



Handwashing Think Tank

Moving from Evidence to Action: Integration, Settings, and Scale

Highlights from the 2016 Handwashing Think Tank

@HandwashingSoap

#HandwashingTT



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SCHOOL of
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& TROPICAL
MEDICINE



 **WaterAid**

Welcome

Facilitator

Hanna Woodburn

Global Public-Private Partnership for Handwashing



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PPPHW Partners



Agenda

- Handwashing Integration
- Settings
- Scale & Sustainability
- Identifying the way forward
- Questions & Answers

Objective of the 2016 Think Tank

The objective of Think Tank was to:

- Explore current knowledge about handwashing with soap,
- Spark collaborative thinking about handwashing, and
- Drive forward the sector.

“The finding that no handwashing with soap is a global risk present in all regions is a reminder that this nexus of risks is relevant to all countries, not just the poorest.”

- The Lancet Global Burden of Disease, Injuries, and Risk Factor study 2013



Thematic Area: Integration

Hanna Woodburn, Global Public-Private Partnership for Handwashing



Integrating Handwashing Promotion and Newborn Care

- There are many behaviors that are important for newborn health and wellbeing (including breastfeeding promotion, skilled birth attendance, treatment for birth asphyxia, etc.). **Handwashing is just one component of newborn care.**
- The disruption that having a new baby can cause in routine presents an opportunity to uptake a handwashing habit, but evidence shows there are modest handwashing behavior increases during this period, but is oftentimes not permanent
- Understanding when certain infections occur during the neonatal period can help identify priorities to ensure we are not crowding interventions



Barriers to Integration of Handwashing in Newborn Care

- Acute behavior change during the neonatal period in the absence of social norm/habit demands robust interventions
- There is a lack of evidence regarding whose hands should be washed/cleansed and when for neonatal infection prevention
- The perinatal period is chock full of competing priorities
- Evidence base for handwashing in the neonatal period is thin, funding is tight, and, yet, programming must continue

Barriers to Handwashing

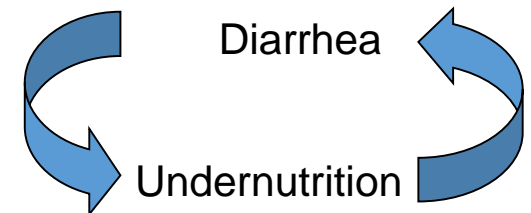
- Mothers of newborns face many challenges to handwashing once they are home, including a lack of available materials, inconvenient times, lack of a pre-existing habit for handwashing
- There is no agreement upon the critical times for handwashing with this population, as data is not available.
 - *Are critical times before breastfeeding or when children have respiratory infections?*
 - *Besides the mother, whose hand cleanliness matters most? Fathers, other female caregivers (mothers-in-law), children that play outside?*
- Are there are behavioral barriers that need to be addressed, such as the balance between behavioral feasibility with product costs?

Integrating Handwashing in Nutrition

- The vicious cycle of diarrhea and undernutrition that WASH and nutrition are linked. Increasingly, the sectors are working together.
- Maternal handwashing during the complementary feeding period, when solid foods are introduced, can help prevent illness.
- There are a number of projects that work on linking handwashing to improved child feeding practices, including:
 - *Alive & Thrive project*
 - *The SPRING project, which, in Bangladesh, led to the Tippy Tap being considered an essential handwashing prompt*
 - *The USAID WASHplus Project that is introducing commercial handwashing stations in partnership with WaterSHED.*



Connecting WASH & Nutrition

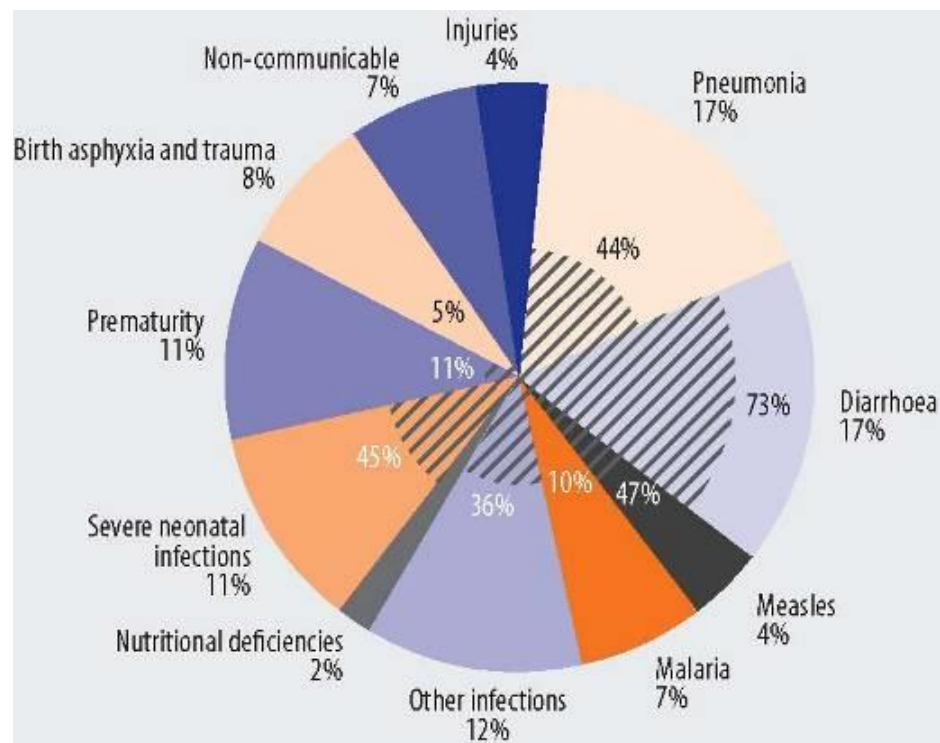


- Children with diarrhea tend to eat less
- With diarrhea, nutrients from food are not well-absorbed
- Undernourished children are more susceptible to diarrhea

Percentage of Diarrheal Deaths Attributed to Undernutrition

Diarrhea: 9% of all child deaths

Undernutrition
contributed to 73% of these deaths



Shaded area indicates contribution of undernutrition to each cause of death

Challenges for Handwashing Nutrition Integration

- We need to measure the effectiveness of integration, including the cost effectiveness.
- Handwashing after defecation is a different behavior than handwashing before preparation of food.
 - *How can we define these motivators and use them in interventions?*
 - *Multiple behaviors need to be changed as a result.*
- In implementation, we face challenges around the “how” in addition to the “why”
 - *Where should handwashing stations be located?*
 - *How can we making maternal handwashing aspirational through products?*
- As distinct disciplines, WASH and nutrition have a myriad of differences that present challenges, including different government ministers, approaches, and ways of measuring success.

Importance of Handwashing in Sanitation

- Community-Led Total Sanitation facilitates a process that rallies the community around key outcomes.
- Opportunity to integrate handwashing into national ODF roadmaps/implementation plans
- Handwashing is an integral part of CLTS; however, the certification components of on open defecation free (ODF) community vary.
- Good CLTS can leads positive improvements in:
 - *Knowledge of the critical handwashing times*
 - *The ability to demonstrate the critical times*
 - *A greater likelihood that handwashing stations with soap and water are present*



Opportunities for Handwashing and CLTS Integration

Opportunity for integration:

- CLTS programs focus on creating a movement with strong community engagement, and is often implemented by district health officials, which can lead to further integration and long-term follow-up.

Important link to SDG target 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

Proposed indicator:

- Percentage of population using safely managed sanitation services including a hand washing facility with soap and water

Challenges of Handwashing and CLTS Integration

- Measuring handwashing—from scale/sustainability to the reliability of indicators and beyond—is very complicated.
- More needs to be done on triggering tools of integration.
- There are gaps in terms of the “how” of implementing integrated handwashing and CLTS projects:
 - How do we measure handwashing facilities, knowledge, and use?
 - When should handwashing be introduced into the CLTS process?
- Greater evidence about the effectiveness of the CLTS approach, and individual components, is needed.



Thematic Area: Settings

Dr. Robert Aunger, London School of Hygiene & Tropical Medicine



Hygiene

Food prep

Child care

FROM/ TO		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	32	31	33	34	35	36	37	39	38	40	41	42	43	45	44	46	47	
wake up	1		5	14			2																																										
pee	2			2	2		1																																										
defecate	3				13		3	2																																									
semi-wash	4			2		1	7		6	1			1																																				
sweep outside	5				1		1				1	4	1							1																													
brush teeth	6				2	4		7		1	2						2																																
2 nd semi-wash	7								4				2		2																																		
clean stove	8					4					3	2		4						1																													
make tea	9						1							2		1					1																												
clean pots	10													5		2	1					1																											
sweep inside	11								2		2	2	2				3			1																													
cook rice	12						1			1	1				2	12			2																														
drink tea	13								1				1			3	3					1																											
cook curry	14					2	3							1			7	1				3																											
bathe kids	15																	12	1				4																										
feed kid	16																		3	2			5		2																								
kid to school	17					1					1											4		1																									
clean dishes	18													1	1				1			2																											
collect water	19								1			1	1									3																											
wash clothes	20												1				1					1	1	3	1																								
take bath	21													1		1		1				3	2	11	1																								
pray (puja)	22																						2																										
eat b-fast	23																			1						15	3																						
pack lunch	24																										15																						
go work	25																											8	2				3																
field work	26																																																
eat lunch	27																																																
field work	28																																																
drink toddy	29																																																
return home	30																																																
wash kids	31																																																
semi-wash	32																																																
sweep inside	33																																																
wash clothes	34																																																
collect water	35																																																
sweep outside	36																																																
clean stove	37																																																
wash pots	38																																																
cooking	39																																																
feed kids	40																																																
clean plates	41																																																
drink chai	42																																																
get beds	43																																																
watch TV	44																																																
eat supper	45																																																
relax/ chat	46																																																
go to sleep	47																																																

Rural Indian Women Master Routine

Source: Hygiene Centre, LSHTM

Stage

Role/
Script

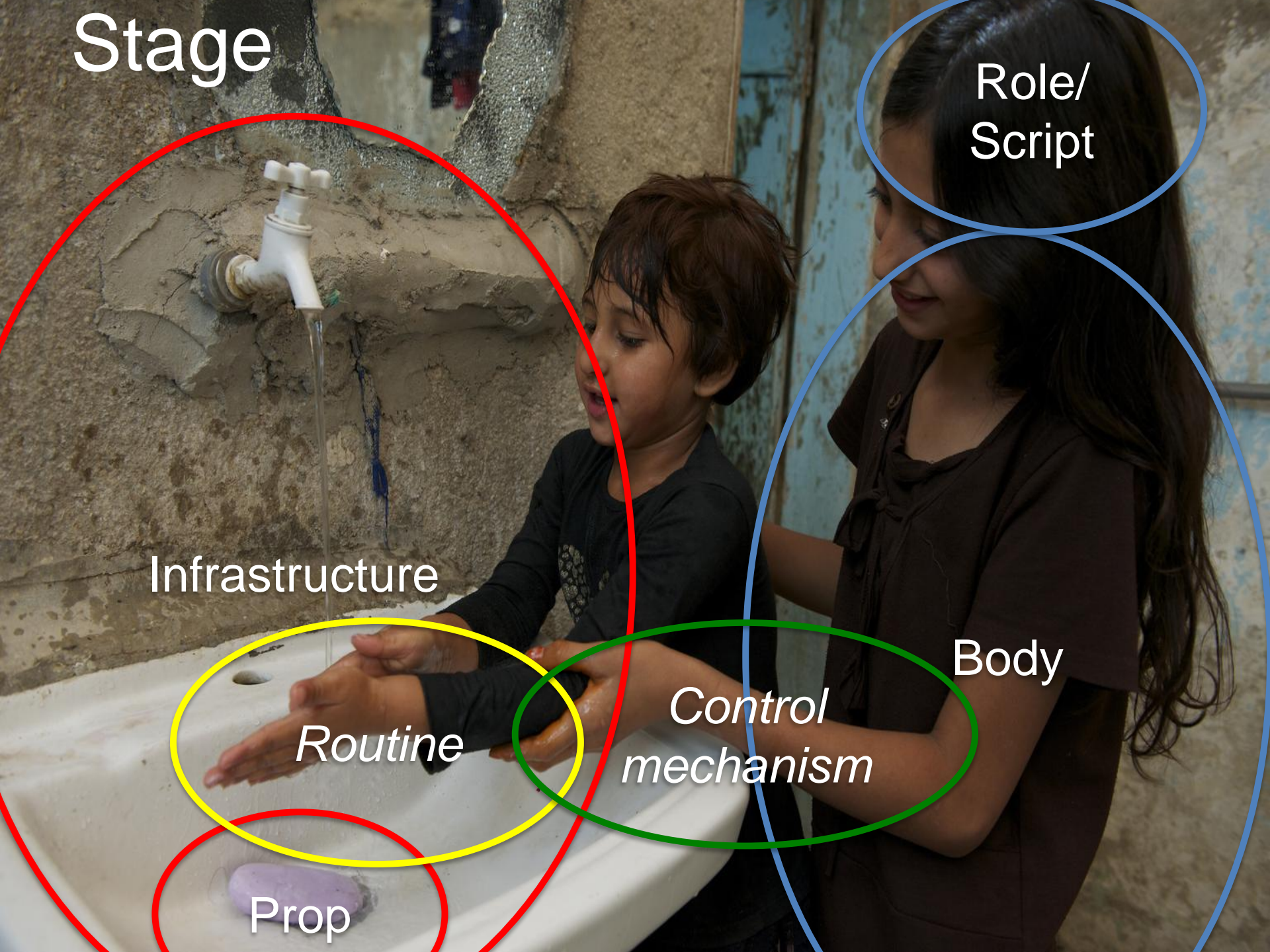
Infrastructure

Routine

*Control
mechanism*

Body

Prop



Food hygiene trial in Nepal



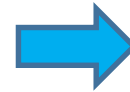
Source: Gautam, O 2015, LSHTM

Challenging physical/biological environment

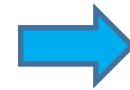


Changing Settings

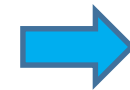
The script
in peoples'
heads



The
physical
infra-
structure
and objects



Social
norms



Changes in scripts in people's heads using engaging activities, tools and approaches

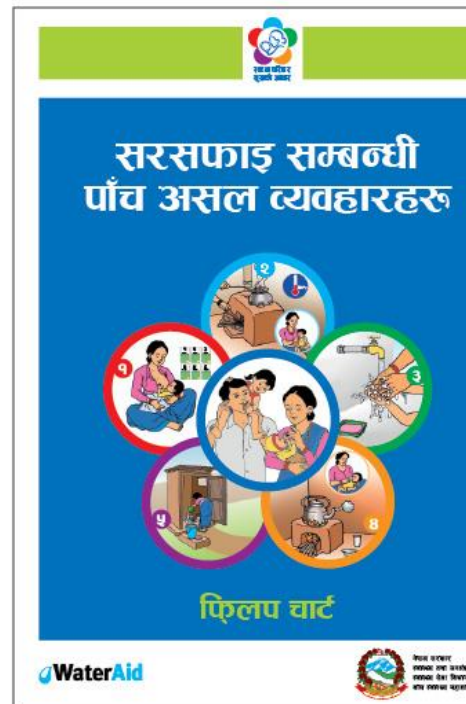
- Games (Child life, wheel of hygiene, hot potato games)
- Story-telling
- Folk song, pile sorting
- Commitment
- Illustration demonstration
- Visual 'reminders'
- 'Reward'
- Habit formation



हिरा



रमा



Encouraged infrastructure and object change in the kitchen (physical setting)



Visual result



Prevalence of key behaviors



Behavior Change without Behavior Change Communication: Nudging Handwashing among Primary School Students in Bangladesh

Robert Dreibelbis ^{1,*}, Anne Kroeger ¹, Kamal Hossain ², Mohini Venkatesh ³ and Pavani K. Ram ⁴

Received: 18 November 2015; Accepted: 8 January 2016; Published: 14 January 2016

Academic Editors: Nicholas Frederick Gray and Panagiotis Karanis

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- Handwashing with soap among school children:
 - 4% at baseline (4%)
 - 68% the day after nudges were completed and 74% at both 2 weeks and 6 weeks post intervention

Hygiene promotion through routine immunization programs



Final thoughts

- Settings dictate how and what behaviours people should perform
- Disturbing the current setting can help to encourage behaviour change
- Understanding of behaviour settings through formative research, and the application of this understanding to design of a creative behaviour change intervention is essential
- It's possible to promote multiple behaviours using emotional drivers and by changing the behaviour setting



Thematic area: Scale & Sustainability

Dr. Val Curtis, London School of Hygiene & Tropical Medicine

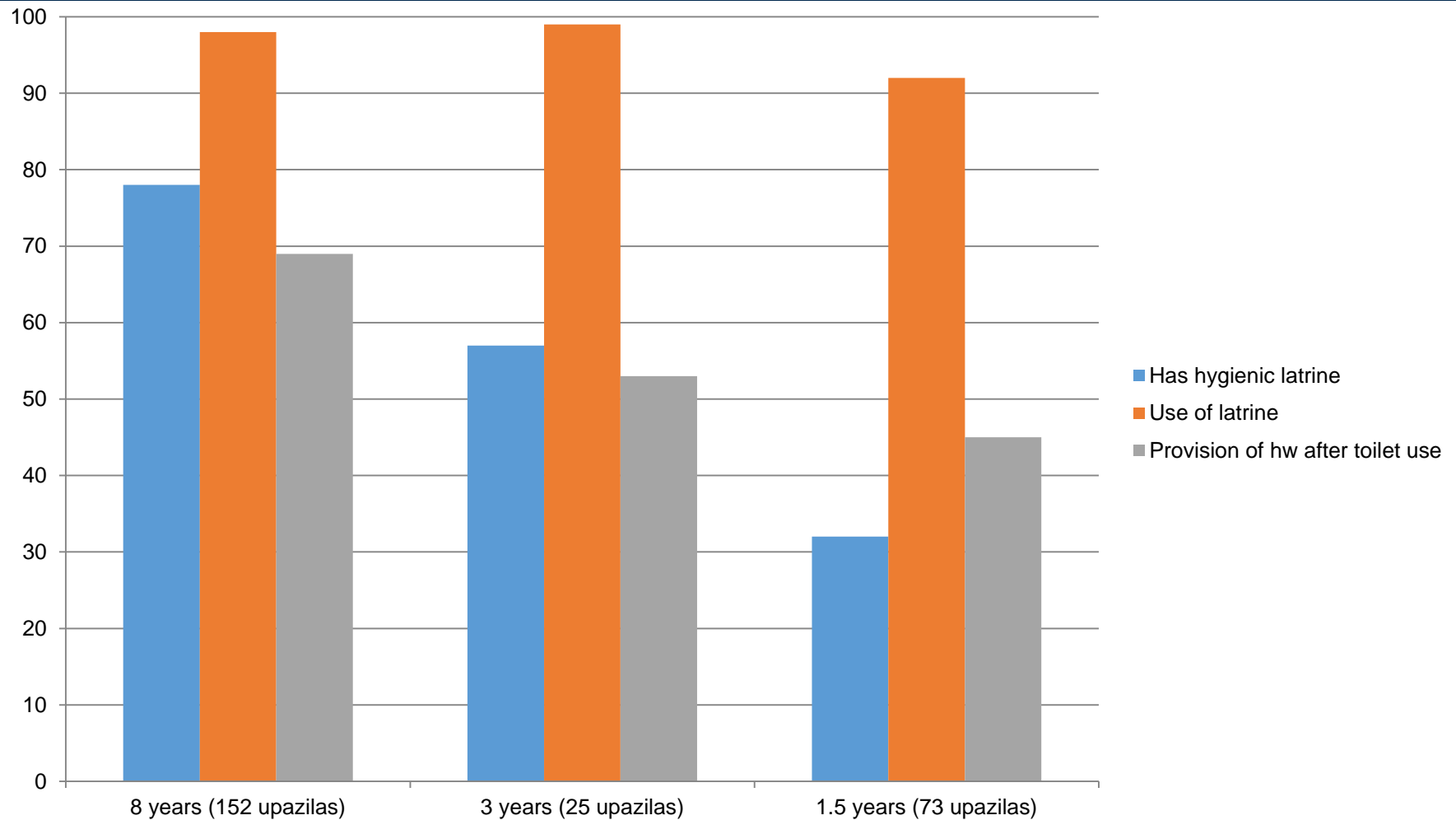


Success at scale: BRAC in Bangladesh

- From 2006 to 2015 the BRAC WASH programme has helped over 39 million people (including poor and ultra-poor) gain access to hygienic latrines
- And promoted hygiene to 13.9m people each year

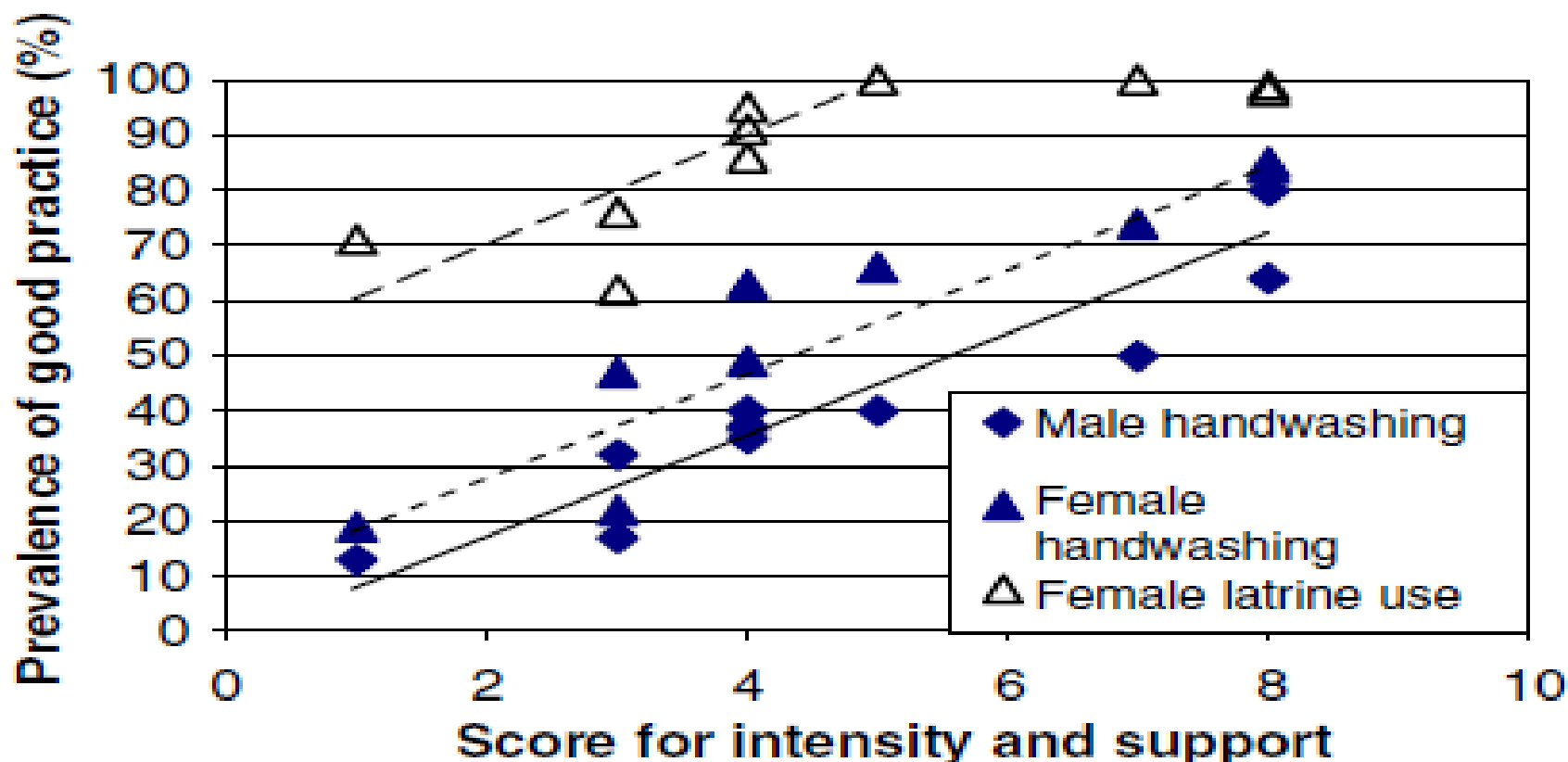


Behavior by the time since intervention began



Sustainability

Intensity of hygiene promotion and changed behavior (example from India)



Cairncross, S. et al – 2005 - What causes sustainable changes in hygiene behaviour? A cross-sectional study from Kerala, India

What works

Integrated approach

Intensity of inputs

Allocated budget for hygiene

Linkages with community

Financial inclusion

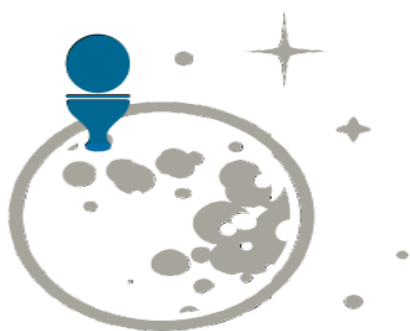
- Linkages with private sector
- Linkages with local government



Business approaches to sanitation and hygiene

Our mandate

Founded in 2014



OUR GOAL:

To catalyse a **robust business sector** to deliver universal access to sanitation.

OUR MISSION:

To **accelerate innovative business solutions** that deliver **sanitation at scale**, to those who need it most - by innovating at the at the social, environmental, economic & organisational levels.

Co-innovation

- A business accelerator process
- With a pipeline of innovations in the sanitation business space
- Where the business model is as important as the technical innovation

Portable Toilet -Original Design Solution

User centric IDEO process

Good looking design



Top off design for ease of use



Stackable for mass production



Handwashing business challenge

- Given the new SDGs mandate handwashing facilities as a part of sanitation
- Need innovation in this space
- TBC and Unilever will launch an open innovation challenge

LaBobo

- The ***LaBobo*** also dubbed ***HappyTap*** is the world's first purpose-built, mass-produced handwashing station.
- Developed through a rigorous design and iterative testing phase, reflects the right mix of aesthetic appeal, functionality, durability, and affordability.



Main Challenges

- Getting it in front of people
- Retail, distribution, marketing



Conclusions

- Handwashing promotion requires investment and budget lines
- And sustained efforts by all sectors
- Viable businesses are sustainable, there are many opportunities for business innovation
- Attractive, functional, durable products can be designed
- But more attention needs to be paid to the business models



Identifying the Way Forward

Hanna Woodburn, Global Public-Private Partnership for Handwashing



Questions & Answers

Full summaries, daily reports, presentations

Please visit our website for resources from the 2016 Think Tank



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As the world's knowledge leader in hygiene behavior change, the Global Public-Private Partnership for Handwashing seeks to take stock of the best, identify the gaps, and articulate the way forward for hygiene behavior change.

2016 Handwashing Think Tank: Integration, Settings, Scale/Sustainability

The facts about handwashing are clear. It prevents illness—from the commonplace such as influenza, diarrhea, and pneumonia—to the rare, yet deadly—such as Ebola. It's benefits are far reaching as it impacts not only health, but also nutrition, education, and equity. And, in addition to being effective, it is affordable and accessible.

Yet, despite the clear benefits of hygiene, far too often it isn't prioritized from the personal level to the policy level.

To address this gap, the Global Public-Private Partnership for Handwashing, the London School of Hygiene and Tropical Medicine, and WaterAid, hosted the 2016 Handwashing Think Tank as a way to learn how the evidence in the Thematic Areas of [handwashing integration](#), [settings](#), and [scale/sustainability](#) can be acted upon.

Objectives for the 2016 Think Tank were to:

1. Explore current knowledge about handwashing with soap,
2. Spark collaborative thinking about handwashing, and
3. Drive the sector forward.

Key deliverables from this event include:

- Event summary ([below](#))
- Full agenda and presentations ([download here](#))
- [Day One Report](#)
- [Day Two Report](#)

<http://globalhandwashing.org/learn/key-topics/think-tank/>



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Thank you

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