

<p>STANDARD SECTOR INDICATOR CODE: HE-054</p>	<p>Reported Washing Hands Before Preparing Food and After Defecation, Etc.: Number of individuals reporting that in the day preceding the assessment they always cleaned their hands with soap, ash or other disinfecting material AND water before preparing food, eating or feeding and post defecation, and after cleaning their child’s bottom, and/or handling a diaper.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: Maternal, Neonatal, and Child Health <ul style="list-style-type: none"> • Project Activity Area/Training Package: Infant and Young Child Health • Project Area: Environmental Health <ul style="list-style-type: none"> • Project Activity Area/Training Package: WASH: Water, Sanitation, and Hygiene 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Female; Male 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 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
- The individual must be able to demonstrate proper hand washing and the individual must report that in the previous 24 hours they always properly washed their hands with or without soap before preparing food, eating or feeding and post defecation, and after cleaning their child’s bottom, and/or handling a diaper.

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

How to Properly Wash Hands: There are several steps involved in washing hands the right way:

- **Wet hands** with clean, running water and apply soap.
- **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. In studies, washing hands with soap and water for 20 seconds (about the time it takes to sing one chorus of "Happy Birthday to You") has been shown to reduce bacterial counts by about 90%. But soap is expensive and may be hard to come by so hand washing with water alone is more common in many communities, and appears to also protect children from diarrhea, according to a CDC randomized trial conducted in rural Bangladesh. Young children in families where adults regularly washed both hands with water before preparing food had significantly less diarrhea than children in families where adults did not

regularly wash their hands with water before preparing food OR of .67 (95% CI of 0.51-0.89). There was no significant association between hand washing with or without soap before feeding a child, before eating, or after cleaning a child's bottom after defecation and subsequent child diarrhea.

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. A data collection tool to measure this indicator could be based on one of the following methods—survey and observation—though there may be other data collection methods that are appropriate. 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:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. This indicator builds off of three indicators that measure the skill and knowledge needed to correctly wash your hands: **HE-049: *Trained People to Build Hand Washing and Station and to Correctly Wash Their Hands***; **HE-050: *Able to Identify 3 or more Times When Handwashing is Critical***; and **HE-052: *Households Having a Handwashing Station with Soap and Safe Water***. To measure how many of the individuals the Volunteer/partner is working with are actually washing their hands before preparing food and after defecation, Volunteers should use a survey to take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with community members, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with these individuals first. The same tool used to collect baseline information will be used to take the follow-on measurement (see the bullet on “frequency of measurement”). The follow-on measurement should be taken after the Volunteer has conducted his/her activities (in this case, training on handwashing).

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 the individual(s) always cleaned their hands with soap and water before preparing food, eating or feeding and post defecation, and after cleaning their child’s bottom, and/or handling a diaper. 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. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. 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:

- 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);
- 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;
- 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 always cleaned their hands with soap and water before preparing food, eating or feeding and post defecation, and after cleaning their child's bottom, and/or handling a diaper as compared to what was measured initially at baseline. In the case of this indicator, if the person the Volunteer/partner works with was already cleaning their hands with soap and water before a before preparing food, eating or feeding and post defecation, and after cleaning their child's bottom, and/or handling a diaper before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual began cleaning their hands with soap and water during the critical times that would count because the Volunteer's work influenced the adoption of this behaviors.
- 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, after working with the Volunteer/partner and in the 24 hours prior to the assessment, always cleaned their hands with soap and water before preparing food, eating or feeding and post defecation, and after cleaning their child's bottom, and/or handling a diaper. 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 and female and 2) 0-9 years, 10-17 years, 18-24 years, and 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