### STANDARD SECTOR INDICATOR CODE:
HE-112

| Demonstrated How to Properly Wash Hands: Number of individuals who can demonstrate proper hand washing. |

#### HEALTH SECTOR

<table>
<thead>
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<th>Sector Schematic Alignment</th>
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<tr>
<td>• Project Area: Maternal, Neonatal, and Child Health</td>
</tr>
<tr>
<td>• Project Activity Area/Training Package: Infant and Young Child Health</td>
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#### Type: Short-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 on hand washing and how to properly wash hands
- 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 demonstrate how to properly wash their hands following the steps outlined below under the supervision of the Volunteer or their partner in order to make sure that everything is done correctly.

#### Definitions:

**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. 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. A data collection tool to measure this indicator could be based on one of the following methods—observation and checklist—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.

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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-110: Educated on Correct Hand Washing, Water Treatment and Safe Water Storage, as it measures the knowledge and attitudes related to treating and storing water. Therefore, baseline data collected in the form of a pre-test for HE-110 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 pre-test, Volunteers must take a minimum of one measurement with the same individuals to assess whether they have gained the skills needed to properly wash their hands. 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:

- 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 was able to demonstrate how to properly wash their hands. In the case of this indicator, if the person the Volunteer/partner works with already knew how to correctly wash their hands 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 was able to correctly demonstrate how to wash their hands, that would count because the Volunteer’s work provided the individual with the training needed to be able to achieve this skill.

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, demonstrated how to properly wash their hands. 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, 2) 0-9 years, 10-175-17 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