# Using nurture and disgust to improve handwashing practices in Bhutan

## Sustainable Sanitation and Hygiene for All (SSH4A)

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# Background

- Despite high basic sanitation coverage historically, the health benefits have not materialised (e.g., some of the highest stunting in the region)
- In response, The Royal Government of Bhutan (RGoB) has set national targets for improved sanitation >85% in its Five Year Plan.
- It is scaling up its national Rural Sanitation and Hygiene Programme (RSAHP) with support from partners and has reached 9 of 20 districts

# Background

- The RSAHP is based on SNV's Sustainable Sanitation and Hygiene Programme (SSH4A) which integrates sanitation demand creation, supply chain development, behaviour change communication and governance
- Innovation and Impact Grant (CS WASH Fund, DFAT) was undertaken to strengthen handwashing with soap activities of the national approach
- The intervention was a partnership between RGoB, SNV, London School of Hygiene & Tropical Medicine (research institute), and Upward Spiral (creative agency)
- The intention was to integrate the use of emotional motivators within the national approach

# The need to improve handwashing in RSAHP

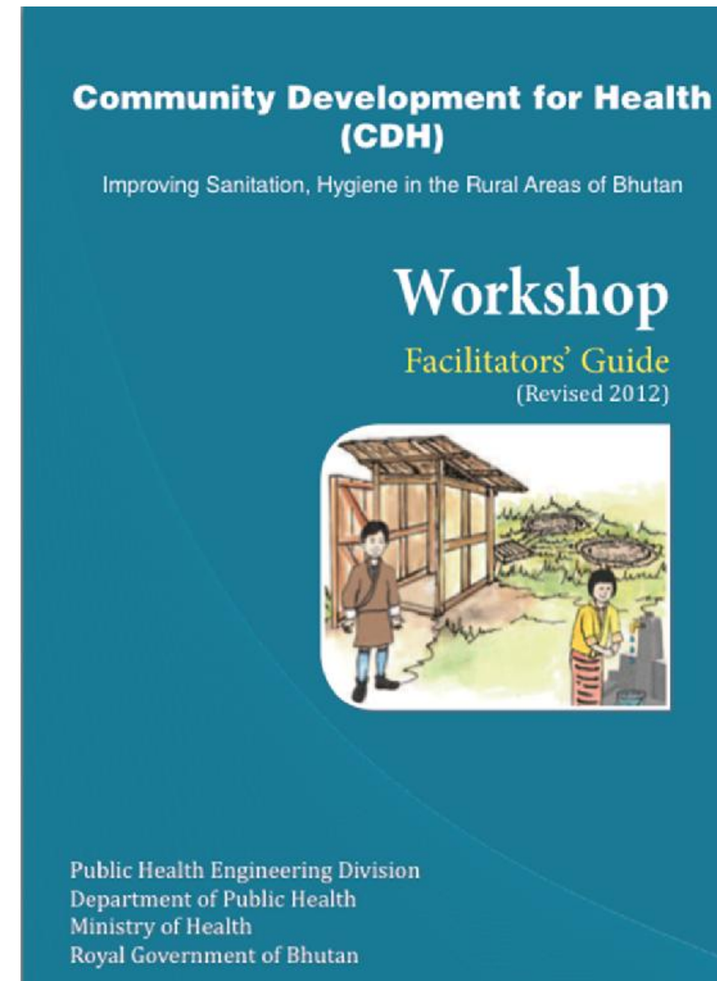
- Improved sanitation coverage in programme areas has increased (e.g., 99% in 3 districts)
- Efforts have also been made to improve the sanitation supply side
- Less attention and fewer resources for promoting safe hygiene behaviours
- Investment in formative research to understand the behavioural determinants at the national level and capacity has been strengthened and reflected in strategies
- Yet, the existing practice by the Basic Health Unit staff is still strongly health-message-based, relying on health assistants, IEC materials and community mobilisation of the CDH workshops
- Messages based on germs and health have been found to be ineffective (Biran et al, 2009)

# The Challenge

**To scale up, it needs to be integrated into the Sanitation Demand Creation component of the RSAHP**

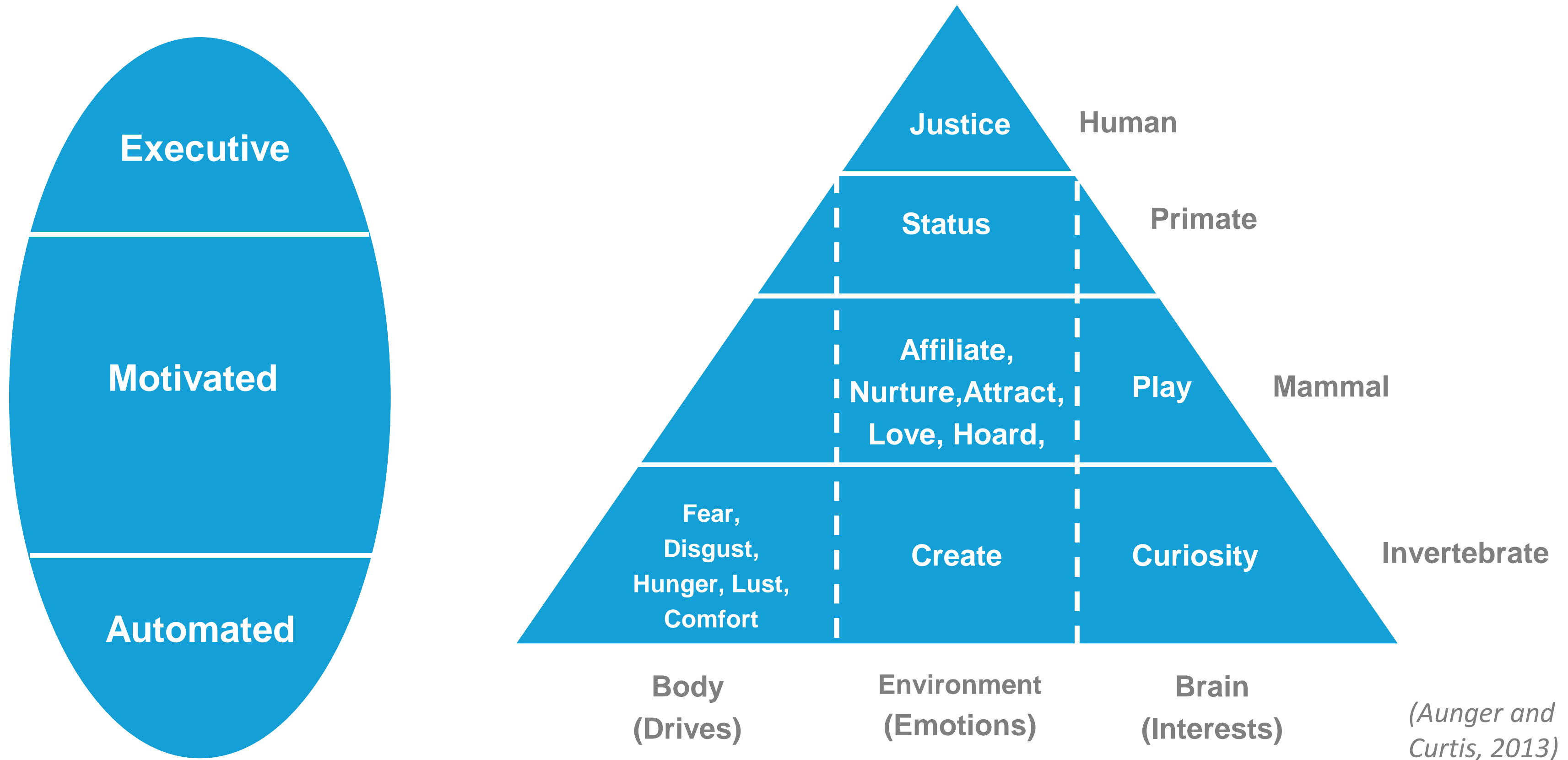
(Community Development for Health)

- Part of the Rural Sanitation and Hygiene Programme
- 2-day workshop
- About 20-40 Participants (one person per Household)
- Conducted by Health Assistants
- Participatory Communication Methods

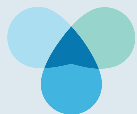


# What approach have you adopted?

## Emotional Motives vs. Rational Knowledge



# Creative development research and live testing



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# Session on handwashing

# What evidence do you have that your approach is working?

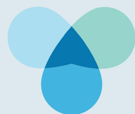
**Study Design**

- Cluster randomised, controlled, intervention trial
- 3 arms – standard CDH, CDH+, control (no intervention)
- 8 Basic Health Units (BHUs) per arm
- Data collected from 15 households per BHU
- 1 respondent per household (adult, female)

**Outcome measures**

- Self-report on handwashing with soap at key times (structured recall with pictures)
- Presence of soap & water at latrine and kitchen (spot-check obs)
- Handwashing awareness and normative beliefs (questionnaire)

# Sticker diary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# How well is your approach working?

| Outcome | Cont. | CDH | CDH+ |
|---|---|---|---|
| HWWS all key occasions | 13% | 17% | 20%** |
| HWWS after faecal contact | 20% | 33%* | 31%* |
| HWWS before feeding child | 10% | 12% | 20%** |
| HWWS before eating | 8% | 12% | 12%* |
| HWWS before preparing food | 17% | 18% | 25% |
| Vessel with water & soap at latrine | 31% | 47% | 54%* |

*p<.05, ** p<.01

# Intervention reach and compliance

- CDH+ workshop: 515 out of 630 households (82%)
- 413 households (66%) received follow-up visit
- Reminder stickers in 60% of kitchens & latrines
- 93% received story book;
  - 72% shared with children & 64% with adults
- 76% given record sheet;
  - 50% completed $\geq$ 1 day, 33% completed all

# What advice would you give to others?

- Involving all stakeholders right from the beginning and at key stages in the process has built the commitment to scale up
- Build your approach on emotional motives rather than knowledge
- Behaviour and human-centred design process – formative research, creative development research, live testing
- Invest in proper learning programme for the rollout to minimise design-to-delivery loss
- Pilot on a smaller scale – evaluate and learn from that to refine the programme before scaling up
- Define constraints – human/financial resources
- Invest in follow-up to handwashing campaigns
- Think about the options of just promoting one behaviour at a time, not adding HWWS on to sanitation

# Resource recommendations

- Super Amma Campaign:
  http://www.superamma.com/
- Behaviour Centred Design: towards an applied science of behaviour change:
  http://www.tandfonline.com/doi/full/10.1080/17437199.2016.1219673
- LSHTM Behaviour Centered Design resources:
  https://www.lshtm.ac.uk/bcd
- SNV Behaviour Change Communication Guidelines:
  http://www.snv.org/public/cms/sites/default/files/explore/download/snv_behaviour_change_communication_guidelines_-_april_2016.pdf
- Hygiene Central:
  http://www.hygienecentral.org.uk