Global Scaling Up Handwashing Project

Vietnam: A Handwashing Behavior Change Journey for the Caretakers’ Program

December 2011

INTRODUCTION
The Vietnam Handwashing Initiative (HWI) was launched in January 2006 by the Ministry of Health (MoH) with funds from the Danish Embassy in Vietnam and technical assistance from the Water and Sanitation Program (WSP). The initial phase consisted of a nine-month multi-channel campaign utilizing mass media, direct consumer contact, and interpersonal communications targeting mothers of children younger than age five in 40 communes throughout Vietnam. In 2008, HWI built on the initial work with a refined interpersonal communications approach and worked through the Vietnam Women’s Union (VWU) to expand the interpersonal communications activities to another 260 communes, and were complemented by ongoing mass media spots. In July 2009, activities were scaled up to another 240 communes for a total of 540 communes in ten provinces and reaching over 1.76 million mothers through the integrated behavior change approach. In Vietnam the project objective is to stimulate and change handwashing behavior change in a total of 2.1 million women and children.

This Learning Note documents the development process of the caretakers’ program with a focus on how it was designed, implemented, and monitored. Lessons learned and challenges are also highlighted to assist program managers in designing and managing evidence-based handwashing with soap and/or other hygiene promotion programs. A separate publication will focus on the process of developing the children’s handwashing program.

Ilustration 1: Mother Washing Hands with Her Child

Key findings

- **Behavior change begins with our partners**: introducing handwashing promotion approaches that hinge on mothers’ aspirations rather than their knowledge of germ theory requires that stakeholders and partners understand and support the approach.

- **Evidence based programming**: In order to design an effective behavior change program, formative research must be conducted to inform development of the communications strategy, program interventions and the monitoring and evaluation system.

- **As the target audiences move beyond knowledge, communication messages must also be adjusted** to ensure that they are relevant and persuasive. Having effective monitoring systems is critical to inform these decisions.

- **Availability of a handwashing station can act as a reminder to practice the behavior** and serve to facilitate the behavior.

Communes are the lowest administrative unit in Vietnam consisting of 5-45 villages, depending on location, and with an average population of 78,000 people.
PROBLEM STATEMENT

Although Vietnam has experienced rapid economic growth within the last ten years and is now positioned to achieve the Millennium Development Goals for water supply, practice of improved handwashing behaviors remains low. Formative research study findings in the intervention areas revealed that only 5 percent of mothers were observed to handwash with soap before feeding their child and only 14 percent washed with soap after cleaning their child’s bottom. The 2002 Demographic and Health Survey reported a national diarrhea prevalence of 11 percent and symptoms of acute respiratory infection prevalence of 19.5 percent. Given the combination of poor handwashing practices and a high prevalence of diarrheal disease and acute respiratory infections, there was a need for a behavior change initiative to move audiences towards adopting and maintaining hygienic behaviors.

ACTION

In 2007, the HWI conducted formative research to investigate handwashing with soap practices among mothers of children younger than age five, understand motivating factors and barriers to handwashing with soap at critical junctures, and document media habits. The research included focus group discussions with mothers, structured observations within households to observe actual handwashing with soap rates, and product trials where mothers were provided with soap for use within a week followed by an in-depth interview. Key findings included:

- 92 percent of mothers reported rinsing hands at critical junctures;
- 60 percent of those who rinsed their hands with water did not feel that soap was important or necessary;
- Mothers were most concerned with ensuring that their children met developmental milestones;
- Many mothers reported “soap was too expensive,” yet most households had at least one type of soap;
- 80 percent of mothers interviewed watched television nightly, but only 15 percent listened to the radio;
- Women’s Union Members and health workers were cited as the most trusted sources of information for rural women.

The findings from the formative were analyzed using a framework called FOAM that can be used to identify determinants influencing handwashing behaviors of a target group (Figure 1). The FOAM framework helped the team develop objectives for the communication campaign based on research findings and determinants (Table 1).

Phase I: Initial Implementation (January – September 2008)

On the basis of the research findings, a creative brief (guidelines) was developed, which defined the communication objectives for the campaign. The campaign centered on promoting handwashing with soap as part of being a “Good Mother” among rural women to help ensure that their children reached their developmental milestones.

An international advertising firm was hired to use the guidelines to develop mass media and direct consumer contact activities. A final communications concept was developed around a traditional children’s counting song (“One plus one is two, two plus two is four, four plus one is five, all five fingers clean”). The song associated the practice of handwashing with soap with the development aspirations of mothers. This concept was validated through pre-testing with mothers and executed through posters and a television spot that was broadcast during lunchtime and after the evening news, when mothers were most likely to watch television. The message was further reinforced with a tagline (“Remember to Wash Your Hands with Soap for Children’s Health and Development”) that was included in all promotional products and materials.

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2 Improved handwashing behaviors are washing hands with soap after defecating or cleaning an infant’s bottom, and before cooking or eating.
5 Before preparing food, before feeding children, after using the latrine and after cleaning a baby’s bottom.
The Direct Customer Contact activities were designed to provide community members with an opportunity to obtain more information on handwashing with soap through games, handwashing demonstrations, and question and answer sessions. The Direct Customer Contact activities used the same logo and images from mass media activities to promote a consistent look for the program.

The third component of the intervention, interpersonal communications, was developed based on the experience of the handwashing project in Peru. The MoH took the lead in developing, training, and overseeing the interpersonal communications activities in the initial 40 communes within eight provinces. The interpersonal communications focused on transmitting messages to promote the health benefits of handwashing with soap with a strong focus on the negative health consequences of not handwashing with soap. In all, 2,400 motivators (primarily village health workers, village leaders and Vietnam Women’s Union members) were trained in communication skills and on how to execute handwashing with soap promotion, including household visits and holding group meetings.

At the end of Phase I several lessons emerged. First, a detailed review of interpersonal communications materials developed for health workers found that the materials were too focused on germ theory and establishing a link between handwashing with soap and disease. These determinants were already well established, according to formative research. However, the materials overlooked important determinants such as belief in the importance of handwashing with soap, and skill building on how to manage soap and water.

Second, only a single set of materials had been developed, which was used by both the master trainers in their Training of Trainers sessions as well as by the trainees when they worked with the ultimate beneficiaries. As a result, the trainers did not have adequately tailored materials to engage mothers. A handwashing motivators manual was needed.

**Illustration 2: Scene from a Skit on Why It Is Important to Use Soap to Clean Dirty Hands**
Phase II: Scaling Up (May 2008 – November 2010)

From May 2008, additional resources for HWI were provided by WSP to expand the behavior change activities and reach millions more Vietnamese women and children. Mass media activities were continued as under Phase I, while the Vietnam Women’s Union was contracted as the key implementing agent to scale up interpersonal communications activities (Box 1).

Through several rounds of revisions and pretesting, the interpersonal communications curriculum developed for motivators evolved from a top-down, health-education approach based on threat of disease towards a behavior change approach that highlights the benefits of handwashing with soap. By focusing on handwashing as an easy way to ensure the health and development for children, the interpersonal communications activities were better aligned to address key determinants such as improving understanding of critical times to handwash with soap and strengthening the intention to place soap near handwashing areas.

Improvements to the interpersonal communications curriculum included the development of detailed, easy to use guidelines to assist motivators when they conducted group meetings with mothers and follow-up household visits, and the development of simple, open-ended questions that motivators could use during group discussions to make the sessions more targeted and engaging. In addition, a simple but detailed monitoring system was developed including sign-in sheets for each motivator to track attendance of each mother to group meetings and household visits. From their tracking sheets, each motivator then provided monthly updates to commune level committees who submitted data to the district, which were aggregated to the national level.

MONITORING AND EVALUATION

The project developed a performance monitoring system to follow both the quantity of activities (outputs) and the quality of the intervention. Its main components include:

Management Information System. The management information system tracks outputs from the implementing agencies through progress reports submitted on a regular basis. Outputs tracked include indicators such as number
of motivators trained and estimated target audience reached through the communication channels. The system has also been used by the Vietnam Women’s Union to obtain real-time data on the implementation progress of each province in order to follow up on support and supervision as needed. The management information system tracks the following components:

**Mass media.** A local media monitoring firm tracks mass media, including how often spots were aired, on which channels, and which times in order to ensure that they are aired when it is most likely to be seen by mothers.

**Direct Consumer Contact.** The Direct Consumer Contact implementing firm reports on evidence of each event, including photos, press clippings, videos, and summary statistics.

**Interpersonal communications.** A monitoring tool was developed for the Vietnam Women’s Union to monitor its interpersonal communications implementation. Based on these data, the HWI agreed on the need to move the target audience from knowledge to intention by reminding them when to wash hands with soap, convincing people to put soap in handwashing areas, and motivating those who wash their hands with soap to make it a habit.

**Field supervision.** Alongside the Vietnam Women’s Union, who is responsible for supervising field-based activities, WSP actively supported supervisory missions, particularly during key project components such as training and implementation of activities. As a result of the field supervision, the content of the Interpersonal communications component evolved as described above.

**Illustration 3: Ministry of Health, a Vietnam Women’s Union Representative and a Schoolchild Wash Hands with Soap During Launch Ceremony of the Vietnam Handwashing Initiative**
Baseline and endline surveys of impact evaluation. Both the baseline and endline surveys of the impact evaluation will measure handwashing behavior using the global measurements guidelines and other indicators such as diarrhea, nutritional status, and household productivity.

Household monitoring surveys. To identify progress on key behavioral determinants and to follow the level of exposure among mothers to the intervention, three rounds of household monitoring surveys were carried out before, during, and after the project intervention. A final round in the endline evaluation is expected to provide evidence of improved behaviors.

KEY FINDINGS

Promotion without product. Discussions with mothers, and results from pre-testing handwashing stations, revealed that although knowledge of handwashing with soap after using the toilet is high, they will forget if there is not a physical reminder right outside the latrine. Formative research also indicated availability of water and soap in the majority of households, although they were not always available together at a convenient place for handwashing. Having a handwashing station would help caretakers to access soap and water at the right place and time and provide a physical reminder to help reinforce the behavior.

Behavior change begins with our partners. Social marketing is a relatively new approach to behavior change communications in Vietnam, which has historically implemented communication activities in a top-down manner. In developing the mass media materials, and, in particular, the interpersonal communications materials, the first step was to convince partners and implementing agencies that communications based on the aspirations of mothers for their children would be more effective and engaging than simply presenting facts and figures related to bacteria and the causes of diarrhea.

Grounding the campaign upon evidence. Policy makers and program managers are often under pressure to quickly roll out a communications program, especially if they are stretched in terms of time or financial resources, and thus may be tempted to skip or shortcut the consumer research stage.

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8 See J. Devine, Insights from Designing a Handwashing Station for Rural Vietnamese Households (WSP; 2010), available at www.wsp.org/wsp/sites/wsp.org/files/publications/WSP_Designing_Handwashing_Station_HWWS.pdf
However, based on our experience in Vietnam, this first step is the most crucial in designing an evidence-based campaign as the research findings are critical to identifying behavioral determinants that subsequently guide the development of the communications program objectives. The program objectives will then be used as the basis for monitoring and evaluation systems.

The brief is the foundation to an effective campaign. Advertising agencies do not always base their creative ideas on evidence and research data. Although WSP provided the advertising agency with detailed guidelines, the creative ideas that were developed, though visually appealing, were in many cases inconsistent with the research insights and guidelines provided. The agency brief serves as an important tool and constant reference document to guide and assess the agency’s work.

Audiences change and so must the approach, including channels and message. As the target audiences move beyond knowledge towards intention to handwash with soap, the HWI messages must also be modified. Each phase of the HWI presented us with an opportunity to fine-tune the interpersonal communications activities based on feedback from the field and from the household monitoring data. A rapid assessment in 2008 revealed that after the intervention, nearly 90 percent of mothers knew that handwashing with soap was linked to diarrhea, up from 10 percent before the intervention.

Illustration 5: Interpersonal Communications Activities

Vietnam Women’s Union members use cue cards and demonstrate handwashing at a group meeting.
RESULTS

Since May 2007, HWI has scaled up handwashing with soap activities in 540 communes in ten provinces. Over 15,000 motivators have been trained in handwashing with soap promotion and, to date over 1.76 million women have been reached via interpersonal communications activities. The television spot has reached over 14 million people, while Direct Consumer Contact activities have exposed almost 5,000 people to handwashing messages.

—By Nga Nguyen, Nat Paynter and Minh Hien Thi Nguyen

In addition, very few children in the survey had experienced an episode of diarrhea in the two weeks before the survey. Based on this, before the scale up of the program in the remaining 240 communes, significant emphasis was placed on communicating to mothers that handwashing with soap is an easy way to ensure the health and development of children, rather than focusing on diarrhea, and on helping mothers to ensure that soap and water were readily available in places for handwashing.

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About the Project
Global Scaling Up Handwashing is a Water and Sanitation (WSP) project focused on applying innovative behavior change approaches to improve handwashing with soap behavior among women of reproductive age (ages 15-49) and primary school-age children (ages 5-9). It is being implemented by local and national governments with technical support from WSP in four countries: Peru, Senegal, Tanzania, and Vietnam. For more information, please visit www.wsp.org/scalinguphandwashing.

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