing and conducting health programs.



// Dr. Cecilia Manuel from CSHI provided an overview of the input and discussion of the first day, noted the opportunities to improve handwashing in the Philippines in communities and in emergency response. She noted the need for policies covering hygiene to help align programs, and additional research to strengthen effectiveness of interventions.

Her main reflections from the day's sessions were:

- > If you want to change the world, make your bed first (practice handwashing yourself).
- > Reflect more about the target groups who receive these hygiene interventions and our own approach to working with them.
- > Government agencies should support handwashing interventions.
- > Practitioners should seek out existing materials that can be used for their interventions.
- > Donors should recognize the need for innovation in –this field and understand that partnership takes time.

5.2 DAY 2 // REFLECTION

MR. RONALDO PUNO //

Served as the National President of the Philippine Association of Medical Technologists (PAMET) in 2015 and was re-elected in 2016 for the same position for the term 2017–2018; currently the First Member of the Continuing Professional Development Council of Professional Regulation Commission (PRC) and an active member of the Technical Committee for Medical Technology Education (TCMTE) of the Commission on Higher Education (CHED); a Council Member of ASEAN Association on Medical Laboratory Sciences (AAMLS); and a Corresponding Member of the International Federation of Clinical Chemistry (IFCC) for Laboratory Management Committee.



// Mr. Ronaldo Puno of PAMET closed the second day, emphasizing that handwashing is the single most effective way to prevent diseases.

His key reflections from day 2 included:

- > The implications of gender in handwashing behavior change, and the issues of stereotypes, and findings from the Philippines Hygiene Index – particularly the finding that more men washed their hands than women.
- > The need to develop new campaigns, with the trends of increasing social media users and decreasing TV viewers.
- > The discussion stressed that behavior change interventions should not end at individuals but should also include attention to hygienic environment, otherwise poor health outcomes will persist.

Puno also noted that the issue of poor hygiene also effects healthcare professionals. Infection is the leading cause of maternal and child morbidity and mortality, and the goal of PAMET and other health sector actors is to improve hygiene during antenatal care to improve health outcomes. Puno noted that there is a need to have larger and institutionalized initiatives to solve the hygiene problem and overcome resistance to change and gaps in evidence.

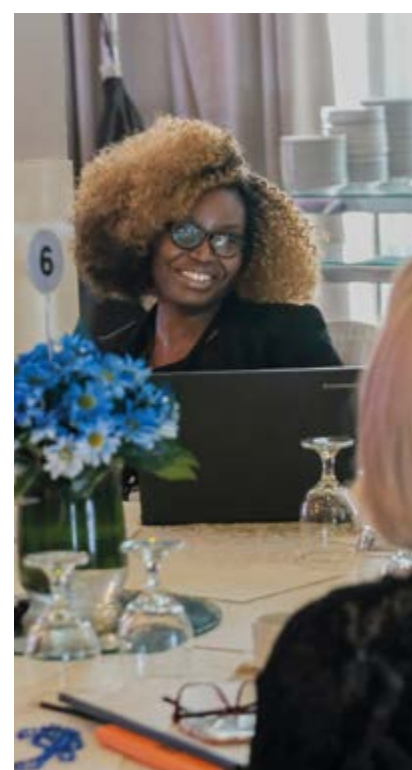
5.3 CLOSING

// The Think Tank co-organizers and planning committee thanked all participants, and reflected on the diversity of expertise, energy and engagement reflected in the room, which showed strong commitment and passion for the work. Organizers and participants agreed on the importance of reaching out to collaborate with people outside one's usual network to engage with people from other sectors, groups, backgrounds, and perspectives. For example, there was a clear case to bring together WASH and the nutrition sector in future discussions.

They also reflected on the range of approaches, innovations and interventions being used. While it is well-known that behavior change is hard to achieve, it was enlightening to know that there are many opportunities to look at what is, and is not, working so well. There is a need to team up and move in one direction, which can be achieved by working closely together, mainstreaming effective approaches and recognizing a need to let go of ineffective approaches.

The event also presented a range of approaches to understand and work with program participants. One major message was the importance of developing an empathetic and detailed understanding of what motivates our audiences and reflect that reality. For example, one of the facilitation team members reflected on a personal experience learning good handwashing practices from her mother and remarked that the Think Tank sparked her curiosity on how her mother had learned those practices.

Concluding the event, the organizers encouraged all participants to continue to connect with each other, to share what they learned at the Think Tank with others, and to use their experience to improve handwashing behavior change through their own work.



6. ANNEX

ANNEX 1 // AGENDA FOR THE 2018 HANDWASHING BEHAVIOR CHANGE THINK TANK

DAY 1 // 2018 OCTOBER 10

SESSION TITLE	TIME	SPEAKER
REGISTRATION	9:00 am – 9:15 am	
Welcome and opening remarks	9:15 am – 10:00 am	Ms. Carolyn Moore, Global Handwashing Partnership Mr. David Khoo, Procter & Gamble Dr. Kezia Lorraine Rosario, Technical Staff, Health Promotion & Communication Service, Department of Health Director Rizalino Jose T. Rosales, Director IV, Bureau of Learner Support Services, Department of Education
Event objectives and introductions	9:15 am – 10:45 am	Dr. Amy Weissman, FHI 360 Ms. Katherine Pizzacalla, GIZ Ms. Carmela Ariza, Facilitator
BREAK	10:45 am – 11:15 am	
BEHAVIOR CHANGE ACROSS CONTEXTS New findings in behavior change	11:15 am – 12:15 pm	Ms. Nga Kim Nguyen, USAID Dr. Om Prasad Gautam, WaterAid UK Dr. Munirul Alam, icddr,b
LUNCH	12:15 pm – 1:30 pm	
BEHAVIOR CHANGE ACROSS CONTEXTS Handwashing behavior change lessons across contexts	1:30 pm – 2:30 pm	Ms. Louise Maule, UNICEF Mr. Nayco Yap, Action Against Hunger Dr. Cecilia Manuel, Center for Health Solutions and Innovations Ms. Faustina Molina-Viriña, Center for Health Solutions and Innovations Mr. Jon Michael Villaseñor, UNICEF Ms. Lilian Lehmann, IDinsight Ms. Lilian Kamowa Chaguluka, WaterAid
BEHAVIOR CHANGE ACROSS CONTEXTS // LIGHTNING TALK What did we expect? Facing facts and planning toward the future	2:30 pm – 2:45 pm	Ms. Kirstie Urich, World Vision International
BREAK	2:45 pm – 3:15 pm	
BEHAVIOR CHANGE ACROSS CONTEXTS Behavior change lessons in challenging contexts	3:15 pm – 4:15 pm	Ms. Nga Kim Nguyen, USAID Ms. Sian White, London School of Hygiene and Tropical Medicine Mr. Torben Holm Larsen, RealRelief Mr. Martin Shouler, Arup Mr. Paul del Rosario, UNICEF
5-minute talks	4:15 pm – 5:00 pm	Ms. Aarti Daryanani, Unilever Ms. Janie Ilustre Alfonso, Manila Water Foundation Ms. Fadia Sultana, WaterAid Mr. Geoff Revell, HappyTap Mr. Phearak Svay, World Vision Asia P3 Hub Mr. Danny Labin, Sesame Workshop
Reflections on the day	5:00 pm – 5:15 pm	Dr. Cecilia Manuel, Center for Health Solutions and Innovations
Logistics and tomorrow's agenda	5:15 pm – 5:30 pm	Ms Carolyn Moore, Global Handwashing Partnership Ms. Carmela Ariza, Facilitator

DAY 2 // 2018 OCTOBER 11

SESSION TITLE	TIME	SPEAKER
Opening and review of the day	9:00 am – 9:05 am	Ms. Carolyn Moore, Global Handwashing Partnership
LIGHTNING TALK New media: Experiments in handwashing promotion	9:05 am – 9:20 am	Ms. Carissa Limcaoco, Procter & Gamble Mr. David Khoo, Procter & Gamble
HYGIENE SYSTEMS AND INTEGRATION Hygiene and nutrition integration	9:20 am – 10:20 am	Dr. Michael Gnilo , UNICEF Ms. Julia Rosenbaum, FHI 360 Dr. Stephen Luby, Stanford University Representative, National Nutrition Council
BREAK	10:20 am – 10:45 am	
HYGIENE SYSTEMS AND INTEGRATION Handwashing in the health system	10:45 am – 11:45 am	Dr. Robert Dreibelbis , London School of Hygiene and Tropical Medicine Ms. Alison Macintyre, WaterAid AU Representative, Department of Health, the Philippines
HYGIENE SYSTEMS AND INTEGRATION Institutionalizing handwashing in the education system	11:45 am – 12:45 pm	Dr. Bella Monse , GIZ Dr. Robert Dreibelbis, London School of Hygiene and Tropical Medicine Dr. Ella Naliponguit, Department of Education, the Philippines
LUNCH	12:55 pm – 2:15 pm	
LIGHTNING TALK Hacking handwashing measurement	2:15 pm – 2:25 pm	Mr. David Khoo , Procter & Gamble Ms. Julia Rosenbaum , FHI 360
LIGHTNING TALK Designing a better handwashing station	2:25 pm – 2:35 pm	Mr. James Bourne , Kohler Ms. Leslie Llado , Splash Ms. Nike Frans , World Vision Indonesia
DESIGN AND INNOVATION Innovative approaches to measuring handwashing behavior change	2:35 pm – 5:00 pm	CONCURRENT SESSIONS WITH BREAK AT 3:30 PM
DESIGN AND INNOVATION Designing a better handwashing station	2:35 pm – 5:00 pm	
Reflections on the day	5:00 pm – 5:15 pm	Dr. Ronaldo Puno, Philippines Association of Medical Technologists
Logistics and tomorrow's agenda	5:15 pm – 5:30 pm	Ms Carolyn Moore, Global Handwashing Partnership Ms. Carmela Ariza, Facilitator

Session leads are in bold text. // Session leads not presenting: Ms. Lizette Burgers, UNICEF, Hygiene and nutrition integration; Ms. Katherine Pizzacalla, GIZ, Handwashing in the education system; Ms. Claire Chase, World Bank, Innovative approaches to measuring handwashing behavior change; Ms. Megan Williams, Splash, Designing a better handwashing station; Ms. Julia Rosenbaum, FHI 360, Event objectives and introductions

ANNEX 2 // LIST OF PARTICIPANTS

ALPHABETICALLY ARRANGED BY ORGANIZATION'S NAME

NO.	FIRST NAME	LAST NAME	ORGANIZATION	DESIGNATION
Action Against Hunger (ACF)				
1	Nayco	Yap	ACF	WASH Coordinator
Arup				
2	Martin	Shouler	Arup	Associate Director
Asia P3Hub				
3	Christy	Davis	WV Asia P3 Hub	Director
4	Phearak	Svay	Asia P3 Hub	Senior WASH and Partnership Advisor
Center for Health Solutions and Innovations (CHSI)				
5	Faustina	Molina-Viriña	CHSI	Consultant
6	Phoebe	Maata	CHSI	MCHN Consultant
7	Cecilia	Manuel	CHSI	Program Manager
Department of Education (DepEd Philippines)				
8	Ella Cecilia	Gamolo-Naliponguit	DepEd	
Department of Health (DOH Philippines)				
9	Edna	Nito	DOH	
10	Kezia	Rosario	DOH	
11	Brian	Aviguetero	DOH	
EpiMetrics Inc				
12	Abigail	Tan	EpiMetrics Inc.	Qualitative Specialist
13	Erika	Modina	EpiMetrics Inc.	Innovation Officer
FHI 360				
14	Amy	Weissman	FHI 360	Director Technical, Health, Population and Nutrition
15	Julia	Rosenbaum	FHI 360	Technical Advisor
Global Handwashing Partnership (GHP)				
16	Carolyn	Moore	GHP	Secretariat Director
17	Ebuwa	Evbuoma	GHP	Knowledge Management Technical Officer
Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ)				
18	Katherine	Pizzacalla	GIZ	Senior Advisor, Fit for School
19	Bella	Monse	GIZ	Senior Advisor, Fit for School
20	Nicole	Siegmund	GIZ	Program Director, Regional Fit for School Program
21	Jed	Dimaisip-Nabuab	GIZ	Research Coordinator, Regional Fit for School Program
22	Frederick	Madrid	GIZ	Project Officer, Regional Fit for School Program

HappyTap				
23	Geoff	Revell	HappyTap/ WaterShed Asia	Program Director
24	Rumat	Ashraf	HappyTap Bangladesh	Director
Health Care Without Harm (HCWH)				
25	Ramon	San Pascual	HCWH	Executive Director
IDinsight				
26	Lilian	Lehmann	IDinsight	Regional Director, SouthEast Asia
27	Meghan	Battle	IDinsight	Manager
Kohler				
28	James	Bourne	Kohler	Product Engineer
London School of Hygiene and Tropical Medicine (LSHTM)				
29	Robert	Dreibelbis	LSHTM	Assistant Professor
30	Sian	White	LSHTM	Research Fellow
Manila Water Company (MWC)				
31	Edgar	Magturo	MWC	
Manila Water Foundation (MWF)				
32	Janie Rose	Alfonso	MWF	Program Manager
33	Samantha	Coronado	MWF	Resource Mobilization Manager
National Nutrition Council (NNC Philippines)				
34	Maria Cecilia	Rosario V. Sta. Anna	NNC	Nutrition Officer 2, Nutrition Information and Education Division
Philippine Association of Medical Technologists, Inc. (PAMET)				
35	Ronaldo	Puno	PAMET	National President
Procter and Gamble (P&G)				
36	Carissa	Limcaoco	P&G	Safeguard PH Communications Manager
37	David	Khoo	P&G	Global Scientific Communications Leader
38	Anna	Legarda	P&G	
39	Toshiyuki	Okada	P&G	Senior Product Technologist
Real Relief				
40	Torben	Holm Larsen	Real Relief	Technical Director
Save the Children				
41	Anjelia	San Buenaventura	Save the Children, Philippines	Program Officer – School Health and Nutrition
42	Jonathan	Valdez	Save the Children, Philippines	Water, Sanitation and Hygiene Advisor
International Centre for Diarrhoeal Disease Research, Bangladesh (iccdr,b)				
43	Munirul	Alam	iccdr,b	Head, Molecular Ecology and Metagenomic Laboratory
Sesame Workshop				
44	Danny	Labin	Sesame Workshop	Vice President, International Projects

Splash				
45	Leslie	Llado	Splash	Program Sustainability Manager
Synergeia				
46	Annie	de Leon	Synergeia	Operations Officer
United Nations International Children's Fund (UNICEF)				
47	Jon	Michael Villasenor	UNICEF PH	WASH Officer
48	Katrina Arianne	Ebora	UNICEF PH	WASH Research and Advocacy Consultant
49	Louise	Maule	UNICEF PH	WASH Chief
50	Paul	del Rosario	UNICEF PH	WASH Coordination for Emergencies
51	Michael	Emerson Gnilo	UNICEF HQ	Sanitation and Hygiene Specialist
United States Agency for International Development (USAID)				
52	Nga	Nguyen	USAID	Sr. WASH and SBC Specialist
53	Lucy	Jubeki Mungoni	USAID MALAWI	WASH Specialist, Health Population and Nutrition
University of the Philippines (UP)				
54	Victorio	Molina	UP	Associate Professor
WaterAid				
55	Akter	Jahan Fadia Sultana	WaterAid Bangladesh	Project Manager, South Asia Wash Result Programme
56	Alison	Macintyre	WaterAid Australia	WASH in HCF GAP at WHO, Health Advisor at WaterAid
57	Lilian	Kamowa Chaguluka	WaterAid Malawi	Hygiene Specialist
58	Om	Prasad Gautam	WaterAid UK	Senior WASH Manager - Hygiene
59	Elijah	Adera	WaterAid Southern Africa Region	Regional Programme Manager
World Health Organization (WHO)				
60	Eduardo	Genciagan, Jr.	WHO Philippines/SSA	Technical Assistant
World Vision				
61	Kristie	Urich	WV - International	WASH Capabilities Manager
62	Nike	Frans	WV - Indonesia	Health Specialist Zone NTT
63	Carleneth	San Valentin	WV - Philippines	Health and Nutrition Technical Manager
Others				
64	Carmela	Ariza		Facilitator

ANNEX 3 // PRESENTATIONS

// HANDWASHING WITH SOAP:
PAST, PRESENT AND FUTURE

Ms. Nga Kim Nguyen // Senior Behavior Change Advisor, USAID
// nknguyen@usaid.gov

Handwashing with soap: past,
present and future

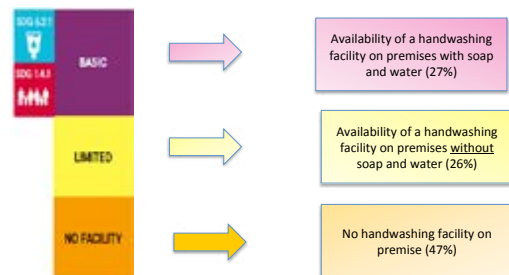
Nga Kim Nguyen
Senior Social & Behavioral Change and WASH Advisor, USAID

A bit of history...

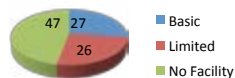


Where are we now?

JMP ladder for hygiene



Yet, handwashing rates are still low

Access to HW Facilities in
Least Developed Countries
(JMP)

Roughly 19% of world population washes hands with soap after contact with feces
(Freeman, et. al. 2017)

Impact of behavior change approaches

Approaches	Limitations
Community Health Clubs (CHCs) https://www.poverty-action.org/study/evaluation-community-based-environmental-health-promotion-program-twanda	Impact evaluation showed no effect of CHCs in reducing diarrhea: <ul style="list-style-type: none"> • 14% reported diarrhea among control areas • 14% reported diarrhea in "light" intervention areas • 14% reported diarrhea in "classic" intervention areas
Handwashing and sanitation behavior change http://www.3ieimpact.org/media/files_public/2017/06/29/srs-handwash.pdf	<ul style="list-style-type: none"> • Community-based approaches may be effective in changing handwashing & sanitation behavior, if... • Social marketing approaches probably improve sanitation behaviors but effect on handwashing & safe feces disposal practices unclear. • Sanitation & hygiene messaging probably improves handwashing in short term, but has no impact on open defecation behavior or safe feces disposal. • Further research needed on theory-based approaches using elements of psychosocial theory.

Evolution of behavior change approaches

IEC – information, education, communication: telling is enough

BCC – behavior change communication: knowledge is not enough, need to look at other individual factors

SBCC – social & behavioral change communication: individual factors are not enough – focus on social & gender norms through communications

SBC – social & behavioral change: all factor are important, makes no assumption that communication is the key method for changing behavior. Most open to environmental/structural interventions.

New approaches to WASH behavior change



// HYGIENE BEHAVIOUR CHANGE AT SCALE: WATERAID'S EXPERIENCE

Dr. Om Prasad Gautam // Senior WASH Manager, WaterAid // omprasadgautam@wateraid.org

Hygiene Behaviour Change at Scale: WA's Experiences

Dr Om Prasad Gautam, PhD, MPH, MA
Senior WASH Manager (Global lead on Hygiene)
WaterAid UK

We all want to stay clean and healthy but...

Poor hand hygiene leads to:

- Making people sick
- Keeping children out of school
- Stopping adults from working
- Putting mothers and babies at risk in hospitals
- Putting institutions at risk for source of infection

Key shift in hygiene behaviour change work

Encouraging **social norms**
Changing scripts – **motivations**
Changing **behavioural settings**

Rewarding Routines Leadership

Behaviour change focus

INFRASTRUCTURE/ PRODUCTS **KNOWLEDGE**

Sustained Hygiene Behaviours

Handwashing with soap: active ingredients

Campaign inspiration (desire)

Community settings	School settings	Healthcare settings
Menstrual hygiene	Menstrual hygiene	Others (cleanliness)
Food Hygiene	Food Hygiene	Waste management
Use of clean toilet	Use of clean toilet	Use of clean toilet
Use of safe water	Use of safe water	Use of safe water
Handwashing with soap	Handwashing with soap	Handwashing with soap

Sustained hygiene behaviour change at scale

Outcomes: 1. Improved health, 2. Improved education, 3. Improved nutrition, 4. Improved gender equality, 5. Improved water and sanitation, 6. Improved hygiene, 7. Improved food safety, 8. Improved waste management, 9. Improved community resilience, 10. Improved economic productivity, 11. Improved social cohesion, 12. Improved environmental sustainability, 13. Improved overall well-being.

Delivery approach: Integration approach (health, education, nutrition, private sector) | Mainstreaming approach (WASH) | Campaign approach (nationwide, districts wide, institutional)

Key Behaviours: Handwashing with soap, Safe Water Management, Faeces Management, Food Hygiene, Menstrual Hygiene

Behaviour change: Infrastructure / products, Knowledge

Case Study 1: Integrating hygiene/HW into routine immunization programme - an innovation at scale

- Objective:** Improve behaviours and immunization coverage, and assess feasibility of integration
- Leadership:** Ministry of Health in Nepal and WaterAid
- Behaviours:** 5 key hygiene behaviours including HW
- Target population:** 35,000 mothers/guardians
- Used **creative process** and team to design
- Used **emotional drivers** (Disgust, Nurture, Affiliation & Status) and **settings change concept**
- Hygiene sessions primarily **delivered by FCHVs**:
- Implementation Period:** One year (pilot) and 3 year transition leading to scale-up
- Implemented through Gov's routine immunization

Exposure per mother / guardian 5 times only

Timeline: A (Scoping study 2012), B (Formative research 2014), C (Package design 2015), D (Implement ation 16/17), E (Baseline and Endline 2017)

Hygiene/HW behaviour change integration

Campaign components and creativity in approaches

Campaign desire: to be an "ideal family"

Components: Campaign rituals (HW), Games (Child life, wheel of hygiene, hot potato games), Competitions, Story-telling, Folk song, Jingle, pile sorting, Commitment, Illustration demonstration, Visual reminders and nudge, mass media, public reward etc.

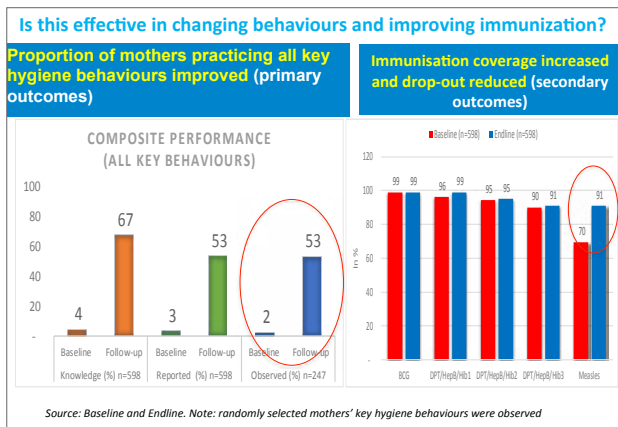
Changing behavioural setting

Fan: "Wash with message: 'Did you wash your hands before feeding me?'"

Mirror



45min hygiene sessions just before immunization



Strength, lessons and way forward

- Full government ownership (MoH) and leadership to implemented through the sustained routine mechanism
- Model for integration of hygiene/HW into routine immunization
- Focused to strengthen health system and change on behaviour rather than raising awareness
- Used behaviour centric approaches and creative process to design and implement novel intervention
- Intervention has high level of reach / compliance and strong supervision
- Additional cost per child: US\$ 12 (in pilot), transition to scale (US\$ 6) and scale-up US\$1



The Next Steps

At National Level: nationwide scale-up
Pilot: 4 districts → Scale-up: 77 districts (nationwide)

At global level

- Replicate same model as scale in other countries (opportunities for wider collaborations)
- Global vaccine policy influence?


Case Study 2: National behaviour change campaign – Pakistan

- **Initiative:** 5 years national campaign on behaviour change and policy influencing
- **Partnership:** WaterAid, Plan, UNICEF & Govt of Pakistan
- **Research:** Formative research, and creative process to design the campaign
- **Touchpoints:** Intensive mobilization of mass media, IPC and community mobilization, Campaign for Campaign, policy dialogue
- **Tools:** a comprehensive national BCC strategy and promotion package
- **Target/Focus:** 3 behaviours targeting 50m population and policy change




Outcomes: first phase of campaign

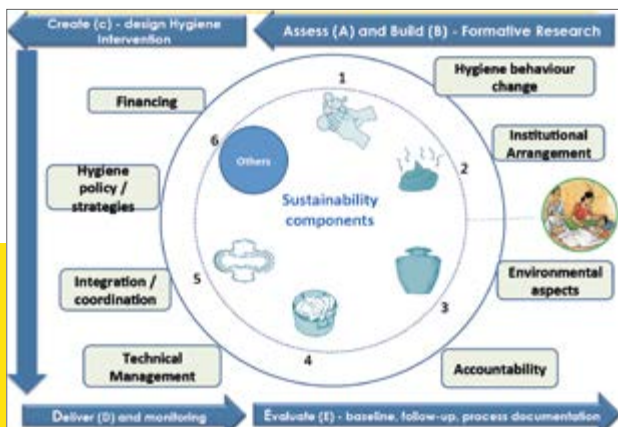
- **Mass media:** 96 million people through mass media. Many policy debates
- **IPC:** 1.17 million from IPC (yet to assess the sustained Input Outputs)



President Mamnoon Hussain being presented the Revised Curriculum of Primary Education by Federal Minister for Education

Gov School Primary level curriculum changed



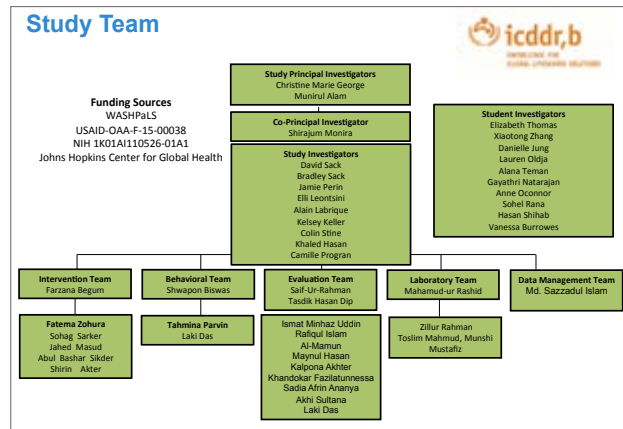



// WASHPaLS mHEALTH MESSAGING: AN INNOVATIVE APPROACH TO PROMOTE IMPROVED CAREGIVER AND CHILD HYGIENE PRACTICES IN BANGLADESH

Dr. Munirul Alam // icddr,b // munirul@icddr.org

WASHPaLS: mHealth Messaging: An Innovative Approach to Promote Improved Caregiver and Child Hygiene Practices in Bangladesh

Dr. Munirul Alam
Senior Scientist, icddr,b
Dhaka, Bangladesh



Research Site

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) Dhaka Hospital

Food is still sold open and food-borne diseases kill many people (2m a year: WHO)

This is one of those restaurants where food remains exposed to dirt and filth. With no roof overhead, poor people, mostly labourers, have meals there all in the open. The unhygienic environment or quality of food hardly matters to them because of the affordable prices.

FAO Official and the Dhaka South City Corporation Mayor are trying safe(?) street food

Recurrent seasonal epidemics of cholera and other diarrheal diseases in Bangladesh

•People of all ages suffers from cholera and diarrhea all over the year

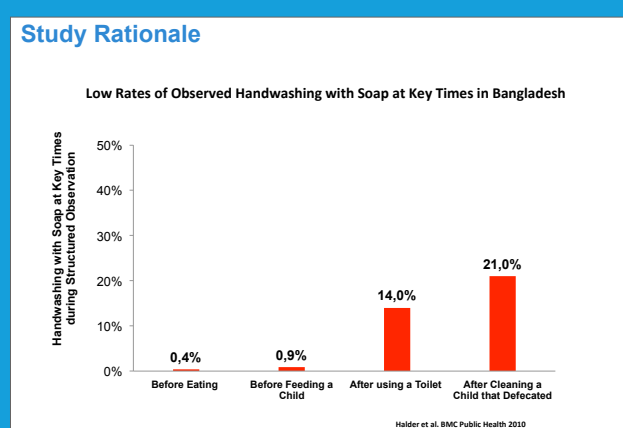
38.7 pc Indian children stunted, suggests global report

New Delhi, Jun 13, 2016 (PTI) 19:15 IST

India has fared worse than even some sub-Saharan countries in terms of number of children who are stunted, according to a new report on global nutrition.

With 38.7 per cent children in the country suffering from stunting, India ranks 114 in the list of 132 countries surveyed. The percentage is much higher than the 20 per cent target set as per the latest Global Nutrition

Bangladesh Elementary School children shows stunting

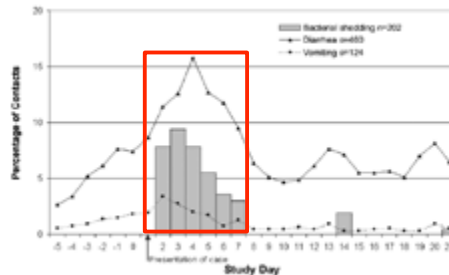


Study Rationale

Household contacts of cholera patients in Bangladesh are at a 100 times higher risk of developing a cholera infection than the general population



7 Day High Risk Period for Household Contacts



Source: Weil et al. 2009

Cholera Hospital-Based Intervention for 7 days CHoBI7



Cholera Hospital-Based Intervention for 7 days CHoBI7



CHoBI7 Promotional Materials

• Flipcharts

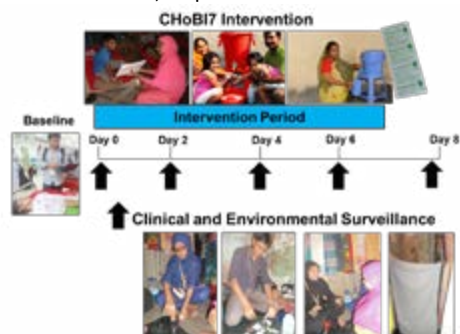


• Cue cards



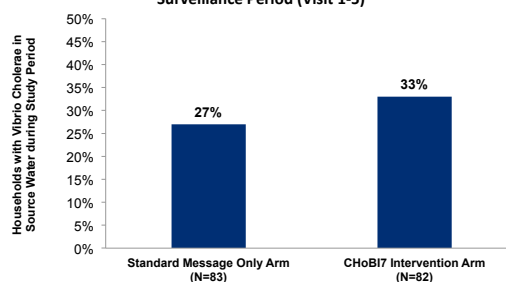
Study Design

Enrollment at Dhaka icddr, Hospital: June 2013 - November 2014



Results

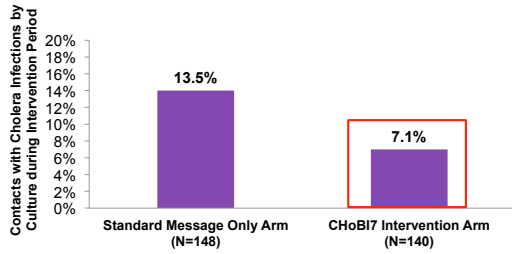
Detectable *Vibrio Cholerae* by Bacterial Culture in Source Water During Surveillance Period (Visit 1-5)



George & Alam et al. 2016 Emerg. Infect. Dis.

Results: Overall Cholera Infections

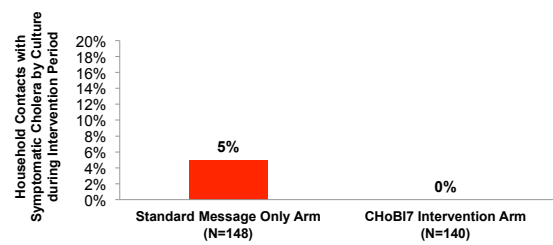
47% Reduction in Overall Cholera Infections among Household Contacts in CHoBI7 Arm



George et al. 2016 Emerging Infectious Diseases

Results: Symptomatic Cholera Infections

Significant Reduction in Symptomatic Cholera among Household Contacts in CHoBI7 Arm



† Symptomatic cholera infection defined as a cholera infection with diarrhea and/ or vomiting in the past 48 hours

George et al. 2016 Emerging Infectious Diseases

*The J. Pediatr. Med. Soc., 102(2), 2011, pp. 43-49.
doi:10.1093/peds/102.2.43
Copyright © 2011 by The American Society of Tropical Medicine and Hygiene.*

Sustained Uptake of a Hospital-Based Handwashing with Soap and Water Treatment Intervention (Cholera-Hospital-Based Intervention for 7 Days [CHoBI7]): A Randomized Controlled Trial

Christine Marie George,* Danielle S. Jung, K. M. Saif-Ul-Rahman, Shirajum Monira, David A. Sack, Muhammad Rashid, Md. Toufik Mahmud, Mustafa Mustafa, Zahir Rahman, Saadatul Islam Hossain, Peter J. Winch, Elk Livoniani, Jamie Perin, Farzana Begum, Fatma Zahara, Sowpan Biswas, Tahmina Parvin, R. Bradley Sack, and Monirul Alam

Study rationale: unsafe child feces disposal

THE JOURNAL OF PEDIATRICS • www.jpeds.com ORIGINAL ARTICLES

Unsafe Child Feces Disposal is Associated with Environmental Enteropathy and Impaired Growth

Christine Marie George, PhD¹, Laxmi Datta, MSPH², Shoupan Biswas, MRS³, Jamie Perin, PhD¹, R. Bradley Sack, ScD, MD¹

Study rationale: geophagy

*The J. Pediatr. Med. Soc., 102(2), 2011, pp. 107-110.
doi:10.1093/peds/102.2.107
Copyright © 2011 by The American Society of Tropical Medicine and Hygiene.*

Geophagy Is Associated with Environmental Enteropathy and Stunting in Children in Rural Bangladesh

Christine Marie George,* Laxmi Datta, Shoupan Biswas, Jamie Perin, Gwyneth O. Lee, Margaret Kinosh, R. Bradley Sack, Shabmanur Ahmed, Rashidul Haque, Tahmina Parvin, Israt J. Akter, Saadatul Islam Hossain, Karim A. Talukder, Shabnoij Mohammad, and Abu G. Faruque

Current Work

Investigating Scalable Approaches for CHoBI7

WASHPaLS Study Objectives

- Reduce Child Mouthing of Contaminated Fomites
- Safe Child Feces Disposal
- Improved Food Hygiene

Current Work: Formative Research Phase

- In-Depth Interviews
- Pilot Study
- Structured Observations
- mHealth Workshops
- Health Promoter Training

// SUPER TOWEL™

Mr. Torben Holm Larsen // Real Relief // thl@realreliefway.com

What do we mean by Complex situations?



Disaster **Conflict** **Disease**

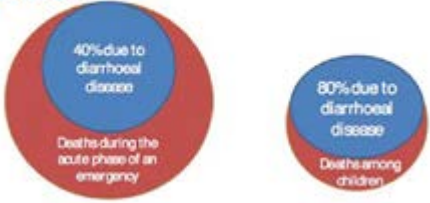
Photo: The Huffington Post, AP News, The Agency

Other complex situations?



Water scarcity/ intermittent supply **Informal settlements** **Transition and recovery**

The burden of Faecal-Oral Diseases in emergencies



40% due to diarrhoeal disease
Deaths during the acute phase of an emergency

80% due to diarrhoeal disease
Deaths among children

Source: Connolly M, et al., 2002 & Nelson A, et al., 2010

Could handwashing be the solution?



Diarrhoeal disease reductions of 23% to 48%

ARI reductions of 21% to 23%

Avert 607,000 deaths of children under 5 annually

Source: Plesman MG, et al (2014); Girmesse S, et al (2013); Rhee T, et al (2006); Akiyo AC et al (2002); & Shantani K, et al (2013)

Photo: Environmental Health Group



Most handwashing programs in emergencies involve distribution of hygiene products and education about the benefits of handwashing

Although being informed and having soap and water is important these things alone are insufficient to change behaviour

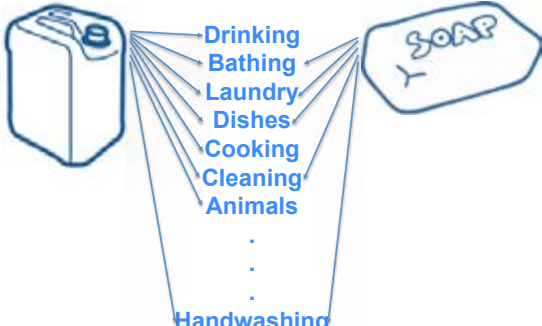
What other handwashing solutions could there be?

In 2016 there were 65.6 million people displaced from their homes due to conflict, persecution and crises...

Providing soap becomes a mammoth task!



Soap and water are valuable in a crisis and are always prioritised for purposes other than handwashing



Drinking
Bathing
Laundry
Dishes
Cooking
Cleaning
Animals
Handwashing

Even when soap and water are available they are not always used



...soap being hoarded in an IDP camp

...soap is kept in the tent not near the handwashing facility

...the soap that is available is not desirable

Handwashing with soap in humanitarian crises becomes something that...

- is inconvenient, unfamiliar and undesirable
- uses valuable resources
- logistically difficult to support

Could we design a product that...

- ✓ Doesn't use much water
- ✓ Makes handwashing more convenient
- ✓ That is cheap to produce
- ✓ That is lightweight
- ✓ That lasts for a long time
- ✓ That people like to use
- ✓ That is as efficacious as handwashing with soap

 **MAGIC TOWEL**

became

 **SUPER TOWEL**

due to



 **SUPER TOWEL**



The basic idea behind Supertowel

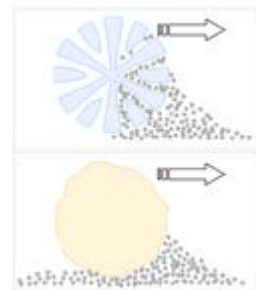
- Handwashing without soap
- Minimal consumption of water
- Any water source
- Handwashing anywhere, anytime
- As efficient as water and soap



The technology behind Supertowel

- Two modes of action:
 - Bacteria are removed from the hand by the microfiber fabric
 - Bacteria are killed by the antimicrobial treatment after they have been transferred to the towel

The microfiber fabric 99% bacteria removal



The antimicrobial treatment - 99,99% efficacy

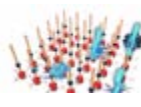
A permanently bonded, anti-microbial shield. This shield is formed by a chain of carbon atoms attached to positively charged Nitrogen and Silica.



Positively charged carbon chains



Pathogens are negatively charged and are attracted to the fabric



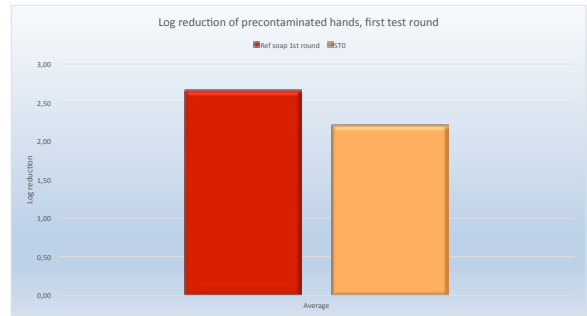
Pathogen cell membranes are disrupted electro-mechanically

The Supertowel development process

- Supported by HIF – response to WASH challenge: #ReImagine Soap
- Project developed with LSHTM and DRC
 - Phase 1: Proof of concept in lab test
 - Phase 2: User acceptability study in the field

Phase 1

First round: 16 volunteers washed their hands using initial version of Supertowel (ST0) and reference soap in a random order.

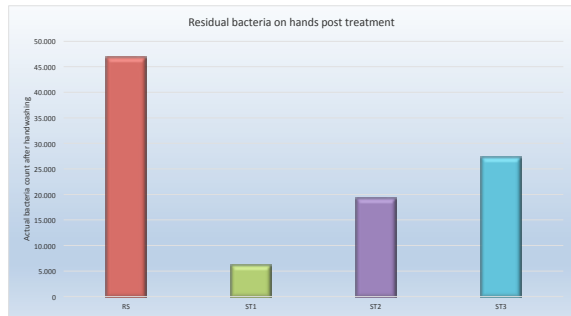
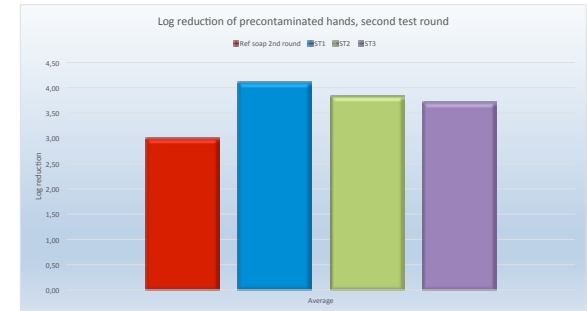


Phase 1

Second round: 16 volunteers washed their hands using three new versions of Supertowel (ST1, 2 and 3) and reference soap in a random order.



From left to right: Supertowel™ version 3, 2 and 1



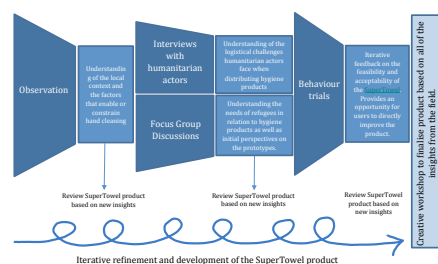
Phase 2

- Assessing the acceptability and feasibility of Supertowel as an alternative soap product.
- A study performed in a cooperation between LSHTM, Real Relief and DRC in Hitsats camp in Tigray region of Ethiopia

Phase 2



Phase 2



Phase 2 – intermediate conclusions

- people found it an acceptable and appropriate solution given that they were living in a water scarce environment and had limited economic resources.
- people liked its multi functionality.
- it seemed to improve handwashing frequency and ease allowing people to clean their hands at times when they might not otherwise bother (e.g. when outside the home or during food prep).

Next steps

- Further product improvements
 - Avoid smell when kept in water proof bag
 - Less bulky bag
- Laboratory testing with shorter time and less water.
- Durability test on Supertowel
- Ultimately – a health impact study

// ARUP AND HANDWASHING STATION IN EMERGENCIES DESIGN

Mr. Martin Shouler // Arup // handwashing@arup.com

Co-developing a handwashing facility for Humanitarian Crises

Martin Shouler
Arup

handwashing@arup.com

Working in partnership:

ARUP + British Red Cross + LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE + bp

Introduction to Arup

Multi-disciplinary firm specialising in every aspect of the built environment

Founded in 1946 by Sir Ove Arup, a Philosopher Engineer

TECHNICAL EXCELLENCE & SOCIAL PURPOSE

13,000 planners, designers, engineers and consultants working in 85 offices across 35 countries

The Global Challenge

- Funding projects in India, Guatemala, Mozambique, China, Uganda and Sri Lanka.
- Covering a range of WASH topics including water purification, borehole rehabilitation and handwashing

Sustainable Development GOALS

Proposal overview:

Task Off Meeting

Stage 1: Problem Understanding (3 Months)

Stage 2: Concept Generation (2.5 Months)

Stage 3: Detail Design (2.5 Months)

Stage 4: Manufacture (2 Months)

Phase 2 Proposal

Manufacture & Production

Timeline: Mar. 18, Sep. 18, Nov. 18, Jan. 19, Mar. 19

Current response in emergencies

- In emergency response safe water supply is a first consideration, then sanitation. Hygiene solutions are often neglected or an afterthought.
- The British Red Cross currently deploys mass sanitation modules in emergencies but these are deployed without satisfactory rapidly deployable hygiene facilities.

Why handwashing facilities

- Having a handwashing facility increased the likelihood of handwashing with soap by as much as 67%.
- Handwashing facilities make handwashing more convenient and act as a cue to trigger behaviour.

Our process

- Refine and understand the problem
- Dig into the literature on behaviour change, handwashing and hand washing facilities
- Appraise current handwashing facilities
- Understand the warehousing and distribution process
- Understand perspectives of crisis affected populations (past research and field visit to Uganda)
- Develop brief
- Develop concepts and get feedback from stakeholders

Current hand-wash points for emergencies - none are the perfect solution

Problems with current facilities

- Often unattractive and do not resemble a handwashing facility
- Difficult to replenish, frequent water refilling required
- Using gravity so top heavy and unstable (or else small volume)
- Not durable/robust (short-term use) or high cost (and bulky)
- Not customisable – it is what it is
- Easily damaged and parts often stolen (including soap)
- Used for things other than handwashing
- Unsuitable for children and people with disabilities

Our brief

- Develop a product that is suitable for displaced populations whether they live in or out of camps.
- Develop a product that can be deployed during the acute stage but that could evolve as needs change.
- We want our facility to mainly be used for handwashing after the toilet (individual or shared).
- Develop a product that is appealing and beautiful so that people want to spend time washing their hands.
- Develop a product that is familiar to people and increases their dignity.
- Develop a product that cues behaviour.
- Develop a product that makes hand washing more convenient.
- Develop a product which uses parts and processes that are available locally.
- Easy to pack and construct.

Taps and pumps...



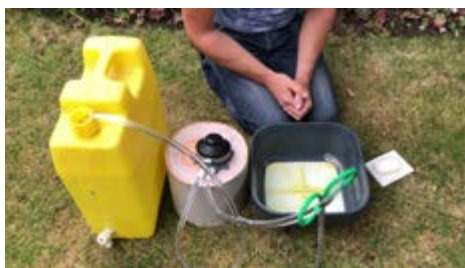
Individual use or mass sanitation...



A system approach



Adaptable to the needs of different users...



Able to evolve as the emergency evolves



6. Washpoint Hybrid



// Wash'Em: IMPROVING HYGIENE PROGRAMMING IN HUMANITARIAN CRISES

Ms. Sian White // LSHTM // sian.white@lshtm.ac.uk

Wash'Em
Improving hygiene programming in humanitarian crises

USAID | ACTION ON AIR QUALITY | CAWST

How do we currently respond during crises?

Successful hygiene programming in stable settings =

- Grounded in theory
- Based on evidence
- Designed to address behavioural determinants
- Adapted to the local context
- Properly funded



Photos: Cyrene and British Red Cross

Wash'Em

Learning from Humanitarians ...

"Understanding behaviour is difficult we need to have some special people to do this, let's say academic people who can do this job otherwise it's impossible."

"Everything we do is our own. We just google things and base it on past experience... There are no organisational documents or strategies. So that makes it inherently risky and short lived because it will only last as long as the program manager stays in place."

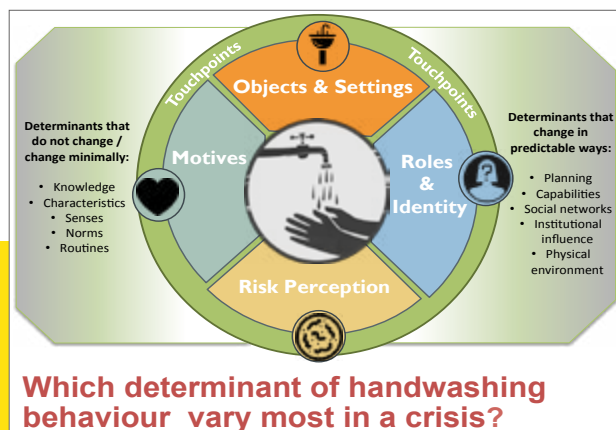
"There are so many documents and books [about hygiene behaviour change]. At the moment what happens is it depends on the person... they will just say 'I don't want this' or 'I will use this' based on what they think."

"I think part of the job is convincing people within the sector that actually we can do something much more fine tuned to improve hygiene programs. We just need to take time to understand."

Learning from crisis affected populations



- Everyone already knows the health benefits of handwashing
- We need to design infrastructure in a way that cues handwashing and makes it more desirable.
- Hygiene programs need to consider psycho-social wellbeing.
- **Behaviour is driven by different determinants in a crisis. BUT because we are all humans we still have more in common than divides us and this makes it possible to identify predictable patterns of behaviour.**



Could a piece of software...

- Help humanitarian actors feel that behaviour change is something that they are capable of?
- Design programs that are rapid?
- Design programs that are based on evidence?
- Design programs that are context specific?
- Design programs that are sensitive to the needs of vulnerable crisis-affected populations?



What is Wash'Em?

- 1 Learn about the rapid research tools
- 2 Do the rapid research tools
- 3 Input data in Wash'Em software
- 4 Get context-specific hygiene program recommendations

Got a question? Use the Support Hub to connect with an expert

Informed by:

- Theory
- Existing evidence

▪ New in depth behavioural research in humanitarian crises.

5 rapid assessment tools



- The tools should take one day to learn and 3-5 days to conduct.
- Highly participatory tools that directly link to program decisions
- Range of learning materials – short written guides, videos, online quizzes or a face-to-face training.

The decision making software



We want your help!

- **Sign up...** Go to washem.info and sign up to the mailing list to keep updated about when the Wash'Em rapid assessment tools and software.
- **Test...** We are looking for organisations to test the rapid assessment tools and Wash'Em software and to provide us feedback so that they can be improved. If you are interested contact support@washem.info
- **Innovate with us...** Over the next 2 years we will also be testing some innovative hygiene programs ideas in emergencies. If you have an ongoing hygiene program and are interested in working with our team contact support@washem.info

washem.info

SUBSCRIBE FOR UPDATES

// WHAT DID WE EXPECT? FACING FACTS AND PLANNING TOWARDS THE FUTURE

Ms. Kristie Urich // WVI // kristie_urich@wvi.org

Are you seeing the change you hope to see in your work?

What was supposed to happen?

What actually happened?

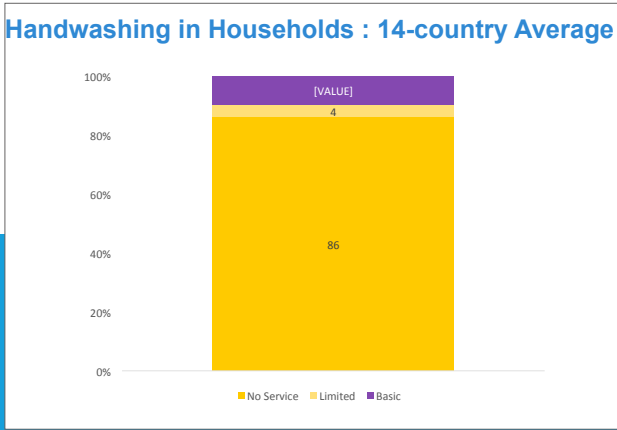
2017 Evaluation

- More than 35,000 household surveys, analysis of nearly 11,000 microbial water samples, and evaluation of WASH in 2,000 health care facilities and more than 2,600 schools, across 14 countries – World Vision and comparison areas
- WASH according to SDG metrics
- Three contexts: Households, Schools and Health facilities

Definitions: Hygiene Levels In Households

- Basic**
Handwashing facility on premises with soap
- Limited**
Handwashing facility on premises, but soap or
- No Service**
No handwashing facility on premises

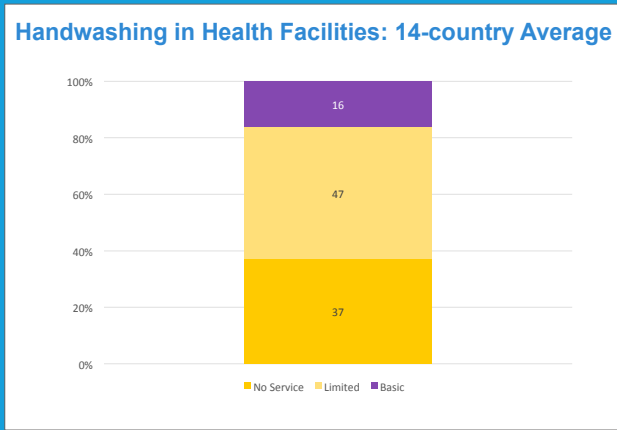
Source: JMP 2017



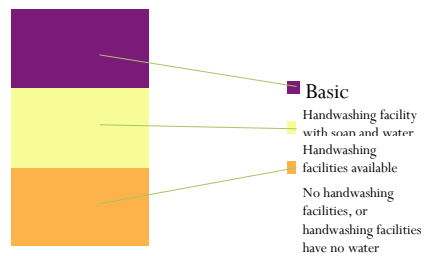
Hygiene Levels In Healthcare Facilities

- Basic**
Hand hygiene materials (basin)
- Limited**
Hand hygiene materials present at
- No Service**
Hand hygiene stations are absent, or have no soap or water

Source: JMP 2017

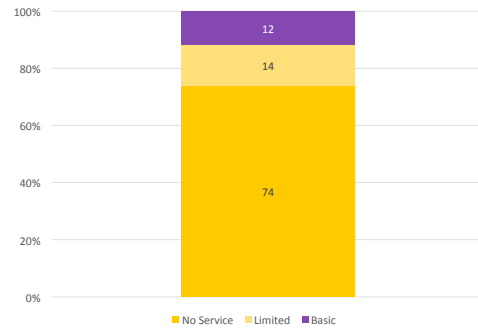


Hygiene Levels In Schools



Source: JMP 2017

Handwashing in Schools : 14-country Average



Why was there a difference?

What can we learn from this?

Some learnings

- Renew focus
- Define and build competencies
- Embed and apply learnings from formative research as a KPI
- Budget and TIME!

During the break: After-action review

What was supposed to happen?
 What actually happened?
 Why was there a difference?
 What can we learn from this?
 What are we going to DO about it?




// MANILA WATER FOUNDATION



MANILA WATER FOUNDATION

Health in Our Hands
Promoting Healthy Living, Through Proper Handwashing

Ms. Janie I. Alfonso
Program Manager



MANILA WATER FOUNDATION

Manila Water Foundation, Inc. (MWF) is a duly registered, non-stock, nonprofit organization recognized, accredited, and authorized by the following institutions:

PCMC, SEC, PHILCV, DSWD, BIR

A member of PHILCV

MANILA WATER FOUNDATION

VISION

Our vision is to be the enabler of change through sustainable water access, sanitation and hygiene (WASH) education for marginalized communities in the Philippines.


MISSION

Our mission is to create and implement participatory and responsive WASH programs contributing to holistic community development.

Integrated WASH program




A holistic WASH intervention in waterless and toilet-less communities



Handwashing Facilities and Drinking Fountains

Toilet Rehabilitation / Transitional Toilets

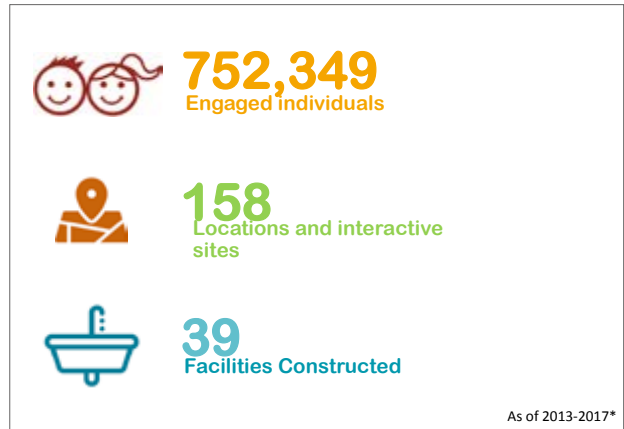
Hygiene Education



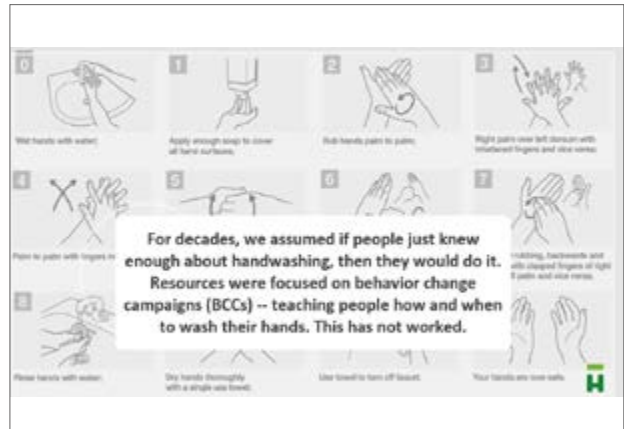
HEALTH IN OUR HANDS

Educate communities and schools about proper handwashing with soap, and the importance of hygiene as a key for healthy living.





// HappyTap



e.g. Vietnam market size

Within a total market of 22.5M households in Vietnam, there is:

- a total available market of 16.2M households (dependents aged either <15 or >65);
- a serviceable market (in year 1) of 5.2M households in the southern provinces and Ho Chi Minh City;
- a target market 2.06M households with children <5

Household segment	Potential barrier	Key Message	Essential feature
Small town / rural (elderly, ill, and children) - low to high income	Water and sanitation level (especially dirty children's water)	Water, quality product needed for safe consumption (especially through TV, radio, education, etc. as influencing)	Water is dirt's worst enemy - "my child getting up to be a doctor" - want steps of mothers
Small town / peri-urban / rural (college, engaged students, urban, low to middle income)	Water and sanitation level (especially dirty water)	Convenient device to avoid "learning or understanding water hygiene" for safety (influenced through NGOs and offline marketing)	Self-promotion as "water champion" - will be a respected / influential voice among peers
Urban, educated with children	Water (bottle, filter) - more expensive, priority option	Environment product for child to learn handwashing habit (influenced through schools, parenting groups, print and social media)	Fun of learning with smart features of investment to child education gift giving to children

Source: Ministry of Health, Vietnam, 2017. Data source: Vietnam Statistical Bureau, 2017. Age, Sex, Structure and Market Status of the Population of Vietnam, Ministry of Planning and Investment General Statistics Office, 2011.



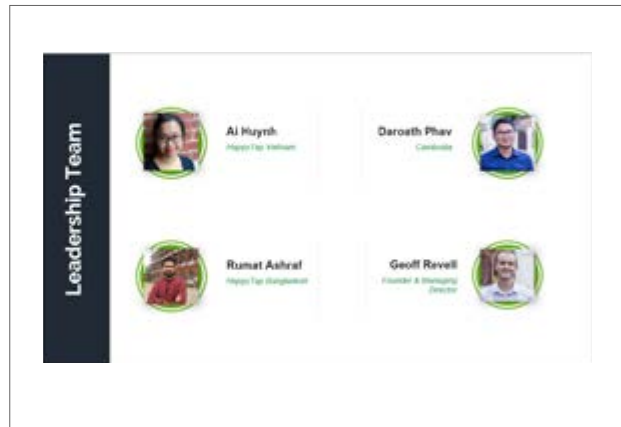
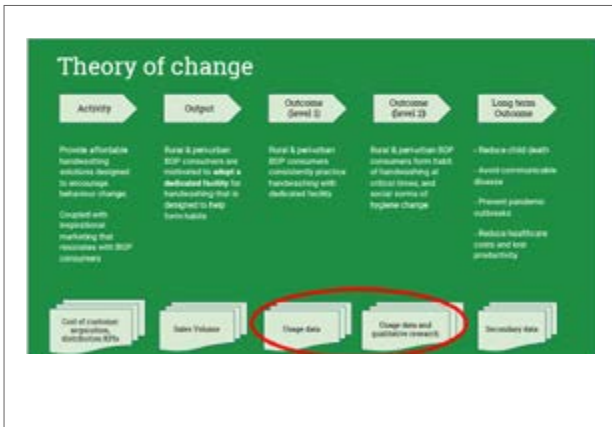
Marketing & Distribution

HappyTap Proof-of-Concept taught us about the messages and segments that work:

- one-on-one interpersonal marketing is effective, good for learning about consumers, but too expensive
- we learned that multiple touch points are needed for customers to buy, and touchpoints must be cost-effective to scale

To build on what we learned, from 2019 onward we are scaling up:

- proven messages** - produce and disseminate key visuals, messages, etc.
- push marketing** - retail trade promotions, market activation, and retail sales support
- key hires and continuous team capacity building**
- special channels** - affinity groups and factories to work as distributors
- system change in hygiene** - aiming to fill some gaps in handwashing evidence



// WORLD VISION'S ASIA P3 HUB



ASIA P3 HUB

World Vision
Hosted by World Vision International

Combinatorial Innovation

Manila, Philippines
10-12 October 20b18



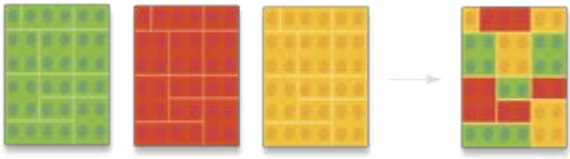
We are a
Multi-Sector Partnership
Incubator
to solve poverty issues
in Asia Pacific



ASIA P3 HUB

Combinatorial Innovation

Combining existing component technologies, methods and solutions in new ways to create new innovations



PREVIOUS SOLUTION

NEW SOLUTION

GUESS THE DISH



CHOCOLATE + STICKY RICE + MILK

= ?

UNCONVENTIONAL PARTNERSHIPS




Wahana Visi + Indonesia + KOHLER

Co-Creation
Mutual Learning

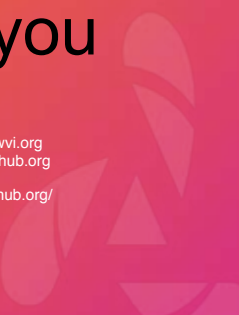


Empowerment
Pooling resources

Thank you

Contact: phearak_svay@wvi.org
phearak@asiap3hub.org

Website: <http://www.asiap3hub.org/>



// SESAME WORKSHOP

How Muppets are promoting WASH behavior change

Danny Labin



WASH UP!

- Promote behavioral changes in sanitation and hygiene by empowering children with the knowledge and skills to teach their friends and family about staying healthy
- Reduce the number of children dying or suffering from preventable and treatable diseases



Partnership



WASH UP! now reaches thousands of children in 11 countries

- Afghanistan
- Ghana
- Honduras
- Kurdish Region of Iraq
- Jordan
- Lebanon
- Malawi
- Mali
- Niger
- Zambia
- Zimbabwe



WASH UP!
JE SUIS PROPRE!

آب و پاکیزه گی
آوبه او پاکوالی
المياه والنظافة
ناب و پاکزی

LIMPIOS & FELICES

Raya's 5 easy-to-share reminders for children

- Wash hands before meals and after using the toilet
- Wear shoes and sandals, especially when using the toilet
- Handle water responsibly, by drinking clean water and conserving water
- Keep clean, by taking care of your body, food, and the environment
- Educate others about the importance of these healthy behaviors



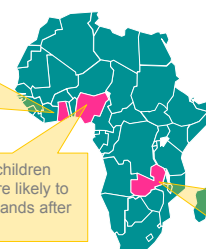
Muppets promote handwashing!



WASH UP! Impact


In Ghana, children in Dingoni village used local materials to build tippy taps in their community.

In Nigeria, children were 2x more likely to wash their hands after defecation.






In Zambia, the WASH UP! program was incorporated into the standard primary education curriculum, reaching over 62,000 children in 2 years.

// WATERAID BANGLADESH




Welcome to Presentation on ABCDE Process of South Asia WASH Result Project II

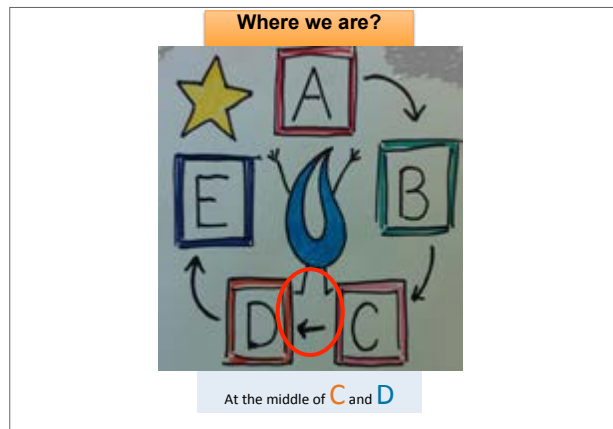
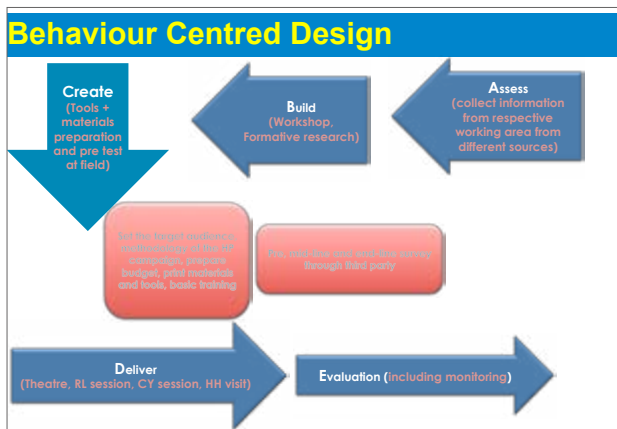




Where We Work

District	Sub-district	No of Unions
1. Sirajganj	1. Ullapara	13
2. Thakurgaon	2. Thakurgaon Sadar	18
	3. Ulipur	10
3. Kurigram	4. Rajarhat	07
	Total	48

Sub-district	Target (Have to achieve by 30th, June 2019)		
	Water	Sanitation	Hygiene
Ullapara	20,304	59,400	59,400
Thakurgaon Sadar	32,669	76,114	76,114
Ulipur	19,486	52,861	52,861
Rajarhat	7,722	22,680	22,681
Total	80,181	2,11,055	2,11,056





South Asia WASH Results Programme II

Target behaviours for programme areas

1. Increase handwashing with soap by men, women and children, with a particular focus on primary caregivers of children under 5. Do this by promoting the use of handwashing facilities with soap near the toilet and kitchen.
2. Increase use of a clean latrine at all times by men, women and children. Do this by promoting the use of a clean household toilet.

What do we want?


Shifting of Hygiene Promotion Activities between SAWRPI and SAWRPII

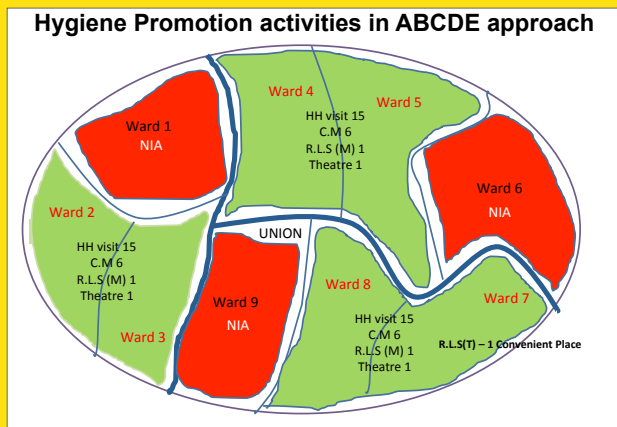
SAWRPI

- Traditional and target oriented
- More priority in quantity than quality
- Traditional conventional
- Output oriented focusing number of event
- Less systematic approach
- More knowledge on hand washing less practice level






SAWRPII (ABCDE)

- Innovative and Peoples oriented
- More quality than quantity
- Longitudinal progress evaluation and progressive
- Outcomes/Impact oriented behavior centered approach
- More systematic approach
- More behavior and practice focused





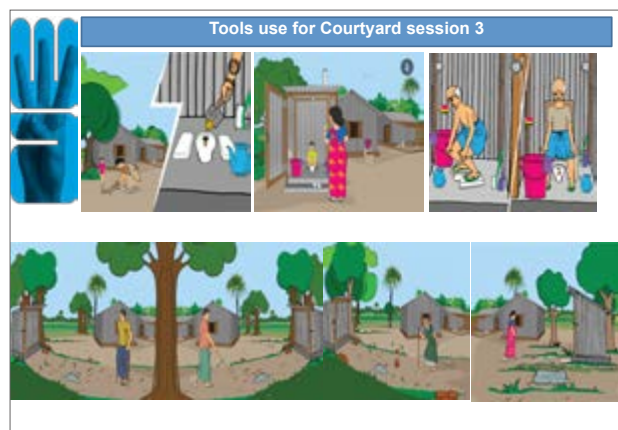


Tools use for Opening Theatre

Tools use for closing Theatre



// NEW MEDIA EXPERIMENTS IN HANDWASHING PROMOTION


Ms. Carissa Limcaoco // P&G




New Media:
Experiments in handwashing promotion
Carissa Limcaoco, Communications Manager



QUIZ



7 out of 10




2 out of 10

QUIZ




2 out of 10




4 out of 10

QUIZ



3 out of 10





6 out of 10

DON'T WASH HANDS AT ALL...

 After Shaking Hands 80%	 After sneezing/coughing 70%	 After using mobile phone 60%
 After traveling on public transportation 50%	 Before touching children 40%	

ONLY WASH WITH WATER...

 Before cooking 50%	 After urinating 40%
 After using mobile phone 40%	 After traveling on public transportation 40%



WHAT DO WE WANT TO ACHIEVE?
Increase the number of hand washes with soap in the Philippines



=



2018-2019 TEAM GOALS

1. Start with LIFE: Look. Listen. 
2. DO something. 

Knowing your audience

LIFE TENSION

I struggle to strike the right balance between letting my kids freely explore their world, versus keeping them close and protected.



How can we reach our audience?

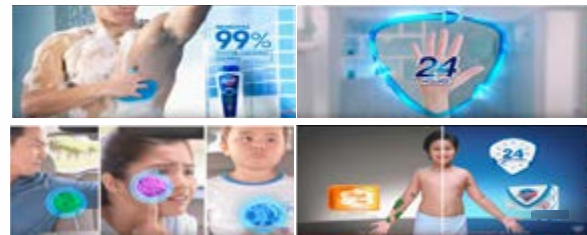


Internet consumption has been growing while TV Viewership has been declining.

How can we reach our audience?



Product benefit to Emotional benefit



Case 1: Pabaon Sa Buhay



Provision for life.

Case 1: Pabaon Sa Buhay



Case 1: Pabaon Sa Buhay



Case 1: Pabaon Sa Buhay



19 Million views

19 Million views

Online Trends



Case 2: The Wash



Case 2: The Wash



Case 2: The Wash



Case 2: The Wash



1. Know you're personal answer to "WHY?"
2. Know your audience.
3. Be open to experiment.

// HYGIENE AND NUTRITION INTEGRATION

Ms. Julia Rosenbaum // GHP & FHI 360 // jrosenbaum@fhi360.org

Hygienic Environments for Infants & Young Children
A Review of the Literature
Presenter: Julia Rosenbaum, WASHPaLS/ FHI 360

What is WASHPaLS?

- **Water, Sanitation, & Hygiene Partnerships for Learning and Sustainability.** 5-year (2016–2021) research and technical assistance project
- **Goal:** Enhance global learning and adoption of the evidence-based programmatic foundations needed to achieve the SDGs and strengthen USAID’s WASH programming at the country level
 - Achieve universal sanitation and hygiene
 - CLTS, Market-based Solutions, Hygienic Environments for IYC

Logos: aquaya, FHI 360, TETRA TECH, fhi360, Ina Group

Why study hygienic environments?

- Achieving widespread reductions in child stunting in low- and middle-income countries remains elusive
- Enteric disease and child growth faltering persist even with the provision of traditional nutrition and WASH interventions
- There is growing research interest in the relationship between hygienic environments and child growth
- Interventions to reduce infant and young child (IYC) exposure to excreta in the home environment are being deployed, **but their effectiveness is unknown**

Logos: USAID

Presentation overview

- Review the pathways presenting major exposure risks to IYC
- Summarize the evidence of WASH interventions reducing the risk of diarrhea and growth faltering among <5s
- Discuss underemphasized sources and pathways, and their impact on IYC
- Highlight current efforts to block the underemphasized pathways of exposure, and their effectiveness

Logos: USAID

The F-diagram model of disease transmission

Adapted from Weger & Lanoie, 1958. This diagram is a derivative of Figures 1 and 3 in Pennington et al., 2017 (DOI: 10.1021/acs.chem.7b02811) under a Creative Commons CC-BY 4.0 Usage Agreement with the American Chemical Society.

Logos: USAID

WASH barriers to transmission (general)

Disrupted by:
 - Sanitation, safe feces disposal
 - Water treatment
 - Personal, household, and food hygiene

Adapted from Weger & Lanoie, 1958. This diagram is a derivative of Figures 1 and 3 in Pennington et al., 2017 (DOI: 10.1021/acs.chem.7b02811) under a Creative Commons CC-BY 4.0 Usage Agreement with the American Chemical Society.

Logos: USAID

The Environmental Enteric Dysfunction (EED) hypothesis

- Evidence exists that dirty environments can impair child growth even in the absence of diarrhea (Lin et al 2013)
- Is EED, a condition of low intestinal permeability and poor nutrient absorption, the cause?
- EED is proving difficult to measure. The widely used urine test (L:M ratio) was recently shown to have poor agreement with blood and stool biomarkers of intestinal function (Campbell et al 2017)

Children from cleaner households 0.9 SDs taller

	Mean HAZ (2010)	Stunting % (2010)
Clean	-1.66	33%
Dirty	-2.57	74%
Difference	0.91	-40%

Lin et al 2013

Logos: USAID

Emphasizing IYC and the Animal Feces Pathway

Disrupted by:
 - Animal containment
 - Water treatment
 - Personal, household, and food hygiene

Adapted from Weger & Lanoie, 1958. This diagram is a derivative of Figures 1 and 3 in Pennington et al., 2017 (DOI: 10.1021/acs.chem.7b02811) under a Creative Commons CC-BY 4.0 Usage Agreement with the American Chemical Society.

Logos: USAID

Underemphasized Source: Animal feces

- Animal feces are important sources of zoonotic bacteria and protozoa
 - Bacteria: *Campylobacter*, Enteropathogenic *E. coli*, and *Salmonella*
 - Protozoa: *Cryptosporidium* and *Giardia*
- Animal feces are abundant
- Exposure to domestic animals and their feces is a significant risk, but much is unknown about link to child health

Logos: USAID

Animal feces are abundant

- Animal feces are more **widespread** where free-range animal husbandry is practiced and **concentrated** when animals are corralled within environments where children sleep and play.
- Nearly every fecal-oral pathway explored was highly contaminated with animal feces in both the public and private domains in a study in rural India (Schriewer et al., 2015)
 - >50% of household-stored water
 - 90% of mothers and children’s hands

Logos: USAID

Much is still unknown about link between exposure, health and child growth

- The net gain or loss to child growth status attributable to domestic animals is a complicated equation not yet fully understood
- Systematic reviews find mixed associations between domestic animals and risk of infection (Kaur et al., 2017)
- However, high quality studies document that the presence of animal and their feces is associated with increased infection, undernutrition and stunting (Zambrano et al., 2014)
- Risk most pronounced when IYC and animals, particularly poultry share sleeping quarters.



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Underemphasized Source: IYC feces



- In 15 of 25 LMIC, over half of households practiced unsafe disposal of child <3 feces (WSP, 2015)
- Unsafe IYC feces linked with
 - 5 times greater odds of detecting *E. coli* in areas where children were observed playing
 - higher EED scores
 - greater odds of being wasted
 - change in weight-for-age z-scores



(George et al., 2015)

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Underemphasized Pathway #1: Direct ingestion of animal excreta and fecally contaminated soil



14

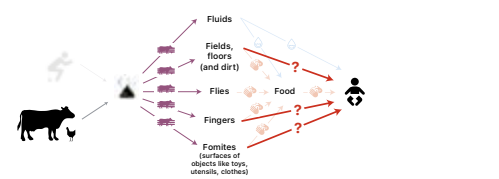
Underemphasized Pathway #2: Food hygiene

- Food is among the most important factors in transmitting pathogens that cause diarrheal illness
- Most decline in growth occurs during the complementary feeding age (Saha et al., 2009)
- Appropriate food hygiene practices have been shown to reduce the risk of diarrhea by 33% (Sheth et al. 2006)
- Because most studies and surveillance focus on diarrhea and not EED, magnitude of this pathway may be further underestimated



16

How best to block the underestimated pathways



Adapted from Wigner & Lonks, 1958. This diagram is a derivative of Figures 1 and 2 in Prud'homme et al., 2017 (DOI: 10.1016/j.jid.2017.01.011), under a Creative Commons CC-BY 4.0 Usage Agreement with the American Chemical Society.

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Interventions focused on hygienic environments and direct ingestion pathways are occurring

- Several large implementing organizations are delivering products and services to address "BabyWASH" concerns, but with little evidence yet of their effectiveness
 - IYC handwashing
 - Food hygiene
 - Animal husbandry
 - Safe disposal of animal and IYC feces
 - Compound hygiene
 - Improved flooring
 - **Playmats and play pens**
- Plausibility of protective effects has not been established for many of these measures
- Key research underway

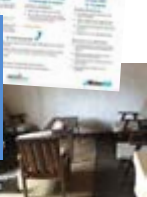


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Interventions to break the underemphasized pathways



IYC handwashing
Animal husbandry
Safe disposal of animal and IYC feces
Compound hygiene
Improved flooring
Playmats and play pens



What are the implications for WASH – nutrition - (ECD) integration???

Thank you!

Contact:
Julia Rosenbaum
jrosenbaum@fhi360.org

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// STRENGTHENING THE HEALTH SYSTEM FOR SUSTAINABLE WASH IMPROVEMENTS

Ms. Alison Macintyre // WaterAid // alison.macintyre@wateraid.org.au

Strengthening the Health System for Sustainable WASH Improvements:
Adopting a health systems approach at all levels of WASH in healthcare facilities programs



11/10/2018



Contents

1 Why a health system strengthening approach?	4 Lessons from WaterAid's experience
2 What constitutes health system?	5 The challenges: areas for action
3 What does a HSS approach involve?	6 The way forward: actions for a step change in WASH in healthcare facilities

Why a health systems strengthening approach?

1

Improving WASH in healthcare facilities contributes towards:



- Improved **response to health emergencies**
- Improved **patient satisfaction**
- Improved **working conditions** for health professionals

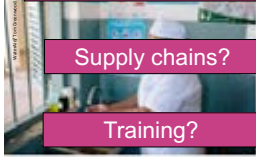





- Reduced risk of **neonatal and maternal mortality**
- Reduced development and spread of **AMR**
- Reduced risk of **healthcare-associated infections**




Budget?	Leadership/political will?
Skills/human resources?	Accountability?
Social norms?	Supply chains?
Guidelines/standards?	Training?
Roles unclear?	



Determinants – what is driving inadequate WASH services? The SoapBox Collaborative's Conceptual Framework




From: Cross S, Afiana K, Barui M, et al. Hygiene on maternity units: lessons from a needs assessment in Bangladesh and India. Global Health Action. 2016;9(10):3402/gha.v9.i2541. doi:10.3402/gha.v9.i2541.

What constitutes health system?

2

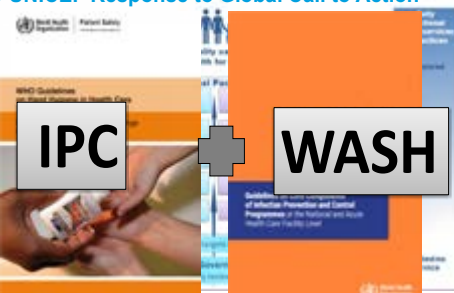
What does a systems strengthening approach include? The WHO Health Systems Framework

System building blocks	Goals/outcomes
Leadership / governance	Improved health (well and equity) Responsiveness Financial risk protection Improved efficiency
Health care financing	
Health workforce	
Medical products, technologies	
Information and research	
Service delivery	



Systems-level approaches require **working across the elements a health system** and can **drive broader progress** in health outcomes, supporting the achievement of UHC

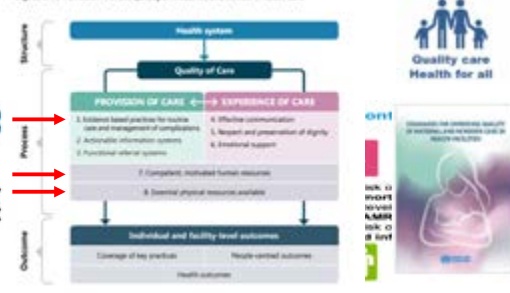
WHO UNICEF Response to Global Call to Action



Proposed roadmap for change: defining a national WASH in HCF

2018 WHO framework for the quality of maternal and newborn health care

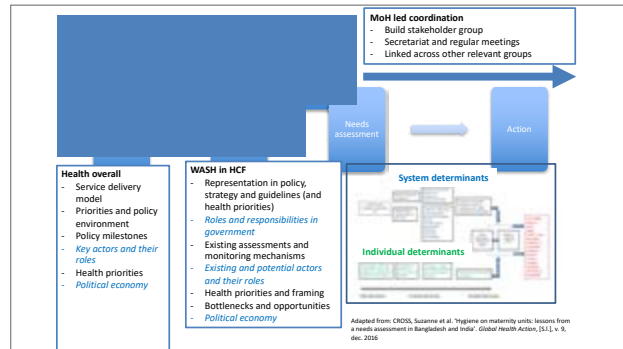
October 10–12 • Manila, Philippines



OHF: Operational health care quality framework for women and newborn care in health facilities

WHO: WHO is WHO's network of member states, and WHO's work is to improve health and well-being for all people.

What does a HSS approach involve?



Lessons from WaterAid's experience



Transforming health systems: the vital role of water, sanitation and hygiene

WaterAid Report May 2018

www.washmatters.wateraid.org/transforming-health-systems



What key lessons have we learned?



1 Building strong relationships and coordinating processes across sectors are crucial

Cambodia: working in partnership to influence health policy and leadership

An informal working group including WaterAid Cambodia, WHO Cambodia, UNICEF and Emory University supported the Cambodian Ministry of Health with tackling lack of data on WASH conditions and contributed to creation of a comprehensive set of health policy documents that include and relate to WASH in healthcare facilities.

Success to date – what has been achieved

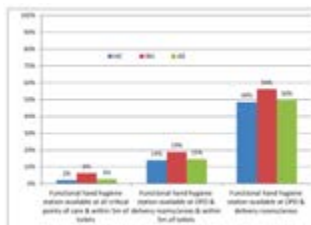
TANGIBLE

- Health Strategic Plan
 - WASH in HCF indicators and targets
- National Baseline Assessment complete (JMP Indicators)
- Standards/guidelines developed
- WASH in Essential Health Package
- WASH in Quality Improvement Mechanism
- WASH linked to performance based financing mechanism
- WASH FIT contextualised and roll out
- WASH embedded into pre-service, in-service training

Intangible

"Though the Ministry of Health (MoH) and donors had invested in improving water supply and basic infrastructure to facilities, WASH in health care facilities (including water, sanitation, hygiene and waste management) now commands a part of the MoH's strategy and plans, particularly those related to infection prevention and control and quality of care. WASH in health care facilities is now recognised to be primarily the responsibility of the MoH and is recognised and prioritized in the new National Health Strategic Plan."

Success to date – what has been achieved



****Need to consider hand hygiene during the delivery of clinical care as well as for patients/families/carers at critical times**

WASH & IPC domains need addressing

The challenges: areas for action

Key areas for urgent action include:

Leadership and political will

- Political leaders and policy-makers must prioritise WASH in healthcare facilities
- Hygiene often neglected or considered already covered

Governance and regulation/accreditation

- Both public and private providers need to be included in accreditation and regulation systems



Key areas for urgent action include:

Financing

- Increased and improved use of domestic finances
- Better donor financing

Monitoring and targets

- Routine monitoring of facilities, widespread and data used
- Practices understood and addresses



Key areas for urgent action include:

Research and learning

- Focus on taking evidence-based interventions to scale
- Drivers of improved practice not well understood

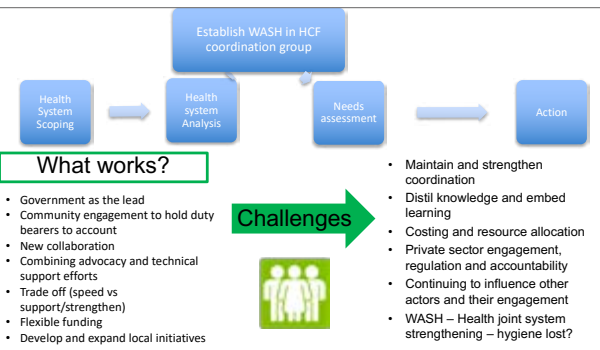
Technical solutions and building designs

- The right, affordable technology for the context – ABHR? Sinks? Gloves? Mobile stations?



**The way forward:
actions for a step
change in WASH in
healthcare facilities**

6




// HAND HYGIENE IN HEALTHCARE FACILITIES

Dr. Robert Dreibelbis // LSHTM // robert.dreibelbis@lshtm.ac.uk

Hand Hygiene in Health Care Facilities

Robert Dreibelbis



WASH in HCF

JMP service ladders for monitoring WASH in health care facilities

SERVICE LEVEL	WATER	SANITATION	HAND-HYGIENE	HEALTH CARE WASTE
Advanced	To be defined at national level	To be defined at national level	To be defined at national level	To be defined at national level
Basic (SDG)	Water from an improved source is available for domestic or domestic-like purposes.	Improved sanitation facilities are available, separated for publicly and privately used latrines, provide basic hygiene facilities, and meet the needs of people, groups, institutions, people with limited mobility, etc.	Hand hygiene materials, either a basic wall-mounted paper or alcohol hand rub, are available at points of care and toilets.	Waste is safely segregated, stored, or sent from site to the collection area, and charges and administrative costs are covered and transparent.
Limited	Water from an improved source is available for domestic or domestic-like purposes, but no water is available.	Improved sanitation facilities are present but are not usable or do not meet the needs of people, groups, institutions, people with limited mobility, etc.	Hand hygiene station at either points of care or toilets, but not both.	Waste is segregated but not disposed of safely, or there are no plans for not used effectively.
No service	Unimproved dug well or spring, surface water, or no water source.	No access without a stall or platform, hanging latrine, or no toilet or within the facility.	Hand hygiene stations are absent, or present but with no soap or water.	Waste is not segregated or safely treated and disposed of.

2

Hand Hygiene and Infection

Infection remained a leading cause of maternal and neonatal mortality

- Approximately 3 million deaths in neonatal period [1] - 75% within the first 48 hours of birth [2]
- Approximately 30-40% of neonatal death, 10% of maternal death are from infections during period around child birth [4,5]

Infection can be easily prevented through adequate hand hygiene practices

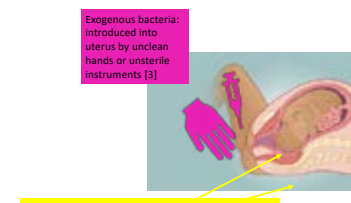
Health Care Acquired Infections (HCAI) increasingly recognized as a problem

- Newborns in in low-income countries 3 – 20 times greater risk of HCAI than in high income countries [6]
- Approximately 10% of maternal sepsis-deaths linked to HCAI [5]

1. Liu et al., 2. Lawn et al., 3. Li et al., 4. Ganatra et al., 5. Kasanenbaum et al., 6. Zaidi et al.

3

Infection risk during childbirth [11]



11. WHO (2008)

4

Global Background

Evidence suggest that improved hygiene during labor, delivery, and post-natal care can improve both maternal and neonatal health

Outcome	Exposure	Impact
Neonatal mortality (NEM)	Handwashing (mother)	44% reduction (95% CI: 18 - 62%) ^{1,2}
	Chlorhexidine cord care	23% reduction (95% CI: 0.63, 0.94) (home based births) ² 30% reduction (95% CI: 0.6 - 1.8) (all births) ^{1,3}
Neonatal sepsis mortality	Handwashing (birth attendant)	19% reduction (95% CI: 1-34%) ^{1,4}
	Clean birth practices	15% reduction (IOR 10-20) (home based births) ^{1,5} 27% reduction (IOR 24-36) (facility based births) ^{1,6} 40% reduction (IOR 25-50) (postnatal care) ^{1,7}
Neonatal tetanus mortality	Clean birth practices	30% reduction (IOR 20-30) (home based births) ^{1,8} 38% reduction (IOR 34-40) (facility based births) ^{1,9} 40% reduction (IOR 30-50) (postnatal care) ^{1,9}
	Clean birth surface	93% reduction (95% CI: 77 - 100%) ^{1,9}


1. Blencowe et al., 2. Indad et al., 3. Benova et al., 4. Shariff et al.

5

Compliance with hand hygiene

Adherence to recommended hand hygiene variable figures worldwide, ranging from 5% to 89% [13]

Hand hygiene adherence reduces with the intensity of the protocol [13]



6. Zaida (2005), 13. WHO (2009)

6

Hand hygiene during labour and delivery: WHO integrated management of pregnancy and childbirth guidelines 2015

Before

- Contact with mother
- Contact with new-born
- Any treatment procedure

After

- Contact with blood, other bodily fluid
- Disposing of infectious waste
- Changing soiled bedsheets
- Changing gloves

Patient protection

- Vaginal examination
- Delivery
- Cord cutting
- Repair of tears
- Blood drawing
- Manual removal of the placenta

HCW protection

- Handling and cleaning equipment
- Handling waste
- Cleaning blood and bodily fluids

14. WHO (2015)

7

Current best practices for the prevention of Maternal and Child Sepsis

The 6 Cleans (WHO)

- Clean hands of the attendant
- Clean delivery surface
- Clean perineum
- Clean cord cutting
- Clean cord tying
- Clean cord care

Pre- And Post-Natal Care

- Clean birthing kits
- Improved hand hygiene among mothers and other care-takers
- Clean cord care

8

Changing Hygiene at Birth

End with significant data gaps and what we need to do:

- Better understand drivers of compliance within Health Systems
- Improve the evaluation and monitoring of IPC interventions
- Bridge the divide between behavioural theory and action


9

Improving Hand Hygiene in HCF

Often integrated within larger quality improvement initiatives

HWWS can be highly resistant to change

Large evidence gap related to practices, intervention strategies, and their impact



10

Improving Hand Hygiene for Safe Births



Forthcoming systematic review of studies focused on clean birthing practices in low- and middle-income countries

- 40% of observational studies focus on general hygiene practices, not specific to hand hygiene
- Significant emphasis placed on knowledge and access to resources, little attention to other drivers of behaviour
- Intervention studies focus almost exclusively on education and training

11

Improving Hand Hygiene for Safe Births



Forthcoming systematic review of studies focused on clean birthing practices in low- and middle-income countries

- 40% of observational studies focus on general hygiene practices, not specific to hand hygiene
- Significant emphasis placed on knowledge and resources, little attention to other drivers of behaviour
- Intervention studies focus almost exclusively on education and training

Behavioral Science research tells us

Drivers of behaviours are very **specific**

Knowledge is a poor predictor of HWWS

Education is least effective way to improve handwashing behaviours

12

Hand Hygiene in Health Care Facilities



Most data and approaches based on high-income country settings

- Limited information to inform the development and evaluation of hand hygiene interventions for areas with greatest need

Current intervention models:

- Insufficient to trigger and sustain hand hygiene improvements among HCF workers
- Highly medicalized and largely ignore key findings from behavioural science

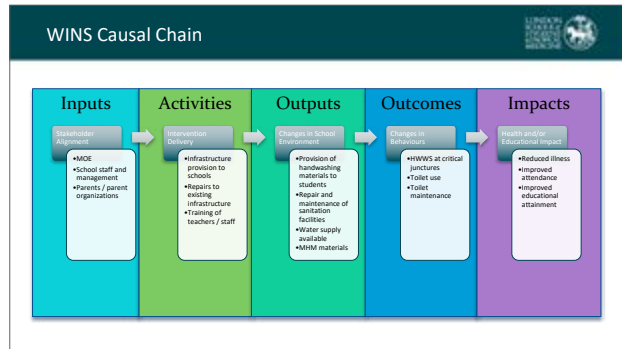
13

// HWWS IN SCHOOLS: REVIEWING THE EVIDENCE BASE

Dr. Robert Dreibelbis // LSHTM // robert.dreibelbis@lshtm.ac.uk

HWWS in Schools
Reviewing the Evidence Base

Robert Dreibelbis
Assistant Professor
Disease Control Department
London School of Hygiene and Tropical Medicine



Handwashing with Soap in Schools

Watson et al., 2017

Systematic review of hygiene promotion targeted at children

Only 8 studies identified that met inclusion criteria

- Randomized controlled trial
- Non-randomized controlled trial
- Controlled before-and-after

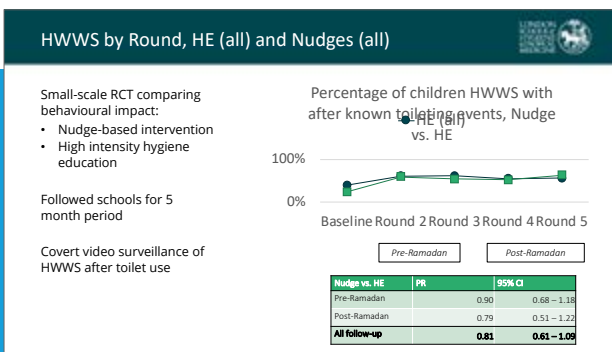
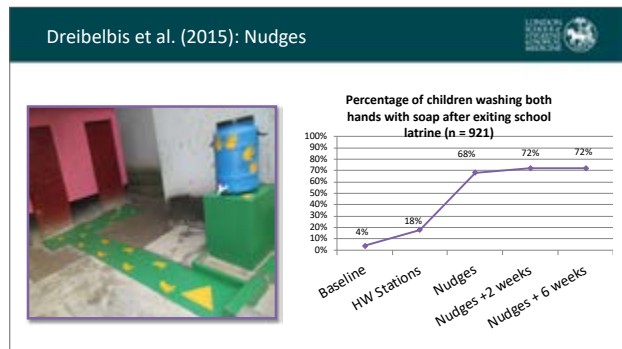
Excluded studies that addressed multiple behaviours

Results

Study	Intervention Activity	Intensity	Outcome measure	Effect
Al-delamy (2014)	Play-based activities	High	Survey	Positive
Bieri (2013)	"Magic Glasses"	High	Observation	Positive
Graves (2011)	Poster design	Low	Observation	No effect
Gyorkos (2013)	Education	High	Survey	No effect
Nicholson (2014)	Play-based activities	High	Proxy measures	Positive
Pickering (2013)	Hygiene promotion; soap / sanitizer distribution	Unclear	Observation	Mixed

Results

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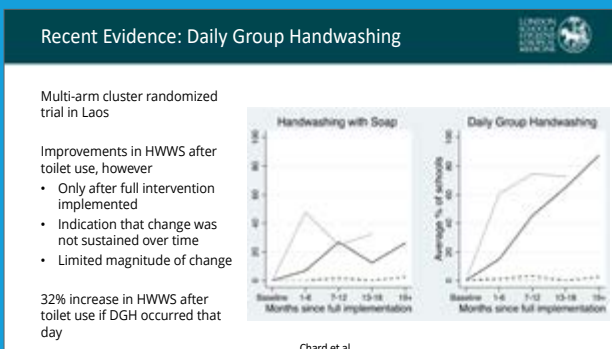
Fit for School: Daily Group Handwashing

Case-control study, Cambodia

Daily group handwashing (DGH) and toothbrushing

Provision of group handwashing / tooth brushing facilities

Group	Washed with soap	Washed with water only
Fit	38%	38%
Control	2%	21%



HWWS Interventions: Magnitude of effect

Author	Country	Intervention	Comparison	Intervention
Caruso et al.	Kenya	Hardware, teacher training	~5%	~32%
Bieri et al.	China	Education and participatory activities	54%	99%
Graves et al.	Kenya	Education + student designed posters	74%	77%
Pickering et al.	Kenya	Education and hand sanitizer	2%	82%
Pickering et al.	Kenya	Education and soap	2%	37%
Dreibelbis et al.	Bangladesh	Environmental nudges	4%	72%
Fit for School	Cambodia	Group handwashing	3%	28%
Chard et al.	Laos	Group handwashing +	0	~35%

HWWS Interventions: Magnitude of effect



Author	Country	Intervention	Comparison	Intervention
Caruso et al.	Kenya	Hardware, te		
Bieri et al.	China	Education an		
Graves et al.	Kenya	Education + s		
Pickering et al.	Kenya	Education an		
Pickering et al.	Kenya	Education an		
Dreibelbis et al.	Bangladesh	Environment		
Fit for School	Cambodia	Group handw		
Chard et al.	Laos	Group handw		

Summary: HWWS



- Majority of studies are observational, focus on knowledge-based behaviour change approaches, and utilize self-reported outcomes
- Multiple Activities / Outcomes have proven effective in changing behaviours
- Only 2 studies have compared the impact of different intervention strategies (Grover et al. & Pickering et al.)
- Larger effects typically seen with:
 - High intensity interventions
 - Incorporation of alternative hardware / supplies

// WHAT GET'S MEASURED GET'S DONE: HWWS IN THE SDGs FOR WinS

Dr. Bella Monse // GIZ // bella.monse@giz.de



What get's measured get's done – Handwashing with Soap in the SDGs for WASH in Schools



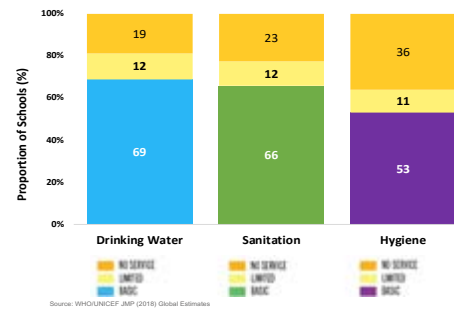
Global goals and targets related to WASH in Schools

SDG	SDG TARGETS AND INDICATORS
Goal 6: Ensure availability and sustainable management of water and sanitation for all	<p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p>
Goal 4: Ensure inclusive and quality education for all and promote lifelong learning	<p>4.a Build and upgrade education facilities that are child-, disability and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all</p> <p>4.a.1 Proportion of schools with access to: (a) electricity; (b) the internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)</p>

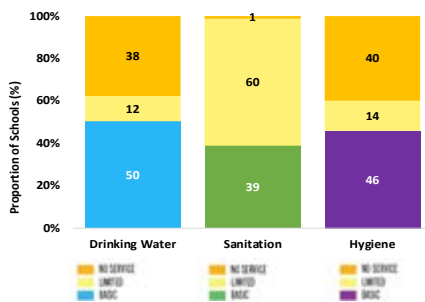
New JMP service ladders for WASH in schools

DRINKING WATER	SANITATION	HYGIENE
<p>Advanced service: Additional criteria may include quality, equity, continuity, and accessibility for all users.</p> <p>Basic service: Drinking water from an improved source and piped to dwellings or to public standpipes at the tap at the time of the survey.</p> <p>Limited service: Drinking water from an improved source but not piped to dwellings or to public standpipes at the time of the survey.</p> <p>No service: Drinking water from an unimproved source or no piped service at the time of the survey.</p> <p>Not assessed: Schools with water facilities or services provided by other providers (school or community) or no water facilities or services.</p>	<p>Advanced service: Additional criteria may include material, per capita volume, operational hygiene facilities, operating accessibility for all users and security management systems.</p> <p>Basic service: Improved sanitation facilities at the school that are shared by all users at the time of the survey.</p> <p>Limited service: Unimproved sanitation facilities at the school that are shared by all users at the time of the survey.</p> <p>No service: Unimproved sanitation facilities at the school that are not shared by all users at the time of the survey.</p> <p>Not assessed: Schools with no basic service facilities or no shared facilities at the time of the survey.</p>	<p>Advanced service: Additional criteria may include separate handwashing areas, handwashing materials, and accessibility for all users.</p> <p>Basic service: Handwashing facilities with water and soap available at the school at the time of the survey.</p> <p>Limited service: Handwashing facilities with water but no soap available at the school at the time of the survey.</p> <p>No service: No handwashing facilities, materials or soap available at the school at the time of the survey.</p> <p>Not assessed: Facilities not in use or not used in a way that meets the criteria for service.</p>

Global Estimate



Philippines



Three Star Approach innovation for WASH in Schools

How to get from challenging realities to national and international standards?

National WinS Standards:



School realities:



Three steps towards National Standards



SDG WinS

- Starting point: Monitoring, not implementation
- Basic level equals SDG WinS
- Core/expanded questions for M&E
- Compatible with Three star approach

3 Star Approach

- Starting point: Implementation
- 3rd level equals National Standards
- Monitoring indicators aligned with star levels
- Compatible with SDG WinS core/expanded questions



Six functions of WinS Monitoring



- 1 Capacity building**
 - Culture of self-assessment & learning
 - Strengthening implementation quality
- 2 Recognizing performance**
 - Rewarding performance & addressing needs
 - Measuring compliance with National Standards
- 3 Creating demand for WinS**
 - Strengthening leadership and priority for WinS within the education sector

Six functions of WinS Monitoring



- 4 Planning & resource allocation**
 - Prioritized resource allocation
 - Facilitation of alignment between partners
- 5 Fostering accountability & transparency**
 - Open availability of information builds trust, ownership and responsibility
- 6 Strengthening policy implementation**
 - Mapping the gap between policy and implementation
 - Global reporting (SDGs)



THANK YOU!


// WinS IN THE PHILIPPINES: POLICY AND IMPLEMENTATION

Dr. Ella Naliponguit // Department of Education



WASH IN SCHOOLS IN THE PHILIPPINES POLICY AND IMPLEMENTATION

SANITATION FOR MILLIONS
SEPTEMBER 24-28, 2018



SCHOOL HEALTH PROMOTION OPPORTUNITIES:

- Reaching children at an early age → **Receptive for behavior change**
- Schools are organized around routines → **Development of habits**
- Building skills and providing services**, together with improving the conditions of the school environment, have the potential to influence lifelong knowledge, attitudes, health status, and behaviors of children
- Cost-effective**
- Impacts on Education Indicators** as School Performance, School Attendance, Retention Rate, Cohort Survival Rate, and Drop Out Rate

Making Children Fit for School:

Transforming Schools to Healthy Places

DEPARTMENT OF EDUCATION 2



WASH IN SCHOOLS POLICY AND IMPLEMENTATION

WinS Elements



Water



Sanitation



Hygiene



Deworming



Health Education



Menstrual Health Management [MHM]

WINS INDICATORS BASED ON THE POLICY STANDARDS


<ol style="list-style-type: none"> 1. Safe drinking water 2. Water testing 3. Water for cleaning 	<ol style="list-style-type: none"> 11. Daily group handwashing 12. Daily group toothbrushing 13. Funding of repairs and supplies 14. Access to sanitary pads 15. Semi-annual Deworming 16. IEC Materials 17. WinS Activities
<ol style="list-style-type: none"> 4. Gender segregated toilets 5. Security of toilets 6. Daily cleaning of toilets 7. Funding of repairs 8. Solid waste management 9. Liquid waste management 10. Food hygiene 	



STEERING THE WINS PROGRAM



DEPARTMENT OF EDUCATION 6



WASH IN SCHOOLS: SUPPORT-SYSTEMS

1. Monitoring & Evaluation system
2. Quality Assurance System
3. Recognition System

→ **Three ★ Approach (integrated system):**
 (a) School level
 (b) SDOs

4. WinS Online Monitoring System
5. Capacity building of Regions and SDOs on WinS Program and M&E
5. Resource utilization and mobilization
6. SBM principles and mechanisms

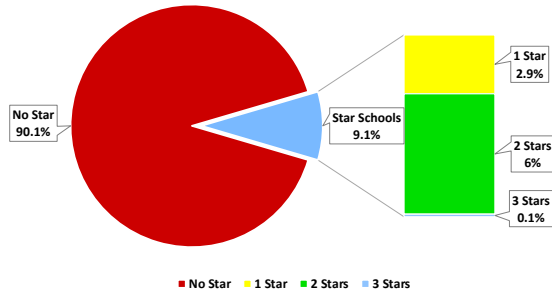
DEPARTMENT OF EDUCATION 7



WASH IN SCHOOLS WHAT DO WE KNOW NOW? BASELINE

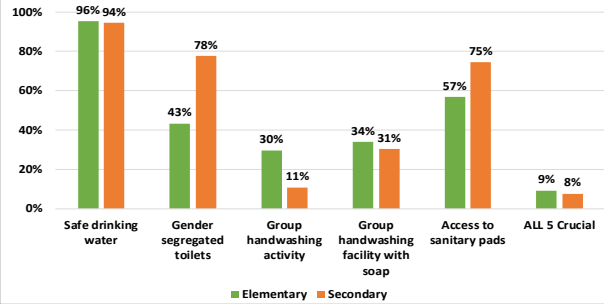
THREE STAR RATING OF SCHOOLS SY 17-18

9.1% or 2,781 schools out of the 30,574 participating schools have reached a star level



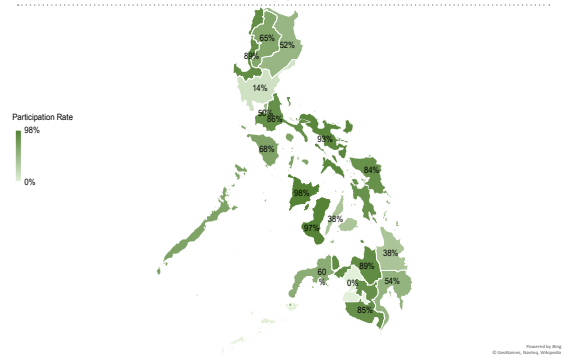
COMPLIANCE TO WINS CRUCIAL INDICATORS

Schools need to comply to ALL 5 crucial indicators to get a star.

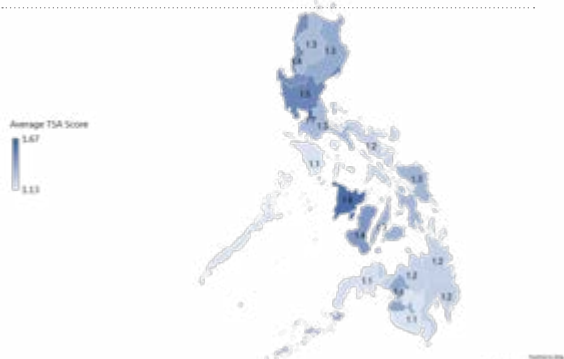


HOW CAN WE USE THE DATA?

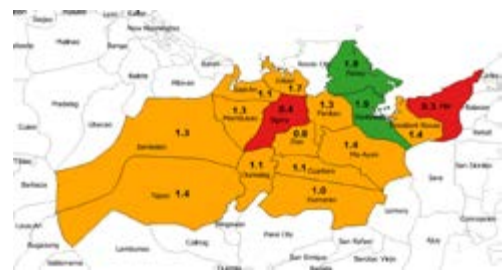
PARTICIPATION RATE BY REGION



Average TSA Scores by Region



Division rating disaggregated by district level



FEEDBACK LOOP PROVIDES ROADMAP FOR SCHOOLS

- Recognize performance
- Building Capacity
- Creates demands
- Informs planning and budgeting
- Creates transparency and accountability

Indicator	Elementary	Secondary
Safe drinking water	96%	94%
Gender segregated toilets	43%	78%
Group handwashing activity	30%	11%
Group handwashing facility with soap	34%	31%
Access to sanitary pads	57%	75%
ALL 5 Crucial	9%	8%

THANK YOU !

// INSTITUTIONAL BEHAVIOR CHANGE

Mr. Elijah Adera // WaterAid // elijahadera@wateraid.org

Southern Africa experience in hygiene in institutions, food for thought on institutional advocacy

WaterAid Southern Regional Office
Elijah Adera, RPM



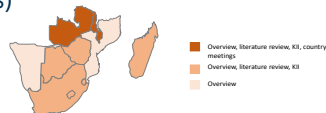
Study Overview

- Inclusion of Policy and Strategy
- The enabling environment and institutional arrangements for the promotion of hygiene behaviour change
- Key policy and programme bottlenecks for the prioritization of hygiene
- Key Conclusions



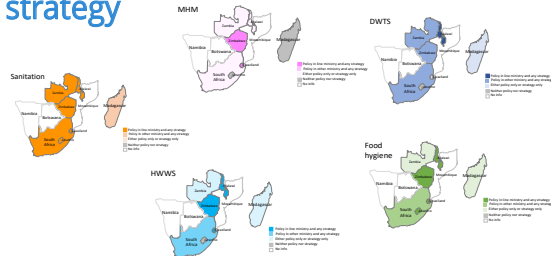
Methodology

- Qualitative desk review / content analysis
- Interviews – key informants, FGDs
- Analysis of national institutional arrangements
- Policy document(s)



122

Results: Inclusion of policy and strategy



123

Institutional environment analysis

Looking at:

- Leadership
- Coordination mechanisms
- Cross sector integration
- Programmatic approaches
- Financial allocations
- Monitoring and evaluation

124

Institutional environment analysis

Criteria used:

1. Is there clear government leadership for hygiene?
2. Is there high level political prioritisation of hygiene?
3. Are all components of hygiene included in policy(ies)?
4. Are all components of hygiene included in strategies/strategic plans?
5. Is coordination for hygiene in place?
6. Is hygiene integrated into other sectors?
7. Is there a dedicated budget for hygiene?
8. Is hygiene monitoring and review mechanism established?
9. Are approaches long-term and based on behaviour change/ social norms / evidence?

125

Results: Enabling environment and institutional arrangements for hygiene in Southern Africa



126

Assessment of the policy and institutional arrangements for hygiene in Southern Africa

	strong	medium	weak	N/A
Leadership	strong	medium	weak	N/A
Coordination	strong	medium	weak	N/A
Integration	strong	medium	weak	N/A
Programmatic	strong	medium	weak	N/A
Financial	strong	medium	weak	N/A
Monitoring & Evaluation	strong	medium	weak	N/A

127

Conclusions

- Inconsistent policy inclusion – often outside the policies of the designated lead.
- Lack of policy inclusion of menstrual hygiene management beyond school set up.
- Weak monitoring and limited available data, means that hygiene not effectively included in reviews and planning.
- Hygiene gets lost under the broader heading of WASH in coordination
- A lack of financial allocations is both a cause and effect of other institutional bottlenecks.

129

Hygiene Campaign: Pathways of change

Assumptions

- Wheel of influence - mass mobilisation will build a support. People will become change agents and some may become givers to the cause.
- Realisation of Policy change and improved implementation will occur as result of increased demand.
- Country political leadership will give hygiene the prominence in planning, financing and monitoring



Thank you

130

// HACKING HANDWASHING MEASUREMENT

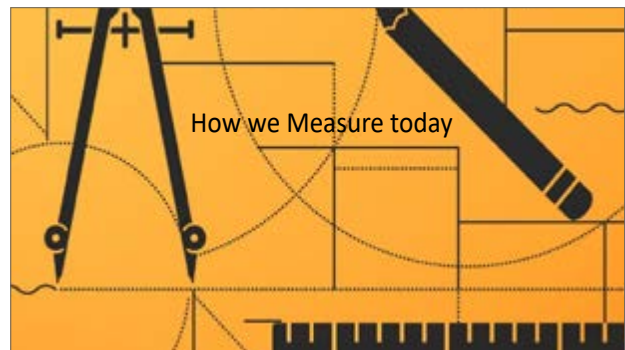
Ms. Julia Rosenbaum // GHP & FHI 360 // jrosenbaum@fhi360.org
 Mr. David Khoo // P&G // khoo.d@pg.com



Why Measure?

- Is your program working?
- Are you reaching targets?
- What's working better/best?
- Improvements?

- Basic science- what is impact of handwashing on ... e.g. diarrhea, growth??



Examples of handwashing measurement tools

Direct Observation

Proxy observations

Examples of handwashing measurement tools

Microbiological hand Contamination Sensors

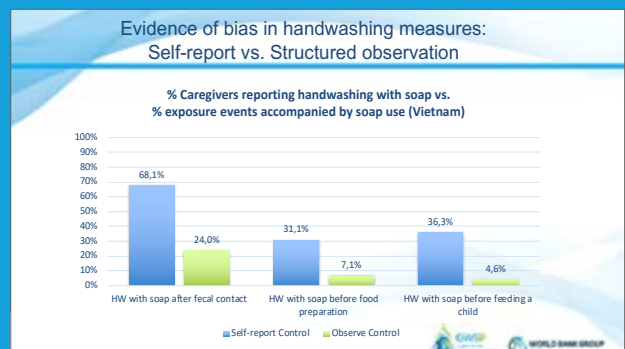
Glo-Germ

Liquid Soap Dispensing Sensors

1. Sense when door opens to allow soap dispenser activation
2. Detect on soap dispenser to ensure how many people wash their hands
3. Store these data so % of people washing their hands throughout the day can be calculated
4. Store this data in order to ensure sensors can be used for long periods

Motion Sensors embedded in bar soap

Sticker Diaries



Evidence of bias in handwashing measures:
Rapid observation (proxies) vs. Sticker diaries

Rapid observation method

Soap	Hand	Wash	Time	Total
Observation of handwashing	100%	100%	100%	100%
Sticker available at the place	93.0%	90.2%	90.2%	90.2%

Sticker diary method

Procedure	N	% HH with soap	SES, Q1	SES, Q2	SES, Q3	SES, Q4	F value
Team Opening	88	23.9%	33.9%	33.9%	33.9%	33.9%	not
Exit Sign	77	14.4%	6.5%	22.2%	6.5%	6.5%	0.112
Hand Sign	75	29.3%	20.6%	37.3%	5.5%	5.5%	0.430
Exit Lock	67	22.8%	8.4%	33.0%	8.4%	8.4%	0.008

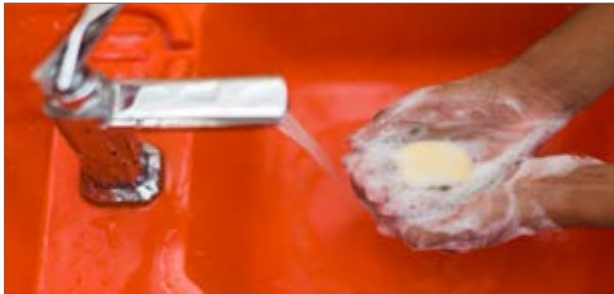
- Creating a 'diary' of daily behaviors
- Masking the behavior of interest i.e. handwashing
- 76% of households have soap available at place for handwashing
- Only 23% overall wash hands with soap after defecation



// DESIGNING A BETTER HANDWASHING STATION

Ms. Leslie Llado // Splash // leslie@splash.org

Mr. James Bourne // Kohler // james.bourne@kohlereurope.com



Designing A Better Handwashing Station



HANDWASHING STATION TRENDS



According to UNICEF, up to 50% of all WASH projects fail within five years.



Initial Challenge Statement:

'To design and assist the construction of a complete hand washing facility with soap'



Ultimate Impact of Project:

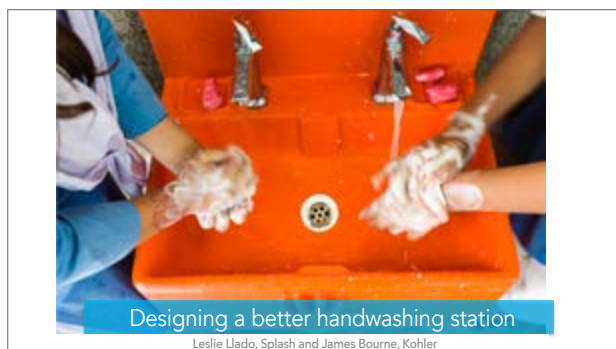
Healthy Children will Grow and Develop in order to have a better life and a better future

New Design Challenge:

How might we change **Hygiene Behaviour** for Children at school and at home, and facilitate **Handwashing with Soap** at critical times*?

*Critical times: After Defecation, before eating, before preparing food, after changing diapers.





Designing a better handwashing station

Leslie Llado, Splash and James Bourne, Kohler

HANDWASHING BEHAVIOR CHANGE THINK TANK - 2018

OBJECTIVE

Our goal for today is to create as many innovative ideas around handwashing stations as we possibly can!

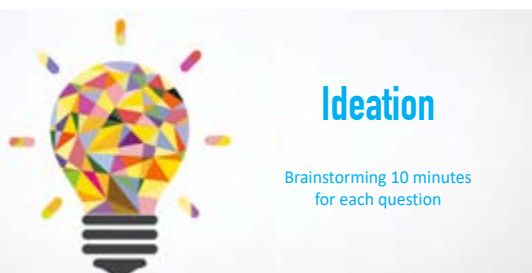
- ▶ Define our success criteria - what makes a great station?
- ▶ Brainstorming session - how might we...?
- ▶ Organizational sharing: Splash, Kohler, and P3Hub will share their experience working on station innovation

HANDWASHING BEHAVIOR CHANGE THINK TANK - 2018

SUCCESS CRITERIA

Stations will be successful if they...

- ▶ ...increase proper handwashing
- ▶ ...are cost effective
- ▶ ...are durable and vandal proof
- ▶ ...always have soap available
- ▶ **...what else?**



HANDWASHING BEHAVIOR CHANGE THINK TANK - 2018

BRAINSTORMING RULES

1. **There are no dumb ideas.**
Reverse the thought of "quality over quantity."
2. **Build on other people's ideas**
....rather than criticizing them.
3. **Encourage wild ideas.**
The crazier the better... you never know where your team might be able to take it.
4. **Stay focused.**
Be on topic and refrain using your phones and laptops.

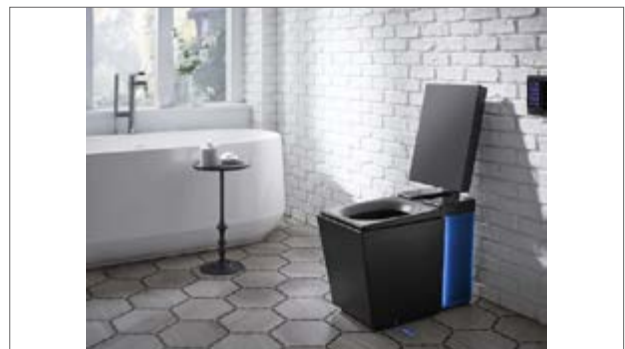
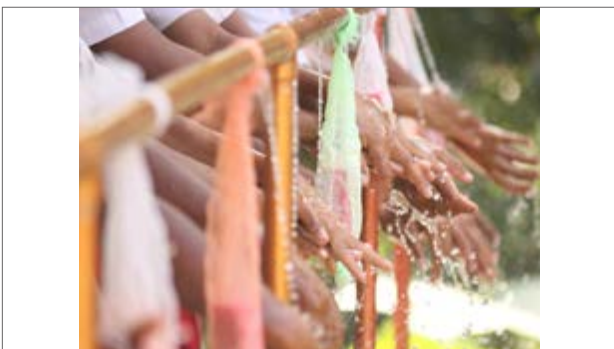


Design Challenge:

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*Critical times: After Defecation, before eating, before preparing food, after changing diapers.





2018 HANDWASHING BEHAVIOR CHA NIK October 10-12 • Manila, Philippines

KOHLER Innovation for Good.



KOHLER Innovation for Good.

Design Considerations

- Handfree operation
- Easy to assemble with minimal / no tools
- Inexpensive to ship
- Withstand extreme environments
- Must be robust and resistant to damage



// NOTES



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// www.globalhandwashing.org
// www.giz.de/en
// www.fitforschool.international

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