

<p>STANDARD SECTOR INDICATOR CODE: HE-050</p>	<p>Able to Identify 3 or more Times When Hand Washing is Critical: Number of people who can identify 3 or more critical times when they must wash their hands.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health • Project Activity Area/Training Package: Infant and Young Child Health • Project Area: Environmental Health • Project Activity Area/Training Package: WASH: Water, Sanitation, And Hygiene 	
<p>Type: Short-term Outcome</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: 0-9 years, 10-17 years, 18-24 years, 25+ years</p>

To be counted for this indicator the following criteria must be met:

- The individual must have attended a training on hand washing
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- Based on results of a post test, the individual must be able to identify the two times when hand washing is most critical (before preparing food and after defecation) and at least one other time when hand washing is important.

Definitions:

Critical times for hand washing:

- Data suggest that hand washing before preparing food and after defecation are the two most critical times for preventing childhood diarrhea.
- Other important times for hand washing are before feeding a child, before eating, and after cleaning a child's bottom or diaper

Correct hand washing: There are several steps involved in washing hands the right way:

- **Wet hands** with clean, running water and apply soap, ash or other disinfecting material.
- **Rub hands** together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- **Continue rubbing** hands for at least 20 seconds.
- **Rinse hands** well under running water.
- **Air Dry hands**

Rationale: Washing of hands can reduce bacterial contamination and food borne illnesses. Studies have shown that proper hand-washing techniques can reduce the incidence of diarrheal disease by 42-47 percent.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
3. **Activity-Level Baseline Data Collection:** This indicator builds off of indicator **HE-049: *Trained People to Build Hand Washing Stations and to Correctly Wash Their Hands***, as it measures an increase in knowledge following a handwashing training. Therefore, baseline data collected in the form of a pre-test for HE-049 would apply to this indicator as well.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), to assess whether they are able to correctly identify 3 or more times when handwashing is critical. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- a. Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- b. Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- c. A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. Definition of Change: The minimum change to report against this indicator is an individual was able to identify at least three critical times when they must wash their hands.

- Before preparing food and after defecation are the two most critical times for preventing childhood diarrhea.
- Other important times for hand washing are before feeding a child, before eating, and after cleaning a child's bottom or diaper

In the case of this indicator, if the person the Volunteer/partner works with identified the three critical times to wash their hands during the pre-test, then the Volunteer would not be able to count him/her for this activity because the person already had this knowledge prior to working with the Volunteer. However, if as a result of working with the Volunteer/partner, the individual's knowledge on the three critical times to wash hands increased, that would count because the Volunteer's work provided the individual with the training needed to be able to identify the three most critical times to wash hands.

6. General Reporting in the VRF: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of individuals who can identify three or more critical times when they must wash their hands, after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.

7. Reporting on Disaggregated Data in the VRF: This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome by 1) male or female and 2) 0-9 years, 10-17 years, 18-24 years, or 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No link