June 15, 2021

RVWRMP III Study Brief

Observed trends in hand hygiene caused by project intervention

Total Sanitation household level data analysis

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GOVERNMENT OF NEPAL

EUROPEAN UNION

Ministry for Foreign Affairs of Finland

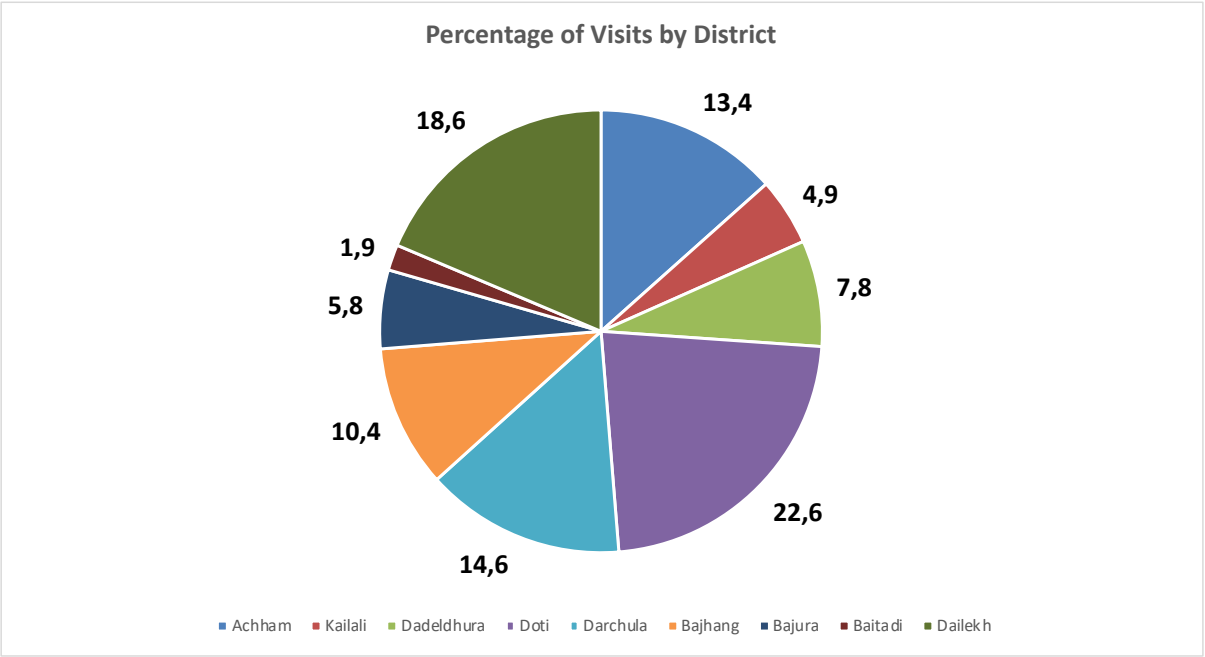
This brochure was produced with the financial assistance of the European Union and the Ministry for Foreign Affairs of Finland. The views expressed herein can in no way be taken to reflect the official opinion of the European Union or the Ministry for Foreign Affairs of Finland.

Hand Hygiene Data

This study summarizes hand-washing data collected through household visits in nine project districts with the RVWRMP MIS. The household visits are used for updating the status of Total Sanitation (TS) indicators through sub-indicators called Small Doable Activities (SDA). The Project's TS household monitoring formats are kept in the households, as shown in the next page figure. The TS monitoring involves criteria, e.g., about personal WASH behaviours, household cleanness, and Dignified Menstrual Hygiene. The data is collected directly from household level in a digital form with the KoBo Toolbox online application. The different criteria on hand washing with soap and clean water at critical stages include washing hands ***after use of toilet***, ***before eating food***, ***before preparation of food*** as well as ***handwashing after touching dirty place***, ***after caring for sick people*** and ***after touching livestock or animal waste***. Other personal hygiene indicators include regular bathing, nail cutting and brushing teeth.

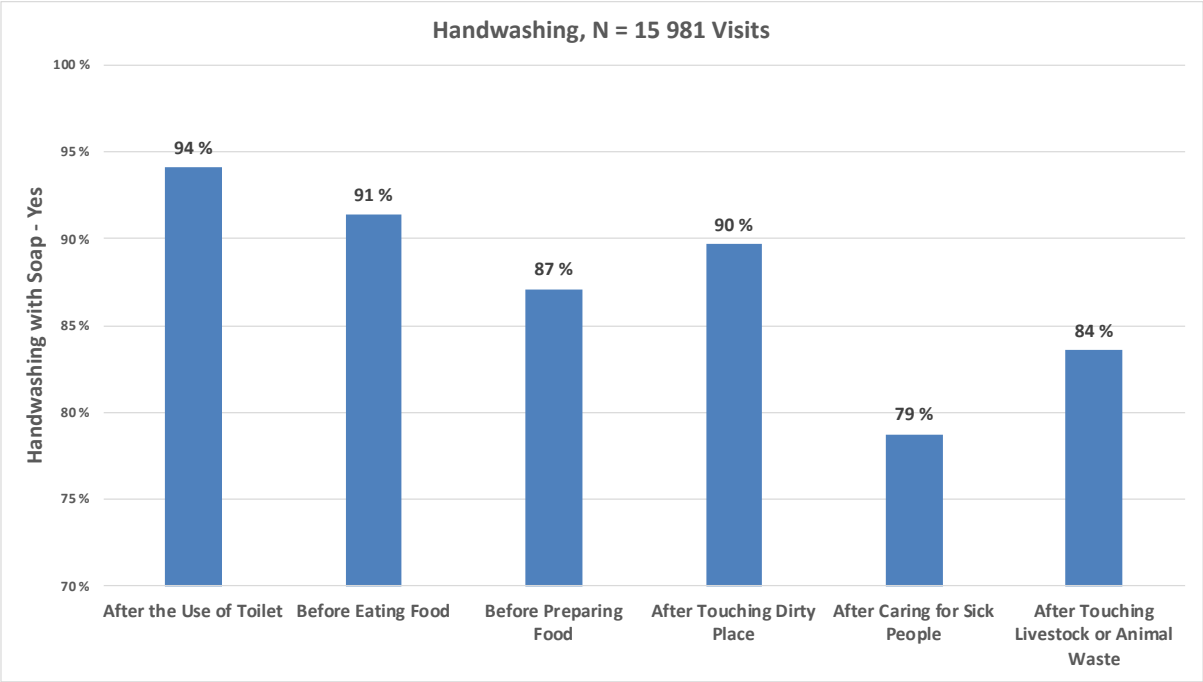
The total number of household members involved in the study is 7 321. Field staff have made 15 981 visits (first to fourth visit) depending on the stage of the intervention. Once houses have reached TS status, they are not necessarily visited again. The visit interval is typically a few weeks, which means that the interval between the first and fourth visit is normally less than one year, depending on household level improvements monitored through the TS indicators. Regular follow-up visits are done for awareness raising on TS as well as facilitation for individual households to fulfil the indicators.

The percentage of data from household level per district is as follows: Achham 13.4 %, Baitadi 1.9 %, Bajhang 10.4 %, Bajura 5.8 %, Dadeldhura 7.8 %, Dailekh 18.6 %, Darchula 14.6 %, Doti 22.6 % and Kailali 4.9 %.



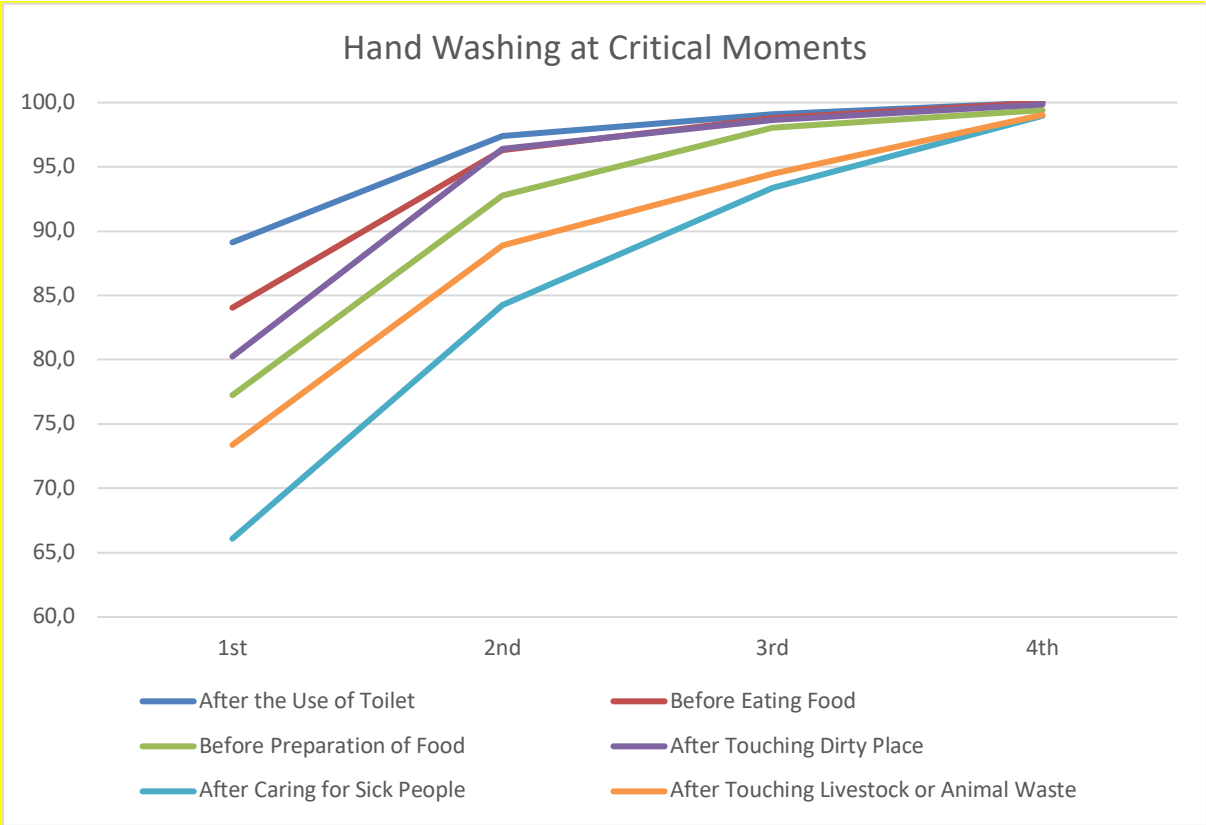
Handwashing Results

A weighted average was used to calculate handwashing statistics across the seven different categories (see table below), including all visits (not only the most recent one). It is notable that handwashing has become commonplace together with toilet use, eating and preparing food. However, there is still progress to be made with handwashing coupled with caring of sick people, handling livestock and animal waste.



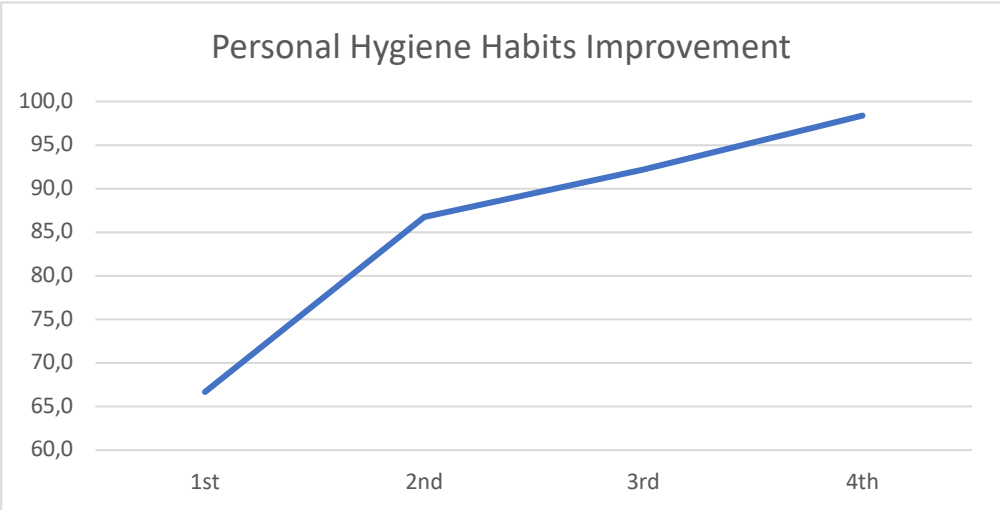
Hand Hygiene Behaviour

Six categories were analysed regarding handwashing with soap during the four visits: *after use of toilet, before eating food, before preparation of food, hand washing after touching dirty place, after caring for sick people and after touching livestock or animal waste*. A clear improvement in handwashing with soap practises can be seen in the chart with the amount of "yes" answers reaching almost 100% by the fourth visit.



Other personal Hygiene habits

Personal Hygiene habits were analysed through one category: ***regular bathing***, ***nail cutting***, and ***teeth brushing***. A clear improvement in hygiene practises can be seen in the chart with the amount of "no" answers dropping to 1.6%.



Conclusions

The hand washing data of RVWRMP showcases how project intervention in improving safe water supply and sanitation for all has significant impact on local behaviours. The improvement of the accessibility, availability, reliability, and quality of water supply service, along with sanitation behaviour change promotion results in significant changes within a relatively short period of a year or less.

The data shows an improving trend with Total Sanitation (TS) activities and related monitoring and consultancy taking place at household level. However, the improving trend has started already over a decade ago with the Open Defecation Free (ODF) movement. The status during the first visit therefore reflects an already improved situation after a few years of ODF activities and toilet construction taking place, whereas the status of the fourth visit reflects the situation after additional project interventions, involving additional TS promotion activities by the project.

From the findings we can draw a conclusion that sanitation related behaviour change interventions are a very effective way of achieving improved health and internalised behaviour changes at community level. This enables transformative changes in people's lives through capacitating people for managing personal health and sanitation. In this regard, both infrastructure development that enables easier access to safe water, and a concrete behaviour change promotion component are necessary for successful and sustainable change.