

HANDWASHING WITH SOAP? OF COURSE!

Best practices & lessons learned from implementing a hand-washing with soap behaviour change campaign in Zimbabwe

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Global Programme Water



a person's attempts to plan and self-monitor a behaviour and to manage conflicting goals and distracting cues (e.g. action planning & control, commitment and remembering).

METHODOLOGY/APPROACH

The Zimbabwe Handwashing Campaign project involved five distinct components that were implemented by different project partners (Figure 1).

The Campaign was centred around the RANAS model of behaviour change, which focuses on factors that influence behaviour including Risk, Attitude, Norm, Ability and Self-Regulation. In brief, the RANAS approach is an easily applied method for measuring behavioural factors, assessing their influence on behaviour, designing tailored strategies that change behaviour, and measuring the effectiveness of these. The RANAS approach to systematic behaviour change includes four phases: After identifying potential behavioural factors (1), they are measured and those steering the behaviour are determined (2). Then the corresponding behaviour change techniques (BCTs) are selected and appropriate behaviour change strategies developed (3). Finally, the behaviour change strategies are implemented and evaluated (4).

For more information on the RANAS approach to systematic behaviour change refer to Mosler and Contzen, 2016.

BACKGROUND & CONTEXT

Diarrheal diseases are still one of the leading causes of mortality among children under the age of five in low-income and middle-income countries. Interventions promoting handwashing with soap lead to important reductions in the risk of diarrhea. The Zimbabwe Handwashing Campaign followed an innovative behavior change approach promoting handwashing with soap in schools and communities.

There are numerous reasons why people are not washing their hands with soap at the critical times (after using the toilet, before eating or feeding a child, after changing a baby's nappy, and before cooking or preparing food). A 2014 pre-study report by the **Swiss Federal Institute of Aquatic Science and Technology (EAWAG)** uncovered some of the underlying factors of the low rates of handwashing with soap: Convenient access to soap at critical times was restricted by the fact that soap was usually located where cleaning and washing activities took place (e.g., laundry or dishes), which was distant from the latrine. When soap ran out, replenishment was not a priority. Many caregivers surveyed—most of them are women—also believed that repeated rinsing with water would clean the hands as well as using soap.

EAWAG's baseline report revealed various decisive **factor blocks** that were identified as **critical determinants of handwa-**

shing with soap in both urban and rural Zimbabwe as the starting point of the behaviour change journey in the Handwashing Campaign. These include **risk factors**, representing a person's understanding and awareness of the health risk (e.g. health knowledge and vulnerability); **attitude factors**, representing a person's positive or negative stance towards a behaviour (e.g. being an example to children and disgust); **norm factors**, representing the perceived social pressure towards a behaviour (e.g. others' behavior and others' (dis)approval); **ability factors**, representing a person's confidence in her or his ability to practice a behaviour (e.g. how-to-do knowledge, confidence in performance and continuation); and **self-regulation factors**, representing



Figure 1: Components of the Zimbabwe Handwashing Campaign and project partners



Figure 2: The five principles that guided the Zimbabwe Handwashing Campaign intervention design

Campaign implementation began in Zimbabwe in August 2015 with an urban concentration around Zimbabwe's Capital Harare, whereas the rural campaign started in two districts of rural Zimbabwe (Bikita and Zaka in Masvingo province) in June 2016. The project was implemented by the **Zimbabwe Handwashing Campaign Alliance (ZHCA)** consortium consisting of **ActionAid International Zimbabwe (AAIZ)**, **Farm Community Trust of Zimbabwe (FCTZ)**, and **Combined Harare Residents Association (CHRA)**. The project closely engaged with the National WASH Coordination Unit, the Provincial and District Water Supply and Sanitation Sub-Committees, the Ministry of Primary and Secondary Education, the Ministry of Health and Child Care, and the traditional leadership in the areas of intervention.

The campaign followed a multi-level approach by targeting both school children and primary caregivers as the main target groups and agents of change and, as a secondary audience all other family members. The objective was to increase handwashing with soap frequency at key times and effective handwashing technique among them.

The campaign promoted handwashing with soap at the critical times using four blocks of interventions – trigger personal awareness, facilitation of behaviour adoption, establishment of confidence in maintenance and highlighting commonness in handwashing. Figure 3 presents the intervention blocks, the change mechanisms through which the various intervention blocks were implemented, and the targeted RANAS factor. The campaign was implemented through two main mechanisms:

- **School-based programme:** Promotion of handwashing with soap and demonstration of proper handwashing techniques by teachers and campaign staff in 20 primary schools in Harare and 16 primary schools in Masvingo province.
- **Community programme:** Community meetings at health facilities and door-to-door campaigns to promote handwashing with soap and demonstrate proper handwashing techniques by trained community outreach workers in 20 communities in Harare and 16 communities in Masvingo province.

ACHIEVEMENTS AND SUCCESS STORIES

Notable behaviour change – sustainable handwashing with soap practice adopted

The Zimbabwe Handwashing Campaign – although relying solely on a software approach to hygiene behaviour change – was successfully implemented in communities of peri-urban Harare and two rural districts of Zimbabwe with proven effects on the impact level such as the reported reduced incidence of diarrheal diseases both in schools and at the household level. Observed food-related handwashing with soap frequency increased significantly at follow-up (up to 68%-points among school children and up to 26%-points among primary caregivers). Observed stool-related handwashing with soap frequency increased by up to 38%-points (school children) and 33%-points (caregivers).

"In the handwashing campaign's project areas we haven't received any diarrheal incidences since project inception" – Mr. Chabata, District Environmental Health Officer, Bikita District

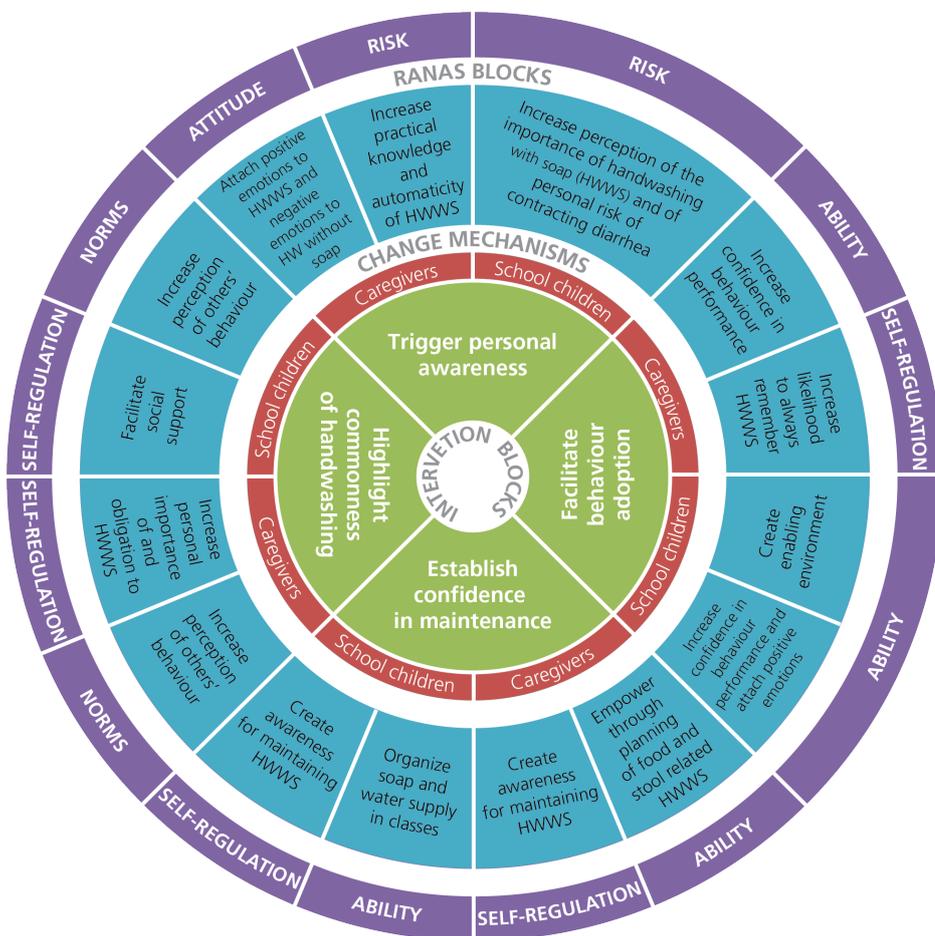


Figure 3: Intervention blocks, change mechanisms and targeted RANAS blocks

56 trained school handwashing coordinators cascaded the campaign to more than 1,400 teachers who directly reached almost 50,000 learners (30,072 urban learners and 17,480 rural learners). An additional 40,000 beneficiaries were reached by 1,400 trained teachers (neighbours, household members). Furthermore, some schools reached out to neighbouring schools to participate and benefit. Almost 3,300 primary caregivers (1,407 urban and 1,831 rural) were directly reached by 163 trained health center staff. The primary caregivers cascaded the campaign to almost 20,000 household members (7,587 urban and 11,352 rural), and the reach grew up to an additional 19,000 beneficiaries in the rural phase as each targeted caregiver reached out to at least two additional caregivers from neighbouring families who cascaded the campaign to their household members. In total, up to 130,000 beneficiaries were directly or indirectly reached by the campaign in communities and schools.

“Most learners are now finding it difficult not to wash hands with soap at critical times- it’s now part of their natural life” – Mr. Shoshore, Makwau Primary School Head, Zaka District

Increased availability and maintenance of handwashing stations and latrines

Handwashing infrastructure strongly improved in participating households

(+41%-points) and soap availability increased by up to 72%-points. Notable unexpected outcomes include beneficiaries constructing latrines on their own initiative and costs to completely block the route of diarrheal transmission due to the increased awareness and understanding of the importance of hygiene and sanitation, or an increased overall coverage of handwashing facilities in households and schools in all project areas. This underlines the effectiveness of the RANAS approach for behaviour change and the sustainability of the intervention.

“In the ward I am working in, various households have constructed low cost blair latrines” – Mr. Nyika, Magurwe Environmental Health Technician, Bikita District

Institutional support and budgeting for handwashing with soap

The project methodology for behaviour change among school children and primary caregivers in the community and primary schools resulted in considerable institutional traction. For instance, there was endorsement of the RANAS model by the Ministry of Primary and Secondary Education and there have been discussions of rolling the campaign out to other schools beyond the targeted areas.

All project schools strive to include budgets for procuring soap and to continuously en-

sure that learners sustain the good practice. Some schools have already begun incurring expenses aimed at supporting handwashing with soap through constructing permanent handwashing stations.

Policy influencing

The project managed to influence the inclusion of handwashing with soap in the National Sanitation and Hygiene policy and strategy through lobbying and interactions with the Government of Zimbabwe.

Support and enforcement by local authorities and traditional leaders

The campaign benefitted from a huge commitment and ownership of local authorities including traditional leaders. Project adoption by local policy makers has been overwhelming. Traditional leaders accepted the importance of promoting handwashing with soap and are enforcing handwashing with soap in their communities.

Extension to non-project areas

Through information sharing platforms such as district or inter-village meetings the campaign reached out to areas that did not directly benefit from the project. Handwashing stations (tippy taps) were built and awareness on the healthy steps of handwashing with soap increased among households in these areas.

KEY FINDINGS FROM CAMPAIGN IMPLEMENTATION

- Collecting both baseline and evaluation data is crucial in order to attribute behaviour change to a programme. To receive data of reliable quality, intensive training and monitoring during data collection of enumerators is essential.
- A simple handwashing station such as a Tippy Tap facilitates the behaviour change process as it facilitates the intention and planning to ensure handwashing with soap, and also serves as a reminder.
- Effective and well-designed monitoring systems (self-monitoring calendars and stool and food related plans) are critical to ensure handwashing with soap behaviour change.
- Targeted messaging and addressing behavioural factors as behaviour change mechanisms are powerful tools for engaging men, women, and children. Segmenting targeted beneficiaries into doers and non-doers on the basis of behavioural determinants to handwashing with soap involved a significant learning curve, in both urban and rural areas targeted.

- The use of a white towel in the triggering stage to show that hands remain unclean after washing hands without soap proved very effective as it resulted in the targeted groups feeling abhorrence upon realizing that they have all along been eating dirt when they ate without washing their hands with soap under running water.



Learners performing the Handwashing Campaign slogan "Handwashing with soap? Of Course!" during a handwashing class at Mutasa Primary School, Harare, Zimbabwe. Photo: Andreas Steiner/SDC

KEY CHALLENGES

- **Private sector engagement** remains challenging in a context of a deteriorating economic environment. Nevertheless, the project has successfully collaborated with its suppliers through pooling additional resources.
- **Water availability and quality** remain a challenge in most schools and communities, in particular in rural areas. Water is fetched from longer distances and in some instances this results in people resorting to unprotected nearby water sources. In high-density urban areas, water rationing is another challenge. The zeal to wash hands with soap is there but availability of potable water of acceptable quality remains a challenge.

LESSONS LEARNED

Data-driven campaign design results in interventions tailored to the population

The design of the campaign was data-driven, which results in population-tailored interventions. This means that the presented campaign strategies are based on the psychological understanding of the drivers and barriers of handwashing that are actually present in the target population. It was achieved through an extensive baseline data collection and rigorous data analysis.

Highlight the importance of effective handwashing technique

The campaign targeted two dimensions of handwashing with soap: the frequency of handwashing at critical moments and the technique of handwashing with soap. While until present, most handwashing campaigns aimed at increasing the frequency of handwashing, very few explicitly focused on promoting an effective technique of handwashing. In the Zimbabwe Handwashing Campaign, this was achieved by highlighting the importance of a specific handwashing technique (*The Healthy Steps*) throughout the intervention.

Consistent messaging

Well researched, but standardized messages that focus on the target behaviour (handwashing with soap) can have a high impact on target audiences (both urban and rural), and make campaign implementation easier and more efficient. The messages stayed consistent in terms of content and interventions through all phases.

Follow a multi-level approach

The campaign followed a multi-level approach by targeting both children and their primary caregivers and, as a secondary audience, all other family members proved successful to achieve sustainable behaviour change.

There is no one way

There is no one solution or approach to starting a handwashing behaviour change programme. Each programme will be different depending on the context in which it is implemented. Factors which affect the urban and rural context include: size and diversity of the target audience; previous handwashing initiatives/experiences; dynamism and leadership ability of government to work with development partners; the type and number of partners; resources and budget available; and the framework of laws and policies.

Institutional support is imperative to sustaining handwashing with soap

Creating a strong supportive environment with relevant government ministries is an important step when implementing in both rural and urban environs. Stakeholder mapping and meaningful involvement through e.g. keeping national and sub-national stakeholders involved, informed and updated is the solid foundation for project success, ownership, continuity and sustainability.

Address access to soap in order to enable handwashing with soap

Without access to soap and water, handwashing with soap is not possible. Soap was

not available to all school children (especially in the rural areas), limiting the students' ability to wash their hands with soap, regardless of their knowledge and desire to do so. At home, soap was also often not readily available.

Improve communication and coordination between project activities to reiterate the project message within the implementation area

The community and school activities did not necessarily occur in the same communities or at the same time. Some participants may have been exposed to the school project as well as the community and/or mass media programmes, which impact the ability to evaluate the impact of the school project alone for instance. The handwashing message is best delivered through repeated messaging using multiple communication channels to reinforce the message.

Build on earlier work and use existing structures

The project built upon existing handwashing experience, integrated with other programmes, or complemented on existing programmes. Failure to identify earlier work, or starting an entirely new initiative, would have alienated partners and other actors. Both campaigns are based on using local health structures for implementation, which ensured local ownership and capacity building to continue interventions.

MORE INFORMATION

Mosler, H.-J., and Contzen, N. (2016). Systematic behavior change in water, sanitation and hygiene. A practical guide using the RANAS approach. Version 1.1. Dübendorf, Switzerland: Eawag. Available online from: www.eawag.ch/en/departement/ess/empirical-focus/environmental-and-health-psychology-ehpsy/

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