Handwashing behavior change in health facilities

July 11th 2018
Outline

• Impact of handwashing in healthcare settings
• Recommended and current practice
• Examples of behavior change approaches and drivers/ barriers
Impact of handwashing

Handwashing by birth attendants can increase survival rates for newborns by as much as 19%. (Blencowe et al. 2011).

Photo: ICM
Impact of poor handwashing

Healthcare-associated infections
• 15.5% of patients in LMICS experience HCAI (Allegranzi et al. 2011)
• Sepsis leads to 6 million deaths per year (WHO)

Maternal and newborn survival
• Handwashing of birth attendants alone up to 19% reduction in mortality, 30% reduction in cord infection and 49% reduction in neonatal tetanus (Blencowe et al. 2011)
• Bacterial infections around the time of childbirth account for about one-tenth of maternal deaths globally (Say et al. 2014).

Quality of care, patient satisfaction and care seeking (Adekanye et al. 2013; Oyo-Ita et al. 2007).

Risk to health workers
Recommended Practice

World Health Organization recommends handwashing with soap or cleaning hands with handrub:

• Before touching a patient
• Before any clean/ aseptic procedure
• After body fluid exposure or risk
• After touching a patient
• After touching patient surroundings (WHO, 2009)

In addition to all critical times for everyone!

Additional recommendations for hand hygiene, such as glove use,
Current Practice

- Average of 61% of health workers do not adhere to WHO–recommended hand hygiene practices (WHO, 2016)

- Handwashing was found to be the least practiced of five IPC behaviors in study of six countries, with handwashing prior to delivery at 37%, with soap available in most facilities (de Graft-Johnson et al, 2017)

Photo: USAID
Why?

• Multiple complex reasons by context:
  • Access
  • Conscious drivers
  • Unconscious drivers
  • Enabling environment
Lack of supplies and place to wash hands form barriers to handwashing.

In LMICS, 39% of health facilities lacked soap for handwashing, and 66% of health facilities lacked soap and piped water (Cronk and Bartram, 2018)

Availability and location of hand hygiene products influence compliance (MCSP, 2017)
Conscious Drivers

Knowledge-practice gap appears across studies. Study of Indian nurses showed high knowledge (91%), practice only scored 58% (Guo et al. 2017)

Perception of risk to oneself (Yawson and Hesse 2013, Shobwale et al. 2016)

Associated with improved practices: education and feedback, periodic refresher training, multimodal and multi-cadre training
Unconscious Drivers

• Habit and subconscious decision making

• Caris et al 2017: Nudges increased handrub use at stations with nudges, but not at all stations.

• Improving convenience of handwashing stations or handrub dispensers (e.g. through workflow assessments);

• Placement of HW stations provided higher return than volume (Thomas et al 2009).
Enabling Environment

• Facility Level: Leadership & management, staffing, accountability
• Community Level: Demand for behavior
• Policy level: Investment, accountability, strategy
Enabling Environment - MCSP Case Study
Increasing Motivation and Action through Accountability/Certification Systems

• Standardized, short checklists allow individual staff members to understand their roles and responsibilities and monitor their own performance. They also allow staff to understand which checklist criteria are the most important.

• Certification systems link personal performance to collective performance (pressure/motivation to perform)

• The annual certification process generates data, which can be used for decision making and prioritization at each level of the health system

• Publishing results through media (radio, internet, etc):
  o increases community awareness and involvement
  o Instills an informal sense of competition among between facilities, managers and districts
An Example from the MCSP/Haiti Program

<table>
<thead>
<tr>
<th>WASH criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>General hygiene</td>
<td>15</td>
</tr>
<tr>
<td>Hygiene promotion and communication</td>
<td>10</td>
</tr>
<tr>
<td>Water access</td>
<td>20</td>
</tr>
<tr>
<td>Excreta management</td>
<td>20</td>
</tr>
<tr>
<td>Waste management/wastewater management</td>
<td>20</td>
</tr>
<tr>
<td>Management linen laundry</td>
<td>5</td>
</tr>
<tr>
<td>Kitchen and food</td>
<td>5</td>
</tr>
<tr>
<td>Treatment of instruments and tools</td>
<td>5</td>
</tr>
</tbody>
</table>

Haiti National Clean Clinic Scorecard
Haiti Clean Clinic Scoring System

Certified Clean Clinic - **GUARANTEED**: clinic scores 80% + 100% for the management of excreta

Clinic scores 85% + 100% management of excreta

Clinic scores 95% + 100% for the management of excreta + promotion of sanitation and hygiene in its area of intervention

Clinic scores 100% + promotion of sanitation and hygiene with communities in its area of intervention
Clean Clinic Approach (CCA)
(MCSP & Save the Children)

1. Conduct health care facility (HCF) assessment
2. Establish/refine national minimum WASH standards for HCFs
3. Develop program parameters with government
4. Train district and HCF leaders
5. Introduce CCA programs in target HCFs

6. Integrate WASH actions into annual action/work plans
7. Implement the CCA programs activities
8. Conduct inspections, scoring, & coaching and share results
9. Reward HCF progress
10. Refine priorities and action plans and continue improvements

http://washforhealthcare.mcsprogram.org/
Key Considerations

• Need for behavior change to respond to drivers in context (knowledge: practice gap)
• Multimodal response
• Enabling environment
• Question of sustained behaviors?

Photo credit: DFID
Resources and Thanks

**Recommended Resources:**

- Global Handwashing Partnership 2017 Research Summary

**Thanks to:**

MCSP: Steven Sara and the Phase 1 Report Authors
GHP Research Summary Authors
Thank you

www.globalhandwashing.org
Discussion

• What efforts are ongoing?
• What opportunities are there?
• What current or potential solutions are there?
• What barriers exist?
• What recommendations do you have?