

## Evaluation report

---

### Rural Handwashing Campaign Project in Masvingo Province, Zimbabwe



*Photo by Belladonah Muzavazi*

**Author: Jonathan Lilje**

**5/12/2017**

## Table of Contents

Overview .....	2
Results .....	3
Allocation to interventions.....	3
Attrition check.....	3
Randomization check .....	3
1. Was the campaign implemented according to the campaign proposal and campaign protocols?..	4
Household interventions .....	4
School interventions.....	5
2. Did the campaign change handwashing infrastructure? .....	7
Households.....	7
Schools.....	7
3. Did the campaign change handwashing behavior?.....	9
Caregivers .....	9
School children .....	11
4. Through which mechanisms did the campaign change handwashing behavior? Which psychological factors were changed by the interventions? .....	14
Caregivers.....	14
School children .....	15
Conclusion and implications.....	17
Summary of results: .....	17
Conclusion and implications.....	18
Annex.....	19

## Overview

This report presents results of a campaign promoting handwashing with soap in rural areas of Zimbabwe. The main target was to increase handwashing with soap frequency and technique among primary caregivers and school children. The campaign was implemented during the months of October and December 2016 by Action Aid Zimbabwe and its partners in Masvingo Province. A total of sixteen primary schools and their immediate catchment communities in Bikita and Zaka districts were chosen to take part in the study. Whereas half of these communities and schools received interventions during this first implementation phase, the other half served as a control group where no interventions were implemented during that time. The control group serves as a reference to compare effects of the campaign.

Four blocks of interventions were delivered sequentially to both, households within the community and school children in their schools. The four blocks targeted different psychological dimensions of factors influencing handwashing with soap behavior as identified during the baseline study. For details on the intervention elements, please refer to the campaign proposal and baseline report. Prior to each block, promoters were trained on using the developed protocols and were equipped with the necessary materials.

Previously, a baseline survey was conducted to assess current handwashing practices and psychological factors for handwashing, this formed the bases of the design on the intervention elements. The survey also served to establish reference values of behavioral and psychological outcome measures against which the effects of the campaign could be tested. A follow-up survey was conducted during the months of January and February 2017 to evaluate the effects of the campaign. Changes in handwashing infrastructure, behavior (frequency and technique), and psychological factors for handwashing with soap are calculated by subtracting baseline values in all measures from the ones assessed during the follow-up survey. Changes in the intervention group are then compared to changes that occurred in the control group during the same time to estimate effects of the campaign on all the outcomes.

To evaluate the campaign effects, the following questions shall be addressed within this report:

1. Was the campaign implemented according to the campaign proposal and campaign protocols?
2. Did the campaign change handwashing infrastructure?
3. Did the campaign change handwashing behavior?
4. Through which mechanisms did the campaign change handwashing behavior?

Results will be reported separately for the household and school interventions.

## Results

### Allocation to interventions

Each of the 16 wards located around the primary schools, that were selected for this study in the two targeted districts of Zaka and Bikita were randomly allocated to either receive interventions during the first implementation phase or to be in the waiting control group for comparison. Allocation to one of the two study groups was done using a random number generator.

### Attrition check

406 of the original 448 caregivers were interviewed during the follow-up survey (91% coverage). Reasons for drop out were mostly due to relocation of the caregiver or the whole household to another city or abroad (39 cases or 8.7 %). One caregiver had deceased since the baseline survey, and two caregivers refused to participate in the follow-up survey. Coverage of baseline participants was thus 90.6%. Dropouts are evenly distributed between intervention group (20) and control group (22).

420 of the original 440 school children were interviewed during the follow-up survey (95% coverage). Reasons for drop out were that the household had moved away or the child was transferred to another (higher) school and was no longer available for the interview.

Compared to the rest of the sample, respondents who dropped out of the study were in general younger than the average, more educated, and more often unmarried. As the most current reason for drop out was that the caregiver (or the whole household) had moved away, this is presumably more likely for the group of younger, more mobile caregivers. However, drop outs did not differ significantly from the full sample in any outcome variables, including behavioral measures and psychosocial factors.

### Randomization check

Comparison between intervention and control groups showed no significant differences concerning socio-demographic variables of the caregivers or the household characteristics. Intervention and control groups did not differ at baseline on almost all outcome variables, structural and psychological factors or behavioral measures. Wherever deviations exist, these will be discussed in the respective sections.

## 1. Was the campaign implemented according to the campaign proposal and campaign protocols?

### Household interventions

The campaign was implemented according to the protocols for each block. All the blocks were cascaded to the communities. The time required for each block was adequate and appropriate. Staff capacity required for each block was adequate and appropriate. The trainings in both districts had all the necessary materials as stated in the protocol. Each promoter had access to the Shona protocol and was given feedback on his/her performance.

Campaign materials were appropriate and within the design for Block 1, 2 and 4. The materials for Block 3 were appropriate on several stickers, however, there were also notable stickers which were not relevant for the rural setup e.g. tap water and bucket with tap. The relevant stickers were also not enough to meet all the critical times to be presented.

Attendance over all blocks and communities ranged from 15 to 27 (average 23) out of 28 targeted caregiver households from the baseline sample; this represents 82% coverage across all sessions for the study participants. Absenteeism of invited caregivers was mostly due to competing activities or external factors (e.g. a funerals, field work, etc.). Often more than twice as many additional community members attended meetings who had not been part of the baseline. Capacity of meetings was limited to around 60 persons by the space of meeting places and materials to be distributed.

Overall recall of the interventions and its contents was very good and showed that most participants remembered most or all of the individual elements from the campaign with its different blocks. 96% of caregivers within the intervention group confirmed their participation in the intervention campaign. In particular, they remembered the handwashing experiment with the towels (94%), receiving a certificate for their participation (95%) including the public commitment. 95% remembered the household visit when promoters came to their houses to explain and install self-monitoring calendars and verified whether the household had constructed a tippy tap. 81% remembered discussing about social support strategies with the promoter during the household visit and 90% remembered the quiz session during the final intervention block. Also 88% remembered having been to the school event on handwashing where their child goes to school.

All elements were rated positively, a large majority of respondents either liked elements a lot or very much (>95%) and found them very much or extremely convincing (>95%).

Almost all households in the intervention group had received the intervention materials and a majority of those were able to present it during follow-up visits (Figure 1). Most of the materials were filled out and seemed to be in use. Specifically, 97% received a certificate during the campaign for participation and 96% were able to show it during follow-up visits. 96% of households received a self-monitoring calendar and 86% were able to show it during follow-up visits. 94% of the displayed calendars seemed to be in use. 96% received a food-related handwashing planning form. 88% of them were able to show it during follow-up visits and 99% of the displayed forms seemed to be in use and had stickers on them.

99% received a stool-related handwashing planning form. 89% of them were able to show it during follow-up visits and again 96% of the displayed forms seemed to be in use and had stickers on them. All households participating in the interventions had built a soap dispenser and were able to show it during the follow-up visits .98% of the observed dispenser contained dissolved soap (soapy solution) for handwashing.

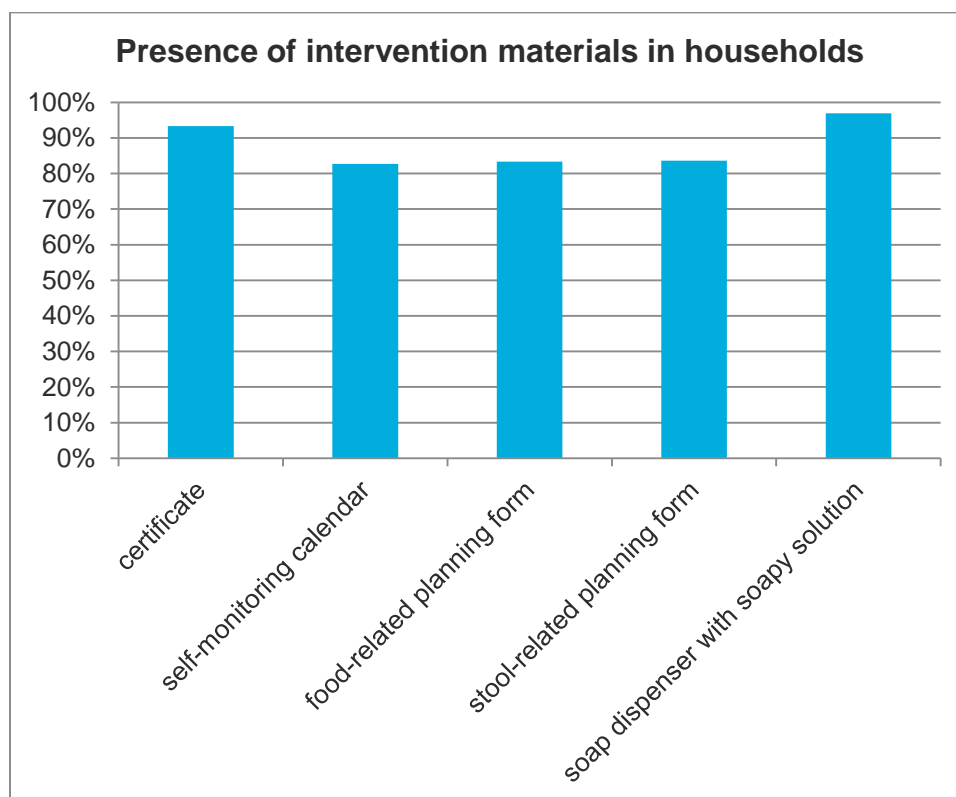


Figure 1: Presence of intervention materials that were displayed during follow-up visits and which were filled out correctly and seemed to be in use by the household members.

### School interventions

The campaign was implemented according to the protocols for each block. All the blocks were cascaded to all the classes present during the campaign phase. Time requirements for each block was adequate and appropriate for a greater part of the implementation. Staff capacity required for each block was adequate and appropriate.

Campaign materials were appropriate and within the design for all the blocks. The quality of calendars and commitment posters could be improved in terms of durability and design for hanging them up on walls. Handwashing with soap zone billboards and school certificates were well prepared. Block 2 and Block 4 were lacking sufficient material for all or some interventions. Towels were not enough for some schools in Zaka and commitment posters were not sufficient to hand out two per class in several schools. Stickers for rewarding Block 3 were also short in supply.

84% of all interviewed children remembered spontaneously to have participated in handwashing with soap promotion activities in their schools during the time of the campaign. 88% remembered the school handwashing inauguration event., 74% remembered the classroom lessons on handwashing with soap with their teachers, 88% remembered the self-monitoring calendars, and 87% of those who could remember could give correct details about how to use it, 91% remembered putting up a poster on the classroom door and 81% could give correct details about its contents. Children liked the school event and classroom activities of the campaign very much in the majority of cases (>95%) and only a small minority liked them a little or not at all (<5%).

## 2. Did the campaign change handwashing infrastructure?

### Households

Handwashing infrastructure in households strongly improved throughout the intervention communities (Figure 2). Almost all households in the intervention group (99%) had at least one designated handwashing place within the household (+41 percent points); many (70%) had two separate facilities for food- and stool-related handwashing respectively (+42 percent points). The majority of handwashing stations in intervention households provided both water (97%; +41 percent points) and soap (93%; +68 percent points). This represents a significant increase in handwashing infrastructure and materials available in intervention households. Over 85% of the handwashing stations in intervention households were constructed tippy-taps which allow easy, unassisted, and thus safe handwashing of both hands.

The percentage of control households with designated handwashing places remained about constant compared to the baseline value (51%; +3 percent points). Smaller increases in water (66%; +10 percent points) and soap (56%; +24 percent points) availability were observed also in the control group. In control households, mainly bowls to dip hands in or small vessels for pouring water were used for handwashing.

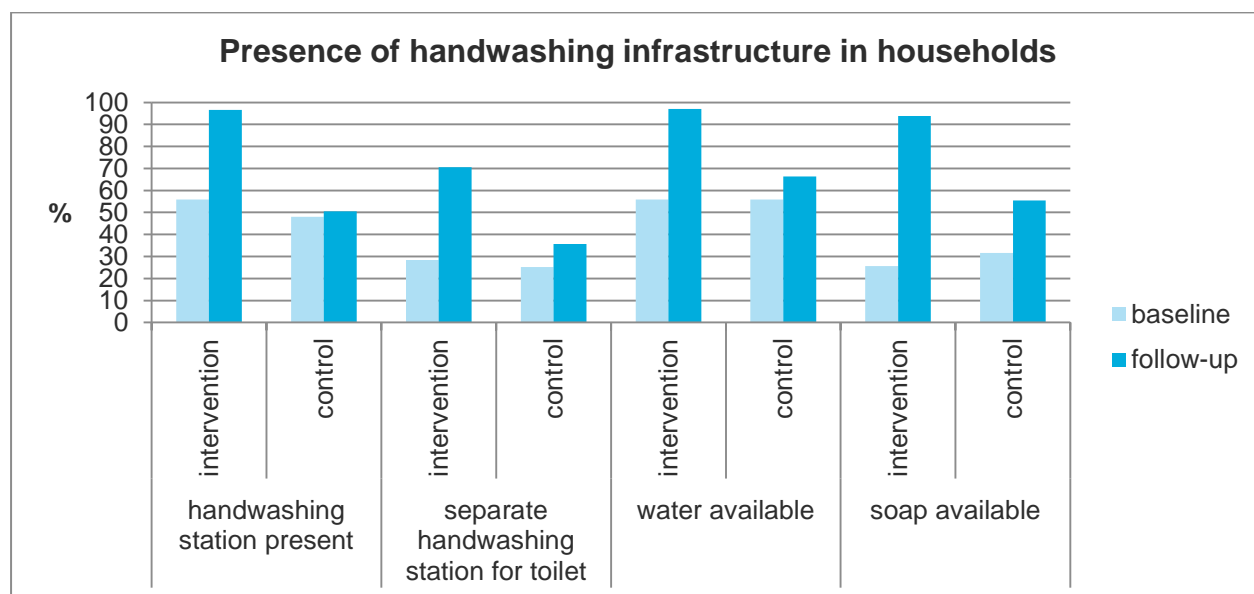


Figure 2: Handwashing infrastructure available in intervention and control households at baseline and follow-up in percent of all households. hw = handwashing.

### Schools

Handwashing infrastructure in schools in the intervention group improved across all schools from their baseline status to their status at follow-up compared to schools in the control group (Figure 3). All schools in the intervention group provided some handwashing facilities on the compound level (however not necessarily next to toilets); in seven out of eight schools water and soap was available and all provided water at the time of visits. During baseline, only five schools had water available at handwashing stations on the compound level and only two schools provided soap. Further, all schools in



the intervention group provided handwashing facilities on the classroom level during follow-up visits. The number was around one or two facilities per classroom; water and soap were present in most cases across all classrooms during the visits.

Among the schools in the control group, only one out of seven schools provided water and soap at handwashing stations on the compound during follow-up visits, and five schools provided water only on the compound level. During baseline, six schools had water and one school had soap available at handwashing stations. No handwashing facilities on the classroom level were present in any of the schools in the control group, as was the case during baseline across all schools.

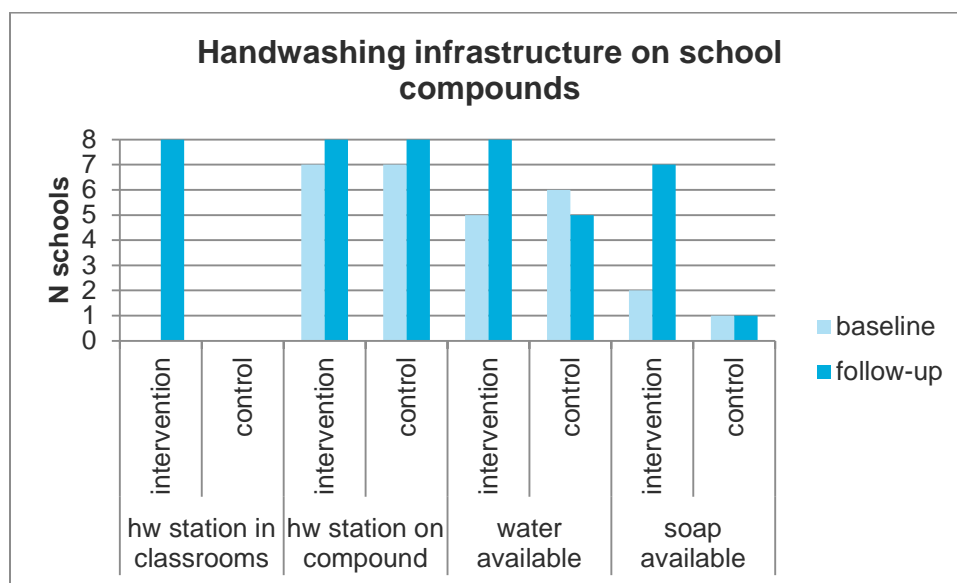


Figure 3: Presence of handwashing infrastructure in classrooms and on school compounds at baseline and follow-up in intervention and control schools counted by the number of schools which provided at least one handwashing station, water, and soap at the time of visit.

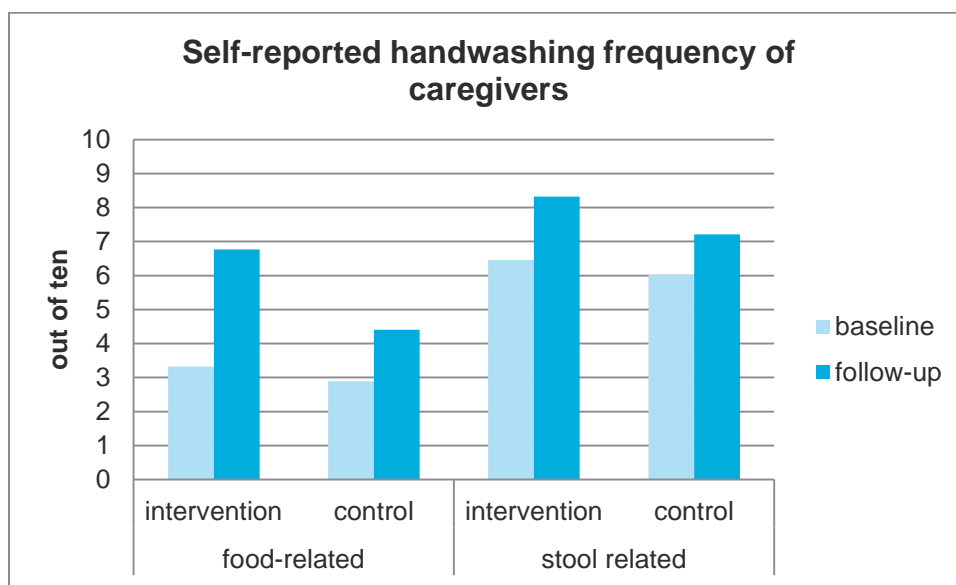
### 3. Did the campaign change handwashing behavior?

#### Caregivers

Self-reported handwashing frequency increased among both study groups from baseline to follow-up across critical food and stool related handwashing situations (Figure 4). Increases in the intervention group are larger compared to those in the control group.

Caregivers in the intervention group reported washing hands with soap more than twice as often in food-related situations compared to baseline (about 6.8 out of ten times; +3.4 times). This increase was less strong in the control group and follow-up values were only somewhat higher than in the baseline (+1.5 times).

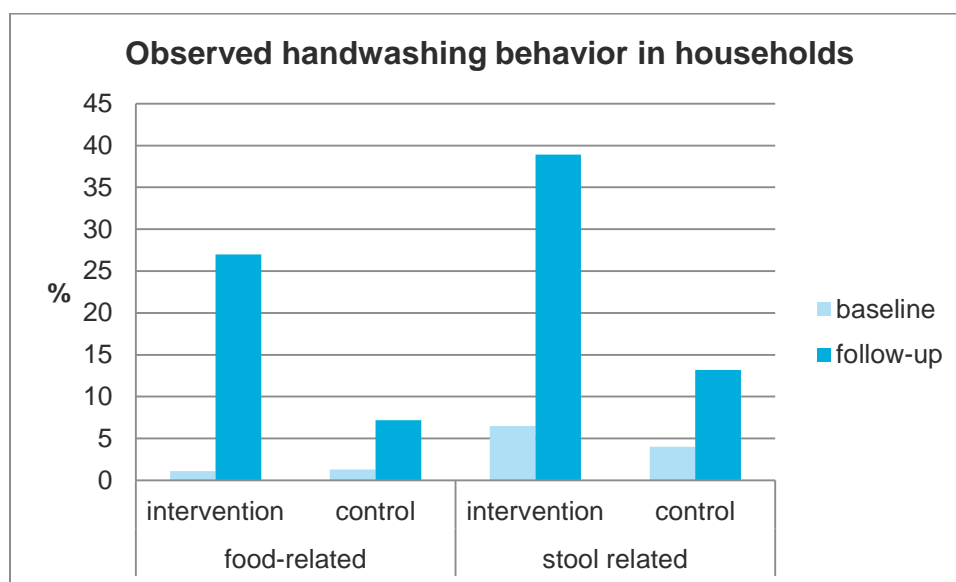
Self-reported handwashing in stool related situations was generally higher across both surveys and study groups and increases were less prominent compared to food related handwashing. Caregivers in the intervention group reported washing in around 8.3 times out of ten stool related situations (+1.9 times); caregivers in the control group in around 7.2 times out of ten (+1.2 times).



**Figure 4: Self-reported handwashing frequencies of primary caregivers in food- and stool related situations at baseline and follow-up in both study groups.** The frequency is given as the number of times hands are washed with water and soap out of ten key situations (N respondents in intervention group = 204 and control group = 202).

Observed handwashing with soap frequency increased among households within both study groups (Figure 5). Changes were more positive in the intervention group compared to the control group. Observed food-related handwashing with soap increased from 1.1% to 27% (+25.9 percent points) in intervention households, and from 1.3% to 7.2% (+5.9 percent points) in control households. Stool-related handwashing with soap increased from 6.5% to 38.9% (+32.4 percent points) in intervention households, and from 4.0% to 13.2% (+9.2 percent points) in control households.

The primary caregiver was involved in around 40% of all the recorded events. Another 20% of events was observed when other adults were engaged in handwashing situations, and 40% of all situations was with children within the household. The percentage of handwashing with soap across handwashing situations was about equal when events with only the caregiver were compared to events by other household members. This supports the claim that the household based interventions have an effect on all household members and not only the primarily targeted caregiver.



**Figure 5: Observed handwashing frequency at baseline and follow-up, separately for food- and stool-related handwashing in both study groups.** Percentage was calculated as the fraction of observed key handwashing events in which water and soap was used for washing both hands across all household members and situations (total N of observed events at baseline = 1718 and follow-up = 1569).

Generally, increases in self-reported handwashing frequency across both study groups can partially be explained by the repeated interview situation which focus around handwashing behavior and its psychological attributes. Thus, some increase could be expected simply from being exposed to the surveys. The net effect of the intervention alone can be estimated by comparing the increases in the intervention group to those the control group, the former significantly surpassing the latter, thus showing a positive net effect.

The same pattern can be observed in the results on observed data. However, the difference in increase between intervention and study groups is more pronounced than in the self-reported data. Observed handwashing behavior tends to be less biased than self-report, leading to the conclusion that the true effect of the campaign is better estimated using the observed data.

The number of scrubbing steps shown during the handwashing demonstration increased from around three to six out of six (+3) in the intervention group and around four (+1) in the control group (Figure 6).

To be noted is that handwashing technique was demonstrated not only during intervention sessions but also in the surveys which can explain some of the increase among participants in the control group who were not exposed to the full interventions.

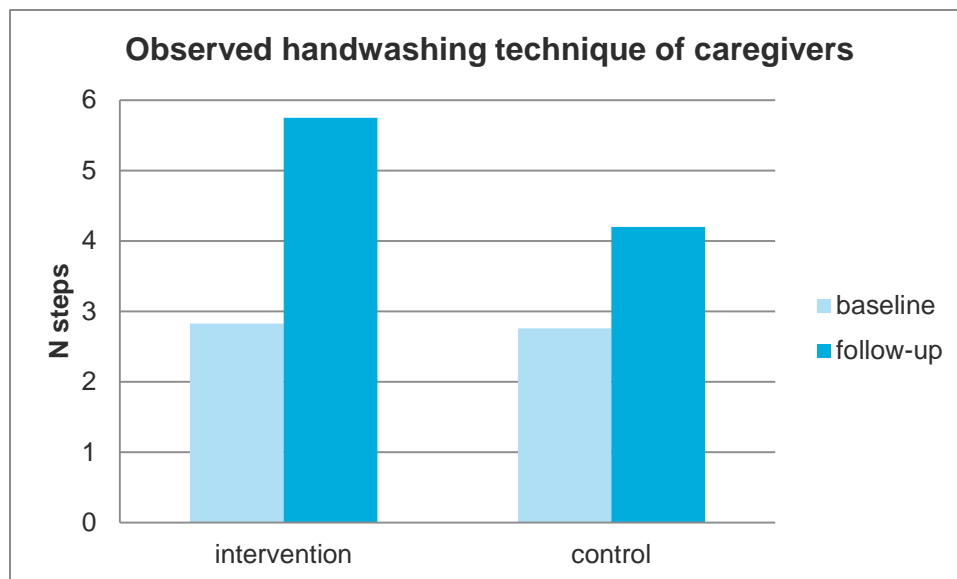


Figure 6: Observed handwashing technique at baseline and follow-up in both study groups, counted as the number of scrubbing steps (out of six) as demonstrated during the interview.

### School children

Self-reported and observed frequency of handwashing with soap largely increased in children in the intervention schools compared to none or even negative changes in the control schools (Figure 7).

Self-reported food-related handwashing frequency in school increased from 2.6 to 8.3 out of ten times (+5.7) in children in intervention schools; self-reported stool-related handwashing frequency increased from 2.7 to 8.2 out of ten times (+5.5). Self-reported frequency of handwashing remained at around two out of ten times in children in control schools for food- and stool-related situations.

Observed handwashing with soap after toilet usage next to toilet blocks also revealed large increases in washing frequency in intervention schools compared to baseline and control groups (Figure 8). Observed stool-related handwashing increased from 3% to 41% (+38) of all observed events (child coming from the toilet) across all intervention schools; and decreased slightly from 12% to 8% (-4) across all control schools from baseline to follow-up. This finding corroborates the results from the self-reported handwashing frequency.

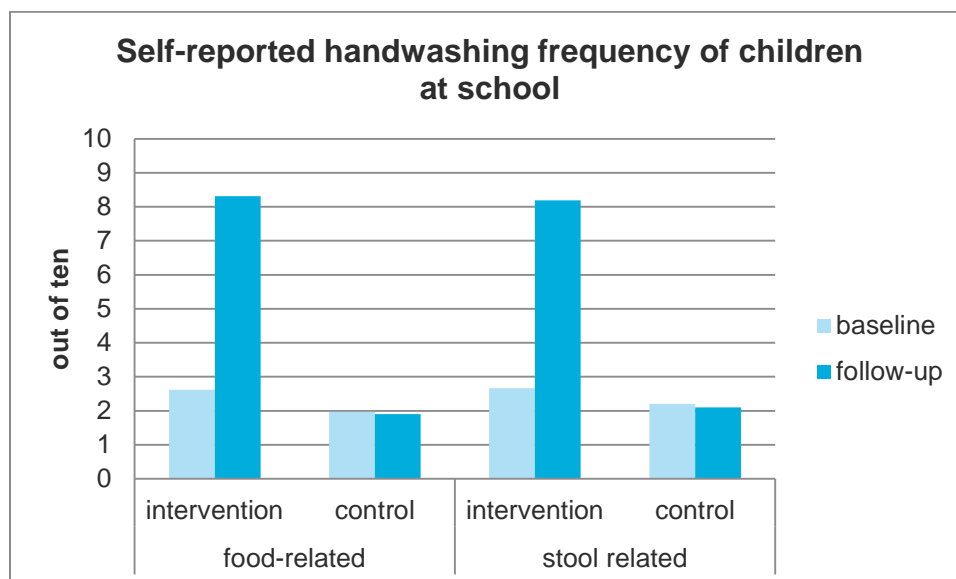


Figure 7: Self-reported food- and stool- related handwashing frequency of children at school at baseline and follow-up for both study groups. The frequency is given as the number of times hands are washed with water and soap out of ten key situations (N respondents in intervention group = 201 and control group = 216).

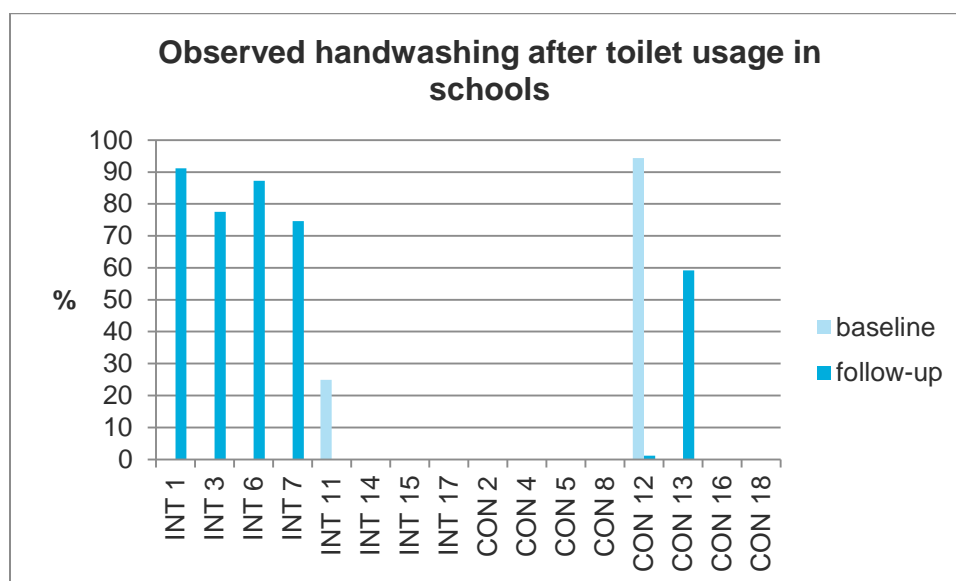
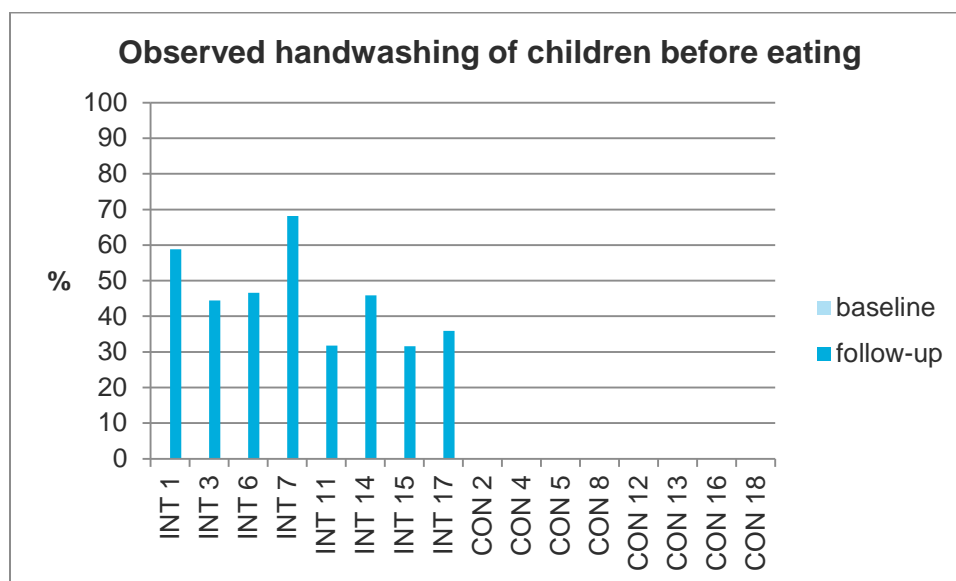


Figure 8: Observed handwashing frequency of school children after toilet usage at baseline and follow-up averaged across all schools within each study group. The effect on intervention schools is likely to be underestimated as observations could not be realized in three schools which provided both water and soap for handwashing but not next to toilets.

When disaggregated, the results show that some variation exists between individual schools within both groups. Handwashing with soap after toilet use could only be systematically observed in four schools within the intervention group (75 – 92 % of all observed handwashing events). In the other four schools,

no handwashing facilities were provided next to toilets were observations were made. These schools only provided functional handwashing stations at classroom level where it could not be systematically observed. This means that the effect on handwashing in intervention schools is probably underestimated as more handwashing stations were available providing both water and soap (see section on infrastructure) than could be observed. Handwashing with soap next to toilets was observed in two control schools only (1% and 59% of observed cases). One of those schools had provided soap during the baseline and handwashing with soap was observed.

Observed food-related handwashing was measured in four classes per school as the number of children who washed their hands before going into the break where children usually eat something. No food-related handwashing was measured during baseline as none of the schools had provided handwashing infrastructure at the classroom level at that time. During follow-up, only schools in the intervention group provided water and soap at classroom level where handwashing with soap was observed on average in 45% of all students going into the break. This number varied between 31% and 68% across all intervention schools (Figure 9).



**Figure 9: Observed food-related handwashing with soap measured as the fraction of students washing their hands at the classroom level before going into the break. No handwashing was observed in control schools at follow-up as none of them provided handwashing infrastructure at classroom level. None of the schools had provided handwashing infrastructure at baseline.**

#### **4. Through which mechanisms did the campaign change handwashing behavior? Which psychological factors were changed by the interventions?**

##### **Caregivers**

Changes in behavioral determinants from baseline to follow-up could be observed across all factors and were exclusively positive for caregivers in the intervention group (Figure 10). The intervention had its strongest impacts (medium to large effects) on others' behavior (descriptive norm), others' approval (injunctive norm), action knowledge, and action planning. This means that caregivers which participated in the interventions thought that more people in the community were washing their hands according to the healthy steps with soap compared to baseline and that people who are important to them think that they should engage themselves in handwashing more strongly. Intervention participants also had better knowledge on the appropriate handwashing technique and key moments in which to wash, and they had also made better plans as to when and how to wash hands, as well as how to deal with difficulties arising (e.g. when no soap is available). Smaller but still positive changes were measured in both action- and maintenance self-efficacy, and action control, as well as remembering to wash hands. Factor scores increased statistically more positive among participants of the interventions compared to caregivers in the control condition. Except for a small difference in severity, no differences were present in any other factor between intervention and control group caregivers at baseline.

The four factors which were affected the most by the campaign were others' behavior (descriptive norm), others' approval (injunctive norm), action knowledge, and action planning. These factors were able to explain the effect of the interventions on the increase in handwashing behavior from baseline to follow-up.

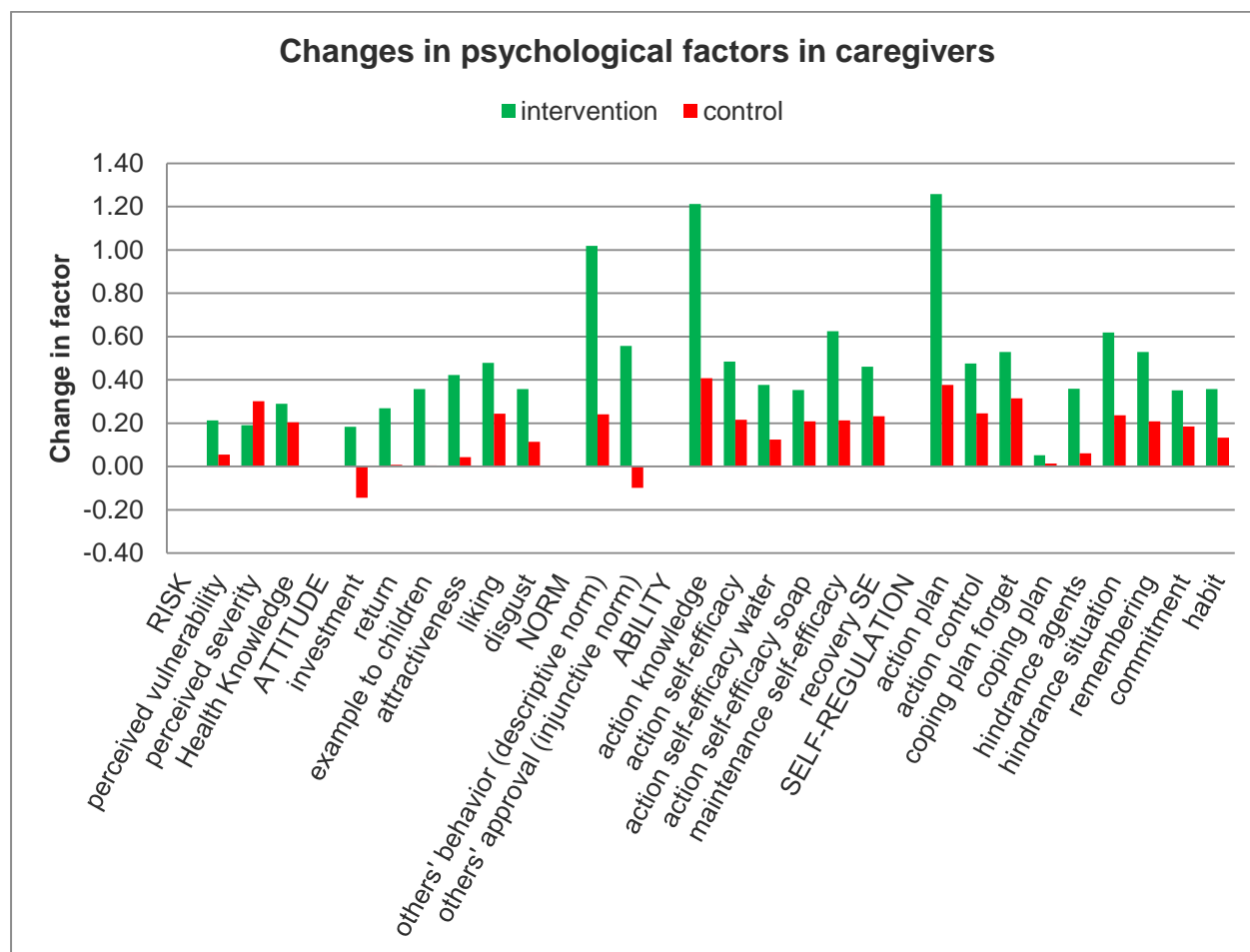


Figure 10: Changes in psychological factors for handwashing with soap according to the healthy steps from baseline to follow-up and between intervention and control group.

### School children

Changes in behavioral factors for handwashing with soap at school were exclusively positive for children in intervention schools across all factors blocks (Figure 12). Strongest impacts of the campaign were on health knowledge, others' behavior (descriptive norm), action and maintenance self-efficacy, action control, and remembering. This means that school children in the intervention group had better knowledge on the link between handwashing and disease prevention compared to before the campaign. Children in intervention schools thought that a lot more other children washed their hands according to the healthy steps and they felt more confident in carrying out and maintaining this behavior. These children also put more effort in monitoring their own behavior and remembered more strongly to wash hands in critical situations compared to before the campaign and children in the control group.

Behavioral determinants changed only marginally within the control group, with mostly positive but also some negative changes. Changes were significantly stronger in within the intervention group compared to the control group across all mentioned factors. Minor differences existed between intervention and



control group children at baseline in liking, action and maintenance self-efficacy, however these were only marginal compared to the differences in the follow-up survey.

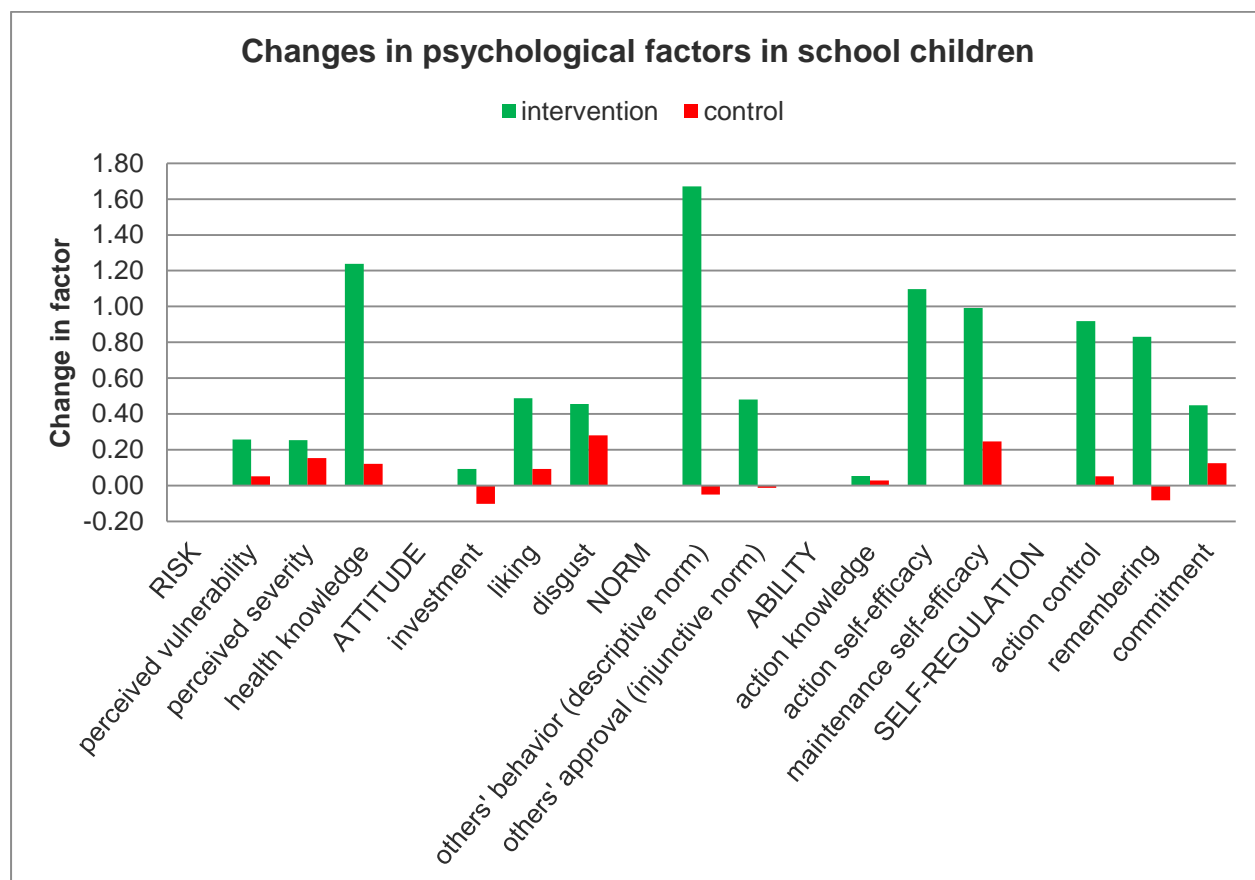


Figure 11: Changes in psychological factors for handwashing among school children from baseline to follow-up for both intervention and control group.

## Conclusion and implications

### Summary of results

The aim of this report is to describe the effects of the handwashing campaign in rural Zimbabwe. The following four guiding questions were thus addressed and shall be summed up here:

1. Was the campaign implemented according to the campaign proposal and campaign protocols?
2. Did the campaign change handwashing infrastructure?
3. Did the campaign change handwashing behavior?
4. Through which mechanisms did the campaign change handwashing behavior?

Question 1: According to the monitoring activities and from the data of the evaluation survey, the campaign was implemented according to the protocols which were developed on the basis of a baseline study. The campaign materials were appropriate, delivered on time, and in sufficient number in most cases. Attendance of the community meetings showed a 82% coverage of targeted households; plus about twice as many additional community members. Overall recall of the interventions and materials by interviewed subjects was good and all elements were rated mostly positively.

School activities were all implemented according to protocols and attended by all present children on the respective days. Improvements in the intervention roll-out compared to the urban campaign were noticed in terms of collaboration between partners and project stakeholders on the development of the intervention protocols, timely delivery of materials, preparation, and implementation of the intervention elements.

Question 2: The handwashing infrastructure situation strongly improved in participating households and schools in the intervention group. A major increase in handwashing stations was observed from 56% at baseline to 97% of intervention households having a handwashing stations within their compound with 97% water availability, soap availability increased from 24% to 96%.

All schools in the intervention group had handwashing stations on the compound i.e. next to toilets available at the time of follow-up with all providing water and almost all providing soap. Handwashing stations in classrooms increased from from none to all schools and classrooms observed in the intervention schools.

Question3: Self-reported handwashing with soap in food related situations increased from 33% to 68% (+34 percent points) among caregivers in the intervention condition and from 65% to 83% (+19 percent point) in stool related situations. Observed food-related handwashing with soap increased from 1.1% to 27% (+25.9 percent points) in intervention households and from 6.5% to 38.9% (+32.4 percent points) in stool-related handwashing situations. Thoroughness of handwashing increased from around three to all six of the recommended scrubbing steps shown.

In intervention schools, self-reported handwashing with soap in food related situations increases from 26% to 83% (+57 percent points) in children; self-reported stool-related handwashing with soap increased from 27% to 82% (+55 percent points). Observed stool-related handwashing increased from

3% to 41% (+38 percent points) with major variations between individual schools (between 0% to over 90%, however, note that not all schools were subjects to structured observations next to toilets). Observed food related handwashing with soap increased from 0% to 45% of all students observed with variations from 31% to 68% between individual schools in the intervention group.

Question 4: The four psychological factors for handwashing behavior of caregivers which were affected most by the campaign were perceived others' behavior (descriptive norm), others' approval (injunctive norm), action knowledge, and action planning. These factors were able to explain the effect of the interventions on the increase in handwashing behavior from baseline to follow-up.

Among school children in the intervention schools, strongest impacts of the campaign were on health knowledge, perceived others' behavior (descriptive norm), action and maintenance self-efficacy, action control, and remembering.

## Conclusion and implications

The intervention protocols developed on the basis of the baseline study were effectively implemented in the field across all communities and most schools. Further, the campaign lead to significant positive changes in both, handwashing infrastructure and handwashing behavior (frequency and thoroughness) among caregivers and other household members as well as children in the intervention school. Self-reported positive behavior changes were confirmed by structured observations and proxy measures such as the availability of handwashing infrastructure in use. Further, the different intervention elements had positive impacts on several of the targeted psychological factors for handwashing. These changes in peoples' mindset led to an increased handwashing behavior.

In comparison to the urban campaign, the rural handwashing campaign has improved in a number of aspects. Next to handwashing in food-related situations, the rural campaign also successfully changed stool-related handwashing behavior. The partnering organization was very actively involved in the preparation of the intervention elements. Trainers and promoters were apparently better prepared this time and more capable of managing the intervention protocols and materials in most cases. Also, the supply of materials was better handled and prepared this time. The campaign was mostly implemented as designed, deviations were noted only in few cases. Hardware supply to schools was greatly improved in the rural setting across all schools in the intervention group. At household level, results were extremely positive with almost all households in the intervention condition possessing handwashing stations in use and with water and soap available at the time of the evaluation visits. The rural campaign thus responded to several of the implications derived from the urban experience.

Further, the structure of the four campaign blocks was successfully retained from the urban project, and the training of promoters step by step with preparatory meetings prior to each block yielded satisfying results at implementation level. Quality of the campaign preparation was better and training of promoters seems to have happened a lot more effectively this time.

Based on the results presented in this report we can recommend further application and possible upscaling of the present intervention protocols and materials in similar or comparable settings.

## **Annex**

The following additional material can be found in the appended annex:

- Campaign proposal (intervention matrix with description)
- Intervention protocols including materials for all four blocks of the household and school interventions

Table 1: Intervention Matrix for the campaign in rural Zimbabwe

	Intervention blocks	Change mechanisms	Communication channels				RANAS blocks
			Mass Media	Interpersonal	Direct	Public relations	
Caregivers	1 Trigger personal awareness	Attach positive emotions to HWWS and negative emotions to HW without soap			Group meeting		Attitude
		Increase practical knowledge and automaticity of HWWS					Risk
	2 Facilitate behaviour	Increase confidence in behaviour performance			Group meeting		Ability
		Increase likelihood to always remember HWWS					Self-regulation
	3 Establish confidence in maintenance	Empower through planning of food and stool related HWWS		Household visit			Ability
		Create awareness for maintaining HWWS					Self-regulation
	4 Highlight commonness of handwashing	Increase perception of others' behaviour			Group meeting		Norms
		Increase personal importance of and obligation to HWWS					Self-regulation
School children	1 Trigger personal awareness	Increase perception of the importance of handwashing and of personal risk of contracting diarrhoea			Classroom activities		Risk
	2 Facilitate behaviour	Create enabling environment			School event		Ability
		Increase confidence in behaviour performance and attach positive emotions					
	3 Establish confidence in maintenance	Organize soap and water supply in classes			Classroom activities		Ability
		Create awareness for maintaining HWWS					Self-regulation
	4 Highlight commonness of handwashing	Facilitate social support			Classroom activities		Self-regulation
		Increase perception of others' behaviour					Norms

## Campaign Proposal

Table 1 summarizes the proposed interventions for the two target groups. The four overarching intervention blocks show the general structure of the campaign and serve as a framework for the respective interventions. In each case, the content of the four interventions has been adapted to the specific results from the baseline data collections. The communication channels were chosen depending on the change mechanism to set off. The channels distinguish between the use of mass media, one-on-one interpersonal communication, direct communication stating and directing action, and public relations. The listed RANAS blocks name the underlying blocks of behavioural determinants corresponding to the addressed change mechanism.

The proposed campaign elements are based on the campaign that was realized in the urban setting of Harare during the previous part of the handwashing project in Zimbabwe. It was modified according to the outcomes of the rural baseline and further refined based on the shared experiences from its first implementation. Differences of the rural setting combined to the urban sites are reflected within this proposal.

### Intervention Blocks

The four intervention blocks have the overall goal to support and guide all participants towards establishing handwashing habits:

- Block 1: Trigger personal awareness
- Block 2: Facilitate behaviour adoption
- Block 3: Establish confidence in maintenance
- Block 4: Highlight commonness of handwashing

The aim of the first block is to create personal awareness for handwashing with soap and water at the key moments among caregivers and school children. The second block focuses on raising the actual ability to always wash hands with soap and water at the key moments and thus raising the participants' confidence in their own ability to perform the behaviour at the critical times. The third block focuses on increasing confidence in continuing the behaviour in spite of difficulties empower participants through encouraging detailed planning and preparing behaviour performance. The last block focuses on highlighting others' handwashing behaviour and on reinforcing the personal importance of an obligation to performing the behaviour.

Intervention are implemented as community meetings through trained health centre staff. The meetings are complemented by household visits in order to allow for personalized planning. All participating caregivers were personally invited to attend the sessions. If other community members are interested in attending the meetings, they should be allowed to do so, as long as it is practically feasible.

# Rural Hand Washing Campaign

## Intervention Protocols of Interventions for Caregivers

### Block 1

Overview	
<b>Caregivers</b>	
Block 1: Trigger personal awareness	

Intervention blocks	Change mechanisms	Communication channels				RANAS blocks
		Mass media	Interpersonal	Direct	Public relations	
1	Trigger personal awareness			Community meeting		<b>Attitude</b>
	Increase practical knowledge and automaticity of HWWS					<b>Risk</b>

<b>Aim:</b>	Trigger personal awareness
<b>Duration:</b>	Two hours
<b>Timing:</b>	ToT on Monday or Thursday alternatively in 2 weeks Community meetings; Almost 2 weeks to following week
<b>Target population:</b>	Primary caregiver of children of the household
<b>Key slogan:</b>	Hand washing with soap? Of course! I am a role model for my children! Kugeza maoko nesipo? Eheka! Sekuti ndiri mufananidzo wakanaka kuvana vangu!
<b>Location:</b>	Community meeting place, ward centre
<b>Material list:</b>	<b>Play back equipment</b> , 6 buckets (3 with taps containing clean water and 3 without tap for collecting waste water), 9 towels, soap solution in Pet bottle,

	Flip charts, markers, stiki stuff, Flip chart stand, 20 liters of water, stationery, Pens, note books and commitment poster.
<b>Participants:</b>	Study participants and their family members, all other community members that would like to participate.
<b>Mobilization of participants:</b>	<b>MoH&amp;CC and Implementing Partners</b> will mobilize participants (these are caregivers who participated in the baseline survey, using the available list of participants) through its ward committees in the targeted catchment areas of the health institution.
<b>Communication channel:</b>	Direct communication through household visits and group meetings
<b>Implemented by:</b>	Facilitators , Environmental health technician (EHT) from local health centre, support by Health Promoters (HP) from local community



**Outcomes:**

1. Participants know why, when and how to wash hands.
2. Participants consider HW without soap disgusting.
3. Participants enjoy washing hands with soap and water.
4. Participants are committed to complete the training.
5. Participants practice thorough hand washing at home.
6. Participants feel and want to be role models for children

**Components:**

1. Introduction: The 4 blocks and the reward ceremony
2. Experiment: hand washing with water only is disgusting
3. Experiment & song: Thorough hand washing with soap
4. Public Pledge: "I will complete the training" Reward Announcement

**5. Homework:**

Practice thorough Hand washing

**Attachment:** Hand washing song, commitment chart

## Instructions to facilitator

### Part 1: Introduction

**Implemented by: Community Leadership Councilor**

1. Ensure that sitting arrangement is suitable for learning (preferably horseshoe).
2. Ensure participants complete the attendance register as they arrive at the meeting place.
3. **Self-Introduction:** *My name is ..... I work for ..... For the purposes of this training you can call me.....*
4. **Participants Introduction:** *May you kindly introduce yourself? Please tell us your name , where you come from*
5. **Campaign objective:** *The campaign objective is to promote hand washing with soap at critical times among school children, caregivers, and policy makers. The results from the project will assist other similar projects in the WASH sector.*
6. *This campaign will be implemented in 4 blocks starting with this one coming one after another each week for 5 weeks. This will involve 3 community meetings and household visits. Community meetings will last for approximately 2 hours each and household visits will be for about 30 minutes. It is important that we get consent from all people participating in this training; therefore those who wish to continue remain seated and those who are no longer willing to participate are free to leave.(If there are people who opt to leave the Facilitator to discuss with them to determine reasons for leaving.)*

### Part 2: Hand washing Experiment without Soap and wiping dry hands

**Implemented by: EHT and CHP**

1. *May 9 volunteers come up front.*
2. *The first 3 wipe your hands with white towels.*
3. *Show and circulate your towels to the participants.*
4. *The second 3 wash our hands with water only.*
5. *Use the white towels to dry your hands.*
6. *May you show and circulate your towels to the participants.*

Hint: Ensure the instructions you are giving to the volunteers are clear and audible to the entire participants.

### **Part 3: Discussion**

#### **Implemented by: EHT/CHP**

1. *What is the meaning of what you see on the towel?*
2. *What can be the composition of the dirt on that cloth, especially after visiting the toilet? (Hint: This means we are eating that dirt when we do not wash our hands with soap!)*
3. *What do you feel about this exercise? (Talk about the answers; discuss any incorrect ideas with other participants.)*
4. *In groups of three can you discuss the risk associated with not washing your hands with soap.*
5. *Imagine the dirt when coming from their toilet at home.*
6. *Get the participants to agree that eating with dirty hand is disgusting. I am sure we all agree that eating with dirty hands causes diarrhea.*
7. *Participants to share their experiences from the group discussions.*

### **Part 4: Demonstration of the Healthy Steps for Hand washing**

#### **Implemented by: EHT**

1. *I am now showing you a new way of hand washing. This is how you can get truly clean hands.*
2. Instructor: Demonstrate hand washing with the healthy steps and say what you are exactly doing:
  - i) **Wet your hands with clean, running water, turn off the tap, and apply soap.**
  - ii) **Lather and scrub your hands**
  - iii) **Make sure to scrub:**
    - a. **the palms of your hands,**
    - b. **the backs of your hands,**
    - c. **between your fingers,**
    - d. **your finger tips and**
    - e. **under your nails.**
  - iv) **Rinse your hands well under clean, running water.**
  - v) **Air dry your hands.**
3. *I am now having truly clean hands. It makes me very comfortable and I feel good.*
4. *I also feel very fresh after washing my hands following the healthy steps.*
5. *Now we are all going to practice hand washing using the healthy steps. We have water points that we are going to use. Please make sure you do exactly as we have demonstrated to you.*
6. *3 participants will now dry their hands using white towels while the rest will air dry.*

**Hint:** Help the participants to stand in queues at the water points so that they practice hand washing with soap. The facilitation team will assist in monitoring the process to make sure all steps are followed.

## **Part 5: Discussions 2**

**Implemented by: EHT**

1. *What is the meaning of what you see on the 3 towels? You don't see any dirt, right? (Hint: If there is dirt on one of the towels there might be one of the participants who did not follow the steps properly.)*
2. *So your hands are truly clean after using the healthy steps.*
3. *What do you feel about this exercise?*
4. *Do you feel that you can demonstrate these steps to your children?*
5. *What are the critical times one should wash their hands. (Hint: Before handling food, before eating, after visiting the toilet, after changing nappies, after cleaning the toilet, after taking care of a patient)*
6. *Can we get into groups of three to discuss the benefits associated with washing your hands with soap following the healthy steps?*
- 7.
8. *Get the participants to agree that washing following the healthy steps gives truly clean and fresh hands.*
9. *Do you feel confident that children will follow your example as their role model*

## **Part 6: Reinforcement using campaign hand washing song**

**Implemented by: Facilitator**

1. *I am now playing you the Hand washing song.*
2. *Instructor: Ask all participants to demonstrate hand washing following the healthy steps a couple of times while singing the song.*
3. *Please follow the healthy steps all the time you wash your hands as your children will be looking up to you for guidance as their role model*
4. *Do you have any further questions?*

**NB Being a role model to children** As may be aware children learn by imitating what grownups do and each one of us wants their children to learn good things from them. Therefore as role models for your children you should at all times wash your hands with soap following the healthy steps.

## **Part7: Action plan**

**Implemented by: Facilitator**

1. *Today we have learnt that not washing your hands following the healthy steps is disgusting.*

2. *I hope you that you also had this feeling of truly clean and pure hands, when you used the healthy steps.*
3. *What are we going to do after this session (Hints: Sharing their experience and feelings on hand washing with soap using the healthy steps and practice hand washing with soap at home.)*
4. *As a role model to children you will wash your hands with soap following the healthy steps all the time*
5. *Attending the next community meeting.*
6. *As part of the campaign we will also hold live shows (music, drama and poetry) within your communities on hand washing.*
7. *We urge you to invite your family and friends to attend the live shows.*

<p><b>Part8: Commitment and Public Pledge</b></p> <p><b>Implemented by: EHT/CHP</b></p>
---

1. *We have a chart to show our commitment to participating in the remaining 3 sessions of the campaign. (Hint: show the commitment chart to the participants)*
2. *Those who are free can sign on the chart provided to make a commitment to attending the remaining three sessions.*

<p><b>Part9: Conclusion</b></p> <p><b>Implemented by: Facilitator</b></p>
---

1. *Thank you for your active participation in this session.*
2. *Let's go home and teach our children, relatives and friends that not washing our hands is disgusting therefore we should wash our hands using the healthy steps we learnt here today.*
3. *Thank you.*

---

**Do's (+) for promoters:**

- + Encourage discussions
- + Treat participants not as students but as adults
- + Convey this session in a playful way, like a game

**Don'ts (-) for promoters**

- Don't be strict and like a teacher
- Don't focus this session on health messages

# Hand Washing Campaign

## Intervention Protocols of Interventions for caregivers

### Block 2

#### Overview

Caregivers

Block 2: Facilitate adoption of hand washing behaviour

--

Intervention blocks	Change mechanisms	Communication channels				RANAS blocks
		Mass media	Interpersonal	Direct	Public relations	
2	Facilitate behavior			Community meeting		Ability
	Increase confidence in behavior performance Increase likelihood to always remember the behavior					Self-regulation

**Aim:** To facilitate adoption of hand washing behavior.

**Duration:** 2 hours

**Timing:** ToT on Monday or Thursday alternatively for 2 weeks, community meetings start at least a day after TOT

**Target population:** The main target of this block is primary caregivers' of participating households who participated in the baseline survey and those who participated in block 1.

**Location:** Community meeting place, ward centre.

**Mobilization of participants:** Announcement during block one and follow up to confirm through ward committees

**List of materials:** Soap dispenser and tippy tap instruction sheet; building material to set up demo hand washing stations.

**Key slogan:** Handwashing with soap? Of course! I can do it!

Kugezamaokonesipo?Eheka! Ndinogonakuzviita!

**Outcomes:**

1. Participants have understood the principle and advantages of having a hand washing station e.g. “tippy tap”
2. Participants know what type of hand washing station they want to build at their household and have the necessary know how
3. Participants will build a hand washing station at their household with a soap dispenser
4. Participants will encourage all household members to use the station at the critical moments

#### Components:

1. **Repetition:** What were the key points from the last meeting and how was the experience with the new hand washing technique?
2. **Hardware introduction:** Discussion on the construction and use of a “Tippy tap” as a hand washing station with a soap dispenser
3. **Hand washing station as cue for action:** A fixed hand washing station will serve as a visual reminder for hand washing at the critical moments
4. **Homework:** Construct a hand washing station and group in pairs to visit and help each other with the construction and maintenance of the hand washing station

## Instructions for facilitator

### Part 1: Recap

#### Implemented by: EHT/CHP

1. Ensure that sitting arrangement is suitable for learning (preferably horseshoe).
2. Ensure participants complete the attendance register as they enter the community hall.
3. *Remember we are meeting for the second time, what do you still remember from the last training?*(**HINT:** hand washing following the healthy steps and the critical times of Handwashing).
4. *From the last training, do you have any questions related to washing hands following the healthy steps?*
5. *Is there anyone who is free to share his/ her experience in hand washing following the healthy steps?*
6. *Was hand washing following the healthy steps something difficult or enjoyable?*
7. *Let’s sing together the hand washing song while demonstrating the healthy steps and round up with the hand washing slogan: Hand washing with soap! Ofcourse! I can do it!*

### Handwashing Healthy Steps:

1. *Wet your hands with clean, running water, turn off the tap, and apply soap.*
2. *Lather and scrub your hands*
3. *Make sure to scrub:*
  - a. *the palms of your hands,*
  - b. *the backs of your hands,*
  - c. *between your fingers,*
  - d. *your finger tips and*
  - e. *under your nails.*
4. *Rinse your hands well under clean, running water.*
5. *Air dry your hands.*

### Part 2: Construction of tippy tap



## Implemented by: EHT/CHP

### Construction of tippy tap

This session focuses on infrastructural solutions. To make behaviour change easier you are encouraged to create new hand washing facilities at home. How many of you have hand washing facilities at home? Show by raising of hands. One of the most affordable hand washing facility is a tippy tap. The tippy tap is a hands free, low tech, water serving device that allows you to wash your hands in a convenient manner. It consists of a water-filled jerry can hanging on a pole or branch. A rope or line is attached to a stick which allows for tipping the can using a foot on the piece of wood, like a foot pedal, so that only a small amount of water will disperse for handwashing. The container has a small hole to allow for a thin but steady flow of water. The use of the feet to move and activate the container also allows washing both hands in the same time, without having to touch the dispenser. As you can see this is a better way of washing your hands as you can do it on your own without waiting for someone to pour water for you or pouring water for yourself with one hand and you avoid soiling your hands after washing them as you do not touch anything else. You are free to follow the healthy steps as you wash your hands under running water. Let's discuss how you want to construct your handwashing stations. You are encouraged to construct tippy taps yourselves with the help of your children, family members and/or neighbours. Here are instruction sheets for constructing tippy taps.

## Part 3 – Soap dispenser making

### Implemented by: EHT/CHP

Instead of using a bar of soap you are encouraged to make a soap dispenser using pet bottles and prepare soapy solutions using small flakes of soap that you put in the pet bottle and dissolve in clean water. The soap dispenser saves soap as it uses the small pieces of soap left over from washing clothes that you normally throw away now they are useful.

- i. *We are really excited to have all of us wash hands with soap in our communities so we thought that maybe using a soap dispenser can also further encourage us to wash hands with soap and we would like you to make a soap dispenser for your own family to use, so it's easy as you will see on this soap dispenser instruction sheet, just using materials we already have in our homes!!!!*
- ii. *May we go through the instruction sheet together? I am leaving you this soap dispenser instruction sheet for your use in making the soap dispenser*
- iii. *Where are you going to keep the soap dispenser for it to be safe and accessible to everybody?*

## Part 4: Positioning of the hand washing station

1. *Where do you think the hand washing station should be placed?*

*Possible answers: a) close to the household latrine*

*b) close to the kitchen or cooking place c) middle of the yard*

*The tippy tap or taps should be located where it will serve as a reminder for all household members to wash hands with soap and water at the critical moments. Tippy taps help reduce the amount of water needed for hand washing.*

#### Part 5: Home work

*Your home work for the week is to construct tippy taps with and soap dispensers. Do we all have instruction sheets on how to make a tippy tap and soap dispensers out of PET bottles? We encourage you to work in groups or in pairs and to visit each other during the week to share experiences on tippy tap construction and to give each other tips and advice on how to maintain and use the new device.*

#### Part 6 – Conclusion

**Implemented by: EHT/CHP**

*Thank you very much for taking part in this session. Hope you are going to practice hand washing following the healthy steps using the newly constructed tippy taps and soap dispensers. Encourage other members of the household to wash hands following healthy steps at critical times.*

*Let's shout the slogan together: Handwashing with soap? Of course! I can do it!*

##### **Do's (+) for promoters:**

- + Motivate the participants to build an own handwashing station
- + Help participants in selecting the right handwashing station
- + Make this session as interactive as possible
- + Invite household members to join the session
- +

##### **Don'ts (-)**

- Don't enforce a certain type of handwashing station
- Don't force participants to build a fancy tippy-tap

# **Hand Washing Campaign**

## **Intervention Protocols of Interventions for Caregivers**

### **Block 3**

Overview:

## Overview

Caregivers

Block 3: Establish confidence in maintenance

Intervention blocks		Change mechanisms	Communication channels				RANAS blocks
			Mass media	Interpersonal	Direct	Public relations	
3	Establish confidence in maintenance	Empower through planning of food and stool related HWWS		Household visits			Ability
		Create awareness for maintaining HWWS					Self-regulation

**Aim:** To establish confidence in maintenance

**Duration:** 1 hour

**Timing:** ToT on Monday or Thursday alternatively for 2 weeks, community meetings start at least a day after TOT

**Target Population:** Primary Caregivers of the household

**Location:** Every household taking part in the campaign in the yard

**Communication channel:** Interpersonal communication through household visits

**Implemented by:** Health Promoter from the local community supported by the local Environmental Health Technician (EHT) from the local Rural Health Centre with support from the Facilitator .

**Material list:** Planning form, Food and stool Self-monitoring calendar, stickers

**Key Slogan:** Hand washing with soap? Of course! We can do it!

Kugeza maoko nesipo? Eheka! Tinozvigona!

**Outcomes:**

1. Participants have personalized plans when to wash hands before contact with food and after contact with stool
2. Participants have visualized the plan and use it as environmental cue for hand washing
3. Participants become aware of their own hand washing behaviour

4. Participants gain confidence in their ability to always wash hands with soap and water
5. Household members support each other to wash hands

**Components:**

1. **Repetition:** Check and discuss the solution the household has found for the hand washing station
2. **Planning:** Participants make their hand washing plans (food and stool related)
3. **Visualize:** Visualize plans on a planning form and stick them to the wall
4. **Self-monitoring:** Self-monitoring Calendar
5. **Social Support:** Household members support each other

## Instructions to facilitator

### Part 1: Recap

#### Implemented by: EHT/CHP

NB: In our last meeting we were given an assignment to go and construct tippy taps and soap dispensers at home.

1. *May you share with us your experiences on the construction of the tippy taps and soap dispensers?*
2. *Did all of you manage to construct one and use it?*
3. *Let us go and see your tippy tap.*
4. *Who took part in the construction of tippy taps and making soap dispensers?(Hint: probe to find out if family members assisted or worked in pairs with other households)*
5. *What are your experiences in washing hands with soap following the healthy steps using your tippy tap in the past week?*
6. *How did you feel, was the task realistic or too ambitious? (Hint: Probe to get the reactions of family members and who among them washed hands most often?)*
7. *What are your experiences regarding the new Handwashing technique in the past week?*

### Part 2: Planning

#### Implemented by: EHT and CHP

**Instructions on how to fill the stool and food related hand washing plan:**

1. Take two empty planning forms and one set of picture stickers
2. Explain to the participant about planning:
  - *To support you to always wash hands with the healthy steps before contact with food and after using the toilet or have other contact with stool, we would like to plan together with you, WHEN, WHERE and HOW to wash hands.*
  - *On this poster (Promoter, show planning form) we will put stickers together to document the plan.*
  - *Later we will put this poster as a reminder for you.*
  - *Would you like to continue with this exercise?*

3. If the participant agrees, ask the following questions and record the answers on the planning form by putting the picture stickers on the form:

**Stool related plan:**

- ***During a normal day, when do you have contact with stool?***  
This can be any activity such as using the toilet or removing animal faeces.
  - ***During a normal day, are you also ...***
    - ... Going to the toilet?***
    - ... Cleaning up a child's bottom?***
    - ... Removing child or animal faeces?***Ask for each of the situation, which the participant has not mentioned before.
  - ***As you know from the community meeting, everybody should wash hands after all these activities.***
  - ***Do you agree to always wash hands with the healthy steps after these activities?***  
Put one sticker for each activity that the participant said she/he would do in the indication place of the form.
  - ***Which type of soap are you going to use?***  
Choose the picture sticker, which shows the type of soap that the participant mentioned.  
Put the picture sticker on the indicated location of the form
  - ***From where do you take the soap?***  
Choose the picture sticker, which shows the place from where the soap is taken  
Put the picture sticker on the indicated location of the form
  - ***In which part of the house are you going to wash hands?***  
Choose the picture sticker, which shows the location in the house that the participant mentioned.  
Put the picture sticker on the indicated location of the form.
  - ***Which device are you going to use?***  
Choose the picture sticker, which shows the device that the participant mentioned.  
Put the picture sticker on the indicated location of the form.
4. Read the completed planning form to the participant.
  5. Ask: *Can you also read the form?*
  6. Copy the content of the filled planning form on the second empty form.
  7. Ask: *Where do most of these activities related to stool happen?*
  8. Go with the participants to the place and attach the planning form near that place.  
This can be in the bathroom or latrine.

**Food Related Plan:**

- ***During a normal day, when do you have contact with food?***

This can be any activity related to food, for example, eating, cooking, cutting food, feeding a child, breastfeeding a child.

- ***During a normal day, are you also ...***

***... Eating?***

***... Snacking?***

***... Cooking?***

***... Cutting food?***

***... Feeding a child?***

***... Feeding an old person?***

***... Breastfeeding?***

Ask for each of the situation, which the participant has not mentioned before.

- ***As you know from the community meeting, everybody should wash hands before all these activities.***

- ***Do you agree to always wash hands with the healthy steps before these activities?***

Put one sticker for each activity that the participant said she/he would do in the indication place of the form.

- ***Which type of soap are you going to use?***

Choose the picture sticker, which shows the type of soap that the participant mentioned.

Put the picture sticker on the indicated location of the form

- ***From where do you take the soap?***

Choose the picture sticker, which shows the place from where the soap is taken

Put the picture sticker on the indicated location of the form

- ***In which part of the house are you going to wash hands?***

Choose the picture sticker, which shows the location in the house that the participant mentioned.

Put the picture sticker on the indicated location of the form.

- ***Which device are you going to use?***

Choose the picture sticker, which shows the device that the participant mentioned.

Put the picture sticker on the indicated location of the form.

9. Read the completed planning form to the participant.

10. Ask: *Can you also read the form?*

11. Copy the content of the filled planning form on the second empty form.

12. Ask: *Where do most of these activities related to food happen?*

13. Go with the participants to the place and attach the planning form near that place

This can be in the kitchen, in the dining room

14. *Let us definitely make this plan seen by all members of the family and it is a reminder to us all that we always wash hands with soap at these situations.*





**SLOGAN: Hand Washing with soap? Of Course We Can Do It!!!**



## Hand washing plan for stool.

Name: \_\_\_\_\_



I am planning to always  
wash my hands after I:

PLACE STOOL  
RELATED STICKER  
HERE

PLACE STOOL  
RELATED STICKER  
HERE

PLACE STOOL  
RELATED STICKER  
HERE

PLACE STOOL  
RELATED STICKER  
HERE

I take

PLACE STICKER OF  
THE TYPE OF SOAP  
HERE

from

PLACE  
SOAP IS STORED

I wash my hands here

PLACE STICKER OF  
WHERE YOU WASH YOUR  
HANDS HERE

PLACE STICKER OF  
WHERE YOU WASH YOUR  
HANDS HERE



## Hand washing plan for food.

Name: \_\_\_\_\_



I am planning to always wash my hands before I:

PLACE FOOD  
RELATED STICKER  
HERE

PLACE FOOD  
RELATED STICKER  
HERE

PLACE FOOD  
RELATED STICKER  
HERE

PLACE FOOD  
RELATED STICKER  
HERE

I take

PLACE STICKER OF  
THE TYPE OF SOAP  
HERE

from

PLACE  
SOAP IS STORED

I wash my hands here

PLACE STICKER OF  
WHERE YOU WASH YOUR  
HANDS HERE

PLACE STICKER OF  
WHERE YOU WASH YOUR  
HANDS HERE

### Part 3: Plan visualization

Implemented by: EHT and CHP

1. After making the stool and food related plan, you are now ready to start ticking the self-monitoring calendar for stool and food related hand washing
2. *This is a calendar that will serve as a reminder for you to wash your hands with soap(give calendar to caregiver)*
3. *This is where we can mark each time we wash our hands with soap following healthy steps*
4. *Let's go through what is on the calendar:*
5. *Write your name on the calendar in the space provided and names of other household members on the other spaces*
6. *The space for each day is shown by the day of the week on the left.*
7. *At the top is the hand washing campaign slogan, do you see it?*
8. *The boxes on the right of the day of the week are for you to tick using your pen each time you wash your hands following the healthy steps.*
9. *Starting today let us mark our calendar each time we wash our hands before contact with food or after contact with stool following the healthy steps for the next three weeks.*

KUGEZA MAOKO?  
EHEKA!  
TINOONA KUZVIITA

GWARO REKUZVIOONGORORA



MAZUVA								
MUVHURO								
CHIPIRI								
CHITATU								
CHINA								
CHISHANU								
MUGOVERA								
SVONDO								

Magezerwo emaoko



#### Part 4: Social support

Implemented by: EHT/CHP

1. "Charachimwehachitswanyiinda" - Some tasks are so hard if you do them alone.
2. "Rume rimwe harikombichuru"- There is power in numbers, Team work yields good results.
3. How are you going to support each other to wash hands following the healthy steps? (Hints: Possible ways of support can be reminding each other or identifying one household member who is responsible for water or soap supply, regular singing of the hand washing campaign song and use of the slogan each time they wash their hands)
4. Let us sing the campaign song together.

#### Part 5: Conclusion

Implemented by: EHT/CHP

Chara chimwe hachitswanyiinda!!!!Some tasks are so hard if you do them alone

*Thank you for your continued participation and support to this campaign. We thank you again for allowing us to visit your household. This week we talked about the stool and food related plan and we urge you to use the developed plan and support each other. The next Block of the campaign will be held at ....Community/Ward Center. We will also have the opportunity of honoring you for successfully participating in the campaign. Thank you once again.*

*Let's shout the slogan together: Handwashing with soap? Of course! We can do it!*

**Do's (+)**

- + Support the participant with planning by asking the right questions
- + Help participant to visualize the plans
- + Make this session as interactive as possible
- + Invite household members to join the session
- + Find a time for the visit that is convenient for the participant

**Don'ts (-)**

- Plan for the participant

**Data collection tools**

- I. Household register- capturing name, gender, addresses and contact details. To indicate whether it's a caregiver or other family member

# Hand Washing Campaign

## Intervention Protocols of Interventions for Caregivers

### Block 4

#### Overview:

#### Caregivers

Block4: Highlight commonness of hand washing

Intervention blocks		Change mechanisms	Communication channels				RANAS blocks
			Mass media	Interpersonal	Direct	Public relations	
4	Highlight commonness of hand washing	Increase perception of others' behaviour			Community meeting		Norms
		Increase personal importance of and obligation to HWWS					Self-regulation

**Aim:** Highlight commonness of hand washing

**Duration:** Two Hours

**Timing:** ToT on Monday or Thursday alternatively for 2 weeks, community meetings start at least a day after TOT  
**Target population:** Primary caregiver of children, all family members

**Location:** Community meeting place, ward center

**Implemented by:** Facilitator, Environmental health technician (EHT) from local health Centre and supported by Health Promoters (HP) from local community.

**Mobilization of participants**

1. Use hygiene promoters to remind participants from block 3 through home visits
2. All people who participated in block 3 to attend the community meeting.

**Key slogan:** Hand washing with soap? Of course! We all do it!

Kugeza maako nesipo? Eheka! Tese tinozviita!

**Communication materials:** Drama groups, certificates, Band/musicians, PA system

**Outcomes:**

1. Participants know the social support strategies from other households
2. Participants feel successful to have completed the training and started HWWS
3. Participants see that others wash hands, too

**Components:**

1. Social Support: Participants act successful ways of social support
2. Public pledge: Participants make a public commitment to HWWS
3. Reward: Participants are rewarded for participating in the campaign

**Attachment:**

Participants' register, Commitment charter, certificate and Evaluation form/tool

## Instructions to facilitator

### Part 1: Introduction

**Implemented by: Community leader**

1. *We would like to thank you for your support and active participation in the hand washing campaign for the last few weeks.*
2. *The objective of our meeting today is to support each other in hand washing following the healthy steps and also commit ourselves to always wash our hands following the healthy steps at all critical times.*

### Part 2: Social Support

**Implemented by: EHT/CHP**

1. Any volunteers to share with us their social support experiences on hand washing following the healthy steps? **Hint:** Volunteers share their experiences and from these experiences volunteers can come up with role plays.
2. We would like to have 2 role plays from the experiences we have just shared just now dramatized for us by volunteers. Any volunteers to form 2 groups of about five people each. Each group to come up with a role play of their choice from the social support experiences at home during the past few weeks when we were taking part in the hand washing campaign. You will have 10 minutes to prepare your role play.

**Hint:** Groups to come up with role plays related to experiences shared by the volunteers

3. While the participants prepare the role plays, the health promoters should collect the calendars.
4. Volunteer groups to perform their role plays.
5. We now call upon artist here present to perform a drama according to social support plans chosen by the participants. **Hint:** Drama groups will also come up with a role play from experiences shared by participants or something close and practice at the same time as care giver

### **Part 3: Public Pledge**

**Implemented by: Facilitator**

After the role plays:

1. All those who are committed to wash hands with soap following the healthy steps at all critical times, may you please show your commitment by standing up.
2. Shout after me the slogan: Hand washing with soap? Of course! We all do it!
3. In groups of ten the participants go on the stage and shout the slogan until everyone gets a chance.
4. Can we clap hands for each one of us for this milestone achievement?

### **Part 4: Reward**

**Implemented by: Facilitator and invited celebrity**

1. After making the pledge, each participant is awarded a certificate and is given back their self-monitoring calendar.
2. Now we will do a quiz and give some prizes to those who give correct answers  
**NB** The team will agree on the questions before hand and have them printed on pieces of paper and participants will pick their question from a hat with the folded pieces of paper

## **Part 5: Conclusion**

**Implemented by:** Community leader/Councilor

1. *Thank you for your active participation in this campaign. Let's go home and teach our children, relatives and friends what we have experienced. Thank you.*

### **Do's(+)**

- + Encourage discussions!
- + Treat participants as adult and not as students!
- + Convey this session in a playful way!
- + Handing over the stick by ensuring that participants actively engage in the exercise.
- + Create an exciting learning atmosphere!
- + Encourage active participation by all!

### **Don'ts (-)**

- Don't focus this session on health messages
- Don't promise participants/ raising expectation
- Don't be strict and like a teacher



**Hand Washing Campaign**

**Intervention Protocols of Interventions for School**

**Block 1**

## Overview

### School Children

#### Block 1: Trigger Personal Awareness

Intervention blocks		Change mechanisms	Communication channels				
			Mass media	Interpersonal	Direct	Public relations	RANAS Blocks
1	Trigger personal awareness	Increase perception of the importance of hand washing and of personal risk of contracting diarrhea			Classroom activities		Risk

**Aim:** Trigger personal awareness

**Duration:** 30minutes

**Timing:** School Level ToTs by trained teachers done after ToT

**Thursday and Friday:** Cascading to school children by teachers (actual time to be agreed on during school level ToT)

**Key slogan:** Hand washing with soap? Of course! It helps me stay healthy!  
Kugeza maoko nesipo? Eheka! Zvinondibatsira kuti ndigare ndiri mutano!

**Location:** Classroom

**Material List:** F Diagram and paper for rough sketches by children

**Participants:** Students of the whole class

**Implemented by :** Trained Class Teacher

**Outcomes:**

1. Students know that hand washing is important to prevent diarrhoea
2. Students are motivated to discuss hand washing at home

**Components:**

1. **Quiz / Game:** Why, when and how to wash hands?
2. **Homework:** Communicate discussed content at home

**Attachment:** Faecal Oral Route Poster, template showing critical situations and protective action in pictograms and rough paper



## Instructions to facilitator

### Part 1: Introduction

**Implemented by: Trained Class teacher.**

1. **Project Objective:** *The purpose of the campaign is to promote hand washing with soap following the healthy steps at critical times among school children, caregivers, and policy makers. May you participate actively in this campaign in order to bring about positive behaviour change at school and at home in Hand washing.*

### Part 2: Quiz / Game: Why, when and how to wash hands?

**Implemented by: Trained Class Teacher**

1. For older students ask;

***What is diarrhea?***

**Answer:** Diarrhea is the passing of loose watery stools 3 or more times per day. It can affect any person from babies to adults.

***What are the signs and symptoms of diarrhea?***

**Answers:**

- i. An urgent feeling that you need to have bowel movement
- ii. Thin or loose watery stools
- iii. Sunken eyes
- iv. Nausea and vomiting

***How do people get diarrhea?***

**Answers:**

- i. Drinking water with germs
- ii. Eating food that has been dirtied by flies
- iii. Eating food or fruits without washing hands

2. For younger students the teacher could explain causes and protection of diarrhea as follows:

***What is diarrhea?***

- i. *Diarrhea is the passing of loose watery stools 3 or more times per day. It can affect any person from babies to adults.*

***How do we tell that a person has diarrhea?***

**Answers:**

- i. An urgent feeling that you need to have bowel movement
- ii. Thin or loose watery stools
- iii. Sunken eyes
- iv. Nausea and vomiting

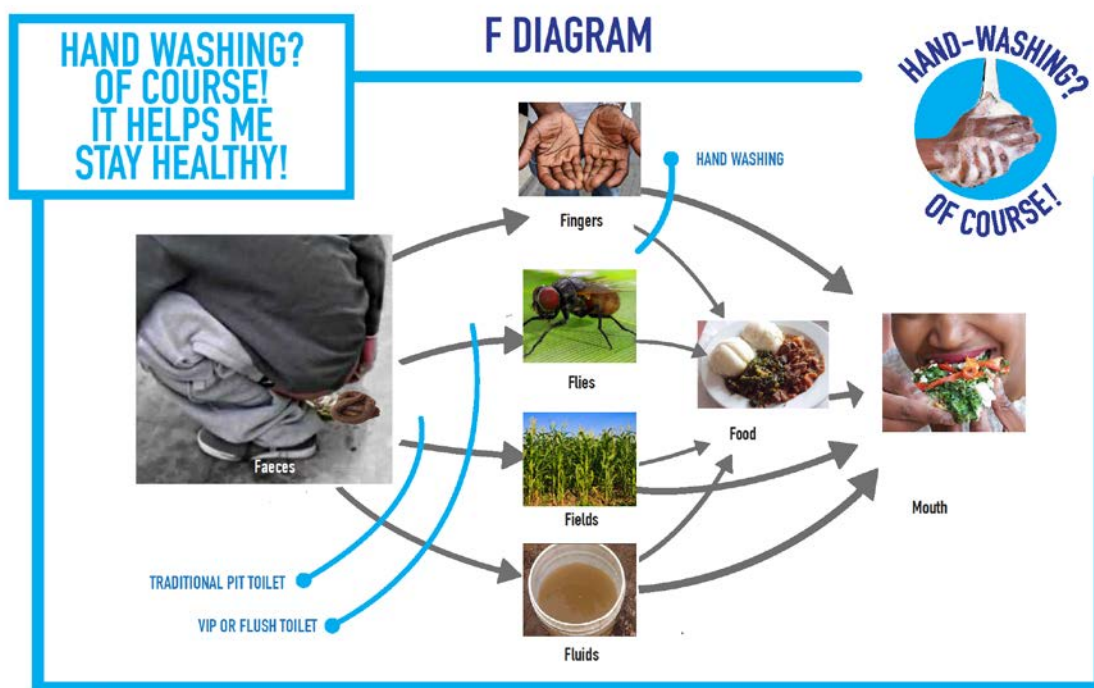
- v. Bloating in your belly
- vi. Abdominal pain

NB: If you have watery stools for more than three times a day and you don't drink enough fluids, you could become dehydrated (Loss of water in the body)

### Part 3: Faecal oral route diagram

Implemented by: Trained Class Teacher

1. How do we get diarrhea? Illustrate using the faecal oral route of transmission diagram. (Hint: emphasize on the five 'Fs': (fingers, flies, fields/floors, fluids and faeces))



act:onaid



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra  
Swiss Agency for Development and Cooperation SDC

2. Discuss through question and answer how people get diarrhea:

- i. What do you see on the diagram?
- ii. What is this person doing here (person defecating)
- iii. How do we get diarrhea through?
  - a. Faeces; If left in the open can be carried by flies, dogs, chicken into water or food.
  - b. Fingers: When cleaning ourselves after defaecating we may come into contact with our faeces or somebody else's faeces.
  - c. Fluids: Through drinking contaminated water.
  - d. Flies :( Nhunzi) They move from dirt on to our food, leaving the germs

- e. *Fields: Most people defecate in the fields to do open defecation*
  - f. *Floors: The basements of buildings are often dirty areas.*
- iv. *How do we stop the spread of diarrhea through the 5 Fs*
- a) *Always using the toilet for defecation*
  - b) *Drinking only safe water*
  - c) *Washing hands following the healthy steps at critical times, prevents diarrhea.*

**Critical times when to wash hands**

- a) *Before eating, drinking or touching food*
- b) *After using the toilet*
- c) *After changing baby's nap*
- d) *After cleaning baby's bottom*
- e) *After playing outside or with animals*
- f) *After visiting someone who is sick*
- g) *After handling garbage*
- h) *After coughing, sneezing or blowing your nose*
- i) *If hands look or feel dirty*

- v. *Draw sketch diagram of specific situations in which diarrhea is transmitted/ contracted and the action on how to protect yourself at home, school and during play. (you are free to copy the F diagram to block the spreading of diarrhea.)*

NB: Each pupil to draw a sketch of how to get diarrhea, how to block the transmission and present to the class.

#### **Part 4: Homework.**

##### **Implemented by: Trained Class Teacher**

1. *As homework today take the rough sketches you made home, to teach the people at home how we get diarrhea and how to prevent ourselves from getting diarrhea.*
2. *Can we share how we are going to approach this homework? How are you going to do it?*  
Hint: The child can ask the family members to come together, illustrate the transmission route and demonstrate how to block the transmission using the sketch diagram.
3. *Those who are happy to share this sketch diagram with people at home raise up your hands. I want you all to ask one person at home to sign your sketch to show that you shared it with them.*

#### **Part 5: Conclusions**

##### **Implemented by: Trained Class teacher**

1. *You all have been great in taking part in this session.*

2. *Let's clap hands for ourselves and shout the slogan once more, 1, 2, 3, go! Hand washing with soap? Of course! It helps me stay healthy! Kugeza maoko nesipo? Eheka! Zvinoita kuti ndigare ndiri mutano!*
3. *I urge you to share what you have learnt with people at home so that they also stay healthy.*
4. *The next Block of the campaign will be focusing on the healthy steps on hand washing.*
5. *We need at least ten 500mls PET bottles to make soap dispensers for use in the next block. Who are the ten volunteers to bring these? Thank you once again.*

#### **Do's**

+Discuss any (perceived) challenges that some children who do not raise their hands as commitment to share their sketches with people at home.

#### **Don'ts**

-Please do not force children to talk about hand washing and diarrhea at home, only encourage and persuade them to do so.

# **Hand Washing Campaign**

## **Intervention Protocols of Interventions for School**

### **Block 2**



## Overview

### Block 2 for Children: Facilitate behaviour adaption

Intervention blocks		Change mechanisms	Communication channels				RANAS blocks
			Mass media	Interpersonal	Direct	Public relations	
2	Facilitate behavior adaption	Create enabling environment			School event		Ability
		Increase confidence in behavior performance and attach positive emotions					

**Aim:** Facilitate behaviour adaption

**Duration:** Half day ( as agreed by school authorities during ToT)

**Timing:** School Level ToTs by trained teachers done after ToT

Cascading to school children by teachers (actual time to be agreed on during school level ToT)

**Key slogan:** Hand washing with soap? Of course! We have all we need!  
Kugeza maoko nesipo? Eheka! Tine zvese zvatinoda!

**Location:**

**The school:** Part 1 installation of hardware a day or two before

**Classroom:** Part 2 recap and soap dispenser making

**Classroom:** Part 3 experiment 1

**Classroom:** Part 4 demonstration of healthy steps

**Classroom:** Part 5 experiment 2

**School yard:** Part 6 school event

**Material List:** School certificate, school hand washing board, soap dispenser instruction sheet, song, tippy construction material and instruction sheet

**Participants:** Students of the whole school

**Implemented by :** Facilitator, EHT, Teachers ( classroom activities) District Education official and School Head

**Mobilization of participants:** Invite caregivers to the school event through, using contact details collected during block one caregivers. All caregivers who participated in the baseline are encouraged to attend the school event.

**Outcomes:**

1. Schools have functional hand washing facilities with soap
2. Facilities are visible and attractive

3. Hand washing is introduced in a joyful way
4. Students know how to thoroughly wash hands
5. Students are aware of the risks of not washing hands
6. Students are motivated to build soap dispensers at home

**Components:**

1. **Installation of infrastructure:** Hand washing stations in classrooms and toilets
2. **Construction of tippy tap**
3. **Build and beautify soap dispensers and containers:** Soapy solution
4. **Hand washing song:** Memory aid and make hand washing fun
5. **Experiment:** Hand washing without soap or no hand washing is risky
6. **Inauguration ceremony and competition:** Formal kick-off
7. **Homework:** Build soap dispensers at home

NB: Hand washing tools: preposition hand washing tools in the classroom or at the venue of the session ie 20l water buckets with taps with water, 20l waste water buckets, 10 pet bottles with pre-prepared liquid soap, 9 white clean face towels, beautifying paint, paint brushes. These are to be distributed in each classroom at each targeted school before the event.

Attachments: Dispenser information sheet, classroom poster on healthy steps

## **Instruction to facilitators:**

### **Part 1: Installation of infrastructure:**

**Implemented by: Facilitator in consultation with the school head and Class Teachers**

1. Preposition the 1 X 20 liter buckets with taps on stands for each class at accessible points
2. Also preposition the 1x 20 liter buckets for waste water below the outlet at every site
3. Place the PET bottles with soapy solution at each site (These are supplied and developed by the school children with support from the school teacher)
4. Distribute 6 white face towels for each class
5. Construct at least 2 tippy taps at points agreed with school head
6. For schools without hand washing tanks, engage the SDCs to mobilize resources for the construction or repair the broken down infrastructure as long term solution, in the short term school can mobilize tippy tap making materials

### **Part 2: Classroom Activities: Recap and soap dispenser making**

**Implemented by: Trained Class Teacher**

*Welcome to the second block of the school hand washing campaign.*

1. *How many of you remember what we learnt in our first session? (Hint: Give some opportunity to recap what pupils still remember.)*
2. Introduce the second block by giving this assignment:
3. *Shall we have the ten PET bottles from the pupils who volunteered in our last block?*
4. *I would want you to build soap dispensers using the soap dispenser instruction sheet.*
5. *Let us sing the hand washing song. (Hint: The teacher introduces the Handwashing song, to agree with teachers on what to use to play the song for children to learn)*

**Hint:** Display classroom poster in each classroom that shows the healthy steps and critical moments for handwashing.

### **Part 3: Experiment 1 hand washing with water only Implemented by: Trained Class Teacher**

#### **Instructions for Experiment 1:**

1. *May 3 volunteer pupils come up front.*
2. *Let's wash our hands with water only.*
3. *Let each one of you dry hands using these white towels.*
4. *Show and circulate the towels to other pupils.*

**Hint:** Ensure the instructions you are giving to the volunteer pupils are clear and audible to the entire class.

#### **Discussion 1**

1. *What do you see on the towels?*
2. *What is the meaning of what you see on the towels?*
3. *What can be the composition of the dirt on the towels, especially after visiting the toilet? (Hint: **This means we are eating that dirt when we do not wash our hands with soap and clean running water!**)*
4. *What do you feel about this exercise? (Talk about the answers; discuss any incorrect ideas with pupils.)*
5. *Imagine the dirt when coming from the toilet here at school.*
6. *Get the pupils to agree that eating with dirty hands can result in getting diseases. I am sure we all agree that eating with dirty hands can lead to problems with health.*

### **Part 4: Demonstration of the healthy steps for hand washing: Implemented by: Trained Class Teacher**

1. *Wet your hands with clean, running water, turn off the tap, and apply soap.*
2. *Lather and scrub your hands.*
3. *Make sure to scrub:*

- a. *the palms of your hands,*
- b. *the backs of your hands,*
- c. *between your fingers,*
- d. *your finger tips and*
- e. *under your nails.*
4. *Rinse your hands well under clean, running water.*
5. *Air dry your hands.*

<p><b>Part 5: Experiment 2 hand washing with soap following healthy steps</b>  <b>Implemented by: Trained Class Teacher</b></p>
---

1. *May 3 pupils come up front.*
2. *Wash your hands following the healthy steps.*
3. *Dry your hands using the white towels.*
4. *Show and circulate the towels to other pupils.*

**Hint:** Ensure the instructions you give to the pupils are clear and audible to the entire class.

**NB:** Use of towels is only for the experiment, to demonstrate that the towel is not dirty after hand washing with soap. You are encouraged to air dry your hands all the time.

**Discussion 2**

1. *What is the meaning of what you see on the towels?* (Hint: If there is dirt on one of the towels there might be one of the pupils who did not follow the steps properly).
2. *What do you feel about this exercise?*
3. Get the pupils to agree that washing your hands with soap under clean running water following healthy steps will stop the spread of diseases such as diarrhea.
4. *Let us sing the hand washing song while following the healthy steps of hand washing*

**NB:** Ask every child who did not wash hands in the two experiments to wash their hands following the healthy steps. Ask pupils to stick the poster on healthy steps inside the classroom near the door.

<p><b>Part 6: School Event, Inauguration ceremony:</b>  <b>Implemented by: Facilitator, EHT/CHP</b></p>
---

Reinforcing the technique of hand washing using the hand washing song

1. Ask the school Head to assemble the whole school in school yard for the kickoff event of the hand washing campaign.
2. Caregivers register as they enter the school yard - capturing name, gender, addresses and contact details of caregivers only.
3. Introductions: Facilitator, EHT and District Education official introduced by school head.

4. School head hands over the platform to Facilitator.
5. *As a follow up to what we did in block 1 we are here to demonstrate the healthy steps in hand washing\_(Facilitator).*
6. *Let us sing the hand washing campaign song together.*
7. *Let us all shout the hand washing slogan, Hand washing? Of course! We have all we need!*
8. *You are encouraged to continue singing this song until you know it by heart.*
9. Facilitator hands over the platform to the school head.
10. School head invites the District Education official to hand over the certificate.
11. The district Education official hands over the school certificate.
12. The district Education official unveils the board declaring the school as a hand washing zone positioned at the main entrance of the school.
13. Let us have two teachers to demonstrate how to wash hands using both hand washing stations.

### **Part 7: Home work**

**Implemented by: School head and Trained Class Teachers.**

1. *I encourage you to go and make soap dispensers out of PET bottles for soapy solutions at home and to make use of them.*
2. *Please use these instruction sheets to make the soap dispensers out of PET bottles.*
3. *Teachers distribute soap dispenser and tippy tap instruction sheets to the caregivers.*

### **Part 8 : Closing remarks**

**Implemented by: School head**

Let us shout the slogan: **Hand washing with soap? Of course! We have all we need!** We assemble here today to celebrate the school achievement in participating in hand washing campaign. This achievement is unique in the sense that we should continue to practice where ever we are, reminding ourselves of all the critical moments of hand washing. As we stand here today, we are celebrating that our school is now certified as a HAND WASHING SCHOOL.

#### **Do's (+)**

- +Make the event fit to the schools needs
- + Communicate with school staff
- + Get feedback from all school staff including head master, teachers and care givers

#### **Don'ts (-)**

- Don't disrupt school activities
- Don't make this any extra work for the teachers and school staff

**Hand Washing Campaign**

**Intervention Protocols of Interventions for School**

**Block 3**

## Overview

### School Children

#### Block 3 Establish Confidence in Maintenance

Intervention blocks		Change mechanisms	Communication channels				RANAS blocks
			Mass media	Interpersonal	Direct	Public relations	
3	Establish confidence in maintenance	Organize soap and water supply in classes			Classroom activities		Ability
		Increase awareness for maintaining HWWS					Self-regulation

**Aim:** Establish confidence in maintenance

**Duration:** Two sessions, 30 minutes each

**Timing:** School Level ToTs by trained teachers done after ToT

Cascading to school children by teachers (actual time to be agreed on during school level ToT)

**Key slogan:** Hand washing with soap? Of course! We can do it!

Kugeza maoko nesipo? Eheka! Tinozvigona!

**Location:** Classroom

**Material List:** Self-monitoring calendar, stickers

**Participants:** Students of the whole school

**Implemented by :** Trained Class Teacher

**Mobilization of participants:** Every child asked to attend the next session during block 2 session

#### Outcomes:

1. Each class has designated students who are responsible for soap and water
2. Students are aware of their own hand washing behaviour
3. Students get feedback on their hand washing behaviour

#### Components:

**Session 1, responsibility for soap and water:** Designate students responsible for soap and water

**Session 2, self-monitoring:** Introduction of self-monitoring calendar and feedback from teachers

**Session 3, feedback:** Discussion of the previous homework assignments

## Instruction to facilitators:

### Part 1: Responsibility for soap and water

#### Implemented by: Trained Class Teacher and supported by facilitator

1. *For the past two weeks we have learnt about washing our hands with soap at critical times following the healthy steps.*
2. *Let us demonstrate the healthy steps in hand washing.*
3. *For us to make sure that we are always able to wash our hands, we need to have water and soapy solution. We are going to have volunteers each week to ensure that we have water always. I want two children a boy and a girl to volunteer (appoint if there is no volunteer) to ensure that:*
  - a. *Our soap dispenser with soap solution is at its correct position i.e. besides the plastic bucket with tap.*
  - b. *Ensure the plastic bucket is clean, is filled with water and is placed at the correct hand washing station for this class every morning for this week.*
4. *Those on duty should always check that there is water in the plastic bucket and have it refilled during the day and ask any 2 pupils to carry and empty the waste water bucket when it's full.*
5. *Before going home the team on duty should make sure that soap dispenser and buckets are brought inside the classroom for safe keeping.*
6. *Soap and water availability in the class should be monitored by the teacher (who should ensure that buckets and soap dispensers are inside the classroom before locking.)*

**NB** Please draw up a duty roaster for 4 weeks at a time and display in the classroom for all to see and follow











## Part 2: Self-monitoring.

Implemented by: Trained Class Teacher

**HAND WASHING?  
OF COURSE! WE CAN DO IT!**

## SELF MONITORING CALENDAR



WEEK DAYS								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								

### Healthy Steps



1. We need something to remind us to wash our hands following the healthy steps.
2. What can remind us to do this?
3. This is a calendar that will serve as a reminder for us to wash our hands with soap (display calendar to the class)
4. This is where we can mark each time we wash our hands with soap following healthy steps
5. Let's go through what is on the calendar:
6. Write the name of our class on the calendar
7. The calendar accommodates 5 of you therefore divide yourselves into groups of five
8. Write your name in the spaces provided on the calendar
9. The space for each day is shown by the day of the week on the left.
10. At the top is the hand washing campaign slogan, do we all see it?
11. The boxes on the right of the day of the week are for you to tick using your pen each time you wash your hands following the healthy steps while at school.

12. *If as a group you mark your calendar well for 3 days you will be rewarded with stickers to place on the calendar instead of using a pen.*
13. *The calendar has the healthy steps for hand washing to be followed each time we wash hands.*
14. *As a group find where you can fix your calendar on the classroom wall where it is visible? (This will serve as a reminder for you to wash hands at critical times.)*
15. *Starting today let us mark our calendar each time we wash our hands before contact with food or after contact with stool following the healthy steps for the next three weeks.*

**NB**(The teacher should check the self-monitoring calendars every 2 days and give feedback to the children. The teacher should distribute the stickers to the class if satisfied that children are marking the calendar. This will serve as a reward and incentive to wash hands in the planned way.)

### **Part 3: Feedback.**

**Implemented by: Trained Class Teacher with support from facilitator**

1. *Let's hear your experiences with making soap dispensers at home.*
2. *Did you practice hand washing following the healthy steps at home?*
3. *How many of you attempted to build soap dispensers at home?*
4. *What challenges did you face?*(The teacher to give solutions to the challenges mentioned)
5. *Did the people at home help you to make the soap dispenser?*
6. *How many have soap dispensers at home ?*
7. *Are the people at home using the soap dispenser you made?*
8. *Did you encourage your families to use it?*

NB: It is important to identify the challenges being faced by children in making soap dispensers and influencing behaviours at home .A big barrier might be that they did not receive help from their parents, or from an older siblings. Discuss these challenges with children.

### **Part 4: Conclusion.**

**Implemented by: Trained Class Teacher with support from facilitator**

Our slogan: **Hand washing with soap? Of course! We can do it!** Kugeza maoko nesipo? Eheka! Tinozvigona!

Congratulations for going through block 3. I encourage all students to be actively involved in ensuring that water and soap is readily available all the time. The next block will be looking at commonness in hand washing. Let's make sure we all attend the last session.

**Don'ts (-)**

- -Don't punish students who do not wash their hands

**Dos (+)**

- +Remember to distribute soap in the morning and collect it in the evening
- + Periodically check the calendar and give feedback
- + Ask students for their opinion
- + Make the session as participatory as possible

# Hand Washing Campaign

## Intervention Protocols of Interventions for School

### Block 4

#### Overview

**School children**

Block 4: Highlight commonness of hand washing with soap

Intervention blocks		Change mechanisms	Communication channels				RANAS blocks
			Mass media	Interpersonal	Direct	Public relations	
4	Highlight commonness of hand washing	Facilitate social support			Classroom activity		Self-regulation
		Increase perception of others' behaviour					Norms

**Aim:** Highlight commonness of hand washing with soap

**Duration:** 1 hour (Two parts, 30 minutes each)

**Timing:** School level ToTs by trained teachers done after ToT

**Tuesday and Wednesday:** School level ToT by trained teachers

Cascading to school children by teachers (*actual time to be agreed on during school level ToT*)

**Key slogan:** Hand washing with soap? Of course! Everybody! Kugeza maoko nesipo? Eheka! Munhu wese!

**Location:** At the school

**Participants:** Students of the whole class

**Mobilization:** Trained Class teachers

**Implemented by:** Trained Class teacher

**Communication channel:** Classroom activities

**Communication materials:** Commitment poster, paints/colors,

**Outcomes:**

1. Students support each other to wash hands with soap
2. Students become aware that other classes wash hands with soap, too
3. Students have a high commitment to always wash hands with soap following the healthy steps

**Components:**

**Part 1,** Mutual support: How can students support each other to wash hands with soap?

**Part 2,** Public commitment: Commitment posters on classroom door

**Attachments:**

Commitment poster for the class

## Instructions to facilitator

**Part 1: Mutual support – 30 minutes**

**Implemented by: Trained Class teacher**

**Hint:** The teacher follows up by asking the students their experiences of hand with soap following the healthy steps through raising hands and gets their responses. The first question is discussed with the whole class while question 2 and 3 are done in pairs or groups. In pairs or groups the students are then asked to discuss how they can support each other to wash hands following the health steps at critical times. Volunteers will then to present to the class. (15-20 minutes only)

### Key Questions

1. *What were your experiences on hand washing with soap following the healthy steps both positive and negative?*
2. *Who in this class would you choose to be your hand washing buddy /friend? (The teacher has to explain “This hand washing buddy will be your companion who will have the task of reminding you and for you to support each other to always wash hands with soap following the healthy steps at*

critical times and to fill in the self-monitoring calendar together”) Children can sing the hand washing song regularly to remind each other of hand washing with soap following the healthy steps, regular shouting of the slogan by the children. Please choose your buddy or buddies.

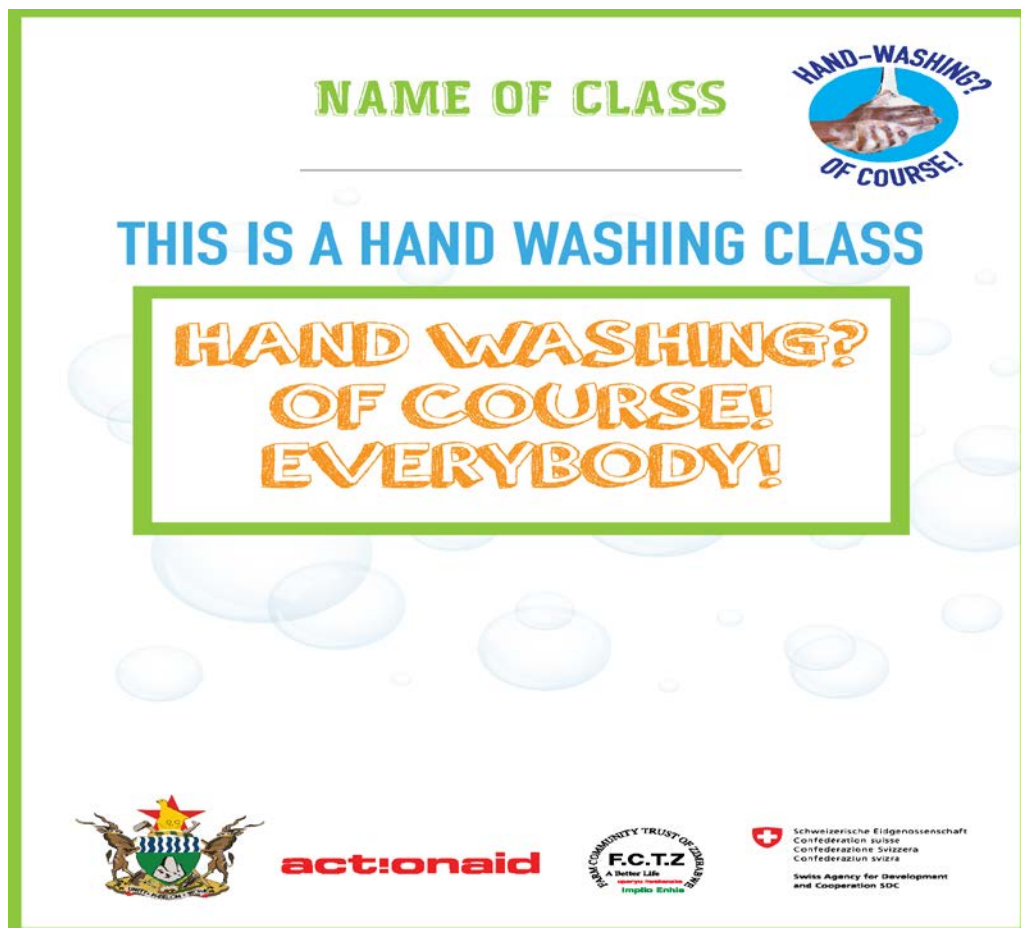
3. *With your buddie or buddies please discuss how you can support each other when you face challenges concerning hand washing with soap.*
4. *How many of you are members of the school health club? Hint:* Teacher encourages the school children to actively participate in class and school health clubs as hand washing is a key activity in health clubs

## Part 2: Commitment – 30 minutes

Implemented by: Trained Class teacher

NB: Some students will be in a three some, in case the total number in their class is an odd number.

### Student commitment Poster



Each child to show their commitment by thumb mark dipped in water paint and signature.

**Hint:** 2 posters to be made per class, one on the inside of the door and the other on the outside of the door of their classroom. If two classes are sharing one classroom the teachers should agree on where to place the posters.

1. The teacher will invite all students to stand up and ask the students: ***Will you wash or continue to wash your hands with soap following the healthy steps?***
2. After the response from the students, the teacher then explains that ***“We have a poster here which we have designed to show that we are indeed ambassadors or champions in hand washing with soap”***.
3. The teacher invites 2 class leaders a boy and a girl to lead the process of hanging the posters. The children will form a semi-circle at the door and later in the classroom as the 2 leaders hang the poster.
4. The teacher will reinforce that ***“These two posters will serve as a constant reminder and an outward expression of our inward commitment to healthy hand washing with soap practices”***.
5. *Let us all sing the hand washing song: 1, 2, 3 sing*

*Let us all shout the slogan: Hand washing with soap? Of course! Everybody! Kugeza maoko nesipo? Eheka! Munhu wese!*

**NB:** As many classes put the poster on their door, this will show that many or all classes are hand washing classes. Classes should put the poster once all children in the class are washing hands with soap based on the self-monitoring calendars and not before.

### **Part 3: Conclusion**

#### **Implemented by: Trained Class Teacher**

*“Rume rimwe harikombi churu” Team work yields good results*

*I urge you to continue giving each other mutual support on hand washing with soap following the healthy steps. Thank you!*

#### **Do’s + for teachers**

- + Make the sessions as participatory as possible
- + Ask students for their opinion
- + Periodically check the calendar and give feedback
- + Remember to distribute soap in the morning and collect it in the evening
- + Make students proud of their achievements

#### **Don’ts -**

- Do not punish students who do not wash their hands