# NATIONAL HAND HYGIENE BEHAVIOUR CHANGE STRATEGY

2016-2020

health
Department:
Health
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# CONTENTS

# FOREWORD BY MINISTER OF HEALTH

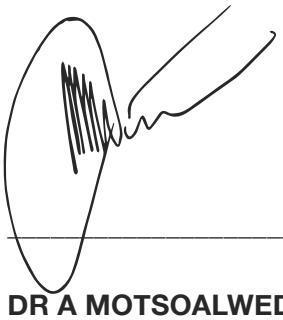
Maternal, perinatal and under-5 mortality in South Africa remain high. Diarrhoea diseases particularly, are a huge public health problem; rated the 3rd leading cause of death amongst the under-5 population. Poor nutritional status, poor environmental conditions, and illnesses such as HIV and AIDS make children more susceptible to severe diarrhoea and dehydration. If we seek to significantly improve public health, and save the lives of children, we need to scale up on interventions that have a direct impact on diarrhoeal mortality, including handwashing with soap.

Handwashing with soap has been proven as the single most effective way to prevent diarrhoea and other hygiene related diseases as automatic behaviours performed in homes, schools, and communities. Research suggests that washing hand with soap can reduce the rate of diarrhoea by almost 40% and acute respiratory diseases by up to 25%. When practiced by mothers and birth attendants can reduce neonatal mortality rates by almost 40%. Scaling up handwashing with soap, along with other interventions is estimated to prevent the deaths of many children, as well as to reduce substantially, the number of diarrhoeal cases. Handwashing with soap offer the opportunity to have a real impact.

Despite these impacts, handwashing with soap at critical times is still only practiced at only about 20% around the world. This means that efforts have to be made to encourage the behaviour and get people to actively engage in good hand hygiene practices. Ensuring that the South African public knows about the importance of washing hands with soap is only part of the battle; the real challenge comes in ensuring that the behaviour is a habit. For this to happen, people must have universal, convenient access to functional handwashing facilities, soap and running water, whether in public places such as health establishments, public gathering places, in schools and in the homes.

This hand hygiene strategy aims to provide a framework for advancement of handwashing hygiene in the country through multi-sectoral action by various role-players, to prevent and reduce diarrhoea deaths in the country, especially in children under 5 years. The strategy focuses on the three (3) core components of hygiene promotion:

- *Advocacy* – focusing on creation of an enabling environment through influencing policy and resource allocation;
- *Education and awareness* – to ensure increased knowledge on the benefits of handwashing with soap at critical times;
- *Behaviour change* - engaging in activities that will build, sustain and create the habit of handwashing with soap, by building on drivers of behaviour change through investigations on what motivates or inhibits people from adopting safe hygiene practices.



**DR A MOTSOALWEDI**
**MINISTER OF HEALTH**
**DATE: 10/04/2017**

# ACKNOWLEDGEMENTS

The National Hand Hygiene Behaviour Change Strategy is an outcome of a consultative process with critical input from key stakeholders, such as Provincial Departments of Health, including staff of various programmes within the National Department of Health. Special thanks to staff of the Chief Directorate: Environmental and Port Health Services for driving the development and finalisation of the strategy.

Thank you to the following stakeholders for extensive technical inputs:

Mr Piers Cross
(Independent WASH consultant);

Dr Sanjana Bhardwaj
(UNICEF);

Dr Peter Harvey
(UNICEF regional WASH specialist);

The Strategy will serve as a framework to guide the implementation of handwashing and hygiene promotion programmes and initiatives, by all those charged with the responsibility of delivering hygiene promotion programmes.

The strategy builds on the National Health and Hygiene Education Strategy of 2006, which set out a comprehensive approach to the delivery of effective and sustainable health and hygiene education in South Africa.

This Strategy reinforces the objectives of the 2006 strategy, but put emphasis on handwashing behaviour change as the simplest, proven and most effective intervention to significantly prevent and reduce water, sanitation and hygiene related illnesses, such as diarrhoea, especially in children under 5 (five) years, when practiced at critical times.

It further provide a guide to ensuring the inclusion of handwashing with soap promotion as an integral part of priority Primary Health Care, School Health and Education programmes and Water Supply and Sanitation Provision projects.

**MS MP MATSOSO**
**DIRECTOR-GENERAL: HEALTH**
**DATE: 10/04/2017**

# ABBREVIATIONS

| AIDS | Acquired Immuno Deficiency Syndrome |
|---|---|
| BAT | Bottleneck Assessment Tool |
| BoD | Burden of Disease |
| COGTA | Department of Cooperative Governance and Traditional Affairs |
| DALY | Disability Adjusted Life in Years |
| DBE | Department of Basic Education |
| DOH | Department of Health |
| DSD | Department of Social Development |
| DWS | Department of Water and Sanitation |
| ECD | Early Learning Development |
| GHS | General Household Survey |
| HIV | Human Immuno Virus |
| HP | Health Promotion |
| HHW | Hygiene and Handwashing |
| ISHP | Integrated School Health Programme |
| MDGs | Millennium Development Goals |
| NCDs | Non Communicable Diseases |
| NDP | National Development Plan |
| NGOs | Non Government Organisations |
| PPP | Public Private Partnerships |
| SALGA | South African Local Government Association |
| SDGs | Sustainable Development Goals |
| UNICEF | United Nations International Children's Fund |
| WASH | Water, Sanitation and Hygiene |
| WHO | World Health Organisation |

# EXECUTIVE SUMMARY

According to WHO 2012 estimates, Water, Sanitation and Hygiene (WASH) was responsible for 842 000 annual deaths from diarrhoea and 15% of the Global Burden of Disease in Disability- Adjusted Life Years (DALYs) [3]. In South Africa, diarrhoea and respiratory infections are a major public health problem, and are amongst the top causes of death in children. Respiratory and diarrhoeal infections are ranked the 2nd and 3rd leading causes of death amongst the under-5 population, and the 3rd and 4th biggest killers in children between ages 5-14 years. Unsafe or lack of water supply, inadequate sanitation services and poor hygiene (WASH) are ranked high on the list of risk factors causing infections, diseases and subsequent deaths amongst South African children, many of which are preventable by simple hygiene practices.

The overall goal of the Hand Hygiene Behaviour Change Strategy 2016-2020 is to prevent and reduce the prevalence of diarrhoea and other diseases related to poor water, sanitation and hygiene, particularly in children under 5 years, through the promotion of safe hand hygiene practices as a key and proven intervention. The strategy aligns to government's National Development Plan (NDP) goals of the reduction of Infant and Child Mortality, and to prevention of disease and promotion of health in the country. The strategy outlines approaches to hand hygiene promotion, its implementation framework and identifies with children and caregivers as the primary target audience. It focuses on increasing knowledge and perceived importance of sanitation and hygiene practices, with the long term objective to instill and sustain the habit of washing hands with soap amongst South Africans.

The strategy further focuses on key actions towards the improvement of hygiene promotion programmes and activities in the country, with specific emphasis on creation an enabling environment for washing hands with soap, integration of hand hygiene promotion into existing priority water, sanitation, school and health programmes, improving coordination and collaboration amongst stakeholders, and monitoring and evaluation. The strategy emphasizes the need to adopt hygiene promotion programmes that are not only based only on health education and knowledge dissemination, but rather on drivers and motivators of behaviour change and sustainability driven interventions and approaches.

The behaviour change communication Strategy defines clear objectives, key communication messages, methods to be used to convey the information; and approaches to promote action for change.

## SUMMARY OUTLINE

**Section 1:** Provides an *introductory note and background* to Water, Sanitation and Hygiene and its impacts to diseases and health, and provides WASH international and national contexts.

**Section 2:** Outlines strategy *goals and Principles* to be adopted for hygiene behaviour change promotion programmes.

**Section 3:** Outlines the *Implementation* framework for handwashing and hygiene behaviour change.

**Section 4:** Outlines the Organisation and Coordination requirements for hygiene promotion.

**Section 5:** Outlines the *Monitoring and Evaluation* framework for handwashing and hygiene interventions and programmes.

**Section 6:** Outlines the implementation plan for 2016-2020.

# SECTION 1 INTRODUCTION

## 1. BACKGROUND

According to the 2012 General Household Survey (GHS), Report on the Status of sanitation services in the country, approximately 11% of South African households do not have adequate sanitation services. Additionally at least 26% of households within formal areas disturbingly have sanitation services which do not meet the standards, due to the deterioration of infrastructure caused by a lack of technical capacity to ensure effective operation, timely maintenance, refurbishment and/or upgrading, pit emptying services and/or insufficient water resources.

The GHS also indicates that the proportion of households with access to piped or tap water in the dwelling, offsite and onsite in the country is 91.2%, which is above the MDG target [2]. However, although much progress has been made towards the achievement of and in advancing towards the MDGs over the past two decades, many South Africans still live in settlements where the risk of contracting water, sanitation and hygiene related diseases is high, due to a lack of access to safe drinking water, inadequate sanitation facilities and poor management of waste. Diarrhoea and respiratory diseases are still amongst the top causes of death in the country, affecting mostly children under the age of 5 (five) years.

The Department of Health recognises that in order to curb the rise of the quadruple burden of diseases, higher priority will need to be given to addressing up-stream health determinants. This requires recognising that the social determinants of health arise from the conditions that people are born, grow, live, work and age.

In view of the quadruple burden of disease in the country, there is a need for responses that addresses the social determinants of health, which have always been important for health, i.e. sufficient and safe drinking water, safe excreta disposal and good hygiene (WASH). People must not be treated in the health system only to be sent back to the situations that caused illness in the first instance, and without empowering them with skills to take control over their own health.

## 1.1 WATER, SANITATION AND HYGIENE (WASH) CONTEXT

### 1.1.1 NATIONAL WASH CONTEXT

South Africa is one of the four countries on the African continent that have met the MDGs targets for water and sanitation, however, according to the 2012 General Household Survey on the Status of Sanitation Services approximately 11% of South African households do not have adequate sanitation services. Additionally at least 26% of households within formal areas disturbingly have sanitation services which do not meet the standards due to the deterioration of infrastructure caused by a lack of technical capacity to ensure effective operation, timely maintenance, refurbishment and/or upgrading, pit emptying services and/or insufficient water resources [2].

The government from 1994 inherited a highly unequal water and sanitation infrastructure and has recognized that the country serious sanitation provision challenges. While access to sanitation is increasing (albeit at less than an optimal pace) from a functionality and adequacy point of view, as many as 26% (or about 3.2 million households) are at risk of service failure and/or are experiencing service delivery breakdowns. Additionally 9% (or 1.4 million households) in formal settlements have no services. 584 378 households or 64% of households in informal settlements are making use of interim services.

**Table 1: Access to sanitation by province**

| | RDP acceptable | | | Not RDP acceptable | | |
|---|---|---|---|---|---|---|
| Province | Flush toilet | Chemical toilet | Ventilated Pit Latrine | Unventilated Pit Latrine | Bucket Latrine | None |
| Mpumalanga | 43.8% | 1.4% | 12.1% | 33.9% | 0.9% | 6.3% |
| Limpopo | 21.9% | 0.9% | 15.1% | 52.9% | 0.6% | 7.2% |
| Gauteng | 85.4% | 1.1% | 2.4% | 7.4% | 1.8% | 1.1% |
| KwaZulu Natal | 45% | 8.2% | 14.4% | 20.7% | 1.7% | 6.3% |
| Free State | 67.1% | 0.6% | 87% | 13.5% | 5.5% | 3.1% |
| Northern Cape | 66% | 0.6% | 9.1% | 107% | 4% | 8% |
| Western Cape | 89.6% | 0.9% | 0.6% | 0.6% | 3.7% | 3.1% |
| Eastern Cape | 43% | 3% | 13.9% | 20.2% | 2.3% | 12.7% |
| North West | 45.4% | 0.8% | 11.3% | 34.2% | 1% | 5.8% |
| SA | 60.1% | 2.5% | 8.8% | 19.3% | 2.1% | 5.2% |

*DWS: Report on the Right to Access Sufficient Water and Decent Sanitation: 2014*

In addition to the sanitation challenges, South Africa is a water-scarce, middle income country and is facing significant water shortages affecting 28% of towns, and high rates of non-revenue water (39% of municipal water) and 36% water loss. Significant water pollution problems (including acid mine drainage) and a deteriorating standard of waste-water treatment plants. According to the General Household Survey (GHS) of 2012, the proportion of households with access to piped or tap water in the dwelling, offsite and onsite in the country is 91.2%, however the report also indicates that 15% of the population still require improvements to their water source to meet the RDP standards.

**Table 2: Access to water by province**

| | RDP acceptable | | | Not RDP acceptable | |
|---|---|---|---|---|---|
| Province | Piped water within dwelling | Piped water within stand | Piped water within 200m from stand | Piped water more than 200m from stand | No access to piped water |
| Mpumalanga | 35.7% | 36% | 9.2% | 6.6% | 12.6% |
| Limpopo | 18.4% | 33.9% | 20.5% | 13.2% | 14% |
| Gauteng | 62.1% | 27.3% | 6% | 2.8% | 1.8% |
| KwaZulu Natal | 40% | 23.6% | 14.8% | 7.6% | 14.1% |
| Free State | 44.8% | 44.3% | 6.2% | 2.6% | 2.2% |
| Northern Cape | 45.8% | 32.8% | 12.8% | 6.6% | 2.6% |
| Western Cape | 75.1% | 13.3% | 8.3% | 2.4% | 0.9% |
| Eastern Cape | 32.8% | 16.6% | 18.6% | 9.9% | 22.2% |
| North West | 29.3% | 40% | 14.3% | 8% | 8.4% |

*Census: 2011*

### 1.1.2 Health impacts WASH

According to the United Nations Children's Fund (UNICEF), at any given time, more than half of the developing world's population is suffering from one or more of the main diseases associated with unsafe water, poor sanitation and hygiene. The impacts of inadequate WASH include millions of child deaths and a significant lag on improving children's health and life prospects. 30% of deaths in under 5 age group is attributable to poor WASH; 10% of the entire global health burden could be prevented by safe water and sanitation [4]. It is also recognised that the health impacts of inadequacies in WASH are chronically underestimated.

The main health impacts include, 1) **Diarrhoea:** which as estimated by WHO causes 1.4 million deaths every year. It is the single biggest killer of children under the age of 5 (2,200 Under 5 deaths every day), and also represents an economic burden for the developing countries as more than a third of the hospital beds for children are occupied by patients with diarrhoea. 2) Inadequate WASH is also a root cause of **other infectious diseases** such as 2 billion intestinal naematode infections, 5 million people blinded from trachoms, 200 million people infected with schistosomiasis. 3) **Malnutrition and stunting**: New research suggests that ingestion of large quantities of faecal bacteria by young children living in conditions of poor sanitation and hygiene results in malabsortption and poor nutritional makeup. Tropical enteropathy is a major exceberating factor in nutrition affecting, for examplae, stunting and other dimensions of child growth. 4) **Cognitive impairment:** diarrhoeal diseases and helmithsiasis can also contribute to impairments in verbal fluency, short memory loss, and can slow the speed of information processing.

Diarrhoea is a huge public health problem in South Africa; they are rated the 3rd leading cause of death amongst children under-5 (11% of all deaths). Diarrhoea is the 3rd greatest contributor to the burden of disease amongst, constituting about 8.8% of all disability life in years (DALYs) in the under-5 age group. The 2014 General Household Survey (GHS), a nationally representative inquiry into the lives of South Africans, showed that there were over 60,000 cases of childhood diarhoea per month, and approximately 9,000 child diarrhoea deaths in the same year [6].

**Fig 1: Children under 5 years with diarrhoea with dehydration new 2013-14.** *Source DHIS*

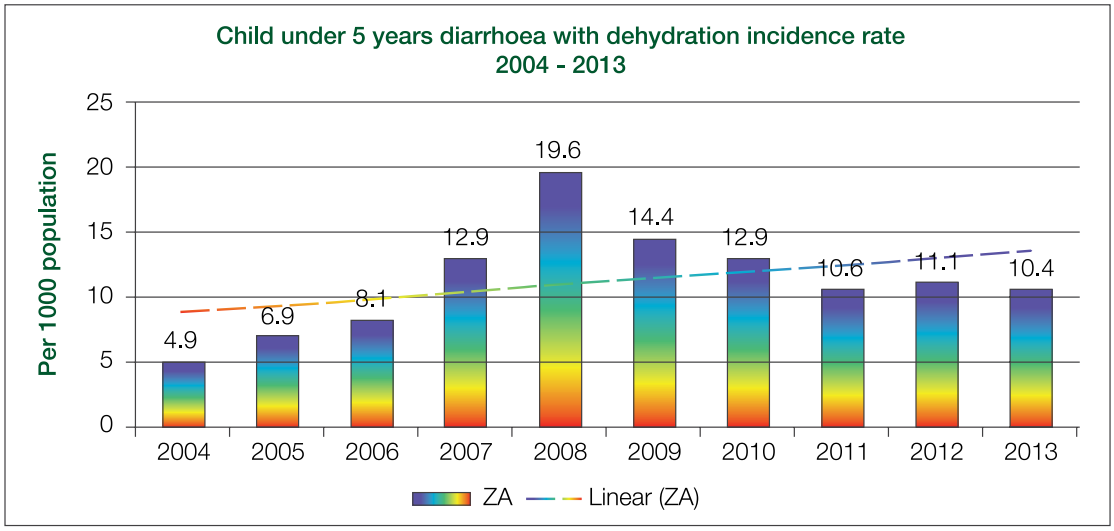


**Fig 2: Children under 5 with diarrhoea with dehydration new 2013-2014.**
*Source DHIS*

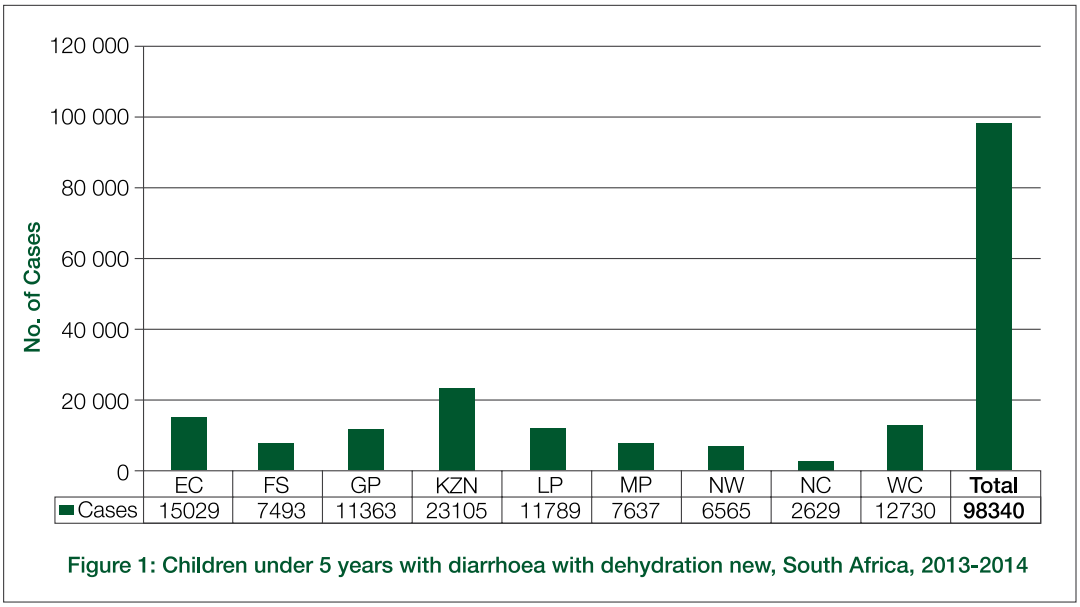



Figure 1: Children under 5 years with diarrhoea with dehydration new, South Africa, 2013-2014

Diarrhoea is closely linked to socio-economic status and has the most adverse effect in South Africa's impoverished communities. South African children living in poverty are approximately ten times likely to die from diarrhoea that their more privileged counterparts. Poor nutritional status, poor environmental conditions, and illnesses such as HIV/AIDS make children more susceptible to diarrhoea and dehydration. Unsafe or lack of water supply, sanitation services and hygiene is ranked 11th on the list of risk factors causing deaths in South Africa, most of diseases and subsequent deaths are preventable by improved hygiene and specifically good hand hygiene practices (Stassa: 2012) [7].

### 1.1.3 THE IMPORTANCE OF HANDWASHING HYGIENE

Hygiene promotion is instrumental in encouraging good practices that can prevent the onset and spread of diseases associated with WASH. Washing hands with soap is one of the most important steps anybody can take to avoid spreading germs and getting sick.

Many diseases and conditions (mostly affecting children) are transmitted through hands and simply because handwashing with soap at critical times is not commonly practiced. [9]

Amongst all the WASH interventions, handwashing with soap alone shows greatest reduction in diarrhoea morbidity (over 40%) and prevents 30-47% of childhood diarrhoea and 23% of respiratory infections as elucidated by (Rabie T, and Curtis V) [10,11]. Handwashing with soap has also been shown to prevent diarrhoeal incidence amongst persons living with HIV and AIDS (Huang D, 2007:56). Because handwashing with soap can prevent the transmission of a variety of pathogens, it may be more effective than any single vaccine (GPPPHW) [9].

Handwashing with soap however is not commonly practiced as studies show that hands are washed with soap at only about 5-15% at critical times. A recent review of literature shows that globally, only 19% of the world population wash their hands after being in contact with excreta.

"The cause of low handwashing rates is rarely a lack of soap. Soap is present in the vast majority of households worldwide, but it is commonly used for bathing and laundry, not handwashing. Lack of water is usually not a problem either, as hands can be effectively washed with little, or recycled, water. In studies around the world, the main reason given why rates of handwashing with soap are so low is that it is simply not a habit" [9].

According a South African study by Prof K Hoffman and partners in 2015, scaling up 13 interventions (including handwashing with soap) to full coverage of 99% by 2030 could contribute significantly to the reduction in child mortality in South Africa. In 2030, diarrhoeal deaths are expected to reduce from an estimated 5500 in 2014 to 2800, 1400 and to 100 in 2030 (98% decline). The number of diarrhoea cases is also expected to reduce substantially. Approximately five (5) million cases can be averted by 2030 if) are scaled up to full coverage.

By scaling up handwashing with soap alone, the estimated number of deaths averted is expected to increase to 243 in 2014 to 1286 in 2030 by implementing full coverage. The total intervention costs for scaling up handwashing with soap interventions at full coverage of 99% are estimated at US$16 126 764 by 2030. The benefits of scaling up handwashing with soap promotion are apparent in saving lives of under-five children [8].

### 1.1.4 NATIONAL HANDWASHING HYGIENE PROGRAMMING BOTTLENECK ANALYSIS

The Department of Health in collaboration UNICEF and other key stakeholders, such the Department of Basic Education (DBE), Department of Water and Sanitation (DWS), the South African Local Government Association (SALGA), representatives from local government, the private sector and Community-Based Organisations, has undertaken a bottleneck analysis for Handwashing and Hygiene Promotion in the country, with the aim to;

1) Stimulate discussion between various stakeholders and the Department of Health working at all levels, on a systems perspective of achieving target hygiene and handwashing outcomes; and
2) Identify priority actions to improve the management of hygiene and handwashing improvement nationally and to focus resources where the biggest difference can be made.

A WASH-BAT is analytical tool to assist decision-makers to identify critical bottlenecks to delivering sustainable services and sustained behaviour changes and to develop key costed actions to address these bottlenecks in prioritized areas. The WASH-BAT analysis considers three "pillars" of factors influencing outcomes:

- The enabling environment, which provides the foundation for at-scale impact of improved hygiene and handwashing with soap in communities, schools and health facilities.

- Developing and implementing equitable access to hygiene stations/bathrooms; private and gender-segregated facilities for menstrual hygiene management at schools and health facilities; as well as triggering handwashing with soap and improved hygiene to become habits; and access to soap and sanitary pads; and
- Sustaining hygiene stations/bathrooms and habitual behaviours so they contribute to lasting health outcomes [29].

Seven (7) priority bottlenecks were identified for South Africa, and proposed actions outlined in order to improve hygiene and handwashing promotion programmes and interventions in the country;

1) Unavailability of hygiene promotion and behaviour change national targets, which limits planning and accountability for delivery;
2) Limitations on behaviour change in existing hygiene promotion strategies - the focus of existing national strategies should be broadened to changing behaviour and include effective techniques of making good hygiene a habit. The existing theory of change assumed by the WASH sector policy in the country assumes that health education is the key driver of behaviour change. The international literature suggests that changing hygiene behaviour is less frequently achieved from knowledge transfer, but is often a result of an emotionally inspired behaviour change which becomes a habit;
3) Weak monitoring systems for hygiene interventions– lack of a comprehensive system for monitoring hygiene facilities and behaviours as part of existing WASH, education and other monitoring systems;
4) Untracked and insufficient budget allocation across sectors for hygiene;
5) Weak coordination of hygiene related interventions, initiatives and programmes;
6) Lack of country evidence base to support programmes and initiatives;
7) Lack of capacity for health care workers to achieve hygiene handwashing and behaviour change outcomes.

The implementation plan of this strategy is therefore driven by the need to address the identified bottlenecks.

# SECTION 2
# STRATEGY AIMS AND GUIDING PRINCIPLES

## 2. GOAL OF THE STRATEGY

To prevent and reduce the prevalence of diarrhoea and other diseases related to poor water, sanitation and hygiene, particularly in children under 5 years.

### 2.1 Strategy Objectives

(1) To instill and sustain the habit of washing hands with soap at critical times amongst South Africans, through improved knowledge on the link between hygiene and disease;
(2) To promote the creation of an enabling environment for washing hands with soap, where handwash facilities, water and soap are made readily available;
(3) To improve and strengthen hygiene and handwashing coordination in the country;
(4) To promote evidence base interventions and approaches;
(5) To implement monitoring systems to monitor and evaluate hygiene.

### 2.2 Strategy Principles

Based on lessons learned both nationally and internationally on best approaches to hygiene promotion, the strategy identifies two (2) set of principles for delivery of hygiene promotion programmes i.e. Guiding Principles for Implementation of Handwashing Behaviour Change and principles for turning handwashing into habit:

#### 2.2.1 Guiding principles

- Hand hygiene programmes should aim to achieve specific measurable **behaviour change** results rather than just health education and knowledge dissemination;
- Hand hygiene promotion should be **integrated** into priority, health, water, sanitation and school health programmes, to ensure clear hypothesis and targeting;
- Social and cultural considerations of **communities** should be central to the planning and implementation of interventions and programmes;
- Fostering of **partnership** and improved **collaboration** with relevant role players is critical in achieving desired outcomes and reaching specified targets.

#### 2.2.2 Principles for turning handwashing into habit

- **Simplicity** is critical in communicating the correct handwashing procedures and critical times. People tend to respond better to clear and simple motives for behaviour changes.
- **Environmental cues** such as availability of water and soap must be immediately and consistently available to trigger handwashing habits. Having to search for soap and water, for example, require a high level of motivation, rather than facilitating automation.
- **Leverage Context** on key moments where people are particularly open to developing new habits, such as, changes to the physical/action environment, like new motherhood, or starting school. These moments can prompt a whole range of new habits, and handwashing should be effectively integrated at these change moments.

- **Environmental cues** as reminders can trigger handwashing behaviour, such as posters in the latrines and signs leading to handwash stations.
- **Using visual reminders to accelerate links between cue and action** to show that if, for example hands are not properly cleaned, hands remain unclean;
- **Intervention through doing** to help form procedural memory not just by explaining how to wash hands, but by actively having people do so, for example group handwashing at school.
- **Conscious storytelling:** People believing there is a deep and meaningful purpose behind their habits strengthens their habits, for example mothers believing they are keeping their children healthy may prevent relapse and encourage behaviour [9].

# SECTION 3
# BEHAVIOUR CHANGE IMPLEMENTATION FRAMEWORK



## 3.1 IDENTIFYING PRIORITY POPULATIONS AND DEFINING TARGET AUDIENCE

### 3.1.1 Identifying priority populations

To achieve the desired health outcomes and strategy vision, and to ensure that resources are focused where there is greater need, handwashing hygiene interventions should take into consideration and focus attention on:

- The geographic spread of diarrhoea and respiratory diseases in children under-5, and other hygiene related diseases;
- Hard to reach places, such as rural areas; and informal settlements, where a large number of people still live without the basic water and sanitation services; and
- Areas where community social norms and behaviours are potential factors to increase the risk of WASH related disease;

### 3.1.2 Defining Target audience

The mission of hand hygiene promotion is not to achieve a single handwashing event, but to instill a routine and sustained habit that happens automatically at critical times. Identifying a target audience is of importance to ensure that focus is on those groups of society that will enable promotion programmes to have the largest impact, based on their roles in society.

The Strategy identifies a primary and secondary target audience;

### 1) Primary target audience

Children and caregivers are identified as a primary target audience.

### a) Children

Habits are often developed in childhood and children are more susceptible to behaviour change and the uptake of new habits. Schools and Early Childhood Development Centers are key settings for learning new habits. Additionally, children can be enthusiastic and effective handwashing advocates.
To develop good hand hygiene habits, children should be;

- Educated to learn and understand the importance of washing hands with soap properly at critical times to prevent illness; and
- Encouraged to disseminate the handwashing message with the aim of improving hygiene behaviours within households and in the wider communities.

### b) Caregivers

Women are the primary caregivers in a South African home because they are mainly responsible for maintenance of a household and caring for young children, the elderly or the sickly. Women as caregivers have the ability to influence certain behaviours, especially in children. Women must be educated on the benefits of washing hands with soap at critical times in order to:

- Ensure a healthy environment that protects children; and
- Emphasize the practice of washing hands with soap after visiting the toilet and before food at home, to instill the behaviour, especially to children.
- Actively engage in the practice of washing hands with soap at critical times.

### c) Men as caregivers

Men are often main decision-makers that influence resource allocation in the household, therefore their involvement and support to the primary target audience in attaining positive behaviour change is critical.

- Tools that target men should be developed to include them in hygiene promotion, especially fathers of children under-5.

### 2) Secondary target audience

- **Government departments, agencies and policy makers**

The Strategic Development Goals (SDGs) requires governments to set new water, sanitation and hygiene targets for ensuring the attainment of health and well being, including the reduction in child and infant mortality rates. For the interest of public health, hygiene should be an integral part of sector development planning, particularly for the health, education, water supply and sanitation, and housing sectors.

- **Community- Based Organizations (CBOs), Non Government Organisations (NGOs),**

NGOs and CBOs are potential key stakeholders to advocate, motivate and provide support for handwashing promotion. They play a key role in filling gaps in government services and in advocating for certain population groups. NGOs and CBOs can coordinate handwashing and hygiene activities and initiatives at provincial, district and local levels.

- **Community leaders**

Community leaders equally play a critical role is influencing the establishment of social norms within communities, because of vested powers and the ability to direct the affairs of society towards certain objectives. They can even ensure compliance to set norms for society orderliness and healthy being (Kamla-Ray 2008).

## 3.2 SCHOOL HYGIENE PROMOTION

### 3.2.1 Early childhood and school hygiene promotion

For school settings, the Integrated School Health Programme (ISHP) should be strengthened to include specific handwashing components to be considered by the education sector, which should include;

- Design and provision of low-cost and communal handwashing facilities in schools to encourage routine group handwashing activities;
- Provision of liquid soap dispensers or soap alternatives in schools to ensure availability at all times;
- Inclusion of handwashing promotion and hygiene training in teacher training curriculum;
- Ensure the integration of handwashing promotion in life orientation learning areas, highlighting handwashing practices through play activities for ECDs and Primary school years; and
- Support collaboration between environmental health and education hygiene promotion initiatives and intersectoral planning of complementary activities.
- Utlilize environmental cues as reminders to handwashing in the school environment.

### 3.2.2 Role of school leadership (SGB/ Principal);

The school leadership, including the School Governing Bodies (SGBs) has a critical role to play in ensuring an environment fit for learning and teaching, and that protects the health and safety of children and educators.

The leadership of schools should therefore advocate for improvement of hygiene and by ensuring:

- Availability and implementation of school handwashing policies;
- Availability of handwashing facilities and soap supplies in bathrooms for learners and teachers and in eating areas;
- Maintenance of toilet and handwashing facilities in good working order;
- Capacity building for cleaning and general worker staff on the importance of maintaining school premises and toilet facilities to ensure an environment that promote health and hygiene;
- Ensure adequate allocation of resources for hygiene promotion.
- Engagement and lobby parents to support schools in ensuring sustainability of hygiene promotion programmes.

### 3.2.3 The role of the teacher

The role of a teacher in promoting handwashing habits in children is of critical importance for consistency and sustainability. The teacher should:

- Demonstrate and present the correct handwashing techniques and the critical times for washing hands with soap to children;

- Ensure that children are educated on the importance of keeping handwashing facilities in good order and that hygiene products are available and responsibly used;
- Provide opportunity prior to meals for washing hands with soap at all times;
- Consider assignments that allows the learners to demonstrate proper handwashing comprehension; and
- Motivate learners to always wash their hands after the toilet and before meals.

## 3.3 INTEGRATION OF HANDWASHING HYGIENE INTO PRIORITY HEALTH PROGRAMMES

Water, Sanitation and Hygiene plays an important role within many disease specific programmes that contribute to Maternal, Infant and Child health outcomes. To attain improved health outcomes, handwashing hygiene must be integrated into existing priority health programmes and across the health services sector.

### 3.3.1 HIV/AIDs and TB Prevention and Management Programmes

Issues around HIV and AIDS, water, sanitation and hygiene may not appear to be connected, however, the intricate link between WASH and HIV and AIDS cannot be underestimated. Where hospital admission is not feasible, the burden of care for HIV/AIDS and TB patients is commonly shifted to the home. Therefore for those who have AIDS or TB and those who care for them, accessible clean water and hygienic toilets is paramount to prevent the spread of WASH related diseases to those living with compromised immune systems.

Given the overwhelming evidence in support of hand-washing behaviours, HIV programmes should;

a) Provide guidance and training on washing hands with soap at critical times and with proper technique across all HIV programmes (e.g. home, community, school and facility-based programmes); and place hand-washing stations with needed supplies (soap or ash, and water) in programme sites.

b) Include WASH in national HIV/AIDS policy and guidelines; and ensure that policies and guidelines suggest environmental health collaboration at all levels, as part of the multisectoral focus; and

c) Identify washing hands with soap as a critical behaviour for people living with HIV and AIDS and TB [25].

**Integration strategies:**

- Incorporate questions and build on issues of sanitation and hand washing into assessments and visits to field programs, such as Home-Based Care (HBC), and other HIV and AIDs care and support Initiatives;
- Strengthen the evidence base for integrating various WASH activities into HIV programming by building a solid program evaluation component into activities;
- Document success stories of HIV and AIDS programmes that support sanitation activities and circulate widely to promote replication;
- Ensure national HIV policy documents highlight water, sanitation and hygiene aspects;
- Ensure the regular inclusion and adequate hygiene materials, such as a supply of soap, enabling products like a potty or washable menstrual pads/menstrual management kit into home based care support initiatives;
- Use promotional reminders, information, education and communication materials for households that focus specifically on feasible sanitation and hand washing options.

### 3.3.2 Non-Communicable Diseases (NCDs) programmes

The prevalence of Non-Communicable Diseases (NCDs) in the South Africa is high, and growing. Common preventable factors such as behavioural risk factors underlie most NCDs. Health promotion is an answer in addressing upstream determinants of NCDs by enabling people to increase control over own health. Health Promotion involves changing behaviour at multiple levels to empower people to make healthier choices.

Hand hygiene promotion should be integrated in all health promotion programmes and initiative at individual and community level to ensure communities are empowered with skills to take control of own health.

**Integration strategies:**

- Incorporate aspects of water, sanitation and hand washing into assessments visits to field programs, such as Home-Based Care (HBC), and other support Initiatives, such as medication refill sessions;
- Ensure national NCD policy documents highlight water, sanitation and hygiene aspects;
- Ensure the regular inclusion and adequate hygiene materials, such as a supply of soap, enabling products like a potty or washable menstrual pads/menstrual management kit into home based care support initiatives;

### 3.3.3 Child Nutrition programmes

UNICEF estimates that more than 90 percent of deaths from diarrhoeal illnesses in young children can be attributed to unsafe WASH practices. If mothers and other caregivers used basic hygiene practices, particularly washing hands with soap at critical times, in addition to having better access to safe water and adequate sanitation this could improve under 5 deaths and child nutrition [30].

Recent studies suggest that after a period of exclusive breastfeeding in the early months of life, children 6–17 months of age show an increase in the incidence of diarrhoea that correlates with the introduction of complementary feeding.

- Nutrition and breastfeeding programmes should integrate handwashing with soap promotion to mothers of small children as part of child nutrition education.

**Integration strategies:**

- Incorporate issues of water, sanitation and hand washing into care and support Initiatives;
- Regular inclusion of WASH promotion aspects, focusing on the following key issues;
  - How and when to wash hands with soap;
  - Treatment and storage of household drinking water;
  - How to properly dispose off children faeces;
  - Food hygiene – keeping food preparation areas clean, storing children food safely, and cooking food thoroughly;
- Incorporate questions and build on issues of water, sanitation and hand washing into nutrition assessments, counselling and promotion programmes;
- Distributing a safe water kit to women during health facility visits as an incentive to increase use of antenatal care (ANC) services;
- Ensure the regular inclusion and adequate hygiene materials, such as a supply of soap and toilet paper, into support programme initiatives;
- Ensure national nutrition policy documents highlight water, sanitation and hygiene aspects;

- Use promotional reminders, information, education and communication materials for mothers that focus on hand washing options.

### 3.3.4 Maternal and Neonatal Programmes

According to USAID, a study in Nepal [31] found that mortality was significantly lower among newborns whose birth attendant or mother washed her hands with soap. Similarly, the Alive & Thrive project in Bangladesh found that hand washing with soap before handling children's food supports normal growth in infants and young children [32, 33].

The objectives of integrating handwashing into maternal and neonatal are to ensure that;

a) Birth attendants wash their hands with soap before delivery; and
b) Mothers and caregivers wash their hands with soap before touching the new born.

**Integration strategies:**

- Incorporate issues of water, sanitation and hand washing into maternal and neonatal care programmes;
- Include adequate hygiene materials (soap) in birthing kits, and associated IEC material (messages and handwashing techniques poster or card);
- Incorporate handwashing as an essential Antenatal Care action;
- Develop a session on handwashing to include in all birth counseling classes;
- Address barriers to hand washing, such as water scarcity, by demonstrating how to build simple water-saving devices (such as a tippy tap) from locally available materials.
- Placing tippy Tapps in the clinic or household in an easily accessible location to facilitate hand washing among birth attendants and new mothers in water-scarce settings;
- Include hand washing information and education in all community approaches to newborn health;
- Include newborn care messaging in existing WASH programs.

### 3.3.5 Emergency Response programmes

Access to water, sanitation and hygiene promotion is critical to improve the health of people and communities affected by emergencies and disasters. At the outset of an emergency, hygiene may be poor either due to a lack of access to adequate water, sanitation facilities and basic hygiene materials. Access to, and implementation of, appropriate handwashing technologies should be recognised as significant barriers to the improvement of hygiene during emergencies, such as effective handwashing practices.

**Integration strategies:**

- Ensure availability of adequate sanitation facilities and water at camps;
- Include adequate hygiene materials (soap) in relief packages and associated handwashing messages;
- Address barriers to hand washing, such as water scarcity, by demonstrating how to build simple water-saving devices (such as a tippy tap), provision of other handwashing containers;
- Placing tippy Tapps on or near toilet facilities;

### 3.3.6 Food Safety Programmes

Food safety and hygiene programmes usually target private sector food retailers, producers, traders, processors, as part of Municipal Health Services. Incorporating handwashing hygiene promotion as part of this food retail service will aim to advocate for handwashing as part of food services, not only for food handlers, but also for service users.

**Integration strategies:**

- Promote the provision of handwash facilities, water and soap for customers in food premises;
- Include handwashing and hygiene messages in or near toilet and handwashing facilities, and the handwashing technique; and
- Placement of Tippy Tapps for food street vendors.

### 3.3.7 Gender development programmes

Effective menstrual hygiene management refers to the articulation, awareness, information and confidence of girls to manage menstruation with safety and dignity, using safe hygienic material together with adequate water and soap, disposal facilities that allows dignity and privacy, as well as spaces for washing and bathing.

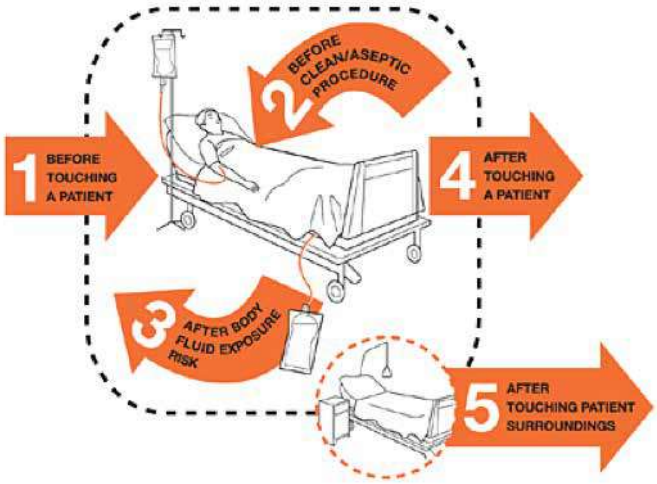
From the South African perspective, national research and surveys conducted suggests that 30% of girls do not attend school during menstruation; these girls are in the main from poorer communities where access to sanitary resources is difficult [34]. Many schools in South Africa have inadequate sanitation in general, in terms of facilities, infrastructure and management, let alone facilities to ensure that teenage girls are able to hygienically and safely manage their menstruations during those periods. Menstrual management is an entry point to WASH a way to make basic WASH services meaningful to women and girls.

**Integration strategies:**

- Explore and address menstrual hygiene management challenges that are faced by schoolgirls;
- Incorporate MHM as part of school WASH programming;
- Provide guidance and knowledge to school girls on how to manage their menses and body hygiene with confidence, at home and within the school environment;
- Ensure availability of sanitary facilities, water and soap within sanitation facilities in schools to help girls manage menses effectively; and adequate disposal facilities for menstrual waste;
- Include adequate hygiene materials (soap) in MHM kits, and associated handwashing messages and handwashing technique;
- Establish peer clubs focused on MHM and other activities, including mentoring by female teachers and older girls, to support and encourage girls in school.

## 3.4 HAND HYGIENE IN HEALTH CARE

### 3.4.1 My 5 Moments for Hand Hygiene




The WHO guidelines on hand hygiene in health care provide health-care workers (HCWs), hospital administrators and health authorities with a thorough review of evidence on hand hygiene in health care and specific recommendations to improve practices and reduce transmission of pathogenic microorganisms to patients and Health Care Workers. The World Health Organisation defines the 5 (five) Moments for Hand Hygiene approach, which are key moments when health-care workers should perform hand hygiene.

This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings. This strategy advocates for this WHO aproach in health care, which recommends health-care workers to clean their hands;

- before touching a patient, before clean/ aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings.

## 3.5 HYGIENE PROMOTION AS PART OF WATER SUPPLY AND SANITATION SERVICES

Hygiene and health are influenced largely by access to sanitation, water supply and handwashing facilities. Therefore to instill the habit of washing hands with soap, adequate facilities are indispensible. To ensure sustainability of government programmes in provision of basic services, handwashing and hygiene promotion should also form an integral part of housing and school water supply and sanitation projects and programmes.

The Water and Sanitation sector should promote and advocate for sustainable hygiene promotion delivery in all water services programmes and build capacity of Sanitation Coordinators in behaviour change approaches.

## 3.6 BEHAVIOUR CHANGE APPROACHES AND STRATEGIES

### 3.6.1 Hygiene Promotion vs Health Education

Hygiene promotion entails the use of strategies that encourage or facilitate a process whereby people assess, make considered choices, demand, effect, and sustain hygienic and healthy behaviours.

This encompasses hygiene practices in relation to personal, domestic, and environmental hygiene, and any action or initiative taken to erect barriers to diseases. In this strategy, 'Hygiene Promotion' is considered particularly in relation to handwashing hygiene behaviour change.

Health and Hygiene programmes in South Africa have generally been based on the framework of health education and knowledge dissemination, which is generally focused on knowledge enhancement and awareness raising.

This approach is premised upon the belief that teaching people about how disease spreads will result in them changing their behaviour for the better. Education and communication are important components of a hygiene promotion programmes, this is because people have a right to know about the relationship between water, sanitation, hygiene and the link to their health and their families. However, education alone does not necessarily result in improved practices or behaviours [26].

Hygiene promotion refers to a more systematic and planned approach to encourage the widespread adoption of safe hygiene practices for prevention of diseases. It begins with, and is built on what local people know, do and want [20].

To realise the objectives of this strategy, handwashing and hygiene programmes in the country should;

- Adopt approaches that build on and connect effectively to existing beliefs and practices of communities; and
- Build upon the knowledge of people, their attitudes and wants, and focus on identifying the motivators and key drivers of behaviour change.

### 3.6.2 Key Drivers and Motivations of Behaviour Change


Nurture

Behaviour change is notoriously difficult to initiate and sustain, and international literature suggests that in order to plan and implement hygiene interventions with sustained impact, it is necessary to better understand what triggers and supports people to sustain certain behaviours.

Behaviour change theory draws on many fields including healthy psychology and anthropology. It has been proved to depend on the following factors;

- Environmental and social setting or context (in this case, availability of water, soap);
- How the brain operates (including motivators, planning of behaviour and habits);and
- How an intervention and new messages are designed and shared.


Disgust

The most common motivators for handwashing behaviour have been found to be disgust, affiliation, attraction and nurture amongst others. For example the best messages found to work in one handwashing campaign were: Is the person next to you washing their hands?" (affiliation) and "don't take the loo with you" (disgust) [13].

**Table 3: below outlines the broader motivations and key drivers of behaviour change.**

| Key drivers | Motivations |
|---|---|
| Nurture | The need to protect children and loved ones from infection or disease; |
| Affiliation | The need to fit in group, and avoiding rejection; |
| Attracting others | Pride, cleanliness, attracting the opposite sex; |
| Disgust with earlier behaviour | Not washing hands is a disgusting practice; |
| Dignity and responsibility | Provide dignity and shows responsibility towards others; |
| Existing cultural beliefs | The need to uphold cultural norms; |
| Economics | Saves money (for treatment, medication) |

### 3.6.3 Participatory Approaches

The objectives of participatory community based approaches are to improve hygiene behaviours and reduces diarrhoeal diseases by encouraging effective community management of water and sanitation services.

They are based on the principle that the participation of communities in their own projects will empower them and improve own decision making on the services it needs and wants to maintain.

As communities gain awareness of their hygiene situation through participatory activities, they will be empowered to develop and carry out their own plans to improve the situation.

This is based on using participatory tools, from problem identification and analysis to planning and selection of appropriate solutions. These solutions may include both construction and management of new physical facilities as well as adoption of safer individual and collective behaviour change [24].

### 3.6.4 Unconventional behaviour change approaches

**1) Leap Frogging**

Using new and innovative technology or pattern of behaviour to accelerate the desired change in hygiene practices of society is critical.

These should include innovative ways and approaches that can ensure;

- People are able to keep their hands clean at critical times where water and soap are not immediately available; and
- Encouraging the use of hand sanitizers or wet wipes where water is not readily available;
- Using new media and technology, such as mobile phones and Apps for targeting adolescents and young adults.

**2) 21-day challenge**

The 21-day challenge is a new approach that is self-initiated program where one sticks to a certain activity for 21days, everyday continuously. This approach can be used to cultivate new habits, either good or bad habits. There has been research which has shown that it takes 21 days to fully cultivate a new habit because 21 days is the time required for new neuro-pathways to be fully formed in ones brain.

The 21-day challenge is an approach that can be introduced as an exciting activity in schools and other sectors as a way to get children to wash their hands everyday at certain moments, with the aim to instill that particular habit.

**3) Adoption of a country "slogan" and use of ambassodors and/or champions**

Best practice indicates that adopting a slogan may advance the marketing and advertising efforts of any campaign. The creation of a South African hand hygiene slogan should be adopted and agreed upon by various stakeholders, through an established multi-stakeholder Coordinating Committee.

This strategy also advocate for partnership with local public figure/s and community champions to advance the handwashing agenda, as people can identify with and emulate public figures for various reasons and can identify with people within own communities.

## 3.7 BEHAVIOUR CHANGE ADVOCACY AND COMMUNICATION

a) The strategy aims to achieve the following broad communication objectives;

- To increase health and hygiene literacy amongst South Africans, by communicating messages extensively and increase mass awareness on an ongoing basis;

- To empower communities with the knowledge of the linkages between hygiene practices and disease transmission; and
- To influence public policy and decision making for improved water, sanitation and hygiene resources, thus creating an overall positive environment to influence positive hand hygiene behaviour.

i) **Use of Mass Media:** In today's world, media plays In today's world, media plays a critical role in society and is essential in creating public opinion, in strengthening society and plays a dominant role in the education process. Due to the ability to reach a large target group or audience from various socio-economic backgrounds, media becomes an important tool for hand hygiene behaviour change advocacy and communication. Mass media communication can overcome barriers of literacy and language and it can be ideal for delivering simple, clear and focused messaging.

The use of mass media should aim to raise the political and social Agenda of hygiene and handwashing promotion in South Africa. Messages should be broadly distributed through a mixture of electronic and print mediums. Partnerships with key media houses should be leveraged to promote hygiene over the short, medium and long terms.

ii) **Engaging social media:** The use of social media, such as Facebook, SMS should aim to place hand hygiene on the public agenda and as a topic for discussion amongst people of all age groups, particularly the youth. The use of visual messages will have a greater reach for those sectors of communities that are illiterate.

iii) **Use of Information, Education and Communication (IEC) Material:** IEC material such as Posters and Pamphlets should be simple and targeted, tested and adapted to local context to ensure appropriateness and effectiveness.

iv) **Social and Community Mobilisation:** Community mobilization is an activity though which action is stimulated by a community itself, or by others, that is planned, carried out and evaluated by the community itself and organizations on a participatory and sustained basis to improve the health and hygiene levels so as to enhance the overall standards of living in the community [29].

Social and Community mobilization and involvement should adopt the following strategies:

- Public gathering places, such as religious and traditional gathering places will provide an opportunity for direct contact with the desired audience;
- Community events to provide an opportunity to interact with the target audience and get a better understanding of the barriers that exist that prohibit good handwashing and hygiene behaviours;
- Community groups such as health support groups in health establishments to allow community dialogues for the desired behaviour;
- The parents of influenced by health care providers/health care assistants, religious and community leaders to reduce diarrhoea diseases in children under five;
- Active women-to-women interactions to be given priority;
- Religious leaders as excellent communication channels for community members. Inclusion of religious leaders in local coordination committees is required;
- Consistent organisation of community and national hygiene promotion campaigns;

### 3.7.1 Communication content/key messages

Hand hygiene promotion messages should be designed to be targeted, clear and easily understandable by the target audience.
Hand hygiene messages should be focused on promoting washing hands with soap at critical times, which should be based on the risks of faecal-oral transmission of gastro-enteric pathogens being high if handwashing with soap is not practiced at each of the following key four (4) contaminating events.

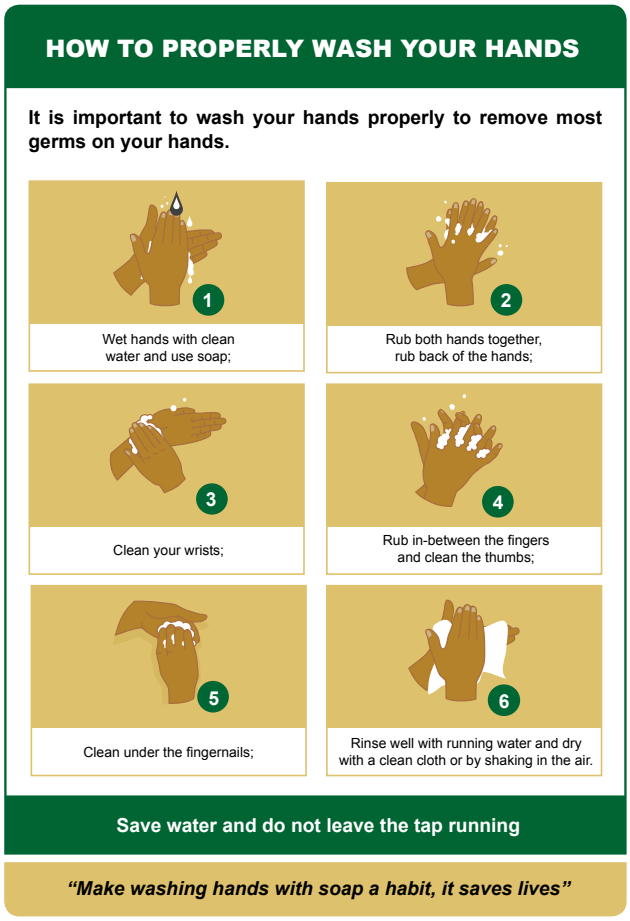
- After visiting the toilet; after changing baby nappies; before handling food or eating; and before feeding a child or others.

Key Supporting messages;

- Understanding the benefits of using a toilet and keeping toilets clean;
- Understanding the importance of using treated safe water at a household level.

Handwashing promotion messages should include the proper handwashing technique. To form procedural memory, it is critical that people are not only shown how to properly wash their hands, but should actively participate in handwashing. This will promote the understanding that when hands are washed properly with soap, how the risk of infection is minimised.

Key messages should be widely distributed to the general public, through various means i.e. Food handling premises (formal and informal; traditional gatherings; bus and taxi ranks; public gathering places (Churches, mosques, shopping malls); shopping centers; retail supermarkets and the fast food chain retailers; points of entry; fuel service stations; universities of higher learning; stadia; and other places where the public may gather.




## 3.8 ACCESS TO HARDWARE

### 3.8.1 Environmental cues and enablers

The environmental cues are critical enablers to automate the handwashing behaviour and in encouraging the cultivation of good hygiene or desired hygiene behaviours of the target audience;

- Availability of a toilet facility which is acceptable for disposing off human excreta, easily accessible to users and ensure privacy and dignity;
- Easy access to clean and safe water in the home;
- Availability of handwashing facilities in or near the toilet facilities with running water;
- Availability of handwashing facilities in or near the food preparation or eating areas; and
- Availability of soap.

The success of promotion initiatives will be reliant on amongst other factors, the understanding of existing barriers and vulnerability factors in the targeted communities and/or audience. These factors may either hinder or facilitate the desired behaviour.

The table below outlines vulnerability factors, their impacts and possible responses and approaches towards hand hygiene promotion interventions.

| Vulnerability factors | Impact factors | Possible responses/enabling factors |
|---|---|---|
| Poverty and livelihood insecurity<br>(Lack of basic services) | • Lack of access to basic water supply/tap in a yard;<br>• Lack of sanitation and handwashing facilities on or near toilet facilities and food preparation areas;<br>• Affordability and access to hygiene products (soap); | • Advocate for proper services (handwash facilities, soap and water)<br>• Building local skills to provide alternative low-cost means for hygiene infrastructure; |
| Social-cultural norms, values and practices | • Cultural practices that may hinder hygiene, or expose people to risk e.g. food practices, rituals etc. | • Place hygiene issues in social and security context of a community; proactively engage communities most affected by WASH related burden of disease; to communities whose norms and behaviours are potential factors to increase and risk of disease. |

### 3.8.2 Building local skills for enabling technologies for handwash

Building local skills in constructing simple, economical handwashing stations from locally available materials, such as the internationally promoted Tippy Tapp, can create hygienic enablers for handwashing with running water, especially in areas where there is no running water and required facilities.

### How to make a plastic tippy-tap

**To make this tippy-tap you need:**

**1)** a plastic bottle with a screw-on cap, of the sort that soda drinks come in, and
**2)** the inside tube from a ball-point pen, or some other small, stiff, hollow tube.

**1.** Clean the bottle.
**2.** Using a heated piece of wire, make a small hole in the lower part of the bottle.
**3.** Remove and clean the inside tube from a ball-point pen. Cut it off at an angle, and push it through the hole in the bottle. The tube should fit tightly.

**4.** Fill the bottle with water and replace the cap. When the cap is tight, no water should flow through the tube. When the cap is loose, water should flow out in a steady stream. When you are sure that it works, hang it or place it on a shelf where people can use if for hand-washing. Keep soap nearby, or thread a bar of soap with string and tie it to the bottle.

**5.** To use the tippy-tap: Loosen the cap just enough to let water flow. Wet your hands, add soap, and rub your hands together under the water until they are clean.

*Source: UNICEF*

# SECTION 4
# ORGANISATION AND COORDINATION

## 4.1 Institutional Arrangements

To ensure effective implementation and to realise strategy objectives, the strategy identifies focal departments and relevant stakeholders, and outlines their responsibilities in ensuring sustained hygiene behaviour change promotion in the country. The Departments of Health (DOH) , Water and Sanitation (DWS) and Basic Education (DBE) are identified as key champions for handwashing hygiene promotion.

The DOH, Environmental Health will assume the role of the coordinator to manage the implementation of the programme and engage stakeholders.

Key champion departments and identified stakeholders will formulate a *National Coordinating Committee.* The committee will lead on specific strategy components. The specific duties of the Coordinating Committee will be outlined in Terms of Reference (TOR).

The Coordinating Committee may appoint a *Consultative Committee*, comprising of stakeholders with specific interest in the program, that may be called up when necessary.

Below are institutional arrangements and roles and responsibilities for the management and scaling up of handwashing and hygiene at national, provincial and district levels.

| Entity | Mandate | Proposed roles and responsibilities in Hand Hygiene Promotion |
|---|---|---|
| Department of Health | Primarily responsible for the delivery of health services in the country, including preventative and promotive health services; | • To strengthen handwashing and hygiene components and ensure it is central to priority health programmes planning and implementation.<br>• To strengthen capacity of community based health workers to achieve behaviour change health outcomes.<br>• To strengthen their present role in WASH related committees or forums to ensure advocacy.<br>• To scale up hygiene outreach activities by Health Promoters, Environmental Health Practitioners and other Community Health workers. |
| Department of Water and Sanitation | Leader in the water and sanitation sector and controls public-sector capital investment required in water and sanitation resource and WASH interventions; | • To strengthen water and sanitation policy to ensure that hygiene promotion is central to the water and sanitation sector planning and implementation.<br>• To improve integration of hygiene promotion within existing water supply and sanitation country programmes by ensuring provision of handwashing infrastructure.<br>• To strengthen project based hygiene promotion activities. |
| Department of Basic Education | Primarily responsible for Basic Education and assumes responsibility of ensuring a school environment fit for learning and teaching; | • To ensure adequate provision of sanitation, water and handwashing facilities and supply of hygiene products in schools.<br>• To review and improve hygiene practice issues included in the curriculum of primary and secondary education.<br>• To integrate hygiene promotion aspects as an agenda item for School Governing Body committees to promote prioritisation. |
| COGTA | Monitor national policy and legislation that seeks to transform and strengthen government authorities to fulfil their roles; | • To advocate and ensure appropriate allocation of budget for hygiene promotion by local government.<br>• To monitor the progress of hygiene promotion by local government. |
| SALGA | The voice and sole and representative of local government. | • To strengthen support to municipalities towards the fulfillment of their hygiene promotion mandate. |

| Entity | Mandate | Proposed roles and responsibilities in Hand Hygiene Promotion |
|---|---|---|
| Department of Women and child development | Lead, coordinate and oversee the transformation agenda on women's socio-economic empowerment, rights and equality; | • To ensure hygiene promotion inclusion in government women, girls and children empowerment drives and programmes. |
| Depart of Social Development | Management and oversight over social security encompassing social assistance and social insurance policies that aim to prevent and alleviate poverty. | • To review and improve hygiene practice issues included in Early childhood development and caregiver training.<br>• To strengthen support to ECDs and ensure prioritisation of hygiene in resource provision. |
| Department of Human Settlement | Housing and urban development. | • To review and improve housing policy to addresses determinants of health, by promoting human settlements that promote hygiene and prevent disease transmission. |
| CBOs and NGOs | Representatives of communities engaged in meeting specific community needs in various aspects; | • To strengthen support of hygiene promotion activities and awareness raising initiatives to promote social and behaviour change in communities;.<br>• To strengthen advocacy for vulnerable member of society to include promotion of hygiene for protection of health.<br>• To strengthen community and social mobilisation for hygiene promotion. |
| Institutions of Higher Learning and Research Institutions | Knowledge creation, development and diffusion. | • Create research agenda for local hygiene and handwashing, and support formative research to study behaviour, practices to inform hygiene promotion interventions; |

## 4.2 Public Private Partnerships

This strategy advocates for the country's hygiene programmes to take the form of a Public-Private Partnership (PPP). Public-Private Partnerships are useful to improve the impact of hygiene promotion programmes in the country, through collaborative and integrated planning.

The private sector invested a significant portion of its energies to understanding the consumer in order to make and promote appropriate products and achieve their accompanying behaviours. Industry has already brought soap for bathing and laundering into over 90 percent of households worldwide, showing how successful it can be at making soap and its accompanying behaviours almost ubiquitous, including changing domestic hygiene practices [9].

Government hygiene programmes can greatly benefit from the successes of the private sector on influencing behaviours, and the private sector also stands to gain from partnership through market expansion and in meeting cooperate social responsibility.

A South African handwashing PPP will be forged through the National Coordinating Committee, that will define proper incentive packages for private sector to encourage them in hygiene promotion activities.

The expected outcomes and objectives of the PPP approach are to:

- Formulate a coalition or alliance that brings together the expertise, experience, ideas, resources, and reach of the public and private sectors to promote handwashing with soap;
- Create space within government programmes for private sector to support programmes to reduce the incidence of diarrhoea; and
- Increase the intensity of handwashing message in the environment.

Development Partners should also be targeted to play a key role in extending support to implement the Strategy and prompting hygiene behaviour as an integral part of Water and Sanitation Supply projects.

## 4.3 Funding for Hygiene Promotion

To effectively implement sustainable handwashing hygiene promotion, adequate resources is a vitally important requirement. Policy decisions that provides for block allocation of budgets for hygiene promotion within sector budgets is required.

Funding for hygiene promotion should be investigated as part of the following programmes;

- Water Supply and Sanitation Services provision- hygiene promotion is defined as an integral part of communication for good sanitation and water use and related hygiene practices.
- Priority personal and non-personal health pogrammes - Health promotion, child nutrition, maternal, youth and child health, HIV/AIDS and TB, communicable and non-communicable diseases control programmes;
- School health programmes; and
- Housing/human settlements programmes.

At district level, hygiene promotion implementation takes place primarily through the umbrella of Municipal Health Services (MHS), which derive their funding through the Equitable share and other municipal revenue sources. A dedicated budget allocation is required for hygiene promotion within the MHS budget.

Personal Primary Health Care Services are funded from provincial health budget, a dedicated budget allocation should be made available for facility level and outreach hygiene promotion activities. For effective programme implementation, funds are needed for programme start-up, research, capacity building for ground level staff and for marketing and communication, which would ideally include mass media.

## 4.4 Expanding Evidence Base

The strategy recognises the need for national detailed literature and evidence on handwashing hygiene in South Africa, both with respect to an understanding of the problem and to the effectiveness, efficiency and sustainability of different hygiene promotion programmes implemented in the country.

**Baseline survey**

South Africa has a lack of baseline information on hygiene practices amongst various populations and communities. It is essential that a national baseline status of hygiene situations related to hygiene facilities, knowledge and practices in handwashing hygiene.

The survey will facilitate the understanding of the extent of the handwashing problem of various communities or target audience, with regards to access to sanitation, water supply and handwash characteristics of households, schools, and knowledge and handwashing needs of target areas/populations.

- The effective implementation of this strategy requires the determination of the South African handwashing baseline, as a critical step to be facilitated by a National Coordinating Committee.

**Formative research**

The Strategy identifies the need for *formative research* on handwashing, to provide insight about local motivations and barriers of behaviour change, and to identify and understand the characteristics, interests, practices and handwashing needs of target populations in South Africa, in order to inform the development of effective strategies for influencing behaviour and to inform programme design.

Key questions to ask should include *a) what are the risk practices, b) who carries out the risk practices, c) the understanding of the importance of handwashing and d) individual and community needs for handwashing,* amongst others.

a. *Partnership* with research institutions, Institutions of Higher Learning and other entities to facilitate research priorities and needs.
b. *Action research* to test and better understand assumptions about how to sustain hygiene behaviour change (i.e. deliberatively try innovative approaches).

# SECTION 5 MONITORING AND EVALUATION GUIDELINES

## 5.1 Monitoring and Evaluation

A system for monitoring and evaluation is critical to assess progress towards implementation of interventions and actions, and to evaluate the impact thereof.

**Monitoring** will enable the identification of gaps and challenges in implementation to enable corrective actions and ensure adherence to prescribe timelines and actions during programme implementation, and to ensure that handwashing promotion messages are reaching their target audiences.

**Evaluation** will determine the effectiveness of interventions, the extent to which strategy goals have been achieved and also allows opportunity for development of lessons learned and to document best practice. Final evaluation should compare handwashing behaviour with the baseline survey results in order to determine the outcomes and impact of the handwashing hygiene promotion programmes.

Monitoring of the hygiene promotion will be based on 5 key components, i.e. ***Inputs*** – financial and human resources required to develop and implement the programme, ***Process*** – activities and efforts implemented to achieve programme goals, ***Outputs*** – direct results of the efforts/processes at programme level, ***Outcomes*** – effects of outputs measures at population level and ***Impact*** – effects of outcomes on broader health and well being of the population attributable to the programme [28].

## 5.2 Setting indicators

Measuring hygiene behaviours is one of the most challenging areas of WASH monitoring, however various WASH Indicators and Proxies can be used in applicable cases to determine hygiene behaviour change. Both qualitative and quantitative aspects methods are to be used in applicable cases.

Encouraging results have been found from use of ***proxy indicators***, however the context needs to have been well studied and the proxies selected after observational studies [28]. While proxy indicators may not give evidence of sustained behaviour change, an increase would give a good indication of whether or not people are washing their hands regularly [33].

*Below are guideline indicators for measuring behaviour change;*

*WASH Indicators;*

- % of households with a sanitation facility in the yard;
- % of households with a Tap and running water in the yard;
- % of households with basic handwashing facilities at home;
- % of population with handwashing facilities and soap at home;
- % of schools with basic sanitation facilities for learners and teachers;
- % of primary and secondary schools with an improved source of water on or near premises and water points accessible to all users during school hours;
- % of schools with basic handwashing facilities and soap in or near toilets or eating areas;
- % of schools with menstrual facilities for girls in toilet facilities;
- % of formal and informal food premises with basic handwash facilities/water/soap in food preparation areas for food handlers;
- % of formal and informal food premises with handwash facilities/water/soap near eating areas for customers;
- % of health facilities with sanitation facilities;
- % of clinics with basic handwashing facilities with soap for clients/service users.

*Proxies*

- % of the population that uses soap to wash their hands after visiting the toilet;
- % of the population that uses soap for to wash their hands after changing baby nappies;
- % of the population that uses soap to wash their hands before handling food or eating;
- % of learners that uses soap for handwashing after visiting the toilet;
- % of learners that uses soap for handwashing before meals;
- % of food handlers with appropriate handwashing behaviour;
- People with knowledge of the importance of washing hands at critical times;
- Caregivers with appropriate handwashing behaviour at critical times;
- % of diarhoeal incidence and prevalence;
- % of children 36 months or younger with diarrhoea in the past months (caregiver report);
- % of children 36 months to 5 years with diarrhoea in the past months (caregiver report);
- Under 5 years diarrhoeal incidence in the past 6 (six) months (caregiver report);

*Integration outcomes*

- Handwash messages included in HIV/AIDS home-based support materials;
- Handwash messages included in child growth monitoring and immunisation information packs for caregivers;
- Handwash messages included in child nutrition assessments and information packs;
- Handwash messages included in TB home-based care visits;

- Handwash messages included in antenatal care classes;
- Handwash messages included in birth kids for new mothers;
- % of community workers/home-based carers with the knowledge of handwashing critical times and technique.
- Health messages included in Community
- Health Worker education packs for community outreach.

### 5.3 Methods for collection;

Data should be collected at district, provincial and national level. Collection of data systems should build on existing monitoring and evaluation processes an systems. Training on data collection should be provided to community based health workers to increase its reliability e.g. household practices, incidents of diarrhoea in the household, especially in children under-5. There are a variety of data collection methods and tools that are used to monitor and evaluate hygiene promotion programmes. Examples include household questionnaires, community mapping, focus group discussions, health walks, in-depth discussions with key informants, and observation.

a) ***Self-reporting:*** There is strong evidence that questionnaire-based data gathering does not reflect actual hygiene or handwashing behaviour. Studies on self-reporting have shown that only a small proportion of those who said they washed their hands at critical times (such as after using the toilet) were observed to do so in direct observation.
b) ***Direct observation of behaviour:*** Having an observer placed in households or schools directly observing key handwashing behaviours is a rich source of data, but may be resource intensive and not viable for most government monitoring processes. It takes time, well-trained staff and a very detailed monitoring protocol. The methodology also has to grapple with the evidence that people behave differently in the presence of an observer [28].

# CHAPTER 6 IMPLEMENTATION PLAN

The implementation plan summarizes the issues identified in the strategy and translates them into achievable time bound actions. The action plan is also guided by the need to address priority bottlenecks of the HWH-WASH-BAT in improving hygiene promotion programming and increase impact.

The action plan outlines specific objectives, relevant actors, operational indicators and timelines for 2016-2020;

| OBJECTIVE 1:<br>TO INSTILL AND SUSTAIN THE HABIT OF WASHING HANDS WITH SOAP AT CRITICAL TIMES AMONGST SOUTH AFRICANS, THROUGH IMPROVED KNOWLEDGE ON THE LINK BETWEEN HYGIENE AND DISEASE; | | | | | |
|---|---|---|---|---|---|
| **SUB-OBJECTIVES** | **ACTIVITIES/ACTIONS** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 1.1 Implement hand hygiene promotion targeting the primary audience. | • Plan for hand hygiene promotion implementation at provincial and local levels.<br>• Advocate for adequate and dedicated budgets for hygiene promotion programmes. | Province<br>Districts and metropolitan Municipalities | **2017 - 2018** | • Hand hygiene promotion forms part of provincial, district and local annual service delivery plans;<br>• WASH provision and hygiene promotion forms part of emergency planning;<br>• Dedicated budgets provided for hygiene promotion activities. | • # of provinces and with hand hygiene in the Annual service delivery plans;<br>• # of provinces and municipalities with dedicated budgets for hygiene activities<br>• # of municipalities with WASH and hygiene promotion integrated into emergency and disaster plans; |
| | • Mainstream hand hygiene in and schools and early learning development; | DBE<br>DSD<br>DOH | **2016-2020** | • Hand hygiene promotion integrated into school curricula and early learning development. | • % schools with hygiene programmes in place;<br>• # school teachers and SGBs trained; |
| | • Develop and implement training for teachers and School Governing Bodies (SGBs);<br>• Budget for and provide hygiene promotion materials in schools. | | | • Teachers and SGBs trained on the importance of hygiene; | • # of schools with soap and water available near handwashing facilities. |

| OBJECTIVE 1:<br>TO INSTILL AND SUSTAIN THE HABIT OF WASHING HANDS WITH SOAP AT CRITICAL TIMES AMONGST SOUTH AFRICANS, THROUGH IMPROVED KNOWLEDGE ON THE LINK BETWEEN HYGIENE AND DISEASE; | | | | | |
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| **SUB-OBJECTIVES** | **ACTIVITIES/ACTIONS** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| | • Mainstream hand hygiene into programmes:<br>- maternal and neonatal care;<br>- menstrual management;<br>- HIV/AIDs and TB;<br>- Child nutrition;<br>- Expanded Programme on Immunisation (EPI) | DOH, DWC, DSS, Private health care sector Stakeholders | **2016-2020** | • Hand hygiene taught to pregnant women and new mothers attending antenatal and prenatal health care, HIV/AIDs and TB patients, EPI, menstruating girls. | • % of new mothers, HIV/AIDS, TB patients, young girls and caregivers with knowledge of the importance of washing hands with soap, and the link between hygiene and disease; |
| | • Implement awareness raising drives as part of long term hand hygiene programmes. | DOH<br>DBE<br>DWS<br>Stakeholders | **2016-2020** | • Community awareness drives conducted and awareness days commemorated;<br>• Identify and forge partnerships with pubic figures/celebrities as ambassadors to promote handwashing. | • National Handwashing celebrity ambassador/s;<br>• Highly publicized drives and field visits with celebrities.<br>• Global Handwashing day; World Toilet Day, Water Week; |
| 1.2 Ensure that hand hygiene promotion messages reaches all communities in South Africa. | • Develop and implement a hand hygiene promotion communication Plan;<br>• Increase levels of knowledge and awareness on the importance of washing hands with soap; | NDOH<br>PDOH<br>Municipalities<br>Partners | **2016-2020** | • National communication plan developed, costed and implemented;<br>• Developed targeted, appropriate, and standardized messages and promotion material and tools; | • Audio messages, TV messages, newspaper advertisements, billboards;<br>• Mobile and social media campaigns;<br>• Message distributed at shopping malls and taxi ranks, churches; |

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| **SUB-OBJECTIVES** | **ACTIVITIES/ACTIONS** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| | • Distribute messages and knowledge at public gathering places, an community gathering places;<br>• Develop targeted, appropriate, and standardized hand hygiene IEC material based on in-depth knowledge of local situations and risk practices; | | | • Hand hygiene awareness campaigns held through mass, mobile and social media platforms;<br>• Messages distributed at public gathering places and community gathering places;<br>• Forge partnerships with fast food retail chain for promotion of handwashing with soap at café's and restaurants; | • Increased percentage of the primary audience able to make linkages between handwashing with soap and diarrhoea;<br>• Increased percentage of people with an understanding of disease transmission routes and the benefits of handwashing with soap;<br>• # cafe and restaurant's with handwashing messages and handwashing facilities and soap available for customers; |

| OBJECTIVE 1: TO INSTILL AND SUSTAIN THE HABIT OF WASHING HANDS WITH SOAP AT CRITICAL TIMES AMONGST SOUTH AFRICANS, THROUGH IMPROVED KNOWLEDGE ON THE LINK BETWEEN HYGIENE AND DISEASE; | | | | | |
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| **SUB-OBJECTIVES** | **ACTIVITIES/ACTIONS** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 1.3 Strengthen capacity on hygiene promotion and behaviour change. | • Train and reorient Community Health Workers on hygiene promotion and behaviour change approaches and tools.<br>• Consultation and capacity building with key stakeholders on the implementation of the strategy;<br>• Capacitate teachers on handwashing promotion and the use of teaching materials; | DOH<br>Stakeholders<br>DBE<br>DSD | **2017-18** | • Community Health workers and WBPHCTs trained on hygiene promotion approaches;<br>• Consultations workshops held with all stakeholders on their role in implementing the strategy;<br>• School teaching material on hygiene promotion available; | • Number of CHW, WBPHCTs trained;<br>• Stakeholders consulted; (health professionals, NGOs, CBOs, politicians, parliamentarians and policy makers, media);<br>• # of teachers capacitated;<br>• # of SGBs capacitated;<br>• # of increased schools with soap and water on or near handwashing facilities. |
| | • Training of SGBs to support implementation of handwashing promotion and the importance of operation and maintenance of WASH facilities in schools. | | | | |

| OBJECTIVE 2: TO PROMOTE THE CREATION OF AN ENABLING ENVIRONMENT FOR WASHING HANDS WITH SOAP, WHERE HANDWASHING FACILITIES, WATER AND SOAP ARE MADE READILY AVAILABLE; | | | | | |
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| **SUB-OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 2.1 Ensure the availability of adequate WASH facilities for school, health facilities and at home to enable sustainable hand hygiene behavior change. | • Advocate for the provision of and availability of handwashing facilities, adequate water and soap in schools, health facilities, homes, public gathering places to facilitate handwashing.;<br>• Empower communities with the skills to construct simple low-cost technology for handwashing, | DBE<br>DWS<br>DOH<br>DSD<br>Stakeholders | **2016-2020** | • Adequate and usable handwashing facilities, water and soap dispensers provided in most schools, health facilities, public gathering places and at home;<br>• Adequate menstrual hygiene management facilities (for cleaning and disposal) available in most schools;<br>• Communities and schools provided with skills to construct low-cost WASH facilities for washing hands. | • % of ECDs, primary and secondary schools with a handwashing facility with soap and water in or near sanitation facilities;<br>• % of ECDs, primary and secondary school with handwashing facilities with soap and water near food handling premises and food serving areas;<br>• % of schools with adequate washing and disposal facilities for menstrual management;<br>• % of schools with handwashing facilities and soap in or near menstrual facilities;<br>• % health facilities with handwashing facilities and soap available in or near toilets facilities for use by clients;<br>• % of Public gathering places distributing hygiene messages in or near toilet facilities; |

| OBJECTIVE 2:<br>TO PROMOTE THE CREATION OF AN ENABLING ENVIRONMENT FOR WASHING HANDS WITH SOAP, WHERE HANDWASHING FACILITIES, WATER AND SOAP ARE MADE READILY AVAILABLE; | | | | | |
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| **SUB-OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| | | | | | • % of households with a handwashing facility on or near a sanitation facility;<br>• % of households and schools with Tippy Tapps next to sanitation facilities. |

| OBJECTIVE 3:<br>TO IMPROVE AND STRENGTHEN HYGIENE AND HANDWASHING COORDINATION IN THE COUNTRY | | | | | |
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| **OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 3.1 Ensure effective coordination of hygiene and handwashing activities and interventions in the country. | • Strengthen inter-ministerial coordination for hygiene and handwashing promotion to meet national SGD targets;<br>• Integrate handwashing aspects into existing inter-governmental forums action for the promotion of long term programmes;<br>• Advocate for the inclusion of handwashing and hygiene aspects in government policies to ensure health in all policies. | DOH<br>DWS<br>DBE<br>DSD<br>Stakeholders | **2016-2020** | • National WASH TASK Team and Technical Team established with endorsed Terms of Reference;<br>• Intergovernmental forums (ISHP, NSTT) with handwashing aspects;<br>• Strengthened hygiene aspects into the National Sanitation Task Team. | • # meetings held;<br>• # Intergovernmental forums with WASH aspects integrated;<br>• MOUs in place between government departments;<br>• # of policies with handwashing and hygiene aspects integrated. |

| OBJECTIVE 3: TO IMPROVE AND STRENGTHEN HYGIENE AND HANDWASHING COORDINATION IN THE COUNTRY | | | | | |
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| **OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 3.2 Forge partnerships with the private sector for short and long term promotion programmes. | • Establish a South African Public-Private Partnership for handwashing (SAPPPHW) to address WASH issues for schools, health establishments, households, emergencies, women and girls needs;<br>• Promote the development of handwashing innovations and designs that will meet and are driven by local demands and preferences;<br>• Promote space for private sector to support government campaigns to motivate and mobilize people on washing hands with soap. | DOH, DBE, DWS<br>Private sector Stakeholders<br>CDC, UNICEF, WHO, World Bank | **2016-2020** | • SAPPPHW established and operational;<br>• Prototypes of suitable handwashing stations;<br>• Joint handwashing campaigns held; | • # of meetings held;<br>• # of joint awareness drives;<br>• # of handwashing prototypes developed and tested. |

| OBJECTIVE 4: TO PROMOTE EVIDENCE BASE INTERVENTIONS AND APPROACHES | | | | | |
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| **SUB- OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 4.1 Ensure the use of hand hygiene approaches and interventions based on evidence. | • Collaborate with research institutions to conduct local formative research on hand hygiene behaviour, knowledge and practices;<br>• Formulate handwashing local baseline information;<br>• Establish a WASH research think tank to coordinate research and determine local research needs; | DOH<br>Research institutions<br>Institutions of higher learning<br>Stakeholders<br>CDC, WHO, UNICEF. | **2016-2020** | • Research gaps and needs identified;<br>• Formative research conducted to inform interventions.<br>• Handwashing and hygiene Baseline;<br>• Research studies on various appropriate handwashing technologies and innovations; | • # formative research conducted;<br>• # survey articles published;<br>• SA handwashing baseline data;<br>• New and innovative handwashing technologies. |
| | • Conduct research into appropriate handwashing technologies;<br>• Conduct a research symposium. | | | • Research symposium held and resolutions documented. | |

| OBJECTIVE 5: TO IMPLEMENT MONITORING SYSTEMS TO MONITOR EVALUATE HYGIENE | | | | | |
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| **SUB- OBJECTIVES** | **ACTIVITIES** | **RESPONSIBILITY** | **TIME FRAME** | **OUTPUTS** | **INDICATORS** |
| 5.1 Strengthen Hygiene and Handwashing monitoring systems | • Develop national sanitation and hygiene norms and standards in the country to meet SDG targets;<br>• Set specific national agreed upon hygiene indicators and national targets; | DOH<br>DBE<br>DWS<br>Stakeholders<br>Research Institutions<br>Private Sector,<br>NGOs | **2016-2020** | • National hygiene and handwashing norms and standards in place; | • National Hygiene norms and standards;<br>• Defined hygiene indicators and monitored; |
| | • Conduct an assessment of human resources requirements to reach Hygiene targets;<br>• Develop a human resource strategy to reach hygiene behavior change targets.<br>• Integrate hygiene monitoring indicators into existing water, sanitation, hygiene, health and education monitoring systems; | Support of Statistics SA and NGOs | | • National hygiene and handwashing agreed upon targets available and shared;<br>• Hygiene indicators integrated into existing national monitoring systems, e.g. STATSSA general health survey; | • Defined hygiene national targets and reported ;<br>• # of national monitoring systems with hygiene indicators integrated. |

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