Integrating hygiene innovation within government health system: experiences from Bhutan

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Bhutan Context

- Govt. 5-Year Plan >85% ‘basic’ sanitation
- MoH scale-up national Rural Sanitation and Hygiene Programme (RSAHP)
RSAHP - Sanitation Demand Creation Component

Community Development for Health (CDH) workshops:

- 2-days
- Facilitated by Health Assistants
- 20-40 participants
- Health-based messages
- Minimal handwashing promotion
Opportunity for HW Promotion

Govt. scaling-up RSAHP

- Take advantage of Govt. mandate and reach
- Use CDH workshops as a structure for delivery
Creative Challenge

• Surprising, motivating, memorable
• Integrate within existing CDH workshops
• Easy implementation by Health Assistants
• Limited resources for implementation

• Limited resources for intervention development
• Therefore plan to do rapid adaptation of existing materials
Previous Intervention: SuperAmma

• Promoting handwashing using Disgust, Nurture and Norms
• Evidence of effectiveness in context of a small trial in India

• Included film show, implementation by professional actors & daily ‘reminder’ visits – not suitable for CDH
Formative Research to Adapt SuperAmma

Formative Research

Creative Development

Live Testing
CDH+ Handwashing Components

• Enhanced Glo-Germ demo (Disgust)
• Flipchart story & booklet (Nurture)
• Action game (Convenience)
• Reminder stickers, record sheet & follow-up visit (Practice & habit)
Evaluation

• Cluster randomised, controlled trial
• 3 arms: CDH, CDH+, Control
• 8 Basic Health Units per arm
• 15 households per health unit
• 1 female respondent per household

• Interviews with implementers and 8 participants
Outcome Measures

- Prevalence of self-report handwashing with soap at key times (Primary outcome)
- Presence of a handwashing place with soap and water
- Beliefs about prevalence of handwashing in the community
Data Collection Tools

1. Structured recall exercise
2. Spot check observation
3. Questionnaire survey
4. Interviews with Health Assistants and participants
Example Pictures for Structured Recall
Feasibility, Acceptability and Reach

• Implemented by Health Assistants without major difficulties
• Required 2-3 hours of workshop time
• Accepted and generally liked by implementers and participants

• Workshops reached 82% of households
• Follow-up visits in 66% of households
• Reminder stickers in 60% of households
# Behaviour Change Results

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cont.</th>
<th>CDH</th>
<th>CDH+</th>
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<tbody>
<tr>
<td><strong>Structure recall HWWS</strong></td>
<td></td>
<td></td>
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<tr>
<td>All key occasions</td>
<td>13%</td>
<td>17%</td>
<td>20%**</td>
</tr>
<tr>
<td>After latrine</td>
<td>19%</td>
<td>33%*</td>
<td>31%*</td>
</tr>
<tr>
<td>Before eating</td>
<td>8%</td>
<td>12%</td>
<td>12%*</td>
</tr>
<tr>
<td>Before feeding child</td>
<td>10%</td>
<td>9%</td>
<td>21%*</td>
</tr>
<tr>
<td><strong>Observed handwashing facility</strong></td>
<td></td>
<td></td>
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<tr>
<td>Soap + Water present</td>
<td>51%</td>
<td>79%**</td>
<td>69%</td>
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</tbody>
</table>

* p<.05. **p<.01 Controls as reference group
Conclusions

• Successfully integrated non-health messages into participatory education workshops run by Health Assistants
• Positive response from implementers and recipients
• Govt. endorsement and uptake of CDH+
Conclusions

• Very limited effect on behaviour
  • Measurement issue?
  • Season?
  • Dose not sufficient?
  • Execution lacked emotional impact?
Conclusions

• Worthwhile addition for little extra cost but not enough on its own.
Further Information

Learning Brief available at www.snv.org

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