

# **HANDBOOK**

## **A GUIDE TO INTEGRATING HAND WASHING WITH SOAP COMMUNICATION**

**For use by health sector management staff at national, provincial,  
and district levels**

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## **PREFACE**

As a counter measure to recent breakouts of pandemic diseases in Vietnam, including SARS, influenza A (H5N1, H1N1), hand, foot, and mouth disease, and other fecal-oral transmitted diseases, the health sector has made relentless efforts to promote sanitation and hygiene among local communities. This includes promoting hand hygiene as a measure to prevent the risks of disease transmission. It is a proven fact that hand washing with soap (HWWS) is an easy, inexpensive yet highly effective measure to reduce the spreading of diseases. In addition, HWWS communication can be integrated easily and effectively in programs that focus on improving sanitation, hygiene, and community health.

With an aim to scale up HWWS communication activities and with the support of the World Bank's Water and Sanitation Program, the Vietnam Health Environment Management Agency under Ministry of Health recently developed this handbook, "A Guide to Integrating Hand Washing with Soap Communication - for use by health sector's management staff at national, provincial, and district levels". This handbook contains key information on HWWS and provides general guidelines on how to integrate HWWS communication into other relevant programs. This guide is intended to support management staff working at various levels of the health sector to integrate HWWS communications into their sanitation, hygiene, and/or community health programs.

This handbook was developed using reference information from existing HWWS guidelines and documents issued by the health sector, as well as information collected through field visits to Ha Nam, Nghe An, Tien Giang, and Yen Bai provinces. Despite efforts made by the team, this handbook may still have limitations. The drafting team welcomes feedback and comments from organizations and individuals users to further improve the handbook.

On behalf of the drafting team

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## **ABBREVIATIONS**

VWU	Vietnam Women's Union
HWWS	Hand Washing With Soap
UNICEF	United Nations Children's Fund
VIHEMA	Vietnam Health Environment Management Agency
PH	Preventive Health
WB	The World Bank
WHO	World Health Organization
WSP	Water and Sanitation Program

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## **PART I: THE IMPORTANCE OF HAND WASHING WITH SOAP**

### **1. IMPORTANCE**

Scientists have concluded that each square centimeter of human skin is home to some 40,000 bacteria. The number is even higher on hands because hands are in frequent contact with many everyday objects that may contain bacteria. That is why hands are usually the vectors that carry fatal contagious diseases to the human body including acute infectious diarrhea, cholera, influenza A (H5N1, H1N1) – diseases which are responsible for the majority of child deaths, especially among those under five. Hand washing with soap provides (HWWS) a simple and effective barrier that interrupts this disease transmission route and can save millions of children each year.

HWWS before contact with food and after contact with feces can reduce the risk of diarrhea by 47%<sup>1</sup> and pneumonia by 50% among children under five.<sup>2</sup> HWWS is the second most cost-effective intervention among all water and sanitation, interventions, reducing the risk of diarrhea by 37% among under five children<sup>3</sup>.

Although the effectiveness of HWWS has been proven, in rural areas of Vietnam, the rate of people practicing HWWS remains very low. A survey report on rural sanitation jointly conducted in 2006 by Ministry of Health and UNICEF indicated that:

- Only 12% of people washed their hands with soap before meals;
- 12.2% of people washed their hands with soap after urination;
- 15.6% of people washed their hands with soap after defecation;
- The rate of HWWS among mothers and child care providers is 5% while up to 60% of child caring mothers don't think HWWS is necessary.
- 4.6% of students wash their hands after urination and 11.5% of students wash their hands after defecation.

Not washing their hands with soap is causing an estimate of 60% to 70% of parasitic worms in children and related diseases in rural Vietnam. Among the 23% of malnourished children under six years old, 5% are malnourished as a result of their mother's failure to keep good personal hygiene, which includes failure to practice HWWS<sup>4</sup>. From the economic point of view, Vietnam loses around USD1 billion each year, or 2% of its GDP, due to bacterial foodborne diseases.

Given the benefits and limited practice of HWWS in Vietnam, it is critical that HWWS promotion activities are strengthened to raise awareness among the larger

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<sup>1</sup> Source: [http://www.unicef.org/eapro/20081007\\_Fast\\_Facts\\_FINAL.pdf](http://www.unicef.org/eapro/20081007_Fast_Facts_FINAL.pdf) and Lucy, Steve, et al. (2005) 'Effect of hand washing on child health: a randomized controlled trial'. *The Lancet*, 366, 225-33.

<sup>2</sup> For details see: Luby, S., Agboatwalla, M., Feikin, D., Painter, J., Billhimer, W., Altaf, A., et al. (2004): Effect of hand washing on child health: a randomized controlled trial. *The Lancet*, 366, 9481: 225-33.

<sup>3</sup> Other interventions include water treatment at the taps, environmental sanitation, personal hygiene, education of hygiene, water treatment at the source, large scale water supply (private owned), and water supply improvement (state owned). Evidences: Water, Sanitation, and Hygiene Interventions – Summary of reference document: Dec 2009, compiled by Peter van Maanen, WASH, UNICEF, New York

<sup>4</sup> Ministry of Health's statistics

community, with a focus on child rearing mothers, care takers of children under five, and primary school students to protect community health.

## **2. HANDWASHING WITH SOAP PROMOTION EFFORTS IN VIETNAM**

Hygiene promotion, including HWWS behavior change communication, involves only a minimal cost yet yields much higher impacts when compared with other communication interventions. The annual cost of health-promoting HWWS communication is only USD3 per person while inoculating one person to prevent diarrhea costs USD2,700<sup>5</sup>. Based on this understanding, with the support of domestic and international donors, the government of Vietnam has implemented various communication and behavior changing promotion campaigns as part of various healthcare, sanitation, and hygiene programs at local levels, including:

- HWWS promotion implemented under the sanitation component of the National Target Program (NTP) on Rural Water Supply and Sanitation 2011 – 2015. The NTP is implemented in 63 provinces and cities across the country with the aim of improving water and sanitation facilities as well as promoting environmental sanitation and hygiene among rural people.
- The Ministry of Health has also cooperated with the World Bank (WB), United Nations Children’s Fund (UNICEF), and the Unilever Vietnam Foundation to raise awareness on HWWS with a focus on the school system and direct communications in the community through the implementation of such programs as “Environmental Sanitation” and “Improving Public Health through Behavior Changing in Hygiene and Sanitation” in various provinces. Evaluation of the programs financed by the Unilever Vietnam Foundation indicated that the number of households having a latrine increased to 39.3% from 27.5%; number of households having soap increased to 93% from 35.5%; HWWS before meals and HWWS after using the restroom increased to 54% from 6.1% and 63.8% from 14.6%, respectively.
- The HWWS communication initiative funded through the World Bank’s Water and Sanitation Program has been implemented by Health Environment Management Agency and Vietnam Women’s Union (VWU) since 2006. The project aims at reducing the incidence of and death from diarrheal diseases in children under five through HWWS communication activities that targets women ages 18 – 49 years children ages 6 – 10 years. As a result of communication activities conducted by village level health workers and Women’s Union members in 25 provinces, the project has reached 2.1 million women and children and provides a strong foundation for HWWS behavior-changing communication to be scaled up in Vietnam.
- The Ministry of Health has conducted various communication activities with the consistent message that HWWS is one of the highly effective measures to prevent disease transmission during disease outbreaks such as the A-type influenza (H5N1, H1N1), foot-hand-mouth disease, SARS, and diarrhea.

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<sup>5</sup> The World Bank

In addition, HWWS has also been incorporated in other project areas of environmental sanitation and public health in many different localities across the country with the support of various international organizations including the Danish International Development Agency, Australian Development Assistance Agency, the European Commission, Netherlands Development Organization, Care, East meet West, Plan International in Vietnam and Habitat.

## **PART II: CONCEPTS & OPPORTUNITIES FOR HANDWASHING WITH SOAP INTEGRATION**

### **1. INTEGRATION CONCEPT**

Integrated HWWS communication is the systematic and intentional incorporation of HWWS communication activities into communication activities in related programs and projects to significantly promote the practice of HWWS, increase the number of beneficiaries, provide more effective public healthcare, and achieve better cost-effectiveness.

Integrating HWWS communications should be guided by the following principles:

- Incorporation should contribute to the program and/or project's overall goal, and be incorporated upon the agreement of the program and/or project's managing agency;
- Incorporation should promote behavior changes in HWWS to contribute to the program and/or project's objectives related to public health;
- Incorporation should never create an overwhelming burden for the communication officers;
- Incorporation should be done on a regular and systematic basis.

### **2. IMPORTANCE OF INTEGRATION**

Integrating HWWS communication into other programs such as health, environmental sanitation, or personal hygiene can increase effectiveness due to the ability to scale up and reach more diverse populations who are beneficiaries of these existing programs. For instance, when integrated in a child nutrition program, HWWS communication will be able to reach millions of mothers and care providers across the country. On the other hand, mother and care providers' understanding the importance of HWWS and consistent practice of handwashing will help them to provide better care for their children, which could help reduce child malnutrition. When integrated in a disease prevention program, HWWS will help to eliminate the transmission route and contribute to the control of disease transmission.

Incorporation of HWWS communication in other programs and/or projects can also save resources. The cost of integrating HWWS communication into other programs costs less than a standalone HWWS program. In a standalone program, the management and implementation costs, which is by far more expensive than the investments costs for HWWS (e.g.: soap, clean water). The management and implementation costs of standalone programs prohibit the scale up of activities, thereby reducing the number of beneficiaries. On the contrary, when integrated in programs such as promotion of breastfeeding, of which the majority of mothers across the country are beneficiaries, HWWS communication activities will be delivered without additional program overhead costs.

### **3. OPPORTUNITIES FOR INTEGRATION**

Because HWWS is a behavior that can improve public health, this makes it suitable to be integrated in the following types of programs:

- **Child Malnutrition Prevention Program:** Prevention of child malnutrition, including breastfeeding promotion, is a national program funded by the Government and implemented nationwide. Beneficiaries of the program include pregnant women and mothers of children under five years old. Key program interventions include supplementation of vitamin A, treatment of worm infection, and vaccinations. The program possesses an extensive network of nutrition promoters present in over 98% of all villages across the country. HWWS communication should be incorporated in this program to benefit from its extensive base of beneficiaries and to contribute to its goal of reducing childhood malnutrition that may result from poor sanitation and hygiene.
- **Food Safety and Hygiene Program:** This is another nationally funded programs financed by the Government. The program's target groups for communication includes commercial food producers, traders, processors, as well as household consumers. All major media and the Vietnam Women's Union massive system of over 11 million members have been engaged by the government to participate in the communication component of this program. Hence, incorporating HWWS communication in this program will bring messages to a massive base of audience in a large geographical area and will help to bring down the risk of bacteria contamination in the course of food processing.
- **Outbreak Prevention Program:** This program receives government funding on a yearly basis to control the outbreak and spread of contagious diseases including the influenza A (H5N1, H1N1), cholera, diarrhea, hand, foot, and mouth disease (HFMD) and SARS. HWWS communication should strengthened in these program as it contributes to the goal of disease prevention.
- **School-based Healthcare Program:** With government funding, the School-based Healthcare Program has been implemented in many provinces providing services to millions of school students. Many district-level medical clinics across the country have been active in collaborating with education institutions, especially schools, to promote healthcare issues and disease prevention including diarrhea, influenza A (H5N1, H1N1), HFMD, etc. Incorporating HWWS promotion in this program will help to inculcate good habit among young students and through them to influence other family members. This approach helps to build a sustained good habit that will likely be transferred to the next generation.
- **Expanded Program on Immunization:** This program is one of the national high priorities programs that are implemented in 100% communes throughout the country. Beneficiaries of this program include children newborn to age five, pregnant women and women ages 15-49. The program is implemented on a monthly basis at commune-level medical centers. Incorporating HWWS communication in this program ensures that messages reach mothers and care takers throughout the country.
- **Other relevant programs and/or projects:** Beside the above-mentioned specific programs, HWWS communication may also be integrated in other programs and projects, including those focusing on prevention and control of HIV/AIDS, for example.

### **PART III: GUIDELINES FOR INTEGRATION OF HANDWASHING WITH SOAP**

#### **1. AGENCIES THAT COULD INTEGRATE IN HANDWASHING WITH SOAP**

There are currently many programs and projects in the areas of community health, sanitation, and hygiene that allow for incorporation of HWWS promotion. These programs and/or projects are managed by various agencies within the Ministry of Health. The table below outlines these agencies with their respective mandates and activities.

##### **1.1. Central level agencies**

<b>Agency</b>	<b>Mandate</b>	<b>Programs suitable for integration</b>
Health Environment Management Agency	Lead agency providing guidance to the implementation of community sanitation and hygiene	National Target Program on Rural Water and Sanitation (Sanitation component)
Preventive Medicine Department	Managing, providing guidance, and implementing activities for prevention of contagious diseases and school-based health care	Epidemic Prevention Program and National Target Project on School-based Healthcare
Vietnam Food Administration	Managing, providing guidance, and implementing activities to ensure food safety, hygiene, and quality	National Target Program on Food Safety and Hygiene
HIV/AIDS Prevention and Control Department	Managing, providing guidance, and implementing activities for HIV/AIDS prevention and control	HIV/AIDS Prevention and Control Program
Department for Maternal and Child Protection	Managing, providing guidance on the areas of reproductive health, including maternal healthcare, child health, prevention of malnutrition, and adolescent health	Child Malnutrition Prevention Program
National Institute of Nutrition	Providing technical guidance for the implementation of	Child Malnutrition Prevention Program

	MOH's regulations and directions on nutrition	
National Institute of Hygiene and Epidemiology	Providing technical guidance for the implementation of MOH's regulations and directions on epidemic prevention	Expanded Program on Immunization
National Institute of Malaria, Parasite, and Entomology	Providing technical guidance for the implementation of MOH's regulations and directions on parasite prevention	Parasitic Worm Prevention Program
Health Communication and Education	Providing guidance and implementing health communication and education activities	

### ***1.2. Local level agencies***

<b>Implementing agencies</b>	<b>Mandate</b>	<b>Programs suitable for incorporation</b>
<b>PROVINCIAL LEVEL</b>		
Provincial Departments of Health	Managing and instructing its branches at provincial, district, and commune levels to provide community healthcare within the province	All programs assigned to implement
Provincial Preventive Medicine Center	Implementing, providing technical assistance, and supervising activities of epidemic prevention, sanitation, hygiene, school-based healthcare within the province	<ul style="list-style-type: none"> <li>• National Target Program on Rural Water Supply and Sanitation (Sanitation component)</li> <li>• Epidemic Outbreak Prevention Program and School-based Healthcare Program</li> <li>• Expanded Program on Immunization</li> <li>• Parasitic Worm Prevention Program (where the local Center for Prevention of Malaria, Parasite, and Entomology does not</li> </ul>

		exist)
Provincial Food Administration	Implementing, providing technical assistance, and supervising activities related to food safety within the province	National Target Program on Food Safety and Hygiene
Provincial Office of HIV/AIDS Prevention and Control	Implementing, providing technical assistance, and supervising activities related to HIV/AIDS prevention and control	HIV/AIDS Prevention and Control Program
Provincial Center for Maternity and Child Healthcare	Implementing, providing technical assistance, and supervising activities related to maternity healthcare, child healthcare, prevention of malnutrition, and adolescent healthcare	Child Malnutrition Prevention Program
Provincial Center for Prevention of Malaria, Parasite, and Entomology	Implementing, providing technical assistance, and supervising parasitic worm prevention activities	Parasitic Worm Prevention Program
Provincial Center for Health Communication and Education	Conducting health communication and education within the province	Cooperate with competent agencies to implement relevant programs and/or projects
<b>DISTRICT LEVEL</b>		
District Healthcare Center or District Preventive Medicine Center (in districts where they are separate)	Implementing, providing technical assistance, and supervising activities conducted at commune level	All programs assigned to implement
<b>COMMUNE LEVEL</b>		
Commune Health Centers	Implementing healthcare activities at commune level	All programs assigned to implement

## 2. IMPLEMENTING INTEGRATED HWWS COMMUNICATION

The integration of HWWS communication should be considered early in the design process of healthcare, sanitation, or hygiene programs. This assures that integration is systematic, feasible, and effective during implementation. For programs and projects where the design process has been completed, and the work has been approved, integration should begin as soon as possible, in the first stages of implementation.

Below is a general guide for integrating HWWS communications in suitable programs on public health, environmental sanitation, and personal hygiene. More Specific activities should be designed by program managers managing agencies to suit the context in which they are implemented.

Steps in implementation	Activities	Objectives	Output
Step 1: Preparation	<ul style="list-style-type: none"> <li>Analyze the situation of personal hygiene practices including HWWS</li> </ul>	<ul style="list-style-type: none"> <li>To identify needed improvements in hygiene practices and changes to the behavior of HWWS in the geographical areas where program is to be implemented</li> </ul>	<ul style="list-style-type: none"> <li>Results of situation analysis</li> <li>Determine scope and target areas for HWWS communications</li> </ul>
	<ul style="list-style-type: none"> <li>Review goals and objectives of the program</li> </ul>	<ul style="list-style-type: none"> <li>To make sure HWWS communications are in line with the overall goals and activities of the program</li> </ul>	<ul style="list-style-type: none"> <li>HWWS communication is reflects the overall goals and activities of the program or project</li> </ul>
	<ul style="list-style-type: none"> <li>Develop indicators and forms for monitoring and supervision of integrated HWWS communications</li> </ul>	<ul style="list-style-type: none"> <li>To measure the effectiveness of integrated HWWS communications</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and supervision indicators are identified</li> <li>The indicators may include number of project sites where HWWS communications are integrated (provinces, districts, communes); number of programs/projects within which HWWS communications is integrated; number of people with access to HWWS information; number of households with hygienic water and soap in the kitchen, washroom, or within a radius of 3m of the kitchen or washroom</li> </ul>

	<ul style="list-style-type: none"> <li>Develop a tool kit to integrate HWWS communications</li> </ul>	<ul style="list-style-type: none"> <li>To ensure harmony between the integrated HWWS communications and the program/project</li> </ul>	<ul style="list-style-type: none"> <li>A tool kit for HWWS communication integration is developed</li> </ul>
	<ul style="list-style-type: none"> <li>Review other relevant programs or projects being conducted by other actors</li> </ul>	<ul style="list-style-type: none"> <li>To identify opportunities for cooperation and integration</li> </ul>	<ul style="list-style-type: none"> <li>A list of related programs being implemented by other agencies is available</li> </ul>
	<ul style="list-style-type: none"> <li>Discuss possibilities for cooperation with agencies that are managing related programs</li> </ul>	<ul style="list-style-type: none"> <li>To create opportunities for replication and to conserve resources</li> </ul>	<ul style="list-style-type: none"> <li>Cooperation agreement is signed with related project or program management agencies</li> </ul>
	<ul style="list-style-type: none"> <li>Include HWWS communication activities in the action plan and budget of the program</li> </ul>	<ul style="list-style-type: none"> <li>To ensure the availability of human and financial resources for HWWS communications</li> </ul>	<ul style="list-style-type: none"> <li>HWWS communications activities are incorporated into the annual action plan and budget of the program</li> </ul>
	<ul style="list-style-type: none"> <li>Produce guidelines to instruct the integration of HWWS communication</li> </ul>	<ul style="list-style-type: none"> <li>To assure that communication activities are incorporated into programming in a consistent and systematic manner</li> </ul>	<ul style="list-style-type: none"> <li>Decision on HWWS communication integration and guidelines for monitoring and supervision</li> </ul>
	<ul style="list-style-type: none"> <li>-Disseminate guidelines for integration of HWWS communications to agencies at lower levels</li> </ul>	<ul style="list-style-type: none"> <li>To provide guidance for implementation at lower levels</li> </ul>	<ul style="list-style-type: none"> <li>Guidelines for communications integration is received by implementing agencies</li> </ul>
Step 2: Implementation	<ul style="list-style-type: none"> <li>Conduct trainings on HWWS communications</li> </ul>	<ul style="list-style-type: none"> <li>To give participating staff the knowledge and skills they need</li> </ul>	<ul style="list-style-type: none"> <li>Staff involved in implementation are adequately trained on communications</li> </ul>
	<ul style="list-style-type: none"> <li>Provide technical assistance for integrated communications</li> </ul>	<ul style="list-style-type: none"> <li>To ensure that integration is conducted as planned; to respond effectively to problems and changes during implementation</li> </ul>	<ul style="list-style-type: none"> <li>Positive results of implementation</li> </ul>
Step 3: Monitoring, supervision, and reporting	<ul style="list-style-type: none"> <li>Hold regular discussions with local implementing agencies on the progress and results of implementation</li> </ul>	<ul style="list-style-type: none"> <li>To assure t progress toward program goals</li> <li>To resolve problems in a timely manner</li> <li>To share information and lessons learned with stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Reports on implementation are available</li> </ul>

	<ul style="list-style-type: none"> <li>• Synthesize data from local implementing agencies</li> <li>• Analyze data and report on progress</li> </ul>		
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### **3. INTEGRATION OF HANDWASHING WITH SOAP COMMUNICATION INTO OTHER PROGRAMS**

#### **3.1 – Child Malnutrition Prevention Program**

##### *Step 1: Preparation*

- Identify areas where HWWS communication should be conducted for mothers and childcare providers (provinces, districts, communes).
- Discuss possibilities for interagency collaboration between the Health sector, the Women’s Union, the Youth Union, and the Population sector.
- Develop tools to incorporate HWWS into leaflets, posters, banners, and radio programs on prevention of child malnutrition.
- Include HWWS objectives for the program and include them in the annual work plan.
- Include HWWS monitoring and supervision indicators in the data forms and reporting tools used by the program.
- Produce guidelines for incorporation of HWWS into child malnutrition programming.
- Disseminate the guidelines for incorporation of HWWS to local implementing partners who actually do the work of incorporating it.

##### *Step 2: Implementation*

- Offer trainings for nutrition promoters on HWWS communications.
- Provide technical assistance and any helpful documents during implementation.

##### *Step 3: Monitoring, supervision, and reporting*

- Collect regular reports
- Synthesize reports on implementation, including on indicators related to HWWS communications
- Draw lessons, adjust activities, or add new activities whenever necessary.

#### **3.2 – Food Safety and Hygiene Program**

##### *Step 1: Preparation*

- Identify program sites.

- Discuss possibilities for interagency collaboration between the Health sector, the Women's Union, the Youth Union, and the Population sector.
- Develop tools to incorporate HWWS into leaflets, posters, banners, and radio programs on food safety and hygiene.
- Include HWWS objectives in the program and include them in the program's annual work plan,
- Include HWWS monitoring and supervision indicators in data collection tools and reporting forms used by the program.
- Produce guidelines for incorporation of HWWS into the activities of the food safety and hygiene program.
- Disseminate the guidelines for incorporation of HWWS to local implementing partners who actually affect the work of incorporating it.

#### *Step 2: Implementation*

- Organize trainings courses on HWWS communications for communication officers and program staff.
- Provide technical assistance and communications materials for implementation.

#### *Step 3: Monitoring, supervision, and reporting*

- Collect regular reports.
- Produce reports on implementation, including reports on indicators related to HWWS communication.
- Draw lessons, adjust activities, or add new ones whenever necessary.

### **3.3 – Epidemic Prevention Program**

#### *Step 1: Preparation*

- Identify all areas where epidemic prevention programs are implemented (e.g., Hand, Foot, and Mouth Disease Prevention, Influenza Prevention).
- Discuss possibilities for interagency collaboration between the Health sector, the Women's Union, the Youth Union, and the Population sector.
- Develop tools to incorporate HWWS into leaflets, posters, banners, and radio programs on prevention.
- Include HWWS objectives in the epidemic prevention program and include them in the annual work plan.
- Include indicators on HWWS monitoring and supervision in data forms and reporting tools used by the epidemic prevention program.
- Produce guidelines for incorporation of HWWS into activities of the epidemic prevention program.
- Disseminate guidelines for incorporation of HWWS to local implementing partners directly involved in the process.

### *Step 2: Implementation*

- Offer trainings on HWWS communications for communication officers and partners.
- Provide technical assistance and communications materials for implementation.

### *Step 3: Monitoring, supervision, and reporting*

- Collect regular reports.
- Produce program implementation reports, including reports on indicators related to HWWS communication.
- Draw lessons, adjust activities, or add new activities whenever necessary.

## **3.4 – School-based Healthcare Program**

### *Step 1: Preparation*

- Discuss possibilities for collaboration between the Health sector, schools, and education institutions to incorporate HWWS communication into the school campaigns to prevent contagious diseases including diarrhea, influenza A, and hand, foot, and mouth disease.
- Develop action plan and budget.
- Develop communications tools for primary school students, for example, leaflets, posters, banners, and games on HWWS. .
- Develop suitable HWWS communication tools for use in kindergartens.
- Produce guidelines for the incorporation of HWWS into the activities of schools and other educational institutions.
- Disseminate the guidelines for incorporation of HWWS to school staff who do the actual work of incorporating it.

### *Step 2: Implementation*

- Hold trainings on HWWS communication for communication officers and school staff.
- Provide materials, including leaflets, banners, posters, and games for schools.
- Provide technical assistance on all of these issues.

### *Step 3: Monitoring, supervision, and reporting*

- Collect regular reports on progress.
- Produce reports on indicators related to HWWS.
- Draw lessons, adjust activities, and add new activities when necessary.

## **PART IV: FUNDAMENTAL INFORMATION ON HAND WASHING WITH SOAP**

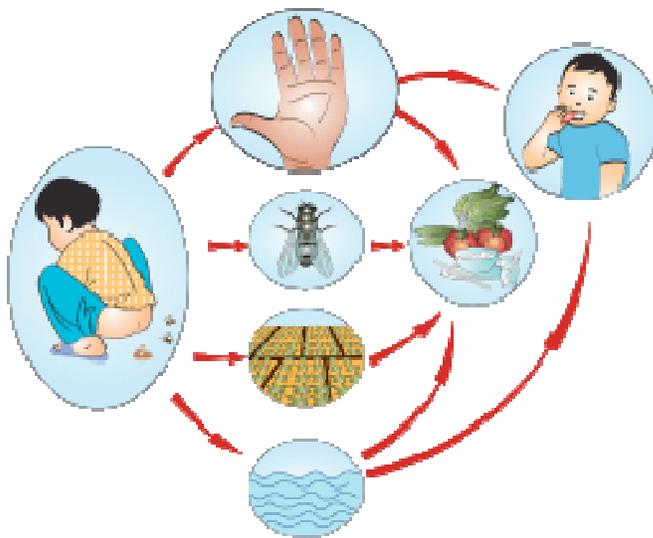
### **1. DEFINITION OF CLEAN HANDS**

Clean hands are hands that carry no dirty matter or pathogens. Even though hands look clean and have no odor, they can still carry lots of bacteria that could not be seen by unaided human eyes. And simply washing hands with water alone does not remove all dirty matter and pathogens. That's why hands should be washed with water and soap to be truly clean.

### **2. BENEFITS OF HAND WASHING WITH SOAP**

Contagious diseases are often transmitted from person to person through direct contact, such as handshakes and hugs, or through droplets. Bacteria can easily be transmitted from one person to the next because our hands are in frequent contact with things that might carry bacteria and germs. (See Fig. 1 below)

*Fig 1: Disease transmission routes*



If we wash our hands regularly with soap we can feel safe, clean, and comfortable, and we can have confidence that we're not helping harmful bacteria to spread to others. This prevents the spread of contagious diseases such as influenza A (H5N1, H1N1), hand, foot, and mouth disease, cholera, dysentery, typhoid, and SARS.

### **3. CRITICAL TIMES TO WASH YOUR HANDS WITH SOAP**

HWWS should be done any time your hands are dirty. However, there are four critical times when you should wash them with soap:

- Before preparing food
- Before meals and before feeding children
- After using the restroom
- After cleaning something

#### **4. THE PROPER STEPS TO EFFECTIVE HAND WASHING WITH SOAP**

When washing hands at home or in public places, use the following six easy steps to ensure maximum removal of bacteria to and to minimize the risk of contracting or spreading disease..

**Step 1:** Wet your hands with water; apply soap to the palm and back of your hands; rub your palms together.

**Step 2:** Use the fingers and palm of one hand to wrap around and rub each and every finger of the other hand; repeat, switching hands.

**Step 3:** Use the palm of one hand to rub the back of your other hand; repeat, switching hands.

**Step 4:** Use the fingertips of one hand to rub between the fingers of your other hand, repeat, switching hands.

**Step 5:** Clasp the fingers of one hand and rub in the palm of your other hand in a repeated rotational movement, then switch hands.

**Step 6:** Rinse both hands with clean water until all soap is washed off and let them dry naturally.

Note: Step 2, Step 3, and Step 4 can be done in any order. But most important, *the entire process should take at least one minute*. Each of the steps of 2, 3, 4, and 5 should be repeated at least five times. If you don't have time wait for your hands to dry naturally, dry them with a clean towel or tissue.

.... picture

Fig. 2: The six steps of hand washing with soap

#### **5. NECESSARY ITEMS FOR HAND WASHING WITH SOAP**

- Soap: any type of soap can be used, including soap bar, sanitizers, dishwashing liquid, or washing powder
- Clean water
- Water containers: water taps, sinks, barrels, or a dipper

#### **6. PLACEMENT OF SOAP NEAR WATER**

Items required for proper HWWS should be placed where they can be seen easily and used conveniently. The ideal locations for soap and clean water are the kitchen and the bathroom. When it is impossible to have them in the kitchen or bathroom, soap and clean water should be put somewhere within a three-meter radius of the kitchen and bathroom.

## **PART V: GUIDELINES FOR TRAINING ON HWWS COMMUNICATION**

*This part is designed to be included in the training manual to be used at the central, provincial, and district levels to train staff from communes and villages levels in the framework of integrated HWWS communications.*

Time required: 45-60 minutes

### **1. OBJECTIVES:**

By the end of the session, participants will have the following knowledge and skills:

#### **1.1 – Knowledge:**

- Participants understand routes of disease transmission from infection sources to human body.
- Participants understand that HWWS is highly effective in preventing the spread of contagious disease.

#### **1.2 – Skills:**

- Trainers explain to commune and village health workers why, when, and how to wash hands with soap.
- Trainers demonstrate proper HWWS technique.

### **2. TRAINING TOOLS:**

- Pictures illustrating disease transmission routes, from pathogens to human body
- Pictures illustrating the steps of HWWS
- Flipchart and markers
- Hand washing materials, including:
  - Water tank with a tap, or sinks and dippers
  - Soap

### **3. TRAINING METHODS**

#### **1.3 – Sharing information**

**Activity 1: Discuss and draw a picture of disease transmission routes from pathogens to human body through unclean hands (15 minutes)**

**Objective:** Participants identify disease transmission routes including the roles of dirty hands in disease transmission, and come to understand how people can contract contagious diseases this way.

**Step 1:** Ask participants: Do you wash your hands with soap every day?  
Ask two or three participants to share their answers.  
Ask participants: Why do you wash your hands with soap?  
Ask two or three participants to share their answers.

- Step 2:** Divide participants into groups of four or five. Give each group a flipchart and markers and ask them to identify infection sources (as a group) and to draw a picture of disease transmission routes from the infection sources to human mouth, nose, and eyes, through the hands.
- Step 3:** Groups take turns presenting their ideas; other groups give feedback.
- Step 4:** Trainer gives feedback on group presentations and shows the picture of disease transmission routes to the participants.

Trainer concludes: *“Various types of disease causing bacteria can penetrate our bodies through the mouth, nose, eyes, and skin. Dirty hands are one of the main vectors through which bacteria from sources of pathogens, including human feces, animal feces, raw food, and other ill people, can be transmitted to the human body.”*

### ***Activity 2: Participants learn when the critical times are for HWWS (15 minutes)***

- Objective:** Participants understand and remember when the critical times are for HWWS.
- Step 1:** Trainer refers back to the picture of disease transmission routes and asks the class to discuss: *“From the picture, when do you think we need to wash our hands with soap to prevent disease from being transmitted through these routes?”*
- Step 2:** After some answers from the participants, trainer gives feedback and adds to the answers; emphasizes four most critical times in hand washing with soap.

### ***Activity 3: Practicing HWWS (15 minutes)***

- Objective:** Participants know how to demonstrate and guide others to proper HWWS practices.
- Step 1:** Trainer shows participants the picture of steps to HWWS and asks one participant to practice while others observe and give feedback.
- Step 2:** Trainer demonstrates proper HWWS technique and explains along the way why HWWS is important and how to do it properly.

## ***1.4 – Developing skills***

### ***a. Direct communication skills***

- Objective:** Participants understand basic interpersonal skills and will be able to apply these skills to communicate during household visits

#### ***Activity 1: Role play***

- Step 1:** Ask two participants to discuss a particular topic, such as “importance of HWWS”. Ask one participant to play the role of a communicator and the other that of a mother. The communicator only asks closed-ended questions and does not listen to the mother’s answers. The communicator uses the diagram to illustrate and explains the topic

using lots of jargon and technical terms. The mother is open but is also busy tending to her children and does not seem to understand the diagram.

Other participants are asked to observe and write down verbal and non-verbal expressions of the two people in the simulation.

**Step 2:** Ask participants to share their observations. Trainer can use the following questions:

- How did the meeting go?
- Describe the communicator!
- Describe the mother!
- What do you think about the effectiveness of the conversation between the communicator and the mother? What was done well, what was not done well?
- What should be the roles of the communicator?

**Step 3:** Write the answers on the board or flipchart  
Explain the roles of communicators  
Stress the importance of communication skills (listening, using easy-to-understand language, etc.)

### ***Activity 2: Verbal and non-verbal language skills***

**Step 1:** Ask participants about the meaning of non-verbal language.  
Give a definition of non-verbal language.

**Step 2:** Discuss the importance of the “positive listening skills”.  
Ask participants: “How do we know if someone is using positive listening skills?”

Write answers on the board or flipchart  
**Step 3:** Share the definition of “positive listening” and other non-verbal language skills with the participants.  
Discuss the effectiveness of “positive listening” when used during home visits.

**Step 4:** Ask participants to explain the concept of “verbal language skills”.  
Give a definition of “verbal language skills”.

**Step 5:** Ask participants to give examples of specific verbal language skills.  
Give some example of verbal language skills and compare with participants’ answers.

**Step 6:** Introduce verbal language skills such as using simple language, encouraging, complimenting, and asking questions.

#### **b. Skills to facilitate group discussion**

**Objective:** Participants can describe an effective group discussion and apply interpersonal skills to facilitate group discussion.

### ***Activity 1: Role-play to demonstrate an ineffective group discussion***

**Step 1:** Seat participants in a circle.  
Ask some of them to be observers and take note of other participants' reactions when the trainer facilitates a training session.

**Step 2:** Trainer looks at one participant and talks briefly about the importance of HWWS.  
Trainer stammers about the objectives of the meeting while looking for a piece of paper on his/her desk.  
Trainer acts as if he/she can find the piece of paper, turns his/her back to the audience, and walks to the notice board to continue the search. However, the trainer still fails to find the paper and looks nervous.  
The trainer's assistant starts to talk privately with some participants while the trainer still looks confused.  
Trainer skips the introduction of training objectives and proceeds to ask if participants have brought the soap that they use at home to the class.  
Trainer lets participants know they will learn proper steps of HWWS and then looks at one participant and asks "why do you think HWWS is important?" Another participant to try to give an answer but the trainer doesn't pay attention to him/her and sighs.  
Then trainer asks a participant to describe the right HWWS techniques. When the participant is speaking, trainer interrupts by saying that's not the right technique and asks him/her to stop speaking so that others can look at the illustration.  
Trainer asks the assistant to go get the illustration and starts to talk on the phone while waiting. Trainer doesn't pay attention to the participant during this particular period.  
Trainer refers to the illustration very quickly and then declares that the class is over.  
Trainer thanks participants without looking at them and walks out.

**Step 3:** Ask observers to share their observation, using the following questions whenever necessary:

- What happened during the group discussion?
- Describe the trainer!
- How did you feel about that?
- Did you think this group discussion was effective or not?
- What was done effectively?
- What was not done effectively?

Recap ideas shared by participants.

**Step 4:** Discuss what is needed for an effective group discussion.  
Pay attention to participants' ideas.

Use the following questions by writing each one on a piece of paper and posting them on the board.

- What are the objectives of group discussion?
- What should we do to be prepared for a group discussion?
- What should the facilitator do to facilitate a successful group discussion?
- What are the characteristics of an effective group discussion?

**Step 5:** Recap of what is needed to conduct an effective group discussion

## ANNEX: HAND WASHING WITH SOAP MESSAGES

<b>Program</b>	<b>Messages on the benefits of HWWS</b>	<b>Critical times in HWWS</b>	<b>Target groups for communication</b>
<b>Rural Water and Sanitation Program</b>	<p>Wash your hands with soap for better community health</p> <p>Wash your hands with soap to protect your family</p>	<p>Wash your hands with soap</p> <ul style="list-style-type: none"> <li>• Before preparing food</li> <li>• Before meals or feeding a child</li> <li>• After using the restroom</li> <li>• After bathing your child</li> </ul>	<p>Entire community, especially women and children</p>
<b>Child Malnutrition Prevention Program</b>	<p>Wash your hands with soap for your child's health and development</p>	<p>Wash your hands with soap</p> <ul style="list-style-type: none"> <li>• Before preparing food</li> <li>• Before meals or feeding a child</li> <li>• After using the restroom</li> <li>• After bathing a child</li> </ul>	<p>Mothers of under five children</p>
<b>Food Safety and Hygiene Program</b>	<p>Wash your hands with soap to reduce risks of food poisoning for you and your family</p>	<p>Wash your hands with soap</p> <ul style="list-style-type: none"> <li>• Before preparing food</li> <li>• Before meals or feeding a child</li> <li>• Before touching cooked or prepared food</li> <li>• After touching raw food</li> <li>• After using the restroom</li> <li>• After bathing a child</li> </ul>	<p>All people who are involved in food preparation</p> <p>Mothers of under five children</p>
<b>School based Healthcare Program</b>	<p>Wash your hands with soap for your health and other's</p>	<p>Wash your hands with soap</p> <ul style="list-style-type: none"> <li>• Before meals</li> <li>• After using the restroom</li> </ul>	<p>Students</p>

<p><b>Epidemic Prevention Programs</b> E.g.: HWWS message for prevention of influenza A (H5N1)</p>	<p>Wash your hands with soap regularly to prevent disease caused by influenza A virus (H5N1)</p>	<p>Wash your hands with soap</p> <ul style="list-style-type: none"> <li>• Before preparing food</li> <li>• Before meals or feeding a child</li> <li>• After covering your mouth for coughing and/or sneezing</li> <li>• After tending a person infected with or suspected of influenza A</li> <li>• After touching poultry or raw poultry products (meat, eggs)</li> <li>• After cleaning poultry coop</li> </ul>	<p>Entire community, especially poultry farmers, traders, processors; care takers of people infected with influenza</p>
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