

STANDARD SECTOR INDICATOR CODE: HE-067	Adopting New Behaviors to Reduce the Risk of Transmitting Diarrheal Disease at School: Number of individuals adopting at least 2 evidence-based behaviors to reduce the risk of diarrheal diseases due to poor hand hygiene and hand etiquette at school.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: Environmental Health • Project Activity Area/Training Package: WASH: Water, Sanitation, and Hygiene 	
Type: Intermediate-term Outcome	Unit of Measure: Individuals	Disaggregation: Sex: Male, Female Age: 0-9 years, 10-17 years, 18-24 years, 25+ years

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

- The individuals must have attended training at school on hygiene including proper hand washing and hand etiquette
- 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 of individuals at the educational session/s must be documented by the Volunteer or their partner
- The individual must report consistently practicing at least two behaviors listed below for at least 30 consecutive days in the last reporting period.

Definitions:

Diarrheal disease: is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual).

Hygiene: is defined as conditions or practices conducive to maintaining health and preventing the spread of disease through increased cleanliness (washing hands, face, and body with soap and clean water) and improved sanitation

Hand etiquette: is defined as adopting a code of behavior on where an individual puts their hands. For example, children learn early not to touch their anus; they should also learn not to put their fingers in their nose and to keep their hands away from the mouth and face.

Adopting a new behavior is defined as consistently practicing a new behavior for a period of not less than 30 consecutive days

Evidence-based behaviors found to reduce the risk of diarrheal disease due to poor hygiene include:

- More frequent hand washing
- Hand washing after using the latrine/bathroom
- Hand washing before eating
- Keeping hands away from the nose and face

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: Although diarrhea seldom kills children above the age of five, it is certainly an important issue for school-age children: it is a major source of morbidity and therefore an important cause of absence from school. Washing of hands can reduce bacterial contamination and food borne illnesses. In studies, washing hands with soap and water for 15 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%. Hand washing must be done frequently to be effective. Improvements in water, sanitation and hygiene (WASH) practices and infrastructure are important for decreasing the burden of many other infectious diseases including, salmonella, campylobacter MRSA, flu, the common cold, impetigo, scabies, worms and parasitic diseases.

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—though there may be other data collection methods that are appropriate as well. 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. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with individuals, 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 information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on “frequency of measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

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:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically 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 adopted at least 2 evidence based behaviors to reduce the risk of transmitting diarrheal diseases at school as compared to what was measured initially at baseline. In the case of this indicator, if the person the Volunteer/partner works with already practiced two evidence based behaviors to reduce the risk of transmitting diarrheal diseases at school 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 decided to adopt two evidence based behaviors that would count because the Volunteer's work influenced this behavior change.
- 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, adopted two or more evidence based behaviors to reduce the risk of transmitting diarrheal disease at school. 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 total number of individuals 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: WASH access