

# Handwashing Behavior Change Think Tank Summary

June 20-21, 2012

New York City

# Goals

Organized by the Global Public-Private Partnership for Handwashing ([www.globalhandwashing.org](http://www.globalhandwashing.org))

The Handwashing Behavior Change Think Tank aimed to:

- Take stock of the best;
- Identify the gaps;
- And articulate the way forward for handwashing behavior change.
- Connect and share with handwashing behavior change colleagues

# Discussion Topic: Research

What can we tell implementers?



- Increasing number of studies with wide-ranging implications for implementers
- Need to track and translate new research into guidance for implementers
- Research can be conducted within an implementer's program
- There is a lot of common knowledge on HW that may be able to streamline formative research

What are the challenges and next steps?

- Requests for more data on link between handwashing and child development
- Need more research on at-scale implementation of handwashing behavior change
- PPPHW will provide analysis of latest handwashing research twice a year

# Discussion Topic: Critical Times

What can we tell implementers?



- Promoting fewer critical times may be more effective
  - Just getting handwashing at one time would be a huge improvement in many situations
  - Haven't seen many programs successfully promote 5 times for HW. Each critical time is so different.
  - Messaging can get confusing when promoting multiple critical times
- General consensus that two most critical times (no consensus on sub-times):
  - 1. After fecal contact: after using latrine/cleaning baby
  - 2. Before food: before eating/preparing food
- Suggestion: Critical times ladder: start with one or two critical times and expand from there.

What are the challenges and next steps?

- PPPHW will produce one-pager guidance on critical times
- Still don't have strong evidence base to say which times are most critical, but may never have this

# Discussion Topic: At-Scale

What can we tell implementers?



- At-scale handwashing behavior change programs have struggled to get same level of health impacts as those seen in small-scale, highly-controlled trials/programs.
- Government role is key to getting to large scale
- Scaling-up should be considered when designing a handwashing program, even if starting small scale
- Integration of handwashing behavior change into sanitation, nutrition, school and other large-scale programs may be effective at reaching scale

What are the challenges and next steps?

- Inter-personal communication is a key piece of HW behavior change. How do we scale it up as it is resource-intensive?
- PPPHW will continue to track and share lessons from at-scale programs

# Discussion Topic: Messaging

What can we tell implementers?

- Keep it simple. One suggestion, simply wet, lather/rub, rinse. Just getting that behavior would be a huge improvement
- Target opportunities for HW messaging like school enrollment, during pregnancy, vaccinations, etc. may present opportunities for handwashing messages
- Use behavioral determinants of handwashing, like nurture, to create an emotive response and/or fit handwashing into what the target population values (ex. it's important to mothers to be good nurturers for their children, etc.). Careful not to over use determinants.
- Limit messaging as a results of fewer critical times promoted
- Message channels are really situation-dependent
- Messaging to policy-makers is critical
- Good opportunity to partner with the private sector and leverage their expertise in this area
- New data on communication channels

What are the challenges and next steps?

- Need to know more about when people are most receptive to messages
- How do we simplify messaging on programs that are already promoting multiple critical times for HW

# Discussion Topic: Sustainability

What can we tell implementers?

- Proposed definition of HW sustainability: Most of the population washing hands at most of the critical times as a habit (without thinking).
- Handwashing needs to be a visible, social norm.
- Targeting children and their mothers is key
- We have to learn from private sectors' skill in creating habit. Prompting is one technique. For example, hair color product, toothbrushes in winter, speed sign, etc.



What are the challenges and next steps?

- Who's responsibility is it to create social norms (government, private sector, etc.)?

# Discussion Topic: Monitoring

What can we tell implementers?

- Most programs monitor inputs/outputs, but not behavior.
- Monitoring behavior via best practice (i.e. structured observation) is very expensive and not possible for many programs.
- One solution: monitor exposure to program as it was conceptualized although you are making an assumption about exposure – behavior change. Can also use proxies or determinants (presence of handwashing station with soap and water).
- Programs have to accept that these are imperfect measures.
- DHS/MICS, JMP

What are the challenges and next steps?

- Develop guidance on how to measure behavioral determinants



# Summary

Goal: Take stock of the best...

Promote fewer critical times for handwashing for greater impact.

1. After fecal contact: after using latrine or cleaning baby
2. Before food: before eating or preparing food



# Summary

Goal: Identify the gaps...

Difficult to get the same level of health impacts from handwashing at-scale programs. How do we make handwashing a habit and a social norm?



# Summary

Goal: ...and articulate the way forward.



- Share what we've learned with implementers and continue to track and share lessons from handwashing behavior change programs.

- Host at least one in-person handwashing behavior meeting per year

# Thank you!

## Useful Links

- DHS Data: <http://www.measuredhs.com/Data/>
- MICS Data: [http://www.childinfo.org/mics\\_available.html](http://www.childinfo.org/mics_available.html)
- JMP: <http://www.wssinfo.org/>
- BC Community of Practice:  
[http://www.linkedin.com/groups?gid=1238187&trk=myg\\_ugrp\\_ovr](http://www.linkedin.com/groups?gid=1238187&trk=myg_ugrp_ovr)

## Questions?

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# Annex

# Presentations (I)

Title	Presenter
Overview of Handwashing in Research (2010 – 2012)	Jelena Vujcic, University at Buffalo
Handwashing with Soap: 1986 – 2012 data from the MICS, DHS and JMP	Libbet Horn-Phathanothai, UNICEF
Global Scaling-Up Handwashing Project: Evidence from the Impact Evaluation in Peru	Bertha Briceno, Water and Sanitation Program (WSP)
Pakistan Trial Follow-up	Anna Bowen, CDC
Promotion activities interacting with psychological determinants of handwashing	Hans Mosler, EAWAG
Trial of Scalable Intervention – India	Val Curtis, Bob Aunger, London School of Hygiene and Tropical Medicine, and Divya Rajaraman
Feasibility Trial : Intervention Design & Results - Improving Handwashing with Soap and Complementary Feeding	Sumitro Roy, Alive & Thrive

# Presentations (II)

Title	Presenter
Hygiene behaviour change at scale: learning from Bangladesh	Patricia Portela Souza, UNICEF
Unilever Hand Wash Social Mission Behavior Tracking Program	Myriam Sidibe, Unilever

# Soapbox Presentations

Title	Presenter
Handwashing Program Evaluations	Pavani Ram, University at Buffalo
Global Survey of Handwashing Determinants	Bob Aunger, London School of Hygiene and Tropical Medicine
Join Monitoring Program	Merri Weinger, USAID
WASH and Childcare Programs	Julia Rosenbaum, WASHPlus
Handwashing Program Update - Madagascar	Fano Randriamanantsoa, Global Sanitation Fund
Fit for School: An integrated School Health & WASH concept from the Philippines	Habib Benzian and Bella Monse, GIZ
Ghana Community Water and Sanitation Agency (CWSA)	Theo Adomako Adjei
Open Defecation Free Certification and CATS	Therese Dooley, UNICEF
American Society of Tropical Medicine and Hygiene	Pavani Ram, University at Buffalo