

REACH

Ending Child Hunger and Undernutrition

Acting at Scale: Implementation Case Studies

Handwashing with Soap

August 2008

Context

The following document is part of the REACH *Acting at Scale* set of materials

- The documents' aim is to provide highly condensed information and lessons learned for scaling up REACH-promoted interventions to support field practitioners and other interested parties
- They are intended to become a living set of materials, updated periodically by the REACH Global Interagency Team
- These materials are a first step towards a larger REACH Knowledge Sharing service, which will be developed over time

The full set of *Acting at Scale* materials includes

- *An Intervention Summary*
 - An overview document containing key facts for all of the 11 promoted interventions
- *Intervention Guides* for each of the interventions¹
 - Containing rationale, lessons learned, costs and further resource lists
- *Implementation Case Studies* for each of the interventions¹
 - Initial set of details and lessons learned from programs implemented at scale
- *Resource Lists*
 - Lists of key documents, organizations and programs at scale
 - Included at the back of each *Intervention Guide* and in Excel spreadsheets available from the REACH Global Interagency Team

These materials represent a preliminary version, to be validated and refined via additional consultations

- Prepared in Summer 2008 by the REACH Global Interagency Team, based on inputs from 56 practitioners and experts, as well as extensive desk research
- A revised Version 2 of these documents will be released in late 2008 or early 2009, incorporating feedback from initial recipients

If you have questions or feedback on these materials, please

- Contact your local REACH facilitator in Lao or Mauritania, or
- Contact the REACH Interagency Team Coordinator, Denise Costa-Coitinho, at Denise.CostaCoitinho@wfp.org

1. Breastfeeding and complementary feeding have been combined into a single document due to strong linkage in delivery

Case study: Handwashing with soap (I)

Ghana Public-Private Partnership for Handwashing

Intervention:	Handwashing with soap		
Program name:	Ghana Public-Private Partnership for Handwashing	Type:	Physical component; Education
Location:	Ghana, whole country	Setting:	<input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban
Start year:	September 2003	Duration:	Ongoing
		Ongoing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Target group:	<ul style="list-style-type: none"> • 2.5M women with children <5 • 3.5M children in primary schools and junior secondary schools • Target to reach 80% of the target group within 3 years through mass media and direct community contacts 		
Total costs:	\$4M over 3 years	Other resources used:	N/A
Metrics:	<ul style="list-style-type: none"> • Percentage of mothers and care-givers of children <5 years that wash their hands with soap, especially after cleaning up a child (16% in 2002) and after using a toilet (24% in 2002 and 89% in 2005), before and after eating and before feeding babies • Percentage of school children aged 6-15 years who wash their hands with soap, especially after using the toilet and before eating 		
Lead & partner organizations:	<ul style="list-style-type: none"> • Lead implementer: Community Water and Sanitation Agency (CWSA) at the ministry of Works and Housing • Public implementing partners: MoH (provision of existing health staff), MoE (contribution to school program) • Implementation assistance: UNICEF (assistance for the school program), LSHTM (consumer and market studies) • External funding: World Bank, DFID, CIDA • Private sector: Unilever Ghana, PZ-Cussons (technical assistance for campaign design, testing and implementation) 		
Description of specific country situation & social context:	<ul style="list-style-type: none"> • In 2002 9M annual episodes of diarrhea and 15% of children had diarrhea in the past two weeks prior to survey • In Ghana an estimated 84K children die each year from diarrheal diseases <ul style="list-style-type: none"> – About 25% of deaths in children <5 are attribute to diarrhea 		

Note: N/A denotes 'not available' as of yet via research

Source: "Ghana washes her hands: A public-private-partnership." CWSA, 2002.; "Your health in your hands. Ghana public-private partnership for handwashing.", CWSA presentation

Case study: Handwashing with soap (II)

Ghana Public-Private Partnership for Handwashing

Details on delivered intervention incl. delivery channel/method:

- Mass media
 - Radio ads developed in six different local languages targeted towards mothers
 - 2 TV ads developed, one to target children, other one to target mothers
- District-level program in 110 districts each planned and organized by a local handwashing task force
 - District launch events targeting opinion leaders to get their support for district activities
 - Schools: Head-teachers receive half-day training and handwashing kits; schools receive soap and HW facilities (program branded)
 - Health centers: 2 staff members of each center are trained; each center receives posters, stickers, videos on HW and soap
 - Assisted delivery facilities: Each new mother receives a pack including soap, stickers and a HW guide; training of midwives
- Direct consumer contact organized by professional event managers
 - Events held in schools (e.g. quizzes, competitions, plays, glo-germ demonstrations)
 - Mobile cinema shows in media-dark areas for about 500-1000 people per show; mobilization efforts prior to show
- Public relations and advocacy
 - Continued press coverage and advocacy brochures to target opinion leaders and press corps in order to advocate for better sanitation facilities and to include key handwashing messages in school curriculum

Description of monitoring & evaluation:

- A comprehensive baseline formative research study was carried out in 2002 to provide basic information for the campaign design such as current handwashing behaviour as well as drivers and obstacles to handwashing (applied methods are consumer observations, surveys and interviews; focus group discussions, behavioral trials and school visits)
- An inline survey was carried out in 2005 to evaluate the behaviour change by measuring the key handwashing metrics

Lessons learned (intervention & overarching processes):

- Selection of media channels based on media usage including access to the media (e.g. radio is the most important source of information for 85% of women; TV access is high due to communal watching though TV ownership rates are low), choice of channel (e.g. women's talk show) and time of media usage
- Combination of mass media approach and direct consumer contact should be employed to induce behaviour change
- Create district program structures to take advantage of local know-how and build sustainability; support for district structures is needed as these are overloaded: regional and district handwashing coordinators are placed to support regions and districts
- Leverage private sector know-how to develop state-of-the-art marketing; e.g. communications agency and professional event managers
- Adapt communications to regional cultures and languages, e.g. various languages for radio spots aired on rural FM stations
- Formative research should be used to identify the key barriers for handwashing and adapt the campaign:
 - HW is practiced, but soap use is rare: Slogan aimed at improving existing behaviors "For truly clean hands, always wash with soap"
 - Main constraints for handwashing with soap is that soap is often kept hidden away to prevent misuse and that soap is often not used as it spoils the taste of food when hands are washed before eating: Discussions with producers are held on how to improve soap products

Contacts:

- Nana A. Garbrah-Aidoo, CWSA: handwash@ghana.com

Key documents:

- "PPPHW program - the story of Ghana." PPP-HW.
- "Clean Hands and healthy life - Business Plan" CWSA, 2002
- "What Motivates Handwashing in Ghana?" Research International, 2002

Ghana program used various channels to reach beneficiaries

Case study: Ghana Public-Private Partnership

Program overview

The disease burden associated with diarrhea in Ghana is very high

- 9M episodes of diarrhea and 84K deaths annually

The Ministry of Works and Housing initiated a PPP to promote handwashing

- Private sector partners include Unilever
- Public sector partners include World Bank, UNICEF, CIDA, DANIDA, WHO

The handwashing message is communicated to the beneficiaries through three channels

- Mass media: radio, TV
- District-level program in schools, health centers, and assisted delivery facilities
- Direct consumer contact through events held in schools and mobile cinema shows

Program target is to double the handwashing among mothers and carers of children <5 as well as among school children

- e.g. HW among mothers after using a toilet increased from 24% in 2002 to 89% in 2005

Lessons learned

Leverage private sector know-how to develop state-of-the-art marketing

- E.g. communications agency developed spots and professional event managers run district events

Select media channels based on existing media usage and access

- E.g. radio is the most important source of information for 85% of women

Combine mass media and direct consumer contact to induce behaviour change

Adapt communications to local culture and language

- Various languages for radio spots on rural stations

Employ formative research to identify the key barriers for handwashing and customize the campaign

- E.g. HW is practiced, but soap use is rare
- Led to design of slogan to improve existing behaviors: "For truly clean hands, always wash with soap"

A multi-media approach is used to induce behavior change

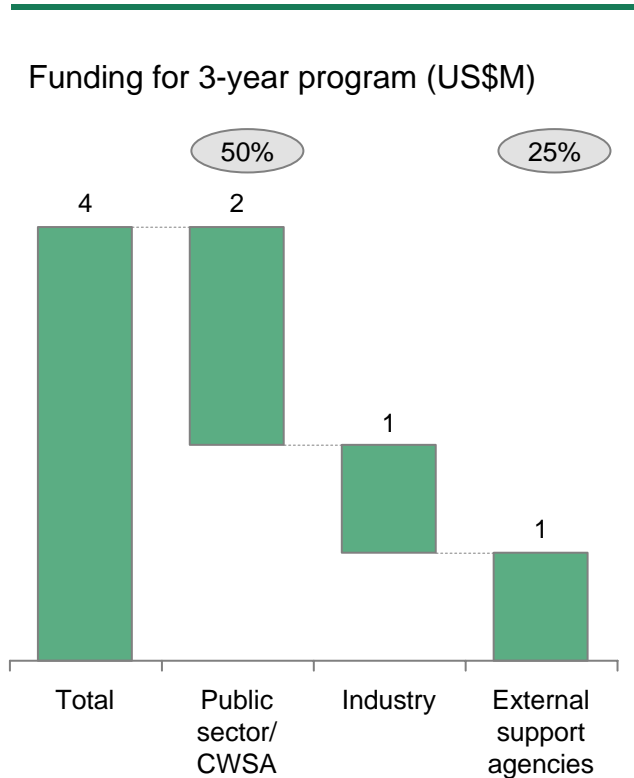
Behavior change requires repeated exposure and reminders

	Description	Rationale
<p>1st tier</p> <p>TV</p>	<ul style="list-style-type: none"> Spots developed in the two mainly spoken languages (English, Akan) Two different target group specific TV spots developed <ul style="list-style-type: none"> For mothers and children 	<ul style="list-style-type: none"> Visualization makes communication easy and helps images to stick Supports aspirational motivation as rural communities want to imitate urban role models
<p>2nd tier</p> <p>Radio</p>	<ul style="list-style-type: none"> Spots developed in six languages Aired on local FM stations in the local dialect 	<ul style="list-style-type: none"> Coverage of areas where TV ownership is low Reinforce TV messages
<p>3rd tier</p> <p>Billboards</p>	<ul style="list-style-type: none"> Limited number erected 	<ul style="list-style-type: none"> Not expected to have much impact on behavior But provides visibility and credibility to the program Reinforces other mediums

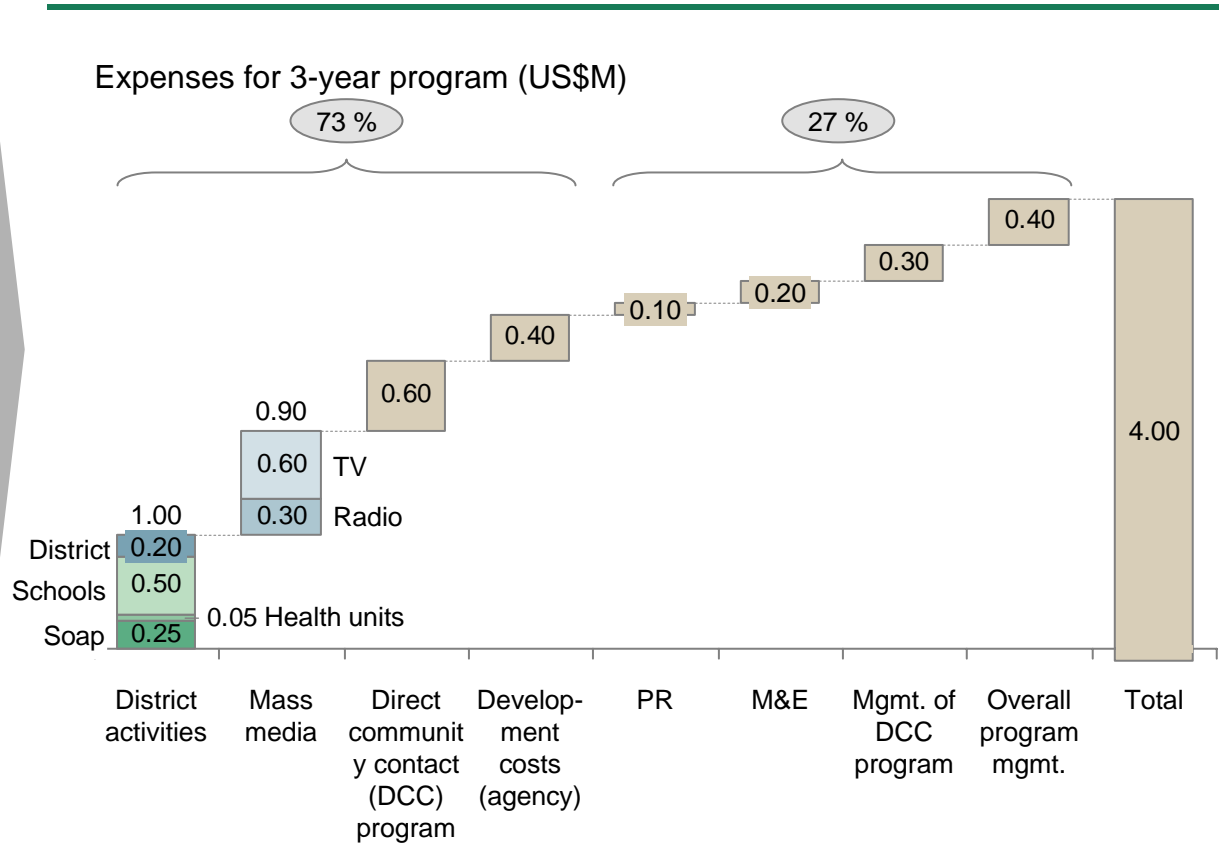
**To convince a person to use a new product,
4-6 exposures are required within 3 months**

Direct consumer activities and mass media advertisement comprise the bulk of the program costs

Funding



Expenses



Note: The data is from the Ghana handwashing business plan, not actual data

Source: "Ghana washes her hands: A public-private-partnership." CWSA, 2002.; "Your health in your hands. Ghana public-private partnership for handwashing.", CWSA presentation

Case study: Handwashing with soap (I)

Unilever's Swasthya Chetna program, India

Intervention:	Handwashing with soap		
Program name:	Swasthya Chetna (Unilever India)	Type:	Physical component; Education
Location:	India, whole country	Setting:	<input checked="" type="checkbox"/> Rural <input type="checkbox"/> Urban
Start year:	2002	Duration:	Ongoing
		Ongoing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Target group:	<ul style="list-style-type: none"> • Children, mothers and key opinion leaders in each community • Focus on rural population as urban population is reached through commercial mass media campaigns on handwashing and soap usage • Per year 15K villages are covered with program activities; by the end of 2008 around 58 K villages will be covered (or about 180 M people as average population of villages is 3,100); in total there are 650K villages in India with a total population of ~700M (coverage ~ 26%) 		
Total costs:	Total budget: \$1.5M per year; \$0.03 per beneficiary; \$20 /village visit for staff/travel + \$10 for marketing materials (Ø village pop.: 3100; 3 visits per year per village)	Other resources used:	250 teams, each with 2 members
Metrics:	<ul style="list-style-type: none"> • Coverage: Number of people touched by program activities (reported weekly by Ogilvy Action) compared vs. target • Number of soaps sold per district (tracked by Unilever for commercial purposes) 		
Lead & partner organizations:	<ul style="list-style-type: none"> • Lead and implementation: Ogilvy Action (brand activation arm of the Ogilvy Group, a global marketing services agency) • Implementation partners: Local manpower providers • Funding: Unilever India • Distribution of soap: private sector retailers and distributors that stock the Lifebuoy brand 		
Description of specific country situation & social context:	<ul style="list-style-type: none"> • 700M of the 1B Indians live in rural areas where sanitation infrastructure is rarely available and health and hygiene behavior insufficient • Diarrhea is the main cause of death for children <5 in India • Awareness for diarrhea as a public health issue is very low, focus on is on "high awareness" diseases such as AIDS even though diarrhea kills more people than AIDS in India • Lifebuoy already is the largest seller of soap in India and the Lifebuoy brand is well known, also in rural areas • Indians wash their hands 5-6 times a day, but only 1-2 time soap is used 		

Case study: handwashing with soap (II)

Unilever's Swasthya Chetna program, India

Details on delivered intervention incl. delivery channel/method:

- 250 teams with each 2 members consisting of local people that speak local language/dialect visit villages all across India
 - Teams recruited through local manpower providers and paid by Unilever
 - Teams equipped with standard dresscode and assigned official titles ("health development officer/assistant") to make them respected, give them credibility and motivate them
- Each village is visited three times a year; for every visit another target group is in focus:
 - Key opinion leaders: As they are influential role models they have to be convinced of the social purpose and community benefits of the program in order to make behavior change socially accepted
 - Through door-to-door outreach women are called to come to a public venue for interactive and entertaining group counseling (30-40 women) including games and prizes
 - Children targeted through school based program including interactive games (Children with Lifebuoy hero masks catch children with germ masks; modified board games such as monopoly and snakes and ladders) and demonstrations with glo-germ-powder to show that visibly clean hands are not necessarily clean

Description of monitoring & evaluation:

- Ongoing quality monitoring of program activities: Separate team of supervisors monitors whether program activities are carried out correctly through accompanying teams to villages and through village revisits; cover ~35-40% of the villages where program is carried out
- Weekly monitoring of coverage: Standardized reports on the number of people touched with program activities prepared by Ogilvy Action
- Effectiveness studies using soap loggers (chips embedded in soap that register each soap usage) every few years: Study indicated that 15% more handwashing is done in villages with campaign than in control villages
- Continuous tracking of soap sales by Unilever on a district-level basis: Districts with handwashing promotion show higher soap sales

Lessons learned (intervention & overarching processes):

- Behavior change does not happen over night, it requires continuous contact with the program: Villages are visited three times a year; Program leaves visible signs that remind of program, e.g. games, posters and charts
- More than one stakeholder has to be addressed as behavior change has to be socially accepted in the community/people influence each other: 1. Women through women group discussions including entertainment 2. Children through school programs including games 3. Key opinion leaders through individual counselling
- Employ interactive communication because unidirectional instructions will not induce behavior change as they are boring and commanding: Group discussions and games e.g. modified monopoly, modified snakes and ladders, card games, germ masks and Lifebuoy masks
- Apply demonstration tools such as glo-germ-powder that show beneficiaries that visibly clean hands are not necessarily clean

Contacts:

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- Myriam A. Sidibe, Lifebuoy Global Social Mission Manager, Unilever Home & Personal Care, myriam.sidibe@unilever.com

Key documents:

- N/A

Note: N/A denotes 'not available' as of yet via research
Source: Expert interviews; REACH analysis

Unilever applies various interactive tools to promote HW

Unilever's Swasthya Chetna program, India

Program overview

Unilever has a social as well as a business interest in promoting handwashing with soap in India

- Growth market for Unilever's Lifebuoy brand
- Addressing the poor hygiene practices in India could avert many diarrhea cases, the main cause of death

Handwashing with soap promotion is relatively easy for the urban areas

- Urban population is reached through mass media

In order to also reach the rural population, Unilever contracted Ogilvy Action to implement a village outreach program

- 250 teams with each 2 members recruited through local manpower providers and paid by Unilever visit villages three times a year all across India
- Various stakeholders are targeted with interactive education activities such as discussions and games

By the end of 2008, ~58K villages or ~180M people will have been successfully covered with program activities

- A study reported that handwashing increased by 15% in villages where campaign was done

Lessons learned

Create continuous contact with beneficiaries

- Behavior change does not happen over night
- Villages are visited three times a year
- Program leaves visible signs that remind of program, e.g. games, posters and charts

Address multiple stakeholders to ensure that behavior change becomes socially accepted in the community and people influence each other

- Women are targeted through women group discussions including entertainment
- Children through school programs including games
- Key opinion leaders through individual counseling

Employ interactive communication to avoid boring or lecturing beneficiaries

- Group discussions
- Games, e.g. modified monopoly, snakes and ladders, card games

Apply demonstration tools such as glo-germ-powder that show beneficiaries that visibly clean hands are not necessarily clean

Experts consulted

- **Therese Dooley**, UNICEF, Senior Advisor Sanitation and Hygiene
- **Samir Gupte**, Unilever Swastheya Chetna handwashing program
- **Myriam Sidibe**, Unilever handwashing program