



National Hand Washing Campaign 2011-2012



Kick out Germs, Wash hands with Soap

Ministry of Health

Preventive Health Services

October 2011

FOREWORD

The Government of Malawi through the Ministries of Health, and Agriculture Irrigation and Water Development is implementing a sanitation and hygiene promotion programme which is aimed at reducing water, sanitation and hygiene related diseases. The hygiene promotion component is advancing three inter-related and inter-connected domains: hand-washing with soap (HWWS); safe disposal of faeces; and safe storage and use of drinking water. While research shows that any one of these domain can reduce diarrhoeal disease in under the age of five by 32% to 45% (Curtis, et. Al., “Saving Lives”, 2004), research has also shown that advocating the use of a combination of these domains increases the likelihood of behaviour change and practices (EHP II, “Changing Hygiene Behaviours”, 2002)

However, the idea of the hand washing campaign is as a result of an assessment of benefits of hand washing with soap in reducing various hygiene related diseases. Hand washing with soap is among the most effective and inexpensive ways to prevent diarrhoeal diseases and pneumonia, which together account for about 3.5 million child deaths annually. Hand washing with soap also reduces the incidence of skin diseases; eye infections such as trachoma; and intestinal worms, especially ascariasis and trichuriasis and enteric viruses. Despite having all these success stories about hand washing with soap, not much is being done in reinforcing the scaling up of this intervention. Evidence of actual hand washing practice is scanty but studies in rural areas suggest that the actual practice of HWWS at critical times is between 3 – 18% but more likely on the low end of this scale. Currently, efforts to promote hygiene and hand washing with soap in particular, have not been sufficient enough to bring about mass behaviour change on the scale that is needed.

The proposal for the National Hand Washing Campaign has therefore been developed with an aim of transforming the piecemeal and ad hoc efforts into a single well-coordinated comprehensive intervention. The campaign will complement the global efforts of promoting hand washing with soap whereby Global Hand Washing Day (GHWD) was already declared on every 15th October. The campaign will assist to transform hand washing practice from being a single day’s activity into a routine, all year round behaviour thereby forming people’s habits. The campaign is in line with the national goal of ensuring that all people in Malawi practice safe hygiene as outlined in the Health Sector Strategic Plan (2011 – 2016) and the National Sanitation Policy.

The development of the proposal was rigorous, involving all relevant stakeholders and structures that oversee implementation of hygiene promotion activities. These include the National Sanitation and Hygiene Coordinating Committee, technical working group on sanitation and hygiene and government & Non Governmental Organizations through a consultative workshop.

The proposal is therefore being presented to development partners and donors for the purpose of soliciting funds and other contributions towards implementing the proposed

activities that have been planned to run for one full year with an objective of accelerating the adoption of hand washing with soap behaviour in Malawi especially among the vulnerable groups (the poor, mothers & caregivers, and young children).

A handwritten signature in blue ink, consisting of a large, sweeping loop on the left and several vertical strokes on the right, ending in a horizontal line.

Dr. Charles Mwansambo
Principal Secretary

Table of Content

1.0	INTRODUCTION.....	6
1.1	BACKGROUND.....	6
1.2	PROBLEMS/GAPS IN HAND WASHING WITH SOAP PROMOTION	7
1.3	JUSTIFICATION OF THE PROPOSAL.....	8
2.0	OBJECTIVES.....	8
2.1	MAIN OF OBJECTIVE OF THE CAMPAIGN	8
2.2	SPECIFIC OBJECTIVES.....	8
3.0	TARGET AUDIENCE	8
4.0	STRATEGIES/APPROACH.....	9
4.2	INTEGRATING HWWS PROMOTION IN COMMUNITY LED TOTAL SANITATION	9
4.3	USE OF SOCIAL MARKETING AND OTHER PARTICIPATORY APPROACHES.....	10
4.4	ENSURING AVAILABILITY OF HW FACILITIES	10
4.5	USE SCHOOL CHILDREN AS AGENTS OF CHANGE.....	10
4.6	USE OF HEALTH FACILITIES MODELS FOR HAND WASHING WITH SOAP	11
4.7	USE OF MULTIPLE COMMUNICATION CHANNELS FOR BEHAVIOUR CHANGE	12
4.8	PROMOTION OF PUBLIC-PRIVATE PARTNERSHIPS.....	14
4.8.1	STAKEHOLDER ANALYSIS FOR HAND WASHING WITH SOAP CAMPAIGN	16
4.8.2	HARMONIZATION WITH ONGOING HWWS.....	- 19 -
5.0	MONITORING AND EVALUATION	- 20 -
5.1	MONITORING AND EVALUATION METHODOLOGY	- 20 -
6.0	MANAGING THE CAMPAIGN	- 24 -
6.2	LOCAL LEVEL	- 25 -
9.0	PLANNED ACTIVITIES AND SCHEDULE OF IMPLEMENTATION.....	26

Abbreviations and Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ARI	Acute Respiratory Infections
CLTS	Community Led Total Sanitation
DALYS	Disability Adjusted Life Years
FGD	Focus Group Discussion
GHWD	Global Hand Washing Day
HW	Hand Washing
HWF	Hand washing Facility
HWWS	Hand washing with Soap
IEC	Information Education and Communication
MDG	Millennium Development Goals
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
Mol&WD	Ministry of Irrigation and Water Development
MoLG	Ministry of Local Government
MP	Member of Parliament
NGO	Non-Governmental Organisation
NHWC	National Hand Washing Campaign
PHAST	Participatory Hygiene and Sanitation Transformation
TV	Television
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
CMR	Child Mortality Rate
IMR	Infant Mortality Rate
ODF	Open Defecation Free
CBCCs	Community Based Childcare Centres
KAP	Knowledge Attitude and Practice

1.0 Introduction

1.1 Background

Diarrhoea and pneumonia are the second leading cause of death among children of under five globally. Nearly one in five child deaths, about 1.5 million each year, is due to diarrhea and the same with pneumonia. Each one of these (diarrhoea and pneumonia) kills more young children than AIDS, malaria and measles combined¹.

In Malawi, diarrhoea and pneumonia are the third and second cause of deaths and illnesses among children of less than five years respectively. In 2010 alone, 224,354 under five cases of diarrhoea with 369 deaths and 860,809 under five cases of Acute Respiratory Infections (ARI) with 958 deaths were reported from the primary and secondary health care levels².

Prevention of diarrhoea and pneumonia will therefore contribute significantly in meeting Millennium Development Goal (MDG) number four which is aiming at reducing deaths in under five children by two thirds by 2015. Currently, the Child Mortality Rate (CMR) in Malawi is at 118 per 1,000 live births and Infant Mortality Rate (IMR) is at 69 per 1,000 live births³. If Malawi is to achieve MDG 4 then it is expected to cut the CMR and IMR to 39 and 23 per 1,000 live births respectively.

There are many interventions that are being implemented at different degrees to address the high CMR in Malawi including immunisations, hygiene education, safe water supply, household water chlorination, oral rehydration, promotion of breast feeding, and sanitation & hygiene promotion. Another intervention which is so powerful but given inadequate attention is Hand Washing With Soap (HWWS).

HWWS is rated as the single-most cost-effective health intervention. It only takes USD\$3.5 yield one unit of Disability-adjusted life years (DALYS) which is the list as compared to all other interventions:

¹<http://www.who.int/mediacentre/factsheets/fs178/en/index.html> 4/02/2011

²HMIS routine data, 2010.

³NSO & Unicef 2006

Intervention	Cost (in USD) required to improve with 1 unit of DALY
Cholera immunizations	1,658 to 8,274
Rotavirus immunizations	1,402 to 8,357
Measles immunization	257 to 4,565
Oral rehydration therapy	132 to 2,570
Breastfeeding promotion programs	527 to 2,001
Latrine construction and promotion	<270
House connection water supply	223.00
Hand pump or stand post	94.00
Water sector regulation and advocacy	47.00
Latrine promotion	11.15
Hygiene promotion (including hand washing)	3.35

It was also observed that HWWS soap is among the most effective and inexpensive ways to prevent diarrhoea diseases and pneumonia, which together account for 3.5 million child deaths annually⁴.

A review of more than 30 studies found that HWWS cuts the incidence of diarrhoea by nearly half. Evidence also suggests that HWWS reduces the rate of respiratory infections by about 25 percent. A recent study in Pakistan found that HWWS reduced the number of pneumonia-related infections in children under the age of five by more than 50 percent. Other studies have shown that HWWS reduces the incidence of skin diseases; eye infections like trachoma; and intestinal worms, especially ascariasis and trichuriasis and enteric viruses. HWWS is, therefore, a cornerstone of public health as it breaks the transmission cycle by removing pathogens that infect people via hands that have been in contact with faeces and other body secretions, contaminated drinking water, unwashed raw food and unwashed utensils or smears on clothes.

1.2 Problems/Gaps in Hand Washing With Soap Promotion

Despite having all these success stories about HWWS, little is done in reinforcing scaling up of this intervention. Evidence of actual hand washing practice is scanty but studies in rural areas suggest that the actual practice of HWWS at key times is between 3 – 18% but more likely on the low end of this scale as responses tend to exaggerate actual and regular practice. Observations in Malawi show that HWWS promotion is undertaken as an ad hoc activity both at national and local level. Current efforts to promote good hygiene and HWWS in particular, have not been sufficient to bring about mass behaviour change on the scale that is needed. Efforts producing piecemeal village-by-village and pilot approaches have had some impact in Malawi but nothing on a large or national scale has been attempted.

⁴ UNICEF, 2009 Soap, Toilets and Taps

It is, therefore, necessary to make sure that activities for promotion of HWWS be comprehensive as changing behaviour is not easy. However on the other hand it is encouraging to note that once habits are formed, are hard to break.

1.3 Justification of the Proposal

This proposal is necessary as it will transform the piecemeal and ad hoc efforts into a single well coordinated comprehensive intervention. It is only after such an endeavour that impact of HWWS could be fully realised. The campaign will complement the global efforts of promoting HWWS whereby Global Hand Washing Day (GHWD) was already declared on every 15th October by extending the practice from being a single day's activity into a routine, all year round behaviour thereby forming people's habits. The NHWC would also help in raising awareness, enhancing political commitment and resource allocation for hygiene. It will offer a route to a coordinated national programme where efforts will no longer be piecemeal, but combined under one umbrella, and use high-profile and up-to-date approaches aimed at changing the one specific hygiene behaviour that has been shown to be the most cost-effective in reducing the disease burden. This proposal has therefore been developed to launch a national wide campaign so that the intervention is comprehensive. This will also be in line with WHO and UNICEF 7-point plan to reduce childhood diarrhoea deaths, as well as a prevention package to make a lasting reduction in the diarrhoea burden in the medium to long term.

2.0 Objectives

2.1 Main of objective of the Campaign

Primary objective is to accelerate the adoption of hand washing with soap behaviour in Malawi especially among the vulnerable groups (the poor, mothers & caregivers, and young children).

2.2 Specific Objectives

The specific objectives of the campaign are to:

- 2.2.1 Increase number/proportion of school children practising HWWS within one year.
- 2.2.2 Increase number/proportion of mothers and care givers practising HWWS within one year.
- 2.2.3 Reach the general public with HWWS messages.
- 2.2.4 To engage active participation of private sector in promotion of hand washing with soap.

3.0 Target Audience

The National Campaign will target almost everyone as no-one will be excluded from the messages. However, it is useful to define groups that should receive specific attention.

Although diarrhoeal disease is far more common and more dangerous in young children, the primary target group for the hygiene promotion is mothers of these children, particularly mothers from rural homes and women in general. This is so because usually all female members of the community contribute to child care.

However, children in pre-schools such as Community Based Childcare Centres (CBCCs) and primary schools form the other key target group in two respects: their habits can be molded at a young age, and they can be used as agents of change by reinforcing the selected hygiene practices within the home environment.

Nevertheless male members should not be ignored as it is usually the male head of household who controls expenditure and makes decisions that affect all household members. They can also be supportive of the whole process particularly when it comes to mobilizing for a social marketing campaign.

Other groups that need to be targeted are all the partners who are involved in the social marketing campaigns. This target group includes intermediaries and potential change agents such as opinion leaders, teachers, religious and traditional leaders, public representatives, women leaders, health and family planning functionaries/volunteers, neighbours, traditional healers and birth attendants, NGOs, CBOs, private sector manufacturers and suppliers. Technicians responsible for construction of water supply and sanitation facilities and those in charge of operation and maintenance of facilities also form an important target group for hygiene promotion.

4.0 Strategies/Approach

The following approaches/strategies will be used:-

4.1 Development of Key Messages

The campaign will promote hand washing at critical times such as: Hand Washing with Soap before:

- a) Preparing food (particularly for infants and breastfeeding)
- b) Eating

Hand Washing with Soap after:

- c) Visiting the toilet
- d) Cleaning a baby's bottom

4.2 Integrating HWWS promotion in Community Led Total Sanitation

Community Led Total Sanitation (CLTS) has made an encouraging start and plans are afoot to scale up CLTS so that the whole of (rural) Malawi becomes Open Defecation Free (ODF) by 2015. This provides an ideal opportunity to strengthen the HWWS promotion component in CLTS so that it is replicated at scale. This will include development of methods for "triggering" disgust of unwashed hands (e.g. agar plates demonstrating two pairs of hands that look clean, one pair HWWS and the other not but still contains germs) and use HW demonstration kits.

Procurement of 5 HW demo and related consumable

Demonstration in 50 Schools & surrounding triggered/ODF Communities, 50 CBCCs & surrounding triggered/ODF communities

4.3 Use of Social Marketing and other Participatory approaches

The campaign will also use a “Social Marketing” and other participatory approaches like Participatory Hygiene and Sanitation Transformation (PHAST). Social Marketing will pay attention to the ‘consumer’ by understanding their behaviour, investigating the determinants of current behaviours and subsequently designing an intervention that is culturally appropriate and uses communication messages that make sense to the population.

To this extent, the campaign design will be contracted out to professional marketing consultants to design communication support materials (including messages, slogans, logos and designs) and provide overall guidance and support to all other communication channels. PHAST will assist communities understand their problems, plan and implement activities that will promote hand washing with soap.

Conduct community dialogue sessions using participatory methods e.g. FGDs in 10 villages/communities in Sampled Districts (3)

1. Conduct Simple KAP Survey
2. Design IEC materials
3. Produce and distribute

4.4 Ensuring availability of HW Facilities

Devices that facilitate the selected hygiene behaviours are good value in any local campaign. “Behaviour Trials” and or demonstrations by community members can be useful in both testing out the devices/behaviours and developing the messages for the social marketing strategy. Devices should reinforce the practice of the behavior and may carry the campaign slogans to help advertise the behaviours e.g. clean and healthy. Private sector will be engaged to study and design appropriate low cost HW devices which are appealing and easy to maintain at Household level.

Create competition among pupils to develop HWF and price giving ceremony

Engage private sector to produce low cost HWF facilities and related supplies such as soap

4.5 Use School Children as agents of change

Potentially school children (including CBCCs) can provide an eager and willing resource that can be instrumental in bringing messages home, to friends/peers, family and relatives. Teachers will be encouraged to combine campaign activities with school lessons (e.g. poster competitions in art classes) and promote devices for facilitating

hygiene behaviour that are appropriate for both school and homes. Though the campaign may be more appropriate to schools that have adequate sanitary facilities including Hand Washing Facilities (HWF), other schools where sanitary facilities are not adequate will also be targeted and more especially promoting HWF. Therefore the campaign will deliberately link up with sanitation promotional activities such as School WASH and CLTS as a way of providing sanitary facilities.

Number of targeted schools: - 50 schools & surrounding communities per district for a period of 6 months undertaking 4 session per months. The same will be done with CBCCs that could translate into 5600 sessions).

Key activities will include:

1. Conducting mini campaigns (health education) in HWWS including demonstrations.
2. Using school clubs as forums for debating HWWS – activate clubs and or form new ones.
3. Lobbying with schools to incorporate HWWS as one of school norms.
4. Establish feedback system as to how many children have motivated their parents/guardians to have HWF (Printing of Feedback Cards x 1,000,000).

4.6 Use of Health Facilities models for hand washing with soap

Health facilities are one of the places that are visited by many people including mothers. It is also at these places that those who suffer from the consequences of not following hygiene practices report remedial assistance and above all health facilities are bases for hygiene promoters. If the proverb that says “actions speak louder than words” then all health facilities must have adequate hand washing facilities for both health workers and clients and all health workers must be using them so that they should act as role models. This should also be the case wherever a health worker is staying.

Engaging 10 health facilities/district in HWWS promotion campaign through special open days (demo materials – soap, HWF, and IEC materials)

1. Construction/provision of HWFs
2. Provision of soap
3. Assigning persons/committees to be making sure that HWWS is being promoted
4. Establish feedback system for HWWS promotion in health
5. Create a reward system for best performers within each district

4.7 Use of Multiple Communication Channels for Behaviour Change

Hand washing programs rely on a variety of communication channels such as mass media and direct consumer contact activities. As described in the table below, mass media might include television, radio and billboard advertising. Direct contact with consumers includes activities carried out during CLTS and by organizations such as local government, schools, health authorities, NGOs, commercial retail outlets, churches and mosques. Inter personal communication approaches will be enhanced through routine visits to households and peer interactions. The more appropriate the mix of communication channels to the local situation, the more effective the campaign will be.

Table 1: Multiple communication channels matrix

Channel	Examples	Content &Activities
National Level + support materials for local levels:		
Pre Launch	Venues to be decided	Press conferences, Press briefings etc
Formal Launch	Venue to be decided	To be presided by multi-sectoral Ministers (Water, Health, Education, Gender, Information)
TV	5 min clips on HWWS in rural & Urban setting developed	Will be shown every weekend Saturday and Sunday at prime time for 52 weeks
Radio	5 Radio slots of 30 -60 sec developed	<ul style="list-style-type: none"> - Aired every morning Monday Wednesday and Friday on Zodiac, MBC 1& 2, Radio Maria, Community radios, and MIJ - Languages <ul style="list-style-type: none"> o Chewa o Tumbuka o Yao o Lomwe o English o Sena o Tonga o Nkhonde
Newspaper	Develop Positive and negative image on Hand washing effects/ results impact	- Will be placed in selected newsprint, including vernacular, every weekend (Saturday And Sunday) for a period of 52 weeks
Bill Boards	Characters depicted on TV and Newspaper will be reflected on Billboards	- Erect 3 Billboard in trading centres, health centres schools, and Key main roads for a period of 1 year
Cell phone	Develop cell phone tone and MSG –	- Engage Cell Companies to create and distribute to users for free (Need to identify marketing specialist to write and compose cell tone)
Assorted IEC materials	<ul style="list-style-type: none"> - Posters - Leaflets - Stickers - Badges - Comic books - T-Shirts - Caps 	<ul style="list-style-type: none"> - Reprint existing HWWS materials and distribute to districts - Each district will have about 1500 print IEC material each - 600 T-shirts and Caps per district especially targeted for school clubs members (16 800 T-shirts + caps) (actual numbers to be determined)
Additional Press Conferences	- Engage high level dignitary per region	- Organize Press conference in these languages 1. Yao/Lomwe: 2. Chewa/ 3. Tumbuka etc
Local Level: District, Sub-county, Village, Schools, Health Centres		

Direct consumer contact	<p>District/TA</p> <ul style="list-style-type: none"> - Rallies - Demonstrations Hand wash day - Advertising Events - Songs - Gov staff <p>Villages:</p> <ul style="list-style-type: none"> - CLTS - Peer interaction - Household visits <p>Health Centres:</p> <ul style="list-style-type: none"> - Support material - Hand washing - Health workers <p>Schools:</p> <ul style="list-style-type: none"> - Poster competition - HW facilities designs - Lessons <p>Work places including markets</p>	<ul style="list-style-type: none"> - Political leaders etc promoting HW - HW demonstrations by leaders, stars, with tippy tap etc - Like with MTN but for HW - Local stars compose and perform - Involved in all the above <ul style="list-style-type: none"> - Incorporated as part of CLTS triggering - Posters, stickers etc <ul style="list-style-type: none"> - Hand washing facilities - Health staff orientated to give same messages <ul style="list-style-type: none"> - HW posters drawn by pupils but displayed in village/towns. Prizes by soap manufacturers. - HW facilities opening ceremonies - Teachers/leaders give HW lesson - Posting of Posters - Demonstrations
-------------------------	--	---

- 8 campaigns will be conducted per district at TA level through schools
- Health facilities will be supplied by hand washing facilities (buckets) and soap
- Churches will have sessions during prayers and other events on hand washing promotion

4.8 Promotion of Public-Private Partnerships

Because both the public and private sectors have an interest in promoting hand washing, some form of public-private partnership is a key factor in the campaign design. Industry typically invests a significant portion of its energies into understanding the consumer, so as to make products that suit consumers in their own contexts and to promote them effectively. This very expertise is what hand washing promotion programs generally lack. Such expertise is not widely available in the public sector.

Soap manufactures have already brought soap into over 90 percent of households worldwide. It is used mainly for bathing and cloth washing, and not for hand washing, but industry has shown how successful it can be at making soap, and its accompanying behaviours, almost ubiquitous.

The private sector stands to gain from such a partnership primarily through market expansion. The public sector gains from the marketing expertise and resources of soap manufactures and their marketing skills. Teamed, both parties can produce public health campaigns that rival, or surpass, industrial marketing efforts.

Other sectors of industry may be willing and able to contribute to such partnerships with resources, expertise, or in-kind contributions; these may include the water industry, banks, media companies, manufacturers of tanks and pipes, and transport companies. Even if they do not contribute directly, companies might be encouraged to carry the HWWS message on their products, such as on soaps, buckets, or toilet rolls.

The development of the NHWC concept realizes that there are many organizations that are already doing similar activities or have the potential to take a leading role in HWWS promotion. A thorough assessment of these organizations in terms of what they are doing in relation to HWWS, where they are operating and what channels of communications. This will be basis of collaboration and wherever possible avoid unnecessary duplication. Faith groups will be approached and sensitized to enable them spread the message of HWWS through their faithfully/ followers

Identify and open dialogue with the potential partners; manufacturer of materials relevant to hand washing and partners such Level Brother, Candlex, Arkay Plastics, Airtel, TNM, MTL, Packaging Industry, Universal Industries, Southern Bottlers, Illovo, Carlsberg Breweries, Crane, Tambala Food Products Limited, Bai He Lavation Company Limited, Radio stations, Printing firms, news papers (Nation Publications Limited, Blantyre News Papers Limited, The Guardian), Malawi News Agency, Alliance Media, Note book manufacturing companies, Banks, Pipe-co, and Palmolive Product

3,000,000 (relate to sales) people will be reached with hand washing with soap messages from various channels.

In order to facilitate comprehensive and coherent stakeholder involved a quick stake holder activity in HWWS was undertaken as outlined in the table below:

4.8.1 Stakeholder Analysis for Hand Washing with Soap Campaign

Stakeholders	What main activities are being undertaken?	Commonly used IEC materials	Who are the primary Target audience	Other Products are Used to support IEC materials	What is your coverage & how frequency conduct HWWS
Districts Councils	<p>health education talks (business premises, markets, schools, hospitals/health facilities)</p> <ul style="list-style-type: none"> -drama/ comedies -distributing hand washing pails and soap in schools and CBCCs -mass sensitization in community meetings -infection prevention in health centres -video clips being shown -training of teachers and caregivers in 3 key hygiene practices -CLTS -village competitions 	<p>-IEC materials- posters, leaflets, DVDs, booklets, job aides</p>	<p>target audience- everyone, but some specific activities target women, some children, some general community members</p>	<p>products: soap, buckets with taps, local HWFs, jugs, cups, etc. Some of these are locally made/available, and some are bought</p>	<p>-coverage- 90%</p> <p>-frequency- 3x per week on average</p> <p>-many stakeholders involved, many activities</p>
DAPP	<p>Supporting programmes on HWWS in schools and at HH level</p>	<p>Posters, Books, T-Shirts</p>	<p>HHs and community members, learners</p>		

CPAR	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, film shows	HHs and community members, learners		4 districts (Lilongwe, Nkhotakota, Kasungu, Mzimba)
Hygiene Village Project	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, film shows	HHs and community members, learners		Blantyre (4 TAs)
Africare	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, flip charts	HHs and community members, learners		3 Districts
Plan	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, media	HHs and community members, learners		10 districts
CCAP Livingstone	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, billboards	HHs and community members, learners		3 districts

CCODE	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts, billboards	HHs and community members, learners		2 cities
Goal Malawi	Supporting programmes on HWWS in schools and at HH level	Posters, Books, T-Shirts	HHs and community members, learners		1 district

4.8.2 Harmonization with Ongoing HWWS

Districts and NGOs are carrying out regular IEC activities related to Hand washing with soap in their respective impact areas. These efforts have been recognized by the campaign and will be harmonized during the campaign period.

Proposed changes (to fit with campaign) from District Councils perspective

- routine talks, IEC sessions at family and community level will be in tune with campaign materials and branding
- The frequency of such activities will be determined and predictable in both space and time
- monitoring mechanism will be put in place to enable their contribution and impacts evaluated
- Institute a reporting mechanism and consolidation of data at health centre level

Proposed changes from NGO perspective

- harmonization of messages and tools used in the campaign
- increasing investment in HWWS so as to cope with campaign hype
- Conduct in-depth formative research on HWWS in order to implement the campaign and to facilitate objective & understand the impact of the previous interventions and know if there need to be make any changes to subsequent campaigns
- re-aligning the IEC materials to the Hand washing with soap campaign

5.0 Monitoring and Evaluation

5.1 Monitoring and Evaluation Methodology

Hand washing practice is notoriously difficult to measure particularly on a national scale. Discrete observation studies are the best way to measure practice, as Questionnaires on hand washing behaviour often give misleading results, but very time consuming so not very practical on a national scale.

Since we know that improved hand washing behaviours do have an impact on disease, in most circumstances it is sufficient to look for impact on behaviour as proof that the programme is achieving its objectives. Health impact can then be extrapolated from this.

Therefore, baseline information before the inception of the campaign needs to be established regarding hand washing practice among the target audience.

Monitoring indicators will be developed and routinely or periodically monitored and also will be classified into three categories as follows:

- Proxy indicators, such as the presence and the use of a hand washing facility, will be used to estimate adoption of HWWS behaviour.
- Disease prevalence, incidence and mortality indicators will be used to measure impact of HWWS on related diseases. This will be taken as proof that the programme is achieving its objectives. Therefore, baseline information before the inception of the campaign needs to be established regarding hand washing practice among the target audience.
- Process indicators will also be used to measure activities that will be carried out. In industry, it is standard to run a communications program in six month phases, with three-month gaps between them to review and adapt content. This enables evaluation of the reach of the message, its content, and the target audience's understanding and interpretation of it. The media mix is revised to give better coverage of target audiences, to reflect where people are hearing messages from and which routes are proving the most influential. Interim evaluations can gauge the degree of saturation of the message and provide the information for minor or complete revision, if needed.

In order to notice change, surveys and reports will be prepared periodically. Base line survey will be the first in order to establish where we are. This will be complemented by evaluation survey. Quarterly/monthly reports will be prepared to indicate on-going progress. Simple surveys representative of the target audiences may be conducted to

document how much contact each actor has had with the programme audiences. Audiences report their recall of contact and content, and state if this has led to any changes in belief or behaviour (as we have heard, this does not prove behaviour change, but is a good general indicator of progress in the right direction). Qualitative work concerning how well the audience is reacting to the media presented can provide insight to reorient programmes.

5.2 Monitoring and Evaluation Result matrix

Level	Narrative Summary	Indicators	Baseline	Target	Progress against target
Goal	To accelerate the adoption of hand washing with soap among vulnerable groups and general public	Prevalence of diarrhoea among vulnerable groups in target area past two weeks (especially children) Prevalence of hygiene related disease e.g cholera	TBD 2000= 2005 = 2010= 2011=	25% reduction Reduce to < 1%	
Purpose	To improve HWWS among the vulnerable groups and general public	Proportion of Schools with HWF with soap and water Proportion of HH's target audience with presence of HWF next to latrine Proportion of people aware of HWWS at critical times	4% (MICS 2006) 0.1% (MICS 2006)	35% 20%	
Outputs	<i>200 schools benefiting from reasonable availability (1/600 students) of clean</i>	<i>Number of schools with newly installed water source.</i>	<i>500 out of 1,000 Schools (50%)</i>	<i>700 out of 1,000 schools (70%)</i>	

	<i>drinking water</i>				
Inputs	<i>Installation of 100 hand pumps in schools</i>	<i>Number of schools with newly installed hand pumps installed.</i>	500	700	
	<i>Provision of hand washing buckets</i>	<i>Number of schools provided with hand washing facilities/buckets</i>		<i>50 school in every district</i>	
	<i>Sensitizing teachers on hand washing with soap</i>	<i>Number of teachers sensitized on hand washing campaign with soap</i>	0	<i>500 teachers in every district</i>	
	<i>Sensitizing care givers on hand washing with soap</i>	<i>Number of care givers sensitized on hand washing campaign with soap</i>	0	<i>150 care givers in every district</i>	
	<i>Sensitizing DEC's and DCT's on hand washing with soap</i>	<i>Number of district with sensitized DEC's and DCT's on hand washing with soap</i>	0	28	
	<i>Sensitize and lobby with companies on hand washing promotion</i>	<i>Number of companies sensitized/lobbied</i>	0	40	
	<i>Conduct hand washing campaigns in work places</i>				

	<i>Conduct hand washing campaigns in communities</i>	<i>Number of campaign rallies</i>	<i>0</i>	<i>8 rallies in every district</i>	
	<i>Reach people with hand washing with soap messages through various channels</i>	<i>Number of people reached with hand washing with soap messages</i>	<i>0</i>	<i>3,000,000</i>	

6.0 Managing the Campaign

6.1 Central Level:

Steering Committee:

The National Sanitation and Hygiene Coordination Unit will be the steering committee for the campaign.

National Coordination:

A coordinating office will be established in the MoH. However some tasks will require consultancy.

Political Level:

The President/First Lady, Ministers, MPs and other Political figures will be used in promotion

Religious Leaders:

Religious leaders will also be Involved in promotion activities

Government Offices:

MoH, MoIWD, MoEST, MoGCD, MoLG and other central offices will be used a plat-form for hand washing promotion.

NGOs:

All NGOs that are involved in water sanitation and hygiene activities will play an active role in campaign activities like to Mobilise and orientate local NGOs.

Private Sector

Partners sector will be involved directly or indirectly to provide support to the program and regularly briefed / consulted and engaged from time to time during the course of the campaign. Their social marketing skills will provide addition technical input and evaluation of the program.

6.2 Local Level

Local level will include district, Traditional Authority (TA) and village level. The steering committee will work with all relevant authorities in coordination and developing campaign activities like local leaders and NGOs. Local leaders will include Traditional leaders, politicians and religious leaders. Schools and school children and selected Community Based Childcare Centres will also be important structures at local level that will be used for implementing activities for promotion of hand washing.

9.0 Planned Activities and Schedule of Implementation

	Activities and tasks	Responsible partners	Oct '11	Nov '11	Dec '11	Jan '12	Feb '12	Mar '12	April '12	May '12	June '12	Jul '12	Aug '12	Sept '12
1	Development of messages and identification of communication channels													
	1.1 Listing of IEC materials to be produced													
	1.2 Listing of communication channels													
	1.3 Development/Designing messages													
2	Identification and organisation of meetings with political leaders, private partners and other stakeholders at national level													
	2.1 Conduct meeting with private companies													
	2.2 Sensitisation of political leaders													
	2.3 Sensitisation of civic education leaders and NGOs													
	2.4 Sensitisation of religious leaders													
3	Sensitisation of district development structures													
	3.1 Sensitisation of DEC and DCT													
	3.2 Sensitisation of District Assembly													
	3.3 Sensitisation of the media													
	3.4 Orientation of extension workers													
	3.5 Sensitisation of Village Development Committees													
	3.6 Sensitisation of School Management Committees													
	3.7 Sensitisation of teachers													
	3.8 Sensitisation of care givers													
4	HWWS promotion activities													
	4.1 HWWS campaign launch													

