**Programmatic steering**

**Indicator Reference Sheet**

**Health]** program

**[Outcome]** O2: Improved healthy behaviors among mothers and other caregivers with a focus on optimal child feeding and hygiene practices and appropriate health seeking behaviors.

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| Indicator Title | 2.2. The proportion of households with handwashing facilities with soap and water at home.  “Handwashing practices” |
| Definition | The proportion of households that have all essential items for handwashing visible at the time of survey.  Essential items of handwashing include all of the following: (i) water (stored in separate container than in the washing device); (ii) soap (or locally available cleansing agent); and  (iii) Washing device allowing for unassisted handwashing (tap, basin, bucket, sink, or tippy tap). |
| What does the indicator measure exactly | Handwashing is one of the most effective ways to break the faecal-oral route of disease transmission. Handwashing behavior is strongly influenced by the presence or absence of a convenient source of water and soap. Studies have shown that, because they facilitate handwashing and other important hygiene behaviors, in-house water supplies are associated with reduced rates of diarrhoea (Boot and Cairncross 1993). To be optimally effective, the handwashing place should be located in close proximity to the toilet facility so that household members can conveniently wash their hands after defecation, or to the place where cooking takes place so that food preparers can wash their hands easily before preparing food. At a minimum, the handwashing place should be inside the yard. |
| Unit and disaggregation | Unit: Percentage.  Disaggregation: Place of residence, socio-economic status. |
| Calculation modalities | Number of households with soap and water at a hand washing facility commonly used by family members x 100/ Number of households. |
| Baseline | Baseline and endline studies through cross sectional household surveys. |
| Data collection, sources and methods | Population based (household) Surveys employing representative samples. |
| Population based survey: Data for calculating this indicator are collected using cross-sectional household survey. A question is asked to find out where household members usually wash their hands. The interviewer then asks to examine the site and notes whether the site contains a water supply (it is desirable but not essential that this is of the improved type, because even handwashing with water unsafe for drinking can be effective), a device for containing water and rinsing hands, and a cleansing agent such as soap. These items can either be displayed or brought out within one minute for the household to qualify as having access to essential handwashing supplies. A multi-stage, stratified sampling design will be used to select mothers from eligible women. Sampling of households will be based on probability proportional to size (PPS) thus ensuring villages with bigger populations had more sampled households. A structured questionnaire (adaptation of demographic health survey/environmental health module questionnaire) will be used to collect data from respondent. |
| Data collection & processing : M&E assistants with support of M&E officers and project managers  Data analysis & interpretation : project manager, M&E officers with support of health coordinators, regional or M&E advisors |
| Frequency and timing | Population based surveys: biennial (every 2 years). |
| Data quality issues | This is a proxy indicator to track hand washing interventions accepted by the M&E Working Group of the global public-private partnership for handwashing initiative.  In some contexts, soap may be an expensive commodity and families may opt to protect soap from theft or misuse and keep it in a safe place. In such instances, families may carry the soap to the hand washing station when they want to wash their hands with soap. However, it is assumed that the visible presence of soap at a hand washing station acts as a cue and thus as a reminder that it needs to be used at critical junctures. In addition, family members may use cleansing agents other than soap to wash their hands. However, hand washing programs generally promote the use of soap because of extensive evidence that soap use is associated with health impact. This is not necessarily true in the case of other cleansing agents such as ash or sand.  For record to be a reliable data source, staff must fill the record out consistently and accurately. Ideally, the recording form will specify the standards, will facilitate accurate charting, and will stimulate appropriate actions. |
| Analysis & Interpretation | The indicator does not measure the use of handwashing supplies at appropriate times or knowledge of appropriate hand-washing techniques. Ideally, actual handwashing practices should be observed, but this is often not practical during household surveys. This indicator should be analysed in conjunction with handwashing behavior: use of soap and critical times for handwashing. |
| Resources | Under the technical assistance of HQ, Tdh M&E and operational teams in each delegation should work closely with health authorities to collect and interpret the data. Countries understaffed and/or with limited capacity to conduct household surveys, should consider using a consultant.  Funding needed: routine monitoring, baseline and endline studies, delegation M&E staff and HQ technical support |
| Other | Any other  question / comments |