

# Unpacking the realities of behaviour change interventions at scale

## Case study: Handwashing with soap, safe physical distancing, proper mask use - Indonesia

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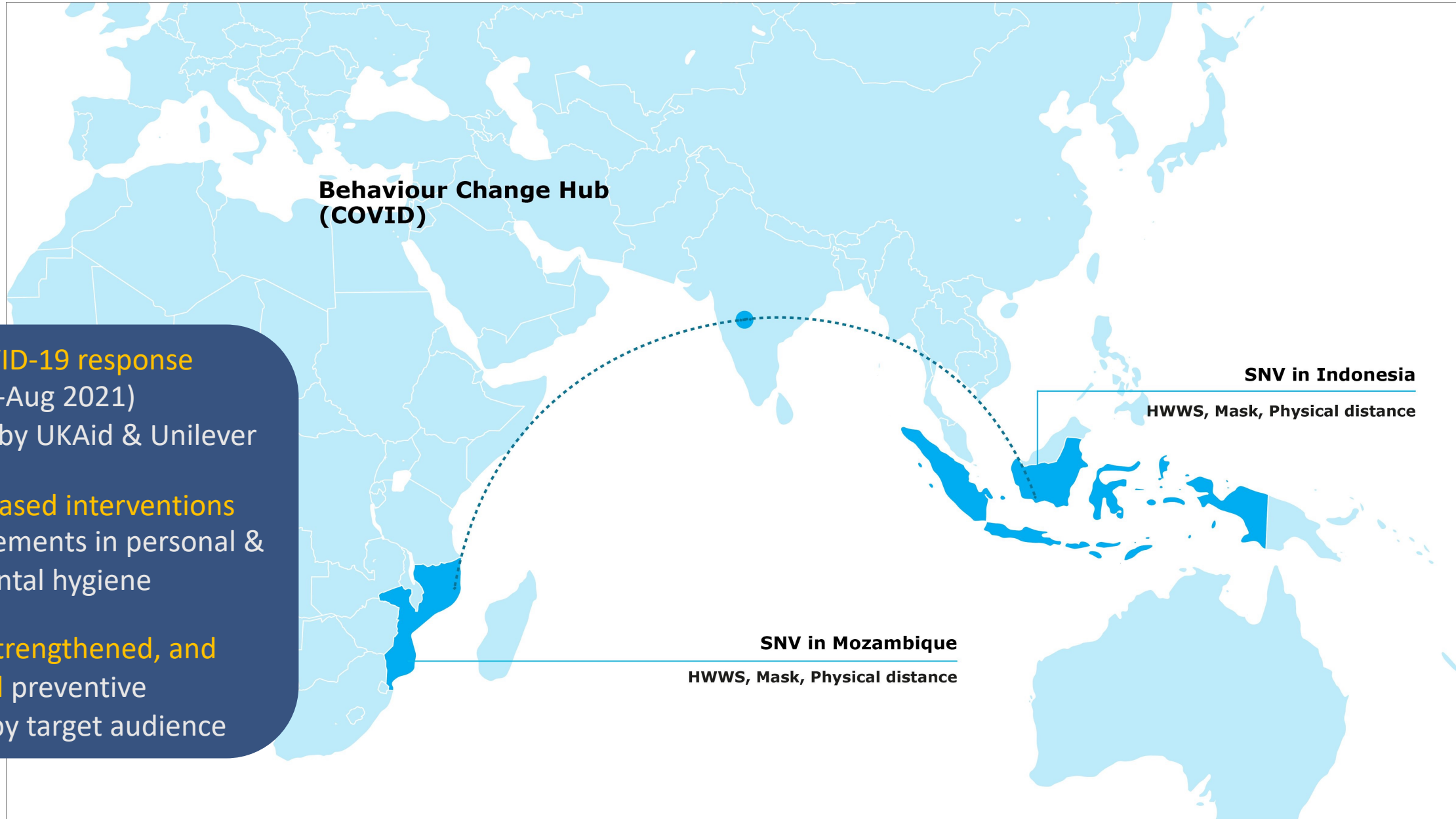
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#WaWF23

# The Programme Context



**Behaviour Change Hub  
(COVID)**

**1-year COVID-19 response**  
(Sept 2020-Aug 2021)  
supported by UKAid & Unilever

**Evidence-based interventions**  
for improvements in personal &  
environmental hygiene

**Adapted, strengthened, and  
customised** preventive  
messages by target audience

**SNV in Indonesia**

HWWS, Mask, Physical distance

**SNV in Mozambique**

HWWS, Mask, Physical distance

# Target behaviour

What	<ol style="list-style-type: none"><li>1. Handwashing with soap/sanitiser at entrance</li><li>2. Handwashing with soap/sanitiser after a transaction</li><li>3. Safe physical distance</li><li>4. Proper mask use</li><li>5. Surface cleaning/disinfection</li></ol>
Who	119 healthcare facilities, markets, and transport hubs users & cleaners in 10 participating cities/districts



# Process

## Assess

- Literature review: assess knowledge, identify challenges

## Build - Create

- Rapid formative research
- Campaign concept validation
- Design brief finalisation

## Deliver

- 5-star approach stages: enrolment – planning – transformation & monitoring – sustainability

## Evaluate

- Final evaluation with local stakeholders (governments, managers)



# Intervention idea: 5-Star Rating or COVID Cup

## Insight 1

Facility managers aimed to get back their safe business but perceived their roles as limited. Identified common **motive: pride/status**



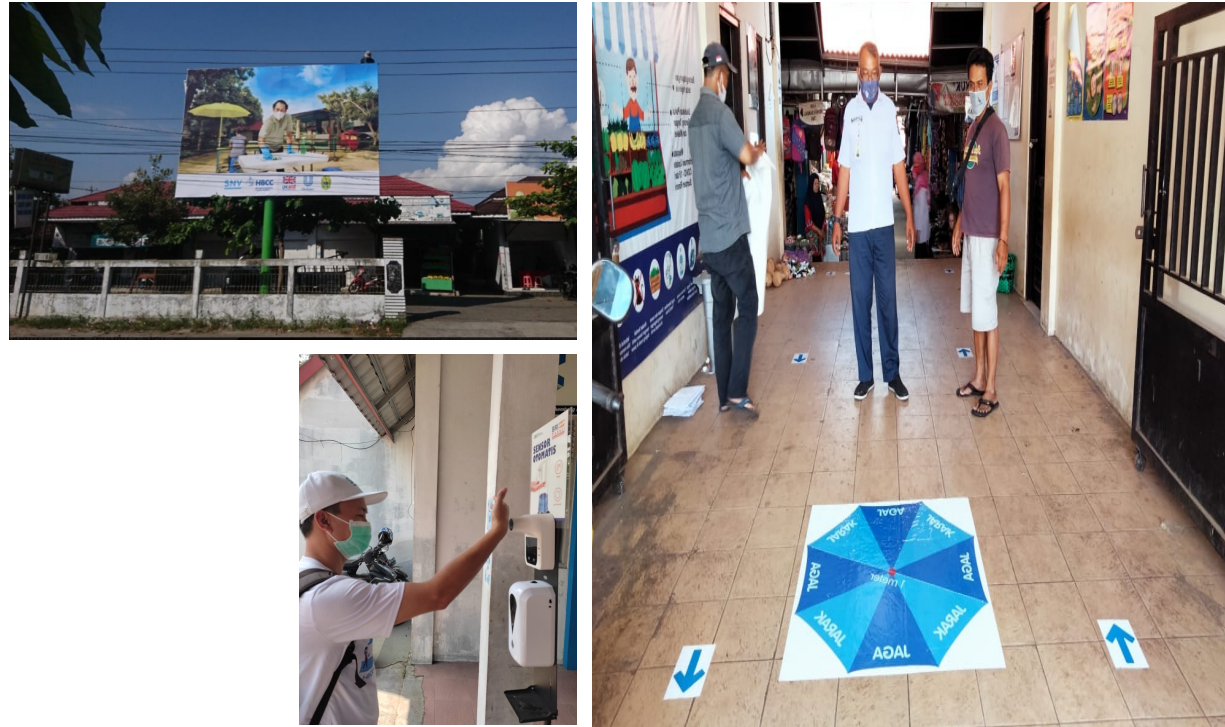
SNV tested intervention ideas to local governments and assessed their interest



## Insight 2

Facility managers & staff felt **lacking knowledge, skills, and equipment** to promote health protocol

Intervention idea: Campaign stages include training, entrance & cleaning ritual, nudges, and equipment support



SNV identified needs of stakeholders' training, promotional materials and equipment needs for them to deliver the campaign

## Intervention idea: PLUS criteria in the 5-Star Approach

### Insight 3

The existing campaign from the government lacks accessibility e.g., IEC materials and handwashing station



SNV engaged CBM and organisation for people disabilities in 10 locations throughout 5-star design, implementation, and monitoring stages

# Intervention Design - Summary

## 5-star approach

A five-level star rating system that visually communicates COVID-19 safety levels in public spaces: markets, transport hubs, and health centres

For greater project impact and inclusivity, stakeholders introduced a plus (+) sign, assessing public safety levels based on **ACCESSIBILITY**



1. Handwashing with soap/sanitiser at entrance
2. Handwashing with soap/sanitiser after a transaction
3. Safe physical distance
4. Proper mask use
5. Surface cleaning/disinfection  
+ Accessibility



# Intervention Delivery – Geography

2 cities, 8 districts  
in 5 provinces



69 markets and  
transport hubs



50 health care  
facilities

# Implementing the 5-star+ approach in stages



## ENROLMENT

- Motivation mapping
- Govt. buy-in
- Onboarding



## PLANNING

- Final indicators
- Assessment criteria
- Team formation



## TRANSFORMATION

- Training
- Entrance & cleaning rituals
- New layout
- IEC materials, nudges
- Regular assessment



## SUSTAINABILITY

- New normal
- Integration with local resources & platform

# Outcomes

**Baseline: 88 facilities** HCFs, markets, transport hubs got **3 stars** and below



Endline: Min of **3 stars with a PLUS** achieved by **109 facilities** HCFs, markets, transport hubs



26

facilities

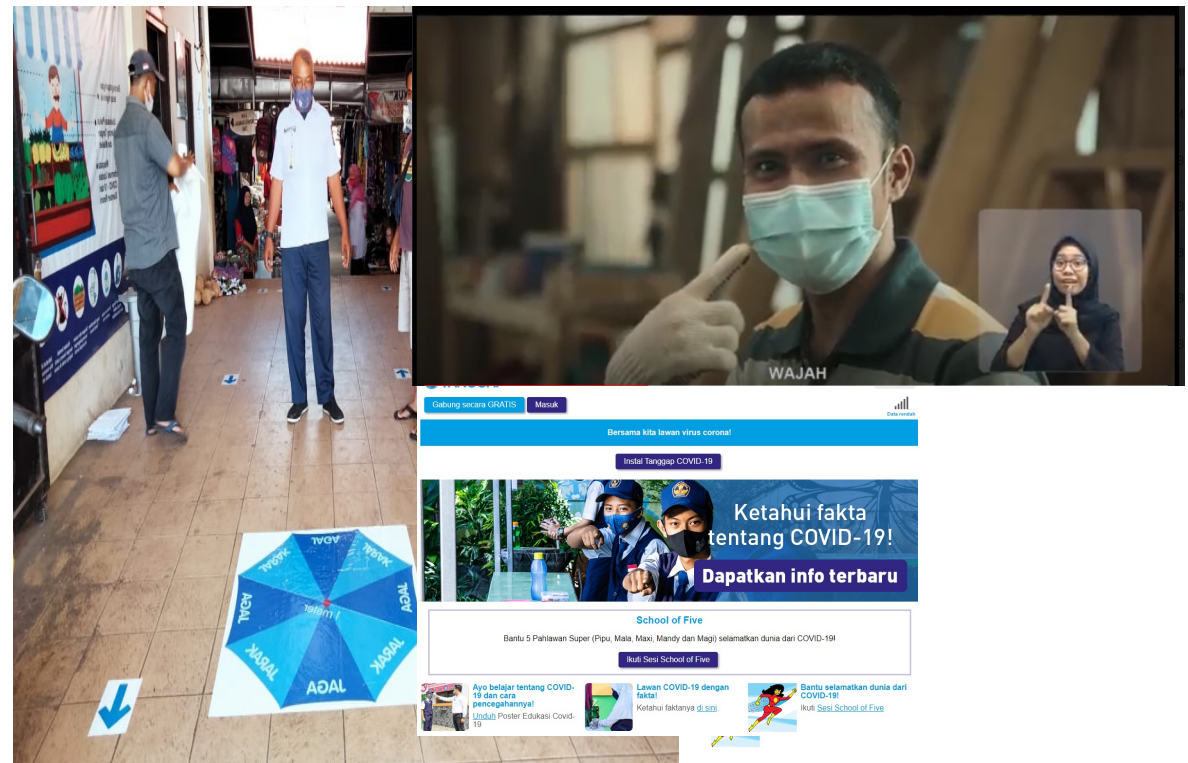
57

facilities

26

facilities

More than **4.6 million people** were reached by the 8-month campaign



# Scale up

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- In Kebumen District, the Health Office replicated the 5-star approach to all HCFs, and cleaning/cleaners element to Islamic boarding schools
- In East Lombok District, the Trade Office replicated the approach to all markets, health promoters were assigned as market cadres
- In several districts, the local governments reproduced IEC materials and nudges in public spaces
- In 9 cities/districts, the local governments integrated the monitoring framework in an existing Health Office's monitoring and observed elements of 5-star approach in all facilities

# Challenges faced

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- Time constraint – SNV aimed to design relevant & coherent interventions, plus government's but-in and potential for sustainability in a short time → be **adaptive** e.g., rapid formative research, test initial ideas to local stakeholders, identify potential local budget and activity to integrate since the beginning
- Internal & external capacity – limited experience with BCD framework required us to familiarise ourselves before training the field team (and translating all materials due to language barrier and remote method); competing focus for the local governments, facility managers required the field team to try multiple approaches
- Multi-stakeholders engagement & commitment – SNV aimed to strengthen **accessibility** aspect of the existing campaign, but there was limited relationship with CSOs/OPDs at local level which required us to establish first before designing the campaign; some managers were satisfied and didn't want to improve further

# Learnings

Parameter	What worked well?	What can be improved?
Design effective interventions	Conducted ABCDE rapidly	
Facilitate Scale-up	Motive of status/pride being universal	
Efficient use resources	Shared framework, research & campaign, and monitoring tools	
Strengthen capacities	Learning of the framework, cascade (remote) training process	Sufficient time for learning process
Improve program sustainability	LG engagement in delivery & monitoring	LG engagement from design process

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